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TERMS OF REFERENCE

International consultant for Development of a national operational plan to accelerate progress on Child Survival Action in Somalia

CONTRACT MODALITY	Individual Consultancy
DUTY STATION	**Mogadishu, remote with travel**
DURATION OF CONTRACT	3.5 months

Purpose of Assignment

The purpose of this assignment is to develop a child survival national operational plan to accelerate progress in Somalia, in line with the Sustainable Development Goal 3 (SDG3) target "Good health and well-being" and Federal government's commitment to ending preventable deaths of newborns and children under 5 years.

Scope of Work

Somalia is emerging from decades of conflict that severely weakened its public health system and disrupted the delivery of essential services. Over the past decade, the Federal Ministry of Health (FMoH), with support from development and humanitarian partners, has undertaken efforts to rehabilitate the health system and expand access to essential primary health care services. Despite these efforts, maternal, newborn, and under-five mortality rates remain among the highest globally. Findings from the Somalia Harmonized Health Facility Assessment (2022–2023) highlight significant gaps in the availability and quality of maternal, newborn, and child health (MNCH) services across all levels of care, including limited coverage of emergency obstetric and newborn care, childhood immunization, nutrition services, and treatment of common childhood illnesses.

Maternal and newborn mortality in Somalia remain high, at 563 deaths per 100,000 live births and 35 deaths per 1,000 live births, respectively. Maternal deaths are predominantly driven by preventable direct obstetric causes, including haemorrhage, sepsis and other infections, hypertensive disorders of pregnancy (eclampsia), obstructed and prolonged labour, and complications arising from unsafe or delayed delivery care. Newborn mortality is closely linked to the same gaps in care around childbirth, with approximately 50 per cent of neonatal deaths occurring within the first 24 hours of life. These risks are exacerbated by limited access to skilled birth attendance, with coverage remaining below 50 percent nationally and declining to approximately 32 percent. In many regions, over half of all births take place at home without skilled assistance, while care quality in health facilities is often compromised by shortages of trained staff, essential equipment, and basic utilities such as water and electricity. Children under five in Somalia continue to die predominantly from preventable and treatable conditions such as pneumonia and diarrhea, compounded by sub-optimal immunization coverage, high levels of malnutrition, inadequate water, sanitation and hygiene (WASH) services, and delayed care-seeking behaviours. With an under-five mortality rate of 112 per 1,000 live births. Somalia requires accelerated and coordinated action to achieve the 2030 Sustainable Development Goal target. Strengthening integrated primary health care delivery and scaling up proven, high-impact, and cost-effective child survival interventions remain urgent priorities.

In recent years, the FMoH has developed and updated a range of key policies and strategies—including the Essential Package of Health Services (EPHS), RMNCAH Strategy (2023–2027), ENAP, IMNCI, MICYAN, UHC Roadmap, immunization, nutrition, and community health strategies—which emphasize integrated, multisectoral approaches to end preventable maternal and child deaths. The country has decided to integrate maternal and newborn initiatives in the Child Survival Action Operational Plan for Somalia. With the support of UNICEF, efforts towards the development of the national Child Survival Operational have been initiated with the support of a

national consultant. Several steps have already been accomplished including.

1. Situational Analysis of children and women in Somalia

2. RMNCAH data analysis for CSA indicators disaggregated by state and districts

3. National Stakeholder Consultation to identify bottlenecks and solutions

4. Field visits and state level consultations

Building on this foundation and aligned with Somalia's global commitments made at the Global Pneumonia Forum and the World Health Assembly to accelerate child survival and strengthen primary health care, the Federal Ministry of Health, in collaboration with UNICEF, seeks the services of an experienced international consultant to review and update the findings generated by the national consultant and to support the Ministry in developing a national Child Survival Operational Plan. Additionally, the consultant will be expected to develop two sub-national child survival operational plans for Somaliland and Puntland, a child survival monitoring framework. The plan will align existing strategies into a coherent operational framework, set annual priorities, accountabilities and coverage targets across prevention, diagnosis, treatment and advocacy, and guide coordinated implementation at community, facility, sub-national and national levels to accelerate progress in ending preventable maternal, newborn and child deaths in Somalia.

