

**RFQ: Midwifery Residency Program Feasibility Assessment Consultant
ACHIEVE Liberia**

Date of Solicitation:	June 17, 2026
Questions and Clarifications Due:	June 24, 2026, 5:00pm UTC (Liberia time zone)
Submission Date and Time:	July 3, 2026, 5:00pm UTC (Liberia time zone)

A. Introduction

Pact is an international development nonprofit that works on the ground in nearly 40 countries to end poverty and marginalization. We partner with local organizations, businesses, and governments to build lasting solutions for thriving, resilient communities. Our vision is a world where everyone owns their future.

The ACHIEVE project is an eight year (2019–2027) global project funded by the U.S. Department of State (DoS) that supports countries to achieve and sustain HIV epidemic control among pregnant and breastfeeding women, adolescents, infants, and children. Led by Pact, ACHIEVE works with governments, civil society organizations, and other partners to deliver integrated, person-centered HIV, maternal, newborn and child health (MNCH), and related health services across multiple countries, including Liberia.

The goal of ACHIEVE Liberia is to support Liberia’s Ministry of Health (MoH) to improve MNCH outcomes and increase the availability of, and access to critical lifesaving MNCH services. ACHIEVE Liberia has the following four objectives:

- Objective 1: Enhance the quality of MCH services by strengthening healthcare workforce skills and oversight of MCH service delivery
- Objective 2: Increase access to and uptake of MNCH services through strengthened community-facility linkages
- Objective 3: Ensure facilities are equipped to provide quality routine and emergency MNCH services through the continuum of care
- Objective 4: Expand the reach of trained MNCH healthcare workers and support their deployment and retention

Under Objective 4, activities are aimed at identifying sustainable mechanisms for health workforce development, including exploring feasibility of a midwifery residency program.

ACHIEVE Liberia operates in seven counties: Bomi, Grand Cape Mount, Grand Gedeh, Grand Kru, Maryland, Rivercess, and Sinoe. These counties are characterized by high maternal and neonatal mortality, limited skilled health workforce, and poor infrastructure and road access.

B. Background

Maternal and Newborn Health Burden in Liberia

Liberia continues to face one of the highest burdens of maternal, neonatal, and child mortality globally. Despite notable progress over the past decade, the maternal mortality ratio (MMR) remains among the highest in the world. Although the MMR has been declining from 1,072 deaths per 100,000 live births in 2013 to 742 per 100,000 live births in 2019–2020 (LDHS 2019-2020), WHO 2023 estimates a further reduction to 628 per 100,000 live births. Nevertheless, Liberia remains among the top five countries with the highest MMR. The leading causes of maternal death are due to obstetric complications, notably postpartum

hemorrhage, pre-eclampsia/eclampsia, and sepsis. These conditions are largely preventable with skilled attendance and timely, quality emergency obstetric care.

Neonatal mortality has not followed the same downward trajectory: the neonatal mortality rate increased from 26 deaths per 1,000 live births in 2013 to 37 per 1,000 live births in 2019–2020 (LDHS 2019–2020). Infant mortality similarly increased during this period, from 54 to 63 deaths per 1,000 live births. Analysis of 2022 DHIS data further reveals that 66% of neonatal deaths occurred in hospitals, pointing to critical gaps in healthcare worker competencies at higher-level facilities, delays in referral, limited infrastructure, and shortages of essential drugs and equipment.

Skilled Health Workforce Gaps

One of the contributing factors of poor maternal and newborn outcomes is the chronic shortage and inequitable distribution of skilled health workers, including midwives. While 80% of births occur in health facilities (LDHS 2019–2020), the quality of care provided at those facilities remains inconsistent, particularly in rural and remote counties. The growing complexity of maternal and neonatal care increasing demand for evidence-based practice and shortages of highly skilled maternal health providers require a new level of advance clinical preparation for Liberian Midwives. Building upon the competency-based Post Basic Bachelor of Science in Midwifery curriculum developed collaboratively by the Liberia Board for Nursing and Midwifery (LBNM) and the New York University Myers College of Nursing, the Advanced Midwifery Residency Program will support the transition of experienced Registered Midwives into advance clinical leaders, educators, researchers, and maternal health advocates.

Liberia's MoH has prioritized strengthening the health workforce under its Essential Package of Health Services II 2022 (EPHS-II) and National Health Policy and Plan (NHPP) 2022-2031. However, systemic gaps in pre-service education, clinical training infrastructure, and post-graduation support mechanisms continue to hinder the deployment and retention of competent midwives, especially in underserved counties.

