

TERMS OF REFERENCE
**Gender-Responsive Evaluation Consultancy: Gender and Advocacy
SMART-RMC Project**

Technical Activity: The Canadian Association of Midwives (CAM) wishes to recruit **one (1) consultant** to conduct a gender-responsive thematic evaluation of the SMART-RMC project in South Sudan. The evaluation will consist of a midline, formative assessment of the gender and advocacy components of the project. The Consultant will work closely with the project's implementing partner, the South Sudan Nurses and Midwives Association (SSNAMA), to understand the extent to which the project has adhered to its Gender Equality Strategy and to assess the association's performance with respect to core competencies for strategic advocacy. Evaluation findings should inform future capacity-building activities and promote learning and accountability for adaptive management within the project life cycle.

Timeframe: August 2023 – October 2023 *(with possibility of extension for implementation of recommendations)*

Location: Juba, South Sudan

Remuneration: A maximum of \$5,000.00 USD *(with additional funds available for implementation of recommendations)*

A. Introduction: SMART-RMC Project Summary

The DRC and South Sudan experience high maternal mortality as a result of a number of factors including inadequate skilled attendance at birth. Through the provision of gender-responsive, quality health care by a well-trained midwifery workforce, the SMART-RMC project aims to contribute to the reduction of maternal deaths in both the DRC and South Sudan. Key activities focus on improving clinical care through: 1) training of health care providers in evidence-based innovations using a gender-responsive rights-based approach, coupled with quality improvement campaigns to promote the uptake of RMC in health facilities; 2) increasing communities' awareness of their SRHR to access health services; and 3) strengthening the capacity of midwifery associations to deliver gender responsive programming and SRHR advocacy. In South Sudan, activities are implemented in three regions and 10 health facilities located in the counties of Mvolo, Aweil East and Rubkona.

This 3-year project, supported by the Government of Canada through Global Affairs Canada, is implemented by CAM in close collaboration with its project partners, the Société Congolaise de la Pratique Sage-Femme (SCOSAF: the midwifery association of DRC) and the South Sudan Nurses and Midwives Association. CAM oversees the overall management of the project and contributes its technical expertise, while SCOSAF and SSNAMA provide their own technical expertise and utilize their contextual knowledge to implement quality improvement and advocacy campaigns.

As the project approaches the mid-way point in implementation, a formative midline evaluation focused on gender and strategic advocacy is necessary in order to assess progress to date and provide evidence-based recommendations for the way forward.

B. Project Background and Rationale

The DRC and South Sudan have among the highest maternal mortality rates in the world. While the DRC has achieved significant decreases in maternal mortality over the past 2 decades, maternal deaths remain high at 473 deaths per 100,000 live births as of 2017. Maternal mortality in South Sudan is also extremely high; at 1,150 deaths per 100,000 live births, South Sudan is the country with the highest maternal mortality rate in the world.

A number of factors are linked to high maternal mortality rates in both countries, including an inability to access quality maternity care and inadequate provider skills. Disrespect and abuse in maternity care, particularly prevalent among marginalized subgroups (including the very poor, very young, displaced, disabled, sex workers, and racially/ethnically discriminated women), can dissuade women from seeking health services and delivering in the presence of skilled birth attendants. These issues are compounded in fragile and conflict-afflicted regions such as the DRC and South Sudan, where a variety of structural, socioeconomic and normative factors restrict women's capacity to advocate for their sexual and reproductive health and rights in pregnancy.

The Respectful Maternity Care (RMC) movement seeks to transform health systems and healthcare worker conduct, in order to end disrespect and abuse through the promotion of rights-based care. The promotion of RMC and context-adapted services by a well-trained and supported midwifery force will enhance the SRHR enabling environment and contribute to enhanced maternal outcomes for childbearing women in the DRC and South Sudan.