Scope of Work:

The assignment will support the development of a Child Survival Operational Plan for Somalia to accelerate progress in reducing under-five, newborn and maternal mortality, in line with national strategies. The plan will focus on improving coverage and quality of high-impact interventions to prevent and manage morbidity and mortality, while strengthening primary health care delivery platforms. It will also emphasize the operationalization and scale-up of quality MNCH interventions that remain limited across the service delivery continuum.

The assignment requires a senior international consultant to undertake the following key tasks, building on the work completed by the national consultant:

1.Review all documents developed by the national consultant, including the situational analysis, national and state bottleneck analysis consultation reports, and RMNCAH indicator tools, and provide recommendations for improvement and update the documents.

2.Present the revised documents to the Ministry of Health and UNICEF for review and submission to the RMNCAH Taskforce.

3.Develop a draft National Child Survival Operational Plan to guide state-level child survival action plans, together with a Monitoring, Learning and Evaluation framework, based on feedback received from FMOH, UNICEF and RMNCAH taskforce.

4.Develop a Somaliland Child Survival Operational Plan aligned with the national operational plan and informed by Somaliland-specific priorities and consultations.

5.Develop a Puntland Child Survival Operational Plan aligned with the national operational plan and informed by Puntland-specific priorities and consultations.

6.Present the draft National Child Survival Operational Plan and MLE framework to a multi-stakeholder review committee comprising the Federal and State Ministries of Health, UNICEF, WHO, and the RMNCAH Taskforce; consolidate feedback and submit revised and final versions for validation and endorsement.

7.Present the draft Somaliland Child Survival Operational Plan and MLE framework to relevant stakeholders;

consolidate feedback and submit revised and final versions for validation and endorsement.

8.Present the draft Puntland Child Survival Operational Plan and MLE framework to relevant stakeholders; consolidate feedback and submit revised and final versions for validation and endorsement.

9.Support dissemination of the finalized National Child Survival Operational Plan through in-person and/or virtual forums targeting key stakeholders across Somalia.

10.Support dissemination of the finalized Somaliland Child Survival Operational Plan through in-person and/or virtual forums targeting relevant stakeholders.

11.Support dissemination of the finalized Puntland Child Survival Operational Plan through in-person and/or virtual forums targeting relevant stakeholders.

Methodology

The selected consultant will work under the direct supervision of the Health Manager- MNCH, in close collaboration with Family Health director, Head of Child Health in the Federal Ministry of Somalia (FGS) with technical oversight support of the Chief of Health (UNICEF) and the Director of Policy and Planning, and in close collaboration with other UNICEF sections and Field offices staff. The other sectors (from UNICEF and ministries of health at national and sub-national levels) such as nutrition, education and WASH will be closely involved in enhancing multi-sectoral coordination. The consultant will coordinate with the existing RMNCAH technical working group for the purpose of bringing stakeholders together to consult and discuss the inputs for the development of the national Child survival operational action plan.

This assignment will require travel to Somalia to conduct consultations and review the development of the action plans with relevant stakeholders including government institutions (Ministries of Health, Representation of health worker at primary health care level), NGO partners, community structures, professional associations, various UN agencies, WB and FCDO will be held in Mogadishu and at state level. In instances where some key partners cannot attend the meeting in person, the consultant will reach out to them virtually. Feedback sessions will be set-up with various stakeholders, with debriefs in Somalia in the consultation forums at key steps in the process to build consensus and valid the findings. Most of the in-country travels to engage the states will be done by the national consultant in collaboration with UNICEF and other partners.

