Terms of Reference

Quality Improvement Initiatives to Reduce Institutional Maternal Mortality in Tertiary and General Hospitals, Strengthen Referral Linkages with Catchment Health Centres, and Promote Collaboration, Mentorship, and Task Sharing

VISTA Resources Integrated Consultancy (VISTA), is pleased to invite your organization to submit a proposal for the engagement of a firm to implement quality improvement initiatives reducing institutional maternal mortality in tertiary and general hospitals, strengthening referral linkages with catchment health centres, and promoting collaboration, mentorship, and task sharing to expand access to key maternal and newborn health services, across Akwa Ibom, Benue, Ekiti, Enugu, Kebbi, Ondo, Taraba, and Zamfara states.

1. Background and Rationale

Nigeria continues to bear one of the highest maternal mortality burdens globally, with a maternal mortality ratio of 512 deaths per 100,000 live births (NDHS 2018) and an estimated 28.5 percent of global maternal deaths. Most of these deaths are preventable and are driven by postpartum haemorrhage, hypertensive disorders of pregnancy, sepsis, unsafe abortion complications, and obstructed labour. The devastating impact of maternal and neonatal deaths is often linked to three critical delays, recognising danger signs at home, reaching a health facility, and receiving quality care on arrival. The third delay in particular highlights systemic challenges within health facilities, including gaps in provider knowledge and skills, inadequate equipment, weak referral coordination, and insufficient death review mechanisms.

A nationwide CEmONC health facility assessment conducted in September and October 2024 revealed significant gaps in human resources for health, competencies of health professionals to manage maternal and newborn complications, service documentation and record keeping, facility infrastructure, equipment and supplies, and newborn care services. In response, the Federal Ministry of Health and Social Welfare, under the Nigeria Health Sector Renewal Investment Initiative (NHSRII) and in alignment with the MAMII, ENAP, and EPMM/EWENE initiatives, is supporting targeted interventions to strengthen Comprehensive and Basic Emergency Obstetric and Newborn Care (CEmONC/BEmONC) services, quality of care, and referral systems across priority states.

This assignment forms part of that effort. It will strengthen quality improvement systems in tertiary and general hospitals, build the capacity of catchment health centres in line with validated referral directories, and establish an alliance for collaborative quality improvement, including structured mentorship and coaching for high volume district hospitals and health centres, and task shifting and sharing of ultrasound services, to expand access to key lifesaving maternal and newborn health services.

2. Objectives of the Assignment

- Reduce institutional maternal morbidity and mortality by improving the quality of maternal and newborn care in tertiary and general hospitals.
- Strengthen referral linkages between catchment health centres and CEmONC facilities.
- Promote collaboration, mentorship, and task sharing to expand access to key maternal and newborn health services.

Specifically, the engaged firm will be expected to:

- Implement quality improvement initiatives in 20 secondary and tertiary (CEmONC) hospitals, including institutionalising Maternal, Perinatal and Child Death Surveillance and Response (MPCDSR), Maternal Death Reviews (MDR), and near miss audits.
- Build the capacity of 230 catchment primary health centres (BEmONC) per the referral directory to recognise danger signs early, deliver the seven BEmONC signal functions, and refer promptly and appropriately.
- Build a formal alliance for collaborative quality improvement among facilities within each LGA, including hub and spoke mentorship and coaching linking tertiary and general hospitals with high volume district hospitals and health centres.
- Introduce task shifting and sharing of obstetric ultrasound services, training qualified midwives, nurses, and CHEWs to perform basic obstetric scans where doctors are unavailable, in line with state health workforce regulations.
- Strengthen referral systems and communication pathways between BEmONC and CEmONC facilities, including validation and updating of state referral directories and establishment of feedback mechanisms on patient outcomes.

3. Scope of Work

Inception and Baseline Assessment

- Hold a kickoff meeting with States to align on engagement plans and conduct stakeholder mapping.
- Facilitate state level stakeholder meetings across all eight states to secure buy in.
- Assess all 250 facilities on maternal mortality rates, BEmONC/CEmONC signal function gaps, equipment status, staffing, and data quality.
- Map and validate referral pathways and state referral directories.
- Conduct a skills gap assessment for healthcare workers and share findings with State teams.

Quality Improvement in Tertiary and General Hospitals

- Select facility level QI champions and mentor or coach candidates with State teams.
- Develop and validate MDR processes, near miss audits, and data tools, and establish monthly multidisciplinary MDR committees with tracked action points.
- Foster a blame free review culture aligned with national MPCDSR guidelines.
- Build healthcare worker capacity in QoC, leadership, root cause analysis, and data driven decision making.

