

PUNTLAND STATE OF SOMALIA
MINISTRY OF HEALTH

TERMS OF REFERENCE

National Consultant, Lead Researcher and Writer
State of Puntland Midwifery Report 2026

Assignment title	Production of the State of Puntland Midwifery Report 2026
Contracting authority	Ministry of Health, Puntland State of Somalia
Implementing partners	Puntland Association of Midwives, PAM, and the Technical Reference Group
Technical support	UNFPA Somalia
Type of contract	Individual national consultancy, deliverable-based lump sum
Duty station	Garowe, with travel to selected regions and districts of Puntland
Duration	12 weeks from contract signature
Level of effort	25 working days
Reports to	Director General, Ministry of Health, through the designated MoH focal point for midwifery
Date of posting	27 July 2026
Application deadline	11 August 2026, 4:00 pm East Africa Time
Expected start date	24 August 2026

Acronyms

Acronym	Meaning
ANC	Antenatal care
CPD	Continuing professional development
GBV	Gender-based violence
ICM	International Confederation of Midwives
IDP	Internally displaced persons
KII	Key informant interview
MISP	Minimum Initial Service Package for Sexual and Reproductive Health in Crises
MoH	Ministry of Health
NHPC	National Health Professions Commission
PAM	Puntland Association of Midwives
PNC	Postnatal care

Acronym	Meaning
SRMNAH	Sexual, reproductive, maternal, newborn and adolescent health
TRG	Technical Reference Group
UNFPA	United Nations Population Fund
WHO	World Health Organization

1. Background

Midwives are the backbone of maternal and newborn care in Puntland. They provide family planning, ANC, skilled care at delivery, PNC and newborn care, and they identify and refer complications that would otherwise lead to maternal and newborn deaths. When midwives are educated and regulated to international standards and work within a functioning health system, they can deliver most of the essential SRMNAH care that women and newborns need.

Puntland has made visible progress in midwifery education and service delivery over the past decade. However, information on the number, qualifications, distribution, licensing and working conditions of midwives is spread across the MoH, the NHPC, training institutions, health facilities, PAM and humanitarian partners. There is no single report that brings this evidence together, and planners cannot reliably answer basic questions such as how many midwives are actively practising, where they work, and where the largest gaps are.

The MoH, in collaboration with PAM and with technical support from UNFPA, therefore intends to produce the first State of Puntland Midwifery Report 2026. The report will follow the approach of The State of the World's Midwifery 2021, jointly developed by UNFPA, WHO and ICM, and will examine the availability, accessibility, acceptability and quality of midwifery services rather than headcounts alone. Given Puntland's recurring exposure to drought, flooding, displacement and disease outbreaks, the report will include a dedicated humanitarian midwifery component.

The MoH is seeking a qualified national consultant to lead the desk review, data collection, analysis and writing of the report under MoH supervision and TRG oversight.

2. Purpose of the Consultancy

The purpose of this consultancy is to produce a nationally validated, gender-responsive and humanitarian-informed State of Puntland Midwifery Report 2026, together with a reconciled workforce dataset, a policy and investment brief, and a reusable framework that allows the MoH to update the report periodically.

The findings will be used by the MoH, PAM, the NHPC, training institutions and partners to guide workforce planning, deployment, education and regulatory reform, humanitarian preparedness and investment in midwifery.

3. Objectives

3.1 General objective

To generate a consolidated and validated evidence base on the status of midwifery in Puntland that supports coordinated investment, professional development, quality improvement and equitable access to SRMNAH services.

3.2 Specific objectives

1. Quantify and profile the midwifery workforce by qualification, age, sex, employment status, employer, facility type, location, experience and active practice status.
2. Assess the geographic distribution, availability and accessibility of midwives, including gaps affecting rural, remote, nomadic, displaced and humanitarian-affected populations.
3. Review pre-service midwifery education, including curricula, faculty and clinical instructor capacity, clinical practice sites, student intake and graduation, against national requirements and the ICM Essential Competencies and education standards.
4. Examine registration, licensing, renewal, scope of practice and professional conduct mechanisms against national requirements and ICM regulation standards.
5. Assess employment, deployment, unemployment, retention, remuneration, career progression, workload, occupational safety and wellbeing of midwives.
6. Assess the contribution of midwives to quality, respectful and person-centred care across the continuum, from family planning and ANC through delivery, PNC, newborn care and adolescent-responsive services.
7. Document midwifery leadership, participation in decision-making, mentoring, CPD, research and the role and capacity of PAM.
8. Map midwives' preparedness for and engagement in humanitarian response, including MISP competence, surge rosters, emergency deployment, service continuity, supplies, referral and duty-of-care arrangements.
9. Document achievements, good practices, innovations and bottlenecks, and capture the perspectives of midwives, educators, regulators, employers, communities and service users.
10. Develop priority recommendations, a prioritised action matrix and a core indicator set to support periodic updates of the report.