The methodology will consist of:

I. Undertake a desk review to identify glaring gaps in the existing strategies to inform CSA plan:

- Gather baseline/background information: examine the relevant background literature about maternal, newborn and child health in Somalia and documents, reports and key documents developed by the national child survival consultant.

- Careful understanding of the current maternal and child health bottlenecks and strategic priorities in the existing national documents and reports done by national consultant (the reports and other documents produced by the national consultant will be shared).

- Review of the national strategic plan for the country and the health strategic plan as relates to the child health and any policies in nutrition, WASH and social behaviour change, in particular the provisions of the Child health component of RMNCAH which will enlighten this process.

- Study and examine the Somalia Essential Package of Health Services (EPHS 2020) and the national RMNCAH strategy, the Harmonised Health Facility Assessment HHFA 2023, SDHS (2020) and other data sources to analyse various information sources to identify gaps and strategic priorities to improve childhood survival rates.

- Review all the documents developed by the national consultant to update the situational analysis and any other suggestion from the desk review

II. Consultation with existing RMNCAH TWG led by FMOH in collaboration with UN agencies and other implementing partners and stakeholders.

- Using the existing TWG/taskforces lead by FMOH, the consultants will convene structured meetings with key stakeholders from the Federal and State Ministries of Health, relevant line ministries, UN agencies, international and national NGOs, and selected community representatives to identify gaps, implementation challenges, and priority areas within existing strategies.

- Meet with experts in social behaviour change, Nutrition, Social Policy, Gender, education, and WASH sectors to draw down on their expertise and inform the development of the child survival operational plan.

- Feedback to consultation forums on the priority areas coming out from the available DHIS2 data and data collected from the field. Regular meetings to ensure that the work is going according to plan and use the forums as a sounding board for fostering shared vision and an inclusive plan.

III. Reporting and Production of final national child survival Operational plan with a Monitoring, Learning and evaluation framework This should include:

- Draft the national, and two state (Somaliland and Puntland) child survival Operational plan under the guidance of the government counterparts and in consultation with the TWG and/or stakeholders and a summary draft report to summarise the process.

- Disseminate the findings and actively seek comments from the stakeholders.

- Consolidate and share the final national, and the two state (Somaliland and Puntland) child survival operational plan with Monitoring, Learning and Evaluation framework for the Ministry's validation

Work Assignments Overview	**Deliverables/Outputs**	**Delivery deadline to complete the deliverable**
Review and revision of existing documents	**Deliverable 1** Review completed and revised versions submitted for the situational analysis, national and state bottleneck analysis consultation reports, and RMNCAH indicator tools, with documented recommendations and updates incorporated.	30 December 2026
Presentation of revised documents	**Deliverable 2** Revised documents presented to FMoH and UNICEF, incorporating feedback and finalized for	15 January 2027

	submission to the RMNCAH Taskforce.	
Draft National Child Survival Operational Plan and MLE Framework	**Deliverable 3** Draft National Child Survival Operational Plan and accompanying Monitoring, Learning and Evaluation Framework developed based on stakeholder feedback and aligned with national RMNCAH priorities.	20 January 2027
Somaliland Child Survival Operational Plan	**Deliverable 4** Draft Somaliland Child Survival Operational Plan developed, aligned with the National CSOP and reflecting Somaliland-specific priorities, context, and consultation findings	10 February 2027
Puntland Child Survival Operational Plan	**Deliverable 5** Draft Puntland Child Survival Operational Plan developed, aligned with the National CSOP and reflecting Puntland-specific priorities, context, and consultation findings.	20 February 2027
Review, validation and finalization of national plan: Present the draft National Child Survival Operational Plan and MLE framework to the relevant review and validation platforms, consolidate feedback, and finalize the documents for endorsement.	**Deliverable 6** Final validated National Child Survival Operational Plan and MLE framework submitted, incorporating stakeholder comments and accompanied by a feedback matrix showing how comments were addressed.	28.02.2027
Review, validation and finalization of Somaliland plan: Present the draft **Somaliland** Child Survival Operational Plan to relevant stakeholders, consolidate feedback, and finalize the document for validation and endorsement	**Deliverable 7** Final validated Somaliland Child Survival Operational Plan submitted, incorporating stakeholder comments and accompanied by a feedback matrix showing how Somaliland-specific feedback was addressed.	10.03.2027

