2021-29 Empowering Women Through Professionalization of the Nursing Sector in Bangladesh (ProNurse)

## **Consultancy Services for Mid-term Assessment (MTA)**

**A) Background:**

Cowater International Inc. (Cowater) is Canada’s leading management consulting firm specializing in international development. With over 40 years of experience, Cowater has successfully implemented more than 2,500 projects across 95+ countries worldwide. The organization partners with a diverse range of donor agencies/development partners including Global Affairs Canada (GAC), the Foreign, Commonwealth & Development Office (FCDO), Australia’s Department of Foreign Affairs and Trade (DFAT), the World Bank. For project implementation, Cowater works with governments, partner organizations, civil society, and local communities—to design and implement sustainable solutions that create positive and lasting social, economic, and environmental impact.

**B) Project Profile**

Cowater International Inc. is implementing an eight-year (2021-29) Project titled "**Empowering Women through Professionalization of the Nursing Sector in Bangladesh (ProNurse)**” funded by Global Affairs Canada. Working under the overall guidance of Ministry of Health and Family Welfare (MoHFW), the ProNurse project works with the Directorate General of Nursing and Midwifery (DGNM) and Bangladesh Nursing and Midwifery Council (BNMC) to deliver project activities.  ProNurse also work with two Canadian technical partners; (a)–International Health Unit of the University of Montreal (UdeM) and the Canadian Association of Schools of Nursing (CASN). UdeM provides technical assistance in improving the capacity of nurse teachers and CASN assists in strengthening the regulatory function of the Bangladesh Nursing and Midwifery Council for improving the quality of nursing education. The Project aims to enhance the voice and influence of women in the nursing sector by empowering and improving professionalization of nurses, both in public and private sector of Bangladesh.

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

**Target groups**

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

**a) Direct:**

i) 3,310 Nurse Teachers, Managers and Service Nurse (F: 2940; M: 369)[[1]](#footnote-1);

ii) 40,599 Nurses working in public sector (F:36,945; M: 3,654)[[2]](#footnote-2);

iii) 33,000 BNA members[[3]](#footnote-3).

**b) Indirect:**

i) 91,768 Registered Diploma Nurses, ii) 16,009 Registered Nurse Graduates (Basic) iii) 11,274 Registered Nurse Graduates (Post-Basic); iv) 8,807 Registered Midwives v) all 23,640 students enrolled in public sector NIs and Nursing Colleges[[4]](#footnote-4);

To improve the quality of nursing education in Bangladesh, ProNurse project, in collaboration with DGNM has started a new international standard one year Nurse Teachers Training Certificate (NTTC) course and revising/updating the existing teachers training curriculum. ProNurse is also investing in infrastructure development and building a nine storied Nurse Teachers Training Centre (NTTC) within the premises of College of Nursing, Mohakhali, Dhaka.

Jointly with DGNM, the ProNurse project provides wide range of trainings for nurses working in government health sector in Bangladesh, the purpose of these training is to enhance clinical competency; teaching capacity, management and leadership skills of nurses and their managers/supervisors working in both service (health facilities) and education institutes. The project also supports designing and implementation of a comprehensive nursing career path and creating an enabling environment where nurses can deliver high quality care with dignity and pride.

To address gender inequality, sexual harassment and SGBV (Sexual and Gender Based) violence within the health sector that affect personal and professional status and empowerment of female nurses in Bangladesh, ProNurse project also focuses on Canada’s Feminist International Assistance Policy (FIAP) priorities of gender equality, empowerment of women and girls, and human dignity. All Mid-term data should therefore be collected and analysed in line with GAC’s Feminist International Assistance GE Toolkit for Projects (2021): [*https://www.international.gc.ca/world-monde/funding-financement/gender\_equality\_toolkit- rousse\_outils\_egalite\_genres.aspx?lang=eng#tool\_6*](https://www.international.gc.ca/world-monde/funding-financement/gender_equality_toolkit-%20rousse_outils_egalite_genres.aspx?lang=eng#tool_6)*.*

**C. Purpose of the consultancy:**

Cowater requires the services of a qualified and experienced Consultant/research firm to conduct a Mid-term Assessment (MTA) of the project using a selected set of PMF (Performance Monitoring Framework) indicators and structured guidelines given by the project. The consultant will collect, validate, analyse and write up the results of Mid-term Assessment (MTA) as per the guidance and prescribed reporting format provided by the project. The consultant will also conduct a trend analysis, using data from baseline and midterm assessment and demonstrate the likelihood of achieving results in relation to End of Project (EoP) targets for each of the twelve (12) selected indicators.