Rationale for a Midwifery Residency Program

In other low- and middle-income countries such as Rwanda and Ethiopia through the Africa Health Sciences University, midwifery residency programs based on a structured, supervised post-graduation clinical training model have demonstrated effectiveness as a mechanism to: bridge the gap between pre-service education and competent practice; build confidence and clinical competency among newly graduated midwives; support retention of health workers in underserved areas; and strengthen mentorship and supervision systems at the facility level. Given the gaps in skilled health worker skills, high maternal and neonatal mortality, and the MoH's commitment to health workforce development to provide quality MNCH services, a midwifery residency program represents a potentially high-impact, sustainable investment for Liberia and the Ministry of Health.

C. Scope of Work

Applicants should review the Scope of Work carefully and ensure that their application clearly demonstrates relevant experience and technical capability to complete the required tasks and deliverables.

Purpose: This feasibility assessment is being conducted to generate the evidence base needed to inform decision-makers such as the U.S. Department of State, Liberian MoH, Pact, and other

key MNCH stakeholders to determine the program design, resource requirements, and implementation of a midwifery residency program. This program must align with national health workforce priorities, existing educational and training infrastructure, and the operational context of ACHIEVE's implementation counties and beyond for a sustainable program.

Objectives:

- To assess the national need for advanced midwifery specialization
- To examine institutional and clinical training capacity
- To identify accreditation requirements and process
- To evaluate human resource gap
- To identify stakeholders for engagement and partnership
- To propose feasibility options for implementation

Activity 1: Desk review and situational analysis to assess the national need for advanced midwifery specialization

- Review previous and current efforts to establish midwifery residency programs in Liberia (as available) and other similar settings that may be applicable to Liberia.
- Produce a desk review summary report

The desk review should address at a minimum the following:

- Maternal and Neonatal mortality burden with county-level disaggregation where available
- Midwife density and distribution data (from national and ACHIEVE county-level data)
- Pre-service pipeline – types of certifications/degrees offered, main teaching institutions enrollment in each, with graduation and attrition rates by institution
- LBNM regulatory authority and accreditation precedents for post-basic programs
- Existing clinical training infrastructure and staffing at potential residency sites
- Existing comparable programs in LMICs settings (e.g. Rwanda, Ethiopia, others)
 - Entering students: duration and type of preservice midwifery education
 - Residency Program duration
 - Facility level
 - Retention outcomes and distribution of graduates

Activity 2: Stakeholder consultations and key informant interviews

- Develop stakeholder consultation plan and key informant interview (KII) guides.

The following KII guides should be developed by respondent type:

- Regulatory/policy (MoH, LBNM)
- Academic/training institutions (midwifery schools, teaching hospitals)
- Medical School and Medical Residency Leadership and current student/resident
- Midwives, with Part A for Practicing midwives including recent graduates, and Part B for veteran/retired midwives
- Development partners and CSOs/CBOs

The stakeholder consultation plan should address:

- Minimum sample size per stakeholder category
- Rationale for virtual in-country interviews
Protocol for reaching select respondents in ACHIEVE-supported counties, particularly in rural areas, as required
- Conduct consultations and key informant interviews (virtual and in-country); stakeholders may include but are not limited to:
 - MoH, Liberia Nursing and Midwifery Board, Teaching hospitals, Midwifery schools/colleges, Liberia Midwives Association, other professional associations, other development partners, CSOs/CBOs, graduating and recently graduated midwifery students, veteran/retired midwives, and Medical Schools and Medical Residency Programs (University of Liberia , United Methodist University, others)
- Produce a presentation of stakeholder key findings and recommendations around six feasibility domains:
 1. Burden and need (mortality data, cause of death, facility vs community)
 2. Workforce supply and distribution (midwife density, distribution, vacancy rates)
 3. Pre-service pipeline (training institutions, enrollment, attrition, graduation, deployment/distribution)
 4. Regulatory/Accreditation pathway (LBNM authority, post-basic precedents, legal tools/framework)
 5. Clinical training infrastructure and staffing (teaching hospitals, preceptor availability, supervision systems)
 6. Financial sustainability (options for joint funding/co-investors) and program ownership (MoH Directorate, Medical, Nursing/Midwifery, Ministry of Education)

In addition to these findings and preliminary recommendations, findings should include a gap and readiness matrix with the current situation and what would be required to move forward for each domain, with an overall summation of recommendation.