Midwifery Context

Midwives play a pivotal role in the DRC and South Sudan, providing a myriad of sexual and reproductive services including but not limited to prenatal, childbirth, and post-natal care. The DRC government and South Sudanese Ministry of Health have acknowledged the importance of midwifery in enhancing reproductive, maternal and neonatal health outcomes. In both countries, the midwifery associations are civil society organizations representing traditionally gender marginalized health workers nationally and within almost all regions of each country. The associations are intimately knowledgeable about the context of maternity care in their respective settings and deeply committed to realizing respectful maternity care and increasing assisted births.

SSNAMA

SSNAMA, the national professional association of nurses and midwives in South Sudan, was launched in 2011 and currently has 2,349 members. It is a national association with 18 branches across the country and plays a key role in advancing SRHR and the regulation of health professions in South Sudan through close collaboration with the Ministry of Health. SSNAMA conducts various programs including public outreach, SRHR programming for youth and continuing professional development for health workers. The association is intimately knowledgeable about the context of maternity care and deeply committed to realizing RMC and increasing assisted births in South Sudan.

C. Goal and Objectives of the Assignment

Goal: The goal of this consultancy is to conduct a thematic midline evaluation of the SMART-RMC project's gender and advocacy components and of SSNAMA's broader work and processes using a gender-responsive approach. The findings and recommendations of the evaluation will be used as a tool for learning and accountability by project partners, and will directly inform the planning and implementation of upstream activities.

Objectives:

In order to achieve the goal described above, the following set of evaluation objectives and criteria will be prioritized within each thematic area:

Gender

- **Relevance:** Assess the relevance of the SMART-RMC project's contributions to national-level priorities and alignment with international agreements, conventions on gender equality and women's empowerment, and the project's Gender Equality Strategy (GES)
- **Effectiveness and efficiency:** Assess the project's and SSNAMA's effectiveness and organizational efficiency in progressing towards the achievement of gender equality and women's empowerment outputs and results, as defined in the GES
- **Human rights and gender equality:** Analyze how human rights approaches and gender equality principles have been integrated by SSNAMA in project implementation, as defined in the GES
- **Impact:** Determine the impact of the project and of SSNAMA's broader work on gender equality and women's empowerment in South Sudan
- **Sustainability:** Assess the sustainability of the project and of SSNAMA's broader work in achieving sustained gender equality and women's empowerment in South Sudan
- Provide **actionable gender-focused recommendations** with respect to the project and SSNAMA's work

Advocacy

- **Effectiveness and efficiency:** Assess SSNAMA's performance according to a pre-defined framework of core competencies for strategic advocacy by midwifery associations
- **Impact:** Determine the impact of the project and of SSNAMA's broader work on advancing the RMC policy agenda in South Sudan
- Provide **actionable advocacy-focused recommendations** with respect to the project and SSNAMA's work

Specific evaluation questions are to be defined by the Consultant in relation to the objectives and criteria noted above.

D. Methodology / Approach to the Assignment

Evaluation design: This evaluation will consist of a midline, forward-looking assessment of specific thematic components (gender and advocacy) of the SMART-RMC project and of SSNAMA's broader work. The Consultant should employ gender-responsive methodological approaches with a focus on stakeholder involvement, utilization and empowerment by drawing on feminist theory and established gender analysis frameworks. The evaluation may apply quantitative, qualitative or mixed data collection methods (such as desk reviews, key informant interviews, site visits, and observations) and analytical approaches (such as case studies or most significant change). Participatory tools for consultation should be developed to promote stakeholder inclusion.

Evaluation scope: The evaluation will be focused on the project's interventions and SSNAMA's work since the launch of the SMART-RMC project in November 2021. It will cover gender and advocacy as specific thematic areas. Data collection and knowledge production will largely involve SSNAMA staff and members, as well as other key stakeholders at the national and regional levels.