**Specific objectives of the midterm assessment:**

* To assess the project’s progress toward achieving the intended impact (Voice, influence, empowerment) and outcomes using 12 selected PMF indicators
* To undertake a trend analysis using baseline and mid-term assessment results and demonstrate the likelihood of achieving End of Project (EoP) targets
* To identify key challenges and opportunities that influence project’s outcomes/achievements of results, such as policy gaps, institutional constraints, or discriminatory gender norms.
* To assess the quality, adequacy and effectiveness of training in improving performance and professional status of nurses in Bangladesh.
* To provide actionable recommendations for improving project performance and stakeholder engagement, and sustainability in the remaining years of implementation.

**D) Proposed approach and scope of work:**

The mid-term assessment will be done in two phases:

***Phase 1:*** The consultant will apply a mixed method approach to assess the current status of the project and achievements upto the period of MTA using 12 selected PMF indicators. The study must be done using both quantitative and qualitative tools, methods and statistical software for data collection, analysis and reporting of Mid-term assessment MTA. The assessment approach should comply with GAC’s principles of evaluation (inclusivity, participation, usefulness and learning). The respondents should include representative samples of different types and groups of direct and indirect project participants such as nurses from different tires of govt health facilities and nursing colleges/institutions, and govt high officials from MoHFW, DGNM and BNMC. ProNurse will provide the sampling framework to draw sample for the questionnaire survey, and a list of respondents to be interviewed, FGDs and KIIs. All findings of the 1st phase of the Midterm assessment will be presented as per prescribed format suggested by the client/ProNurse project.

***Phase 2:*** After reviewing and finalization of the results and report of the 1st phase of the conwithinsultant will be asked to undertake a trend analysis using the findings/results of baseline and mid-term assessment. Required data, documents and information needed for conducting trend analysis will be provided at this stage. As part of trend analysis, the consultant will also do a projection on project’s likelihood of achieving EoP (End of Projects) target.

**Scope of work Phase 1:**

**D1.** Reviewing all draft MTA data collection tools, and finalization of tools in consultation with ProNurse

**D2.** Develop study protocol including sample size selection and sampling procedures for quantitative survey and develop detail data collection plan with timeline for conducting the assessment (both quantitative and qualitative) using twelve (12) selected outcome indicators as highlighted in the MTA framework, attached in **Annex 1.** MTA proposals along with tools will be shared with DGNM and feedback will be accommodated (as appropriate)

**D3**. Conduct the assessment as per the agreed plan. Following are some key activities:

* Pretest and finalize the data collections tools/questionnaire. Any adjustments in the tools must be done in consultation with ProNurse
* Collect data for the twelve (12) specified Outcome indicators listed in the attached MTA framework (Annex 1)
* Ensure quality of data collection, analysis and reporting through proper field visits
* Conduct analysis and share draft results/findings of the assessment with ProNurse team for their review and feedback
* Produce draft reports and share with ProNurse for their feedback
* Finalize the report as per ProNurse’s prescribed reporting format

**Scope of work Phase 2**

**D4**. Conduct a **Trend analysis** using baseline and midterm assessment results for each of the twelve (12) outcome indicators, compare those with End of Project (EoP) target and provide a projection on the likelihood of achieving the EoP targets.

* For all quantitative indicators, results should be reported in absolute and percentage change between BL and MT values
* For FGD/KII/IDI (qualitative) data collection methods, BL to mid-term findings using qualitative methods which will include reference to BL to MTA shifts from respondent groups in:
  + - reported perceptions, experiences, and/or attitudes
    - changes/improvement in the pre-defined themes in line with project outcomes
    - Identification of any new or recurring themes
    - emergence of any previously underreported issue(s) relevant to the outcome indicator in question
* A brief narrative triangulating the results of all data collection methods (quantitative and qualitative) applied at MTA for each of the 12 Outcome indicators and how this has broadly changed since baseline.
* Summarise overall level of progress at Mid-term relative to the End-of-Project (EOP) target for each of the 12 Outcome indicators

**D5.** Data collection tools should be translated in Bangla, with all analysis and subsequent preliminary results, draft and final report must be produced in English. The draft report will be shared with Cowater for review and input, and all the comments/input provided by Cowater must be incorporated before the finalization.

**D6.** Prepare an MTA Report as per the required format/structure (to be provided by ProNurse) which includes i) an analysis of progress/variance from baseline to midterm, and ii) overall level of progress at Mid term relative to the End-of-Project (EOP) target for each of the 12 Outcome indicators.