Activity 3: Residency program roadmap

- Based on Activity 1 and 2, develop a range of program model options, including a transition roadmap for sustainability. This should include considerations such as technical, operational, funding/financial resources, human resources, and sustainability for MoH ownership.
- Roadmap should include a go/no go criteria section identifying specific conditions under which the assessment would recommend for and against proceeding, with alternative workforce strengthening options for each scenario.
- Roadmap should include a high-level monitoring framework for the process from feasibility to implementation, specifying indicators that would confirm readiness at various points along the transition.
- Roadmap should include recommendations for which MoH directorate should lead program and a description of proposed handoff from ACHIEVE to that directorate, including timeline and resource requirements

D. Deliverables and Timeline (expected LOE: 30 days and completion of deliverables no later than August 31, 2026)

- Desk Review Summary Report and approved KII guides
- In Country-Consultations and remote KIIs complete
- Presentation of stakeholder key findings and recommendations including gap and readiness matrix
- Feasibility analysis and residency program roadmap, including go-no-go criteria, high level monitoring framework and MoH handoff plan

E. Eligibility

- Advanced degree (master’s or higher) in public health, global health, health systems, or related field
- Clinical background in midwifery/nursing required
- Experience with clinical education and/or curriculum learning environments
- Minimum 8-10 years of progressively responsible experience in MNCH, health systems strengthening, or health workforce development
- Demonstrated experience in sub-Saharan Africa or, preferably, Liberia
- Demonstrated experience conducting feasibility studies, situational analyses, or health systems assessments, including desk reviews and qualitative research
- Proven ability to produce high-quality analytical reports, gap analyses, and program recommendations
- Proven ability to engage with high-level stakeholders such as government ministries (especially Ministries of Health), regulatory bodies, academic institutions, and development partners
- Experience facilitating multi-stakeholder consultations and translating findings into actionable recommendations
- Experience developing implementation roadmaps, monitoring frameworks, and sustainability strategies
- Experience integrating government ownership and transition planning into program design
- Candidates based in Liberia or West Africa region preferred

All applicants must be eligible to work and receive payments in the country where services are performed and must not appear on any U.S. Government or United Nations sanctions or debarment lists.

F. Application Instructions

Applications must be submitted by email to Jason Milliski at jmilliski@pactworld.org with the subject line “Midwifery Residency Program Feasibility Assessment Consultancy” no later than July 3, 2026. Late or incomplete submissions may not be considered.

Required documentation for submission:

- Draft a proposal plan for this SOW (2 pages maximum)
- Resume/CV
- Proposed daily rate
- One example from similar portfolio of work
- Three references for similar work

Please indicate in your application your **availability** and **proposed daily rate**, consistent

with the anticipated contract type.

G. Evaluation Criteria

Pact will evaluate applicants using the following criteria:

Criteria	Score (Out of 100 total pts.)
Daily rate or total proposed cost	25
Technical expertise	25
Regional and contextual experience	15
Past performance	25
Ability to meet project schedule	10
Total:	100

Pact will evaluate applications using a **best-value determination**, considering both technical quality and cost reasonableness.

H. Terms and Conditions

Disclaimers

- Pact reserves the right to modify by written notice the terms of this solicitation at any time in its sole discretion. Pact may cancel the solicitation at any time.
- Pact may reject any or all proposals received.
- Issuance of solicitation does not constitute award commitment by Pact.
- Pact reserves the right to disqualify any quotation based on applicant's failure to follow solicitation instructions.
- Pact will not compensate applicants for their response to the solicitation.
- Pact reserves the right to issue an award based on initial evaluation of applications without further discussion.
- Pact may choose to award only part of the Scope of Work in the solicitation or to issue multiple awards the scope of work.
- Pact reserves the right to waive minor proposal deficiencies that can be corrected prior to award determination to promote competition.
- Pact may contact applicants to confirm information and that the proposal was submitted for this solicitation.
- Pact may contact past performance references without notice to the applicant. Pact also reserves the right to contact other past performance information sources that the applicant did not list in the proposal.
- By submitting a proposal, the applicant confirms that they understand the terms and conditions.
- Information pertaining to and obtained from the applicant as a result of participation in this solicitation is confidential. The applicant consents to the disclosure of the documents submitted by the applicants to the reviewers involved in the selection process. Please note that all reviewers are bound by non-disclosure agreements.
- Pact reserves the right to issue an award subject to donor approval or funding availability.
- Applicants must immediately disclose any actual or potential conflict of interest with Pact or its staff.