

TERMS OF REFERENCE

Maternal, Neonatal, Child, Adolescents Health (MNCH)–Early Warning alert, and Response Systems (EWARS/Integrated Disease Surveillance and Response (IDSR) Integration Consultant

CONTRACT MODALITY Individual Consultancy

DUTY STATION GPD - HEPR Unit, Nairobi, Kenya, remote with one field mission to South Sudan

DURATION OF CONTRACT 6 months

Purpose of Assignment

To facilitate the review, selection, and integration of prioritized Maternal, Neonatal, Child Health (MNCH) core indicators into global technical guidance as a complement to EWARS and IDSR type surveillance systems in acute emergencies in South Sudan (subject to confirmation), a test of global technical guidance for early learning and subsequent replication in other humanitarian contexts.

Scope of Work

Emergencies significantly increase risks for maternal, newborn, and child health (MNCH), leading to a rise in preventable morbidity and mortality. During the acute phase of a crisis, MNCH populations face heightened vulnerability and a rapid deterioration in access to essential services. However, existing emergency surveillance platforms, such as EWARS and IDSR, are primarily designed to track epidemic-prone diseases. As a result, they often overlook critical MNCH threats, leaving these populations invisible in critical early response decisions. Current systems are not optimized to systematically detect, analyze, or trigger a response to the most severe and emergent threats to maternal and child survival. This surveillance gap results in delayed recognition of deteriorating MNCH conditions, impedes timely public health action, and contributes to preventable deaths. There is therefore a pressing need to enhance existing surveillance mechanisms for the acute phase of an emergency. The initiative 'Establishment of an Integrated Alert System to Detect and Respond to Emergent Threats to MNCH in Emergency Settings' addresses this gap. It seeks to strengthen surveillance and response by developing practical guidance, based on an agreed set of priority MNCH indicators, tailored for Early Warning, Alert, and Response (EWAR) systems in acute emergencies. To provide strategic guidance and technical oversight for this initiative, a Global MNCH Health Emergency Preparedness and Response Surveillance Task Force is established. This multi-partner advisory body will operate under the Global Health Cluster, specifically within the IMTT group, with intentional links to the SRH Task Team and wider MNCH communities of practice in humanitarian settings. This consultancy will strengthen real-time MNCH surveillance in crisis-affected areas by integrating prioritized MNCH indicators into EWARS/IDSR, beginning with a pilot in South Sudan, and developing a replicable model for global use

Work Assignments Overview	Deliverables/Outputs	Delivery deadline (in weeks/months) and input days to complete the deliverable
Desk review & stakeholder consultations	Inception Report (methodology, work plan, stakeholder map). Specific criteria for inclusion/exclusion to determine 'suitable' indicators.	By end of Month 1 (7 days) By 15 May 2026.
Facilitate consultative meetings to agree on prioritized MNCH indicators & alert thresholds.	Finalized list of indicators and thresholds for EWARS/IDSR integration.	By end of Month 2 (8 days) 16 June 2026
Develop integration protocol and pilot model (incl. SOPs)	Draft MNCH–EWARS/IDSR Integration Protocol and Pilot Model Design.	By end of Month 3 (8 days) 16 July 2026
Field assessment in South Sudan (20 days)	Country Assessment Report (gap analysis, feasibility).	By end of Month 4 (20 days) 16 August 2026
Develop training materials and job aids	Complete training package (facilitator guide, slides, job aids, reporting forms).	By the End of Month 5 (6 days) 16 September 206
Global Technical Guidance	Draft Global Technical Guidance: "Integration of MNCH Indicators into EWARS/IDSR in Humanitarian Settings"	By the end of Month 6 (6 days) 29 September 2026
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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.
- The selected candidate is solely responsible for ensuring that the health insurance (and visa if applicable) required to perform the duties of the contract are valid for the entire period of the contract. Selected candidates are subject to confirmation of fully vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts.