Review, validation and finalization of Puntland plan: Present the **draft Puntland** Child Survival Operational Plan to relevant stakeholders, consolidate feedback, and finalize the document for validation and endorsement.	**Deliverable 8** Final validated Puntland Child Survival Operational Plan submitted, incorporating stakeholder comments and accompanied by a feedback matrix showing how Puntland-specific feedback was addressed.	15 March 2027
Dissemination support and assignment closure: Support dissemination of the finalized plans and document the consultancy process, outputs and recommendations for follow-up implementation.	**Deliverable 9** Dissemination materials and final assignment completion report submitted, summarizing the process, final outputs, dissemination activities, lessons learned, implementation recommendations and priority next steps for UNICEF and FMoH.	31 March 2027

Payment Schedule:
Payment will be made on submission and acceptance of deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant.

Important Notes

- Individuals engaged under a consultancy or individual contract will not be considered "staff members" under the Staff Regulations and Rules of the United Nations and UNICEF's policies and procedures and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.
- Contracts are conditional upon the selected candidate's willingness to comply with any current or future vaccination requirements that may be established by UNICEF, where applicable. Failure to comply with applicable vaccination requirements, where required and without an approved medical exemption by UNICEF, may result in the withdrawal of the consultancy offer or termination of the contract in accordance with the General Terms and Conditions of Contract.
- UNICEF offers reasonable accommodation for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.

QUALIFICATIONS / SPECIALIZED KNOWLEDGE / EXPERIENCE/ COMPETENCIES (CORE/TECHNICAL/FUNCTIONAL) / LANGUAGE SKILLS REQUIRED FOR THE ASSIGNMENT

- Minimum requirements:
- Education: Master's degree in public health, Pediatric or another relevant subject
- Work Experience:
- At least 15 years of progressively responsible national and/or international experience in public health planning, primary health care, RMNCAH, child health, child survival, or health systems strengthening.
- Proven technical expertise in child health, child survival, maternal and newborn health, primary health care, or integrated service delivery, preferably in a senior advisory, managerial, or technical leadership role.
- Demonstrated experience developing national or sub-national child survival, RMNCAH, primary health care, or health sector operational plans, including monitoring, evaluation and learning frameworks and advocacy or implementation plans.
- Experience working in low- and middle-income countries, fragile or humanitarian settings, and a strong understanding of health system challenges in Somalia or comparable contexts.

- Skills:

- Strong strategic planning, analytical, facilitation, advocacy, communication, and partnership-building skills.
- Excellent ability to communicate complex technical concepts clearly to government, UN, donor, partner, and community stakeholder audiences.
- Excellent technical writing skills, including the ability to produce high-quality operational plans, analytical reports, consultation summaries, and results frameworks.
- Strong knowledge of UNICEF, WHO, government and partner-led health programming, and familiarity with global child survival, RMNCAH, PHC and SDG health frameworks.
- Proficiency in Microsoft Word, PowerPoint and Excel, with the ability to synthesize data and evidence into clear planning documents and presentation materials.

- Language Requirements: Fluency in written and spoken English is required.

- Desirables:
- Previous experience supporting development or implementation of child survival, RMNCAH, PHC or health sector operational plans in Somalia, the Horn of Africa, or similar fragile and humanitarian contexts is highly desirable.
- Experience facilitating multi-stakeholder consultations with ministries of health, UN agencies, development partners, technical working groups and civil society organizations is an asset.
- Knowledge of Somalia's health system, federal and state-level coordination structures, and key national health strategies is an advantage.