4. Scope of Work

4.1 Geographic scope

The assessment will cover all regions of Puntland. Institutional and workforce data will be collected at state level for all regions. Field consultations will take place in a purposive sample of districts agreed at inception, covering at least the main urban centres such as Garowe, Bosaso, Galkacyo and Qardho, together with rural, nomadic, IDP and humanitarian-affected settings.

4.2 Thematic scope

The consultant will organise the evidence under the following eight domains, which will form the analytical backbone of the report.

Domain	Key evidence to be captured
1. Workforce profile and labour market	Headcount, active practice, qualifications, demographics, employment and unemployment, attrition, distribution, workload, vacancies and projected needs
2. Education and competence	Schools and accreditation status, curricula, faculty and clinical instructors, learning resources, clinical sites, intake and graduation, competency assessment and alignment with ICM standards
3. Regulation and professional standards	Registration, licensing and renewal, scope of practice, code of ethics, complaints and disciplinary mechanisms, continuing competence
4. Service delivery and quality of care	Midwives' roles across the SRMNAH continuum, respectful maternity care, referral, supervision and mentoring, models of care, community trust and client experience
5. Leadership and professional association	Midwives in leadership and coordination positions, policy dialogue, research, PAM governance, membership, chapters and member services
6. Humanitarian preparedness and response	MISP-trained midwives, deployable rosters, deployment history, services delivered, outreach and mobile care, emergency referral, reproductive health kits, GBV and clinical management of rape competence, safety and duty of care
7. Work environment, gender and wellbeing	Remuneration, contracts, career pathways, workplace safety, harassment, psychosocial wellbeing, recognition, retention and family-friendly arrangements
8. Data, financing and accountability	Workforce information systems, data quality, research capacity, financing sources, investment gaps, performance indicators and update arrangements

4.3 Target respondents

Practising and unemployed midwives, midwifery students, educators and clinical instructors, MoH regional and district health officers, NHPC, facility managers, public and private employers, PAM leadership, UN agencies and humanitarian partners, community leaders, and women and adolescent girls who use midwifery services.

5. Methodology

The consultant will apply a rapid, participatory mixed-methods design. The approach below is indicative, and the consultant is expected to refine it in the inception report, including the sampling frame, indicator definitions and tools.

- **Inception and framework alignment:** confirm scope, definitions, indicators, data sources, tools, workplan and quality-assurance plan with the MoH, PAM and the TRG.
- **Desk review:** laws, policies, strategies, curricula, registration and licensing records, workforce plans, HMIS data, research, humanitarian assessments and programme reports.

- **Workforce data compilation:** collect and reconcile records from the MoH, NHPC, training institutions, health facilities, employers, PAM membership records and humanitarian partners, removing duplicates through agreed unique identifiers.
- **Institutional mapping:** midwifery schools, regulatory functions, selected service-delivery sites, PAM capacity and CPD systems, using a structured institutional checklist.
- **Qualitative consultations:** KIIs and focus group discussions with the respondent groups listed in section 4.3.
- **Humanitarian midwifery module:** MISP training, surge readiness, deployment experience, services delivered, coordination roles, supply readiness, referral, security, supervision, insurance and psychosocial support.
- **Analysis and triangulation:** disaggregate by region, district, urban and rural setting, facility type, employer, qualification, age group, employment status and humanitarian exposure; triangulate quantitative data with institutional and qualitative findings; where data allow, estimate density of midwives per 10,000 population and per 1,000 expected births by region.
- **Validation and prioritisation:** present findings to stakeholders, verify disputed figures and agree priority recommendations, responsibilities and sequencing.
- **Finalisation and dissemination:** final report, policy brief, presentation package and reusable data framework.

Before any data are compiled, the consultant will agree operational definitions with the TRG for at least the following terms: midwife, active practice, licensed, employed, deployed and humanitarian-trained. These definitions will be applied consistently to prevent double counting and misclassification.

