**2021-25 Empowering Women Through Professionalization of the Nursing Sector in Bangladesh (ProNurse)**

## **Consultancy Services for Baseline Assessment**

Terms of Reference (TOR)

A) Background:

Cowater International Inc. (Cowater) is Canada’s global leader in management consulting services specializing in international development. We have managed the implementation of over 800 projects in more than 80 countries worldwide for various clients including FCDO, DFAT Australia, the World Bank and Global Affairs Canada (GAC). We work with governments, partner organizations, communities and civil society to design and implement sustainable solutions that generate positive and lasting social, economic and environmental impact.

B) Project Profile

Cowater is implementing a GAC-funded project titled “Empowering Women Through Professionalization of the Nursing Sector in Bangladesh” (ProNurse). This five-year, CAD 19.6M (April 2021-March 2026) Project aims to enhance the voice and influence of nurses in Bangladesh. The Directorate General of Nursing and Midwifery (DGNM) is the key Government of Bangladesh (GOB) counterpart. As lead, Cowater is implementing the project with two Canadian organizations –International Health Unit of the University of Montreal (UdeM) and the Canadian Association of Schools of Nursing (CASN). UdeM will provide technical assistance in improving the capacity of nurse teachers and CASN will assist in strengthening the regulatory function of the Bangladesh Nursing and Midwifery Council for high quality education.

The Ultimate Outcome of the ProNurse Project is *Enhanced voice, influence and empowerment of women in the health sector in Bangladesh,* which will be supported by three mutually reinforcing Intermediate Outcomes:

1. Improved quality of gender-responsive education for female nurses in both public and private sectors in Bangladesh
2. Improved performance and professional status of female nurses in Bangladesh
3. Improved enabling environment for female nurses’ increased participation in the health sector in Bangladesh

ProNurse will have a nationwide impact on all nurses in Bangladesh, the details of the beneficiaries are as follows:

**a) Direct:**

i) 3,900 Nurse Teachers & Managers (F:3,744; M: 156);

ii) 38,359 Nurses working in public sector (F:36,825; M: 1,534);

iii) 6,300 BNA members (F: 5,670; M: 630);

**48,559 Total Direct beneficiaries (F: 46,239; M: 2,320);**

**b) Indirect:**

i) 61,378 Registered Diploma Nurses (F: 58,923; M: 2,455); ii) 5,596 Registered Nurse Graduates (F: 5,371; M: 224);

iii) 4,396 Registered Midwives (F: 4,396; M: 0);

iv) all 19,650 students (F: 18,862; M: 786) enrolled in public sector NIs and Nursing Colleges;

**91,019 Total Indirect beneficiaries (F: 87,554; M: 3,465)**

The Project is designed to enhance the performance and professional status of nurses in Bangladesh through investment in management and leadership training; implementation of a comprehensive and attractive nursing career path. It will also improve training facilities by establishing a Nurse Teachers Training Center through providing support for the expansion/repair/renovation of the College of Nursing (CoN), Mohakhali, Dhaka complex; and creating an enabling environment for nurses in Bangladesh in reducing gender-related barriers to professional development and push the nursing agenda forward.

The Project will deliver on Canada’s Feminist International Assistance Policy (FIAP) priorities of gender equality, empowerment of women and girls, and human dignity; as well as the prioritized needs for the nursing profession outlined in the 2018 National Task Force on the Future of Nursing in Bangladesh recommendation. It is also fully aligned with Nursing-Midwifery Education and Services Operations Plan (NMESOP, 2017-2023) and will directly contribute to achieving its **objectives** of: i) improved quality of nursing education; ii) improved professional capacities of nurses; iii) increased leadership and technical capacities of nurses to render quality services; iv) improved the capacity of DGNM to build and maintain a sustainable system for continued professional development of nurses; and v) strengthened the professional capacity of the Bangladesh Nurses Association (BNA) to advance nurses’ and hence women’s rights through a powerful, collective voice and promoting a greater role in decision making to reduce the gap in inequality and exclusion.

**Key project stakeholders** include the Ministry of Health and Family Welfare (MOHFW), DGNM, Bangladesh Nursing and Midwifery Council (BNMC), College of Nursing (CoN) Mohakhali, and targeted public / private Nursing Institutes. The project will also support Bangladesh Nurses Association (BNA), a women-led professional body, and work closely with Naripokkho, a reputed Bangladeshi Women Rights Organization.