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

* accompanied by a narrative explanation of how the Mid-term data was collected, analyzed and validated.
* The explanation should also clearly indicate the limitations of the assessment (MTA)
* all data need to be disaggregated by sex and where feasible, by other variables such as age, ethnicity, geographic area or any other category relevant to the project

**E) Summary of Deliverables:**

**E.1)** A comprehensive Mid-term Assessment report, with the following minimum outline content:

1) Executive Summary

1.1. Purpose of the MTA

1.2. Methodologies applied

1.3. Key Findings per each of the twelve (12) PMF indicators and MTA objectives.

2) Introduction

2.1. Purpose and objectives of the Mid-term Assessment

3) Data Collection Methodologies

3.1. Description of data collection methodologies with limitations consistent with BL as far as possible

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

3.3. Potential biases in survey results and qualitative results

3.4. Details data collection methodology

3.5 Data management and analyses

4) Results

4.1. PMF Outcome indicators’ MT values as per **Annex 1**

4.2) BL to MT trend analysis which includes reference to the EOP target

5) Recommendation: The report should include a list of actionable recommendations.

6) Conclusion

5.1. Overall summary of results

5.2. Any recommended considerations for PMF indicator data collection from Yr 6 to EL.

7) Annexes

6.1. Amended Annex 1 incorporating all Mid-term data collected including disaggregated data where applicable.

6.2. All data collection tools (blank):

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

6.3. Detail data collection plan with groups and numbers of participants interviewed by location.

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

**E.2) A Mid-term database:** 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 MTA report.

**F) Duration and timeline:**

| **Sl No** | **Task** | **Deadline** |
| --- | --- | --- |
| 1 | Call for proposals launched by ProNurse Team | 7 September 2025 |
| 2 | Proposals submission deadline | 25 September 2025 |
| 3 | Assessment of all proposals and finalize preferred candidate notified | 02 October 2025 |
| 4 | Contract signing; orientation meeting with ProNurse team; handover of key Project documents | 10th October 2025 |
| 5 | Preparation of brief inception report including i) overall approach, ii) confirmation of understanding of required data collection methodologies, iii) tools finalization and participants list; and iv) draft data collection schedule | 25th October 2025 |
| 6 | Review of inception report; feedback to consultant | 30 October 2025 |
| 7 | Data collection in the field | 1 Nov to 30 Nov 2025 |
| 8 | Preliminary results preparation; meeting with Cowater to review | 10 December 2025 |
| 9 | Draft report submission | 20 December 2025 |
| 10 | Draft report review completion by Cowater | 1 January 2026 |
| 11 | Consultant meeting to receive feedback from Cowater on draft report | 7 January 2026 |
| 12 | Final Report preparation and submission to Cowater | 15th January 2026 |

**G) Budget:**

Budget should be prepared in Bangladeshi taka.

* Total fees for carrying out the assignment in **Bangladesh Taka (BDT)**
* A breakdown of the fees showing the daily fee rate in **BDT**, as well as the number of person-days for each key expert
* An itemized list of expected operational and travel expenses in **BDT**

**H) Required qualifications:**

Cowater will assess the team of consultants based on their previous experience and expertise in conducting assessment 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 a well qualified team to carry out the assignment. At a minimum, the Team Leader should have the following qualifications:

* **Advanced degree in Public Health or, Epidemiology or, Biostatistics, or related field**
  + Minimum Master’s degree required (PhD preferred).
  + Proven experience of designing, implementing and overseeing assessments/evaluations of Bangladesh health systems, and use of mixed-methods research.
* **8–10 years of experience in results-based performance monitoring of health programmes**
  + At least 3 assignments involving PMF-based indicator tracking at baseline, mid-term, or endline.
  + Demonstrated familiarity with GAC RBM tools (logic model, PMF, indicator targets.
* **Proven expertise in mixed-methods data collection aligned with PMF indicator frameworks**
  + Experience aligning mid-term data tools with baseline methodologies and questions.
  + Skilled in supervising both quantitative (surveys/stats) and qualitative (KIIs/FGDs/KIIs) fieldwork.
  + Familiarity with PMF indicator Mid-term data collection for projects funded by GAC is an asset.
* **Strong capacity in trend analysis of PMF indicators from baseline to mid-term**
  + Demonstrated ability to synthesize findings for 10–15 indicators against end-of-project targets.
  + Able to validate, interpret, and report disaggregated data for client use.
* **Leadership and communication skills in managing multi-disciplinary data teams**
  + Led at least 3 team-based assignments delivering donor-facing technical reports.
  + Clear record of client engagement and timely, high-quality deliverable submission.
* Demonstrated integration of **Gender Equality and Social Inclusion (GESI)** in data collection tools and analysis, including sex- and age-disaggregated reporting where applicable.
* **Extensive understanding of Bangladesh’s health sector,** particularly related to nursing preservice education and service delivery.
* **Excellent communication skills in Bangla and English**, both oral and written.
* Evidence of ability to write **professional reports in Englis.**;
* Demonstrated ability to **manage consulting assignments and consulting teams** to meet agreed deliverables in a timely manner.