6. Key Tasks of the Consultant

Phase 1. Inception, weeks 1 to 2

- Hold an inception meeting with the MoH, PAM and UNFPA to confirm expectations, data access and governance.
- Conduct the desk review and prepare a stakeholder and data-source map.
- Develop the analytical framework, indicator list, operational definitions, sampling plan and data-collection tools.
- Submit the inception report and present it to the TRG for approval.

Phase 2. Data collection, weeks 3 to 6

- Train the six MoH data collectors on tools, consent procedures and data quality over one day.
- Collect and reconcile workforce data from all institutional sources.
- Conduct institutional mapping, KIIs and focus group discussions, and supervise field data collection.

- Complete the humanitarian midwifery mapping with humanitarian partners and the health cluster.
- Share a short field progress note with the MoH focal point at the end of week 6.

Phase 3. Analysis and drafting, weeks 7 to 9

- Clean, analyse and triangulate all data.
- Develop three to five case studies showing midwives' contribution to quality care, underserved communities and humanitarian response.
- Prepare the first draft of the report, following the outline in Annex 2, and submit it to the MoH and TRG for technical review.

Phase 4. Validation, weeks 10 to 11

- Address TRG comments using a comment-response matrix.
- Present findings at a stakeholder validation workshop organised by the MoH.
- Facilitate agreement on priority recommendations, responsibilities and sequencing.

Phase 5. Finalisation, week 12

- Finalise the report and all summary products incorporating validation feedback.
- Hand over the cleaned dataset, codebook, tools and indicator framework to the MoH.

7. Deliverables, Timeline and Payment Schedule

All deliverables will be submitted in English, in editable Word and Excel format, and are subject to MoH approval following TRG review. Payment will be released only on approval of the corresponding deliverables.

No.	Deliverable	Due	Days	Payment	Approval
1	Inception report with analytical framework, indicators, definitions, sampling plan, data-collection tools, detailed workplan and quality-assurance plan	End of week 2	5	20%	MoH after TRG review
2	Data collector training, completed field data collection, reconciled workforce dataset and field progress note	End of week 6	9		
3	First draft State of Puntland Midwifery Report 2026, including the humanitarian midwifery analysis and case studies	End of week 9	7	40% on deliverables 2 and 3	MoH after TRG review
4	Validation presentation, validation workshop report and comment-response matrix	End of week 11	2		

No.	Deliverable	Due	Days	Payment	Approval
5	Final validated report; policy and investment brief of four to six pages; presentation package; prioritised action matrix; core indicator set and reporting framework for periodic updates; cleaned dataset with codebook	End of week 12	2	40% on deliverables 4 and 5	MoH
	Total	12 weeks	25	100%	

8. Management and Reporting Arrangements

- **Ministry of Health:** owns the assessment, leads implementation and coordination, designates a focal point, approves all deliverables and issues letters of introduction to institutions and regions.
- **Puntland Association of Midwives:** works closely with the MoH and the consultant, facilitates access to midwives and membership records, and supports mobilisation of respondents.
- **Technical Reference Group:** comprising the MoH, UNFPA, NHPC, midwifery education institutions, employers, humanitarian partners and other relevant stakeholders; provides technical oversight, reviews the inception report and drafts, and supports data verification.
- **UNFPA:** supports alignment with global midwifery and humanitarian guidance, reviews tools and draft products, and contributes technical inputs during validation.
- **Consultant:** reports to the Director General through the MoH focal point, provides brief progress updates every two weeks, and flags any risk to data access or timelines without delay.

9. Support Provided by the Ministry of Health

- Six trained data collectors for five days of fieldwork and one activity coordinator.
- Field transport and subsistence for fieldwork as per the approved budget.
- Official letters of introduction and facilitation of access to government records.
- Organisation and costs of TRG meetings and the validation workshop.
- Participation of two MoH technical staff in the assessment.

The consultant is expected to use their own laptop, software and communication means.

10. Qualifications and Experience

10.1 Education

- Advanced university degree, Master's or higher, in midwifery, nursing, public health, health systems, human resources for health or a closely related field. A professional qualification in midwifery is a strong advantage.

10.2 Experience

- At least seven years of progressive experience in reproductive, maternal and newborn health, midwifery or health workforce programming.
- Demonstrated experience leading at least two national or subnational assessments, situation analyses or workforce studies, with evidence of the final reports.
- Sound knowledge of midwifery education, regulation and practice standards, including ICM standards and The State of the World's Midwifery framework.
- Proven skills in mixed-methods research, including quantitative data analysis using Excel, SPSS, Stata or similar, and qualitative analysis.
- Experience in humanitarian SRH, including MISP, is required.
- Excellent report-writing skills in English, with a track record of producing publication-quality reports and policy briefs.
- Experience working with government ministries and UN agencies in Somalia or a similar fragile context.