The Project Logic Model is:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ultimate Outcome** | | | | | | | | | |
| **Enhanced voice, influence and empowerment of women in the health sector in Bangladesh** | | | | | | | | | |
| **Intermediate Outcomes** | | | | | | | | | |
| **1100** Improved quality of gender-responsive[[1]](#footnote-1) education for female nurses in both public and private sectors in Bangladesh | | | | **1200** Improved performance and professional status of female nurses in Bangladesh | | | **1300** Improved enabling environment for female nurses’ increased participation in the health sector in Bangladesh | | |
| **Immediate Outcomes** | | | | | | | | | |
| **1110**  Enhanced institutional capacity of DGNM to train female nurse teachers | **1120**  Enhanced capacity of DGNM and BNMC to improve gender-responsive Diploma Nursing education | **1130**  Enhanced capacity of MOHFW (Edu) and BNMC to regulate gender-responsive nursing education | **1210**  Increased capacity of DGNM to create career advance-ment opportunities including leadership for female nurses | | **1220**  Improved capacity of female nurses to deliver gender-responsive nursing services and education including outbreak management during pandemics and other public health emergencies. | **1310**  Increased capacity of Bangladesh Nurses Association (BNA) to represent the collective voice of female nurses | | **1320**  Increased capacity of women rights organization (WRO) and BNA to reduce gender-related barriers within the nursing sector and strengthen female nurses’ participation in public health decision-making and leadership |
| **OUTPUTS** | | | | | | | | | |
| **1111**  TA provided to DGNM to establish a Nurse Teacher Training Center (NTTC) in College of Nursing, Mohakhali  (UdeM) | **1121**  TA provided to BNMC to adapt sessions on SH, SGBV & COVID-19 pandemic management for inclusion in the diploma and BSc nursing curricula (CASN) | **1131**  TA provided to BNMC to implement a quality Comprehensive Licensing/ Preregistration exam for nurses  (CASN) | **1211**  TA provided to DGNM to update and implement a comprehensive gender-responsive nursing career path | | **1221**  Management training and mentorship support, including awareness raising on sexual harassment (SH) and SGBV provided to nurse managers | **1311**  TA provided to BNA, for gender-responsive organizational strengthening, incorporating zero tolerance policies and programs on sexual harassment and SGBV | | **1321**  TA provided to a WRO and BNA to engage influencers/policy makers (f/m) in improving the overall status of nursing including workplace safety and protection for female nurses, particularly during public health emergencies |
| 1**112**  Support provided to DGNM to renovate/expand a physical facility for a NTTC including equipment needed for COVID-19 management training | **1122**  TA provided to DGNM and BNMC to improve quality delivery of the standardized nursing diploma year-end final examinations  (CASN) | **1132**  TA provided to BNMC to roll out the approved accreditation program to selected NIs in phases  (CASN) | **1212**  Support provided to College of Nursing, Mohakhali to strengthen its capacity to deliver the BSc Nursing program | | **1222**  International Council of Nurses (ICN) Leadership for Change (LFC) training that includes session on SH & SGBV prevention during pandemic provided to female nurse leaders | **1312**  Training and TA, incorporating awareness raising on sexual harassment and SGBV provided to nurse champions of BNA on how to engage effectively with Government departments | | **1322**  TA and support provided to WRO and BNA to develop a gender-sensitive mass media campaign which aims to improve the image of nursing in Bangladesh |
| **1113**  TA provided to DGNM to develop/update and implement a gender-responsive NTTC Certificate Training Program (CTP) for nurse teachers  (UdeM) | **1123**  TA provided to DGNM to develop and pilot a preceptor guided gender-responsive internship program for diploma nursing including practicums at infectious disease hospitals/institutes (UdeM) | **1133**  TA provided to BNMC to develop and implement a system of continued professional development, including courses on sexual harassment and SGBV prevention  (UdeM) |  | | **1223**  Subject based specialized clinical skills training including COVID-19 prevention and management courses provided to selected nurses | **1313**  TA provided to BNA to advocate for effective, gender-responsive implementation of the nursing career path including expansion of workplace safety and protection for nurses especially during pandemic | | **1323**  Knowledge sharing events facilitated within national and international nursing forum including on i) prevention of sexual harassment and SGBV and ii) best nursing practice for pandemic management |
|  | **1124**  TA provided to DGNM to develop a divisional/ regional Nursing Institute (NI) Quality Monitoring System |  |  | |  |  | |  |

Cowater requires the services of a qualified and experienced Consultant to collect, validate and analyze all Outcome indicators to be undertaken at baseline (BL) in Dec 2021.