Parties involved: During the assignment, work and collaboration will occur with the following actors, as needed:

- a. SSNAMA project staff (including the SMART-RMC Program Coordinator and Executive Director)
- b. SSNAMA members
- c. CAM project staff (including the SMART-RMC Project Officer, Global Operations Manager and Midwifery Technical Expert)
- d. Project stakeholders (national Ministry of Health representatives, implementing partners and regional consortium members)

Methods and data sources:

- Document review and analysis (including project documentation, field and activity records, SSNAMA organizational policies, and midwifery-related national documents)
- Key informant interviews, site visits and observations with SSNAMA staff and members and other project stakeholders
- Synthesis of findings grounded in pre-defined frameworks (namely, the project's GES and the strategic advocacy core competencies matrix)
- Production of written documents
- Regular meetings with SSNAMA and CAM project teams
- Direct and/or indirect exchanges

E. Process

Phase I: Preparation (August 2023)

The first phase of the evaluation will consist of a preliminary desk review of relevant documentation, including the Project Implementation Plan, the Gender Equality Strategy, the strategic advocacy core competencies matrix, project operations and results reports, project monitoring data, SSNAMA activity and quarterly reports, SSNAMA organizational policies, and midwifery-related Ministry of Health documents. CAM will facilitate initial contacts between the Consultant and SSNAMA to provide additional background information and pinpoint key documents to review. This phase will culminate with the submission of an inception report (accompanied by an evaluation matrix) outlining key evaluation questions, a stakeholder mapping and the proposed approach to the work.

Phase II: Evaluation Conduct (September 2023)

During this phase, the Consultant will engage closely with SSNAMA and other stakeholders (as identified in the preparation phase) to gather information through key informant interviews, observations, site visits and/or any other methods deemed appropriate. The Consultant will also proceed to a more in-depth review of relevant documentation during this time.

Phase III: Reporting (October 2023)

The third phase of the consultancy will consist of analyzing the data collected and writing the final evaluation report summarizing key findings and recommendations (with supporting data). Findings should be grounded in the project's Gender Equality Strategy (for the gender component), and the strategic advocacy core competencies matrix (for the advocacy component). Recommendations should pertain both to the project and to SSNAMA's broader work, clearly highlighting successful practices, lessons learned and pathways for improvement.

Phase IV: Use and Follow Up

As a follow-up to the evaluation, and if agreeable to all parties, the Consultant may be contracted to provide further assistance to SSNAMA for the implementation of recommendations. This may include trainings, workshops, and/or support in drafting association-level documents. These activities will be informed by the nature of the evaluation's recommendations as well as SSNAMA's organizational priorities in the realms of gender and advocacy (*timing and remuneration TBD*).

F. Proposed Timeline

The proposed activities will be conducted between August and October 2023, with the final evaluation report being delivered by the 31st of October 2023, and possibility of extension for subsequent implementation of recommendations.

G. Remuneration

The Consultant will be remunerated for their services based on payable amounts for the activity according to the deliverables schedule. Payment is dependent on the satisfactory completion of deliverables as assessed by CAM. Per this contract, the Consultant will execute all activities within the contractual amount outlined below.

As full compensation for the services rendered according to this Agreement, CAM shall pay the Consultant a maximum amount of **\$5,000 USD**. This amount should include all relevant taxes and expenses incurred in the preparation of milestones and deliverables.

H. Required Skills and Qualifications

The candidate must demonstrate in their application the following educational and professional experience:

- Background in evaluation, technical assistance, research and/or capacity building in the domain of health care in South Sudan;
- High level of familiarity with the South Sudanese health care system and context surrounding the provision of nursing and midwifery care;
- Experience in gender analysis and human-rights based approaches;
- Demonstration of a strong technical understanding of RMC and gender equality;
- Self-directed and good sense of initiative;
- Interest in mutually beneficial capacity building;
- Experience with cross-cultural communication and facilitation skills in English;
- Strong analytical and writing skills;
- Located in Juba and/or ability to conduct data collection in Juba.

I. Application Instructions

Follow these instructions:

- Send your CV and a cover letter with your availabilities in one PDF document and ensure that your name and the title "SMART-RMC_Midline-Consultant-SS" are included in the file name.
- Send your PDF by email with the subject "SMART-RMC Midline Evaluation" to admin@canadianmidwives.org.
- Deadline for applications is **July 17, 2023**