10.3 Desirable

- Previous work with the MoH Puntland, PAM, NHPC or midwifery schools in Somalia.
- Experience with health workforce information systems or national health workforce accounts.
- Fluency in Somali.

11. Ethics, Data Protection and Safeguarding

- The consultant will obtain informed consent from all participants; participation is voluntary.
- Individual responses will be anonymised, and no personally identifiable workforce information will be published or shared outside the MoH.
- Data will be stored securely and handed over to the MoH at the end of the assignment; the consultant will not retain copies.
- Consultations will include rural and urban midwives, unemployed graduates, younger midwives, educators, midwives with disabilities where applicable, humanitarian responders, and women and adolescent girls who use services.
- Interviews with adolescents and survivors of GBV will follow do-no-harm principles and approved referral pathways.
- The consultant will comply with MoH and UN standards on prevention of sexual exploitation and abuse.

12. Quality Assurance

- All tools will be reviewed and approved by the TRG before field use.
- Data will be checked for completeness, duplication and internal consistency, and discrepancies between sources will be documented.

- Drafts will be reviewed by the TRG and UNFPA, and every comment will be tracked in a comment-response matrix.
- The final report will be professionally proofread before submission.

13. Ownership and Confidentiality

All data, tools, reports and other materials produced under this consultancy are the property of the Ministry of Health, Puntland. The consultant may not publish, share or use any part of the work without written permission from the MoH.

14. Application Procedure

Interested candidates should submit the following:

1. A cover letter explaining suitability for the assignment.
2. An updated CV with three professional referees.
3. A technical proposal of no more than five pages outlining understanding of the assignment, proposed methodology and workplan.
4. A financial proposal showing the daily rate and total lump sum for 25 working days.
5. At least one sample of a similar report written by the candidate.

Applications should be sent by email to both of the following addresses:

- info@puntlandmidwives.org
- hrm@puntlandmidwives.org

The subject line of the email should read: Consultant, State of Puntland Midwifery Report 2026.

Date of posting: 27 July 2026

Closing date: 11 August 2026 at 4:00 pm East Africa Time. Applications received after the closing date or sent to other addresses will not be considered.

Applications are received by PAM on behalf of the Ministry of Health. Only shortlisted candidates will be contacted. Qualified women and practising midwives are strongly encouraged to apply. No fee is charged at any stage of the recruitment process.

15. Evaluation Criteria

Applications will be assessed using a combined technical and financial score. Only candidates scoring at least 49 of 70 technical points will have their financial proposals considered.

Criterion	Maximum score
Relevant education and professional qualifications	15
Experience in midwifery, RMNH or health workforce assessments	20
Humanitarian SRH and MISP experience	10

Criterion	Maximum score
Quality of technical proposal and methodology	20
Quality of writing sample	5
Technical score subtotal	70
Financial proposal	30
Total	100

Annex 1. Key Reference Frameworks

- UNFPA, WHO and ICM. The State of the World's Midwifery 2021.
- UNFPA. Global Midwifery Strategy 2018 to 2030.
- UNFPA. Programmatic Guidance to Position Midwives as Leaders and Frontline Providers in Humanitarian Response, 2026.
- ICM. Essential Competencies for Midwifery Practice, 2024.
- ICM. Global Standards for Midwifery Education, 2021, and companion guidance.
- ICM. Global Standards for Midwifery Regulation and Professional Framework for Midwifery.
- WHO. Implementation Guidance on Transitioning to Midwifery Models of Care, 2025.
- IAWG. Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings, 2018, including the MISP.

Annex 2. Indicative Outline of the Report

1. Foreword by the Minister of Health and acknowledgements
2. Executive summary with key figures and priority recommendations
3. Introduction, context and methodology
4. The midwifery workforce: numbers, profile and distribution
5. Education and competence
6. Regulation and professional standards
7. Midwives in service delivery and quality of care
8. Leadership and the professional association
9. Midwifery in humanitarian preparedness and response
10. Work environment, gender and wellbeing
11. Data, financing and accountability
12. Achievements, good practices and case studies
13. Conclusions, priority recommendations and action matrix
14. Annexes: indicator set, definitions, data tables, list of institutions consulted