All Outcomes of the Project have been designed to address identified gender inequalities affecting nurses in Bangladesh. All baseline data collected for the PMF should therefore be collected and analysed in line with *“Tool 6: Gender-sensitive and sex-age disaggregated indicators, baseline data and targets”* as found in GAC’s Feminist International Assistance GE Toolkit for Projects (2021): [*https://www.international.gc.ca/world-monde/funding-financement/gender\_equality\_toolkit-trousse\_outils\_egalite\_genres.aspx?lang=eng#tool\_6*](https://www.international.gc.ca/world-monde/funding-financement/gender_equality_toolkit-trousse_outils_egalite_genres.aspx?lang=eng#tool_6)*.*

**C) Purpose and specific objectives of this consultancy**

The objective of the baseline assessment is to prepare a detailed reference database composing baseline information to guide ProNurse management team in measuring its anticipated change. Specific objectives include:

* Provide baseline information by measuring the value for all indicators at outcome level (immediate, intermediate and ultimate) where relevant within the corresponding target populations, and as highlighted in the Project’s Performance Measurement Framework (PMF), attached in Annex 1.
* Provide recommendations for revisions to the Logic Model to reflect the validation of the assumptions, and any changes needed to the PMF (re-formulation of indicators, addition of new indicators, and revision of target values and data collection methods).

D) Proposed approach and scope of work:

The consultant is expected to develop a comprehensive baseline data collection methodology, which should entail a participatory approach with the project’s stakeholders, female, male and non-binary, utilising both qualitative and quantitative data collection tools, including surveys, focus groups, interviews, and desk review. The methodology should be broadly aligned with GAC’s Results Based Management (RBM) guidelines and principles.[[2]](#footnote-2)

Further to GAC requirements for ProNurse, all baseline data collected and reported in the draft and final reports must be:

* accompanied by a narrative explanation of how the baseline data was collected, analyzed and validated. The explanation should also clearly indicate baseline data limitations;
* sex-disaggregated and/or gender-sensitive;
* disaggregated by other variables such as age, ethnicity, geographic area or any other category relevant to the project;
* validated and signed off by country partners.

Depending on the GE Outcome indicator, data collection will be undertaken with reference to a consultant-recommended sample population which may include all registered nurses in Bangladesh, nurse graduates (in the past 5 years), nursing influencers/policy makers, and female nurse managers.

Data collection information may be collected in Bangla as required, with all analysis and subsequent preliminary results, draft and final report write-up in English. The draft report will be shared with Cowater for review and input. Cowater review comments/input will be incorporated before the report is finalized.

E) Summary of Deliverables:

**E.1)** A comprehensive baseline report, with the following minimum outline content:

1) Executive Summary

1.1. Methodology

1.2. Key Findings

1.3. Key Recommendations

-In relation to the Logic Model in general

-In relation to PFM (indicators, targets, data collection tools, etc.)

2) Introduction

2.1. Brief description of Project and context

2.2. Purpose and objectives of the Baseline Assessment

3) Data Collection Methodologies

3.1. Description of chosen data collection methodologies with limitations

3.2. Target population(s) and sample size(s)

3.3. Potential biases in survey results and qualitative results

3.4. How data collection with participants was undertaken

3.5 Data management and analyses

4) Results

4.1. PMF GE Outcome indicators’ BL values as per Annex 1

4.2. Narrative and interpretation for each (in table format)

5) Conclusion

5.1. Overall summary of results

5.2. Any recommended amendments to PMF as per Annex 1

6) Annexes

6.1. Amended Annex 1 incorporating all baseline data collected including disaggregated data where applicable;

6.2. All data collection tools (blank):

* + 1. Survey questionnaire(s)
    2. FGD guide
    3. KII guide

6.3. BL data collection: numbers per type of data collector participant

**E.2)** **All final completed questionnaires**: questions within surveys should be assigned numbers and these should be consistent with variable labelling within final datasets.

**E.3) A baseline database of information collected:** this should include quantitative data sets (raw and refined products). Datasets must be anonymized with all identifying information removed. In addition, data must be disaggregated by gender, age and other types of disaggregation as indicated above. All temporary or dummy variables created for the purposes of analysis must be removed from the dataset before submission. All output files including calculations, and formulae used in analysis will be provided along with any syntax developed for the purposes of cleaning and creation of temporary or dummy variables.

**E.4) Transcripts of qualitative data:** Formats for transcripts (notes and quotes) should be defined in collaboration with the ProNurse team. Table of findings (themes) with all supporting quotes should be appended to the final report.