Capacity Building and Cascade Training

- Train national master trainers on CEmONC services, BEmONC signal functions, QoC/MPCDSR, and obstetric ultrasound.
- Train healthcare workers across 230 PHCs, 20 GHs, and linked tertiary hospitals using the LDHF approach on the seven BEmONC signal functions.

- Deliver CEmONC training on the 21 signal functions, including blood transfusion and emergency caesarean section.
- Strengthen newborn care per ENAP, EPMM, and AMDD standards, from PHC level through comprehensive GH level care.
- Apply the Safer Births Bundle of Care (SBBC) using LDHF simulation based training.
- Roll out step down training for health workers with OSCE based certification.

Mentorship, Coaching, and Collaborative Alliance

- Implement a mentorship and coaching framework with at least one monthly coaching visit per high volume BEmONC facility.
- Pair junior clinicians with named senior mentors for between visit consultation.
- Establish a formal LGA level facility alliance for joint problem solving and peer support.

Referral System Strengthening and Task Sharing of Ultrasound Services

- Strengthen BEmONC to CEmONC communication pathways, conduct referral drills, and establish patient outcome feedback mechanisms.
- Train and mentor midwives, nurses, and CHEWs for task shared basic obstetric ultrasound.

Monitoring, Evaluation, Learning, and Close Out

- Conduct monthly supportive visits and quarterly QI scorecard reviews across all eight states.
- Track key indicators, including maternal and newborn mortality, case fatality rates, SBA deliveries, and referral timeliness.
- Develop knowledge products, host a dissemination workshop, and submit a final report

4. Key Deliverables

- Inception Report detailing methodology, workplan, stakeholder engagement plan, and timelines.
- Baseline Assessment Report covering facility assessments, skills gap analysis, and ultrasound service mapping across all 250 facilities.
- Validated Referral Directories for each of the eight states, with updated facility details, services, and focal persons.
- Training Manuals and Guidelines, plus a validated list of trained health workers, master trainers, QI champions, and mentors and coaches.
- Functional MDR and Near Miss Audit Systems, with committees, registers, and standardised tools established across facilities.
- Quarterly QI Scorecards across all eight project states, highlighting progress, gaps, and challenges.

- Knowledge Products, including at least one case study per state, infographics, and summary slides.
- Final Report and dissemination workshop summarising outcomes, lessons learned, and recommendations for scale up.

5. Duration and Reporting

The assignment is expected to run for twelve months from contract signing, across 20 LGAs and 250 health facilities, comprising 20 CEmONC secondary and tertiary hospitals and 230 BEmONC primary health centres, in Akwa Ibom, Benue, Ekiti, Enugu, Kebbi, Ondo, Taraba, and Zamfara states.

The firm will report to the Programme Management Team of the SWAp Coordinating Office and work closely with the SRH Lead of the SWAp Coordinating Office. Regular reporting and coordination meetings will be mandatory to ensure alignment with programme objectives, NHSRII/MAMII priorities, and state level structures.

6. Qualifications and Experience Required

- Demonstrable experience implementing MPCDSR, maternal death reviews, near miss audits, and facility level QI processes in public health facilities.
- Track record of designing and delivering competency based clinical training and cascade or step down models, including simulation based approaches and OSCE assessments.
- Familiarity with task shifting and sharing policies, including training non physician cadres in focused obstetric ultrasound.
- Strong monitoring, evaluation, and learning capacity, including data quality assessment, scorecard systems, and production of high quality knowledge products.
- Capacity to deploy and manage multidisciplinary teams concurrently across the eight project states within the assignment timeframe.

7. Proposal Submission Requirements

Prospective firms are expected to submit a full proposal package that includes:

- A detailed technical proposal outlining the understanding of the assignment, methodology, workplan, and timeline.
- A financial proposal with a clear breakdown of costs.
- Organisational profile and CVs of key personnel highlighting relevant qualifications and experience.
- Evidence of similar assignments previously conducted, including reports, references, or contracts.

Submission Guidelines

All applications must be submitted electronically to email, vistaprocurementad@gmail.com, on or before 18th August 2026. The subject of the email shall be "Maternal Mortality QI Firm Engagement." Submissions that fail to comply with these guidelines will not be considered.

Note: Kindly submit all hardcopy proposals to Vista Resources Integrated Consultancy Limited, No. 13 Lingu Street, Wuse 2, FCT Abuja.

We look forward to receiving your proposal and appreciate your interest in supporting this critical initiative.