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 Mid-term Assessment.

**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 (expertise in both qualitative and quantitative methodologies).
* Approach and methodology for carrying out the assignment:
* Provide an outline in clear steps on how the Mid-term assessment 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 Mid-Term indicator performance assessment reports for the health sector in English as samples of similar work.

b) Thefinancial proposal should include:

* Total fees for carrying out the assignment in **Bangladeshi Taka**.
* A breakdown showing the daily fee rate in BDT, as well as the number of person-days for each key expert.
* An itemized list of expected operational and travel expenses in BDT. 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), attention ProNurse Deputy Team Leader, no later than **5pm Dhaka time, 25 September 2025**. 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: MTA Data Collection and Analysis Framework**

| **PMF Outcome Indicator** | **Method(s)** | **Respondent Group(s)** | **Baseline actual** | **MTA targets** | **MTA Actual (2025)** | **EoP target (Dec 2028)** | **Analysis of Progress/ Variance from BL, MTA actual and MTA targets** | **Remarks** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1000:** %/# of nurses (F/M) in Bangladesh who report improvements in their empowerment in the health sector (ability to make decisions at workplace, influence policy, representation at nursing committees) | Survey; FGDs and KIIs | Senior DGNM, BNMC, CoN officials,  Public sector female nurses, nurse managers |  |  |  |  |  |  |
| **1100A**: %/# of i) nurse instructors (F/M) who report improvement in the quality of nursing education (I. Availability and equitable access to i) lab and libraries; ii) # of teachers received trg on: i) teachers development trg ii) GRT/orientation | Survey; FGDs and KIIs | Nurses Educators |  |  |  |  |  |  |
| **1100B**: %/# of final year students who report improvement in the quality of nursing education (I. Availability and equitable access to i) Books/ref materials ii) lab equipment, iii) access to trained teachers Including GRT ) | Survey; FGDs and KIIs | Final year Nursing Students |  |  |  |  |  |  |
| **1100C:** %/# of Project trained Nurse Teachers in NIs (F/M) who can demonstrate selected teaching skills (i. explain session objective at the outset; ii) use audio visual /PowerPoint to deliver session; iii) interactive & inclusive teaching style iv) provide references for ongoing study of the subject) | Observation | Project trained Nurse Teachers |  |  |  |  |  |  |
| **1200B**: %/# of nurses (F/M) perceive that opportunities (training, career path) for building professional status have increased **(KPI2)** | Survey; FGDs | All Nurses |  |  |  |  |  |  |
| **1300A:** %/# of nurses (F/M) reporting a more supporting enabling environment for nursing at their workplace with respect to i) support in workplace from physicians; ii) support in workplace from supervisors and colleagues; iii) support in workplace from third/fourth class employees; iv) support from family). **(KPI3)** | Survey; FGDs | All Service Nurses |  |  |  |  |  |  |
| **1300B**: % of influencers/policy makers reporting improvement in nursing service delivery **(KPI4)** | KIIs | Senior DGNM, BNMC, CoN officials |  |  |  |  |  |  |
| **1110B:** %/# of senior DGNM officials (F/M) and CoN, Mohakhali faculty (F/M) who report enhanced DGNM capacity to train female Nurse Teachers (infrastructure, training quality, teachers quantity and quality, requisite TL materials, labs) | KIIs | Senior DGNM, BNMC, CoN officials |  |  |  |  |  |  |
| **1210B:** Level of satisfaction of nurses (F/M) on value of the new career path(s) for their professional development | Survey; FGDs and KIIs | All Nurses |  |  |  |  |  |  |
| **1220A:** #/% of female nurse managers who are knowledgeable (who can explain Sexual Harassment, sexual violence and SGBV definitions as per GAC denition) on sexual harassment at workplace and SGBV issues **(KPI7)** | Survey; FGDs | Female Nurse Managers |  |  |  |  |  |  |
| **1220B:** %/# of project trained nurses (F/M) demonstrate management & leadership skills in performing their jobs (Team building, Collaboration, Mentoring, Change management and delegation) | IDIs | Project Trained Nurses |  |  |  |  |  |  |
| **1320B**: Reported confidence level of selected Nurses (BNA members) who can hold relevant government ministries/directorate accountable on gender equality in nursing | Survey, FGDs | BNA Members |  |  |  |  |  |  |

1. Data Source: ProNurse project training database [↑](#footnote-ref-1)
2. Data Source: DGNM-PMIS report as of August 2025 [↑](#footnote-ref-2)
3. Data Source: Bangladesh Nurses Association (BNA) website [↑](#footnote-ref-3)
4. Data Source: BNMC Registration Database as of 31 May 2025 [↑](#footnote-ref-4)