F) Duration and timeline:

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| **Sl No** | **Task** | **Deadline** |
| 1 | Call for proposals launched by ProNurse Team | 25 Nov 2021 |
| 2 | Proposals submission deadline | 10 Dec 2021 |
| 3 | Assessment of all proposals and finalize preferred candidate notified | 15 Dec 2021 |
| 4 | Contract signing; orientation meeting with ProNurse team; handover of key Project documents | 15 Dec 2021 |
| 5 | Preparation of brief inception report including i) overall approach, ii) proposed data collection methodologies, iii) proposed data collection tools and data collection participants required for Annex 1; and iv) draft data collection schedule | 20 Dec 2021 |
| 6 | Review of inception report; feedback to Consultant | 22 Dec 2021 |
| 7 | Data collection | 23 Dec 2021-20 Jan 2022 |
| 8 | Preliminary results preparation; meeting with Cowater to review | 25 Jan 2022 |
| 9 | Draft report preparation | 30 Jan 2022 |
| 10 | Draft report review by Cowater | 5 Feb 2022 |
| 11 | Consultant meeting to receive feedback from Cowater on draft report | 7 Feb 2022 |
| 12 | Final Report preparation and submission to Cowater | 15 Feb 2022 |

G) Budget

Fees will be paid up to a maximum number of days agreed upon under the contract. Twenty five percent of the fees will be paid upon approval of the inception report and 75% paid upon approval of the final report.

H) Required qualifications

Cowater will assess the team of consultants based on global health programme monitoring and evaluation expertise in Bangladesh, appropriate qualifications in field research and social/implementation science, as well as the candidate’s understanding of gender equality and empowerment challenges for nurses in Bangladesh’s health sector.

The Consultant should propose the team it considers appropriate to carry out the assignment. At a minimum, the Team Leader should have the following qualifications:

* Relevant university degree (graduate degree in public health and/or social science, medicine);
* At least seven years’ experience in designing surveys, baseline assessments or evaluations, preferably assessing gender equality or related in the health sector;
* Advanced skills and experience in conducting rapid assessments using mixed methods approaches;
* Extensive understanding of Bangladesh’s health sector, particularly related to nursing preservice education and service delivery;
* Demonstrated similar GE and health programme baseline data reports or publication record;
* Excellent communication skills in Bangla and English, both oral and written;
* Evidence of ability to write professional reports in English;
* Demonstrated ability to manage consulting assignments and consulting teams to meet agreed deliverables in a timely manner;
* Familiarity with PMF indicator baseline data collection for projects funded by GAC is an asset.

The Consultant team should also include adequate female representation, as well as expertise on women’s empowerment, consistent with the purpose of the ProNurse project and the scope of the baseline.

I) Proposal content

a) The technical proposalshould contain:

* Brief presentation of the firm’s/individual’s experience, highlighting similar assignments undertaken;
* List of team members: current and complete CVs of proposed key experts, emphasizing relevant past assignments;
* Approach and methodology for carrying out the assignment:
* Provide an outline in clear steps on how the baseline may be carried out, and how the various components will be addressed;
* Proposed sampling approach and scale;
* Level of effort and division of labour for each team member;
* Indicative work plan, with reference to requested Duration and Timeline above, presented in Gantt chart format;
* Two research reports/papers in English as samples of similar work.

b) Thefinancial proposal should include:

* Total fees for carrying out the assignment in **Canadian dollars (CAD)**;
* A fees breakdown showing the daily fee rate in CAD, as well as the number of person-days for each key expert;
* An itemized list of expected operational and travel expenses in CAD. During implementation, expenses will be reimbursed based on actual costs with receipts.

J) Application process:

Consultants/firms that meet the requirements may submit a proposal, which should include:

a) A brief cover letter including the consultant’s/firm’s suitability for the assignment and current contact information;

b) Requested technical proposal elements (see above);

c) Requested financial proposal elements (see above).

K) Submission of proposals

All applications are to be submitted through [**info@cowater-pronurse.com**](mailto:info@cowater-pronurse.com) no later than **5pm Dhaka time, 17 Dec 2021**. Incomplete and/or late applications will not be evaluated. We thank all applicants, however only the successful bidder will be contacted.

Cowater International reserves the right to cancel this procurement process without justification at any time and will not be held liable for any costs associated with responding to this call for applications.

Annex 1: PERFORMANCE MEASUREEMNT FRAMEWORK

1. Gender-responsive: refers to an approach to programs, policies, budgets, etc. that assesses and responds to the different needs/interests of women and men, girls and boys, as well as to the different impacts projects have on them; source: GAC (2016) *RBM How To Guide,* p.29. [↑](#footnote-ref-1)
2. The GAC RBM International Assistance Programming at Global Affairs Canada: A How-to Guide, 2016, available at http://www.international.gc.ca/world-monde/assets/pdfs/fundingfinancement/results\_based\_management-gestion\_axee\_resultats-guide-en.pdf [↑](#footnote-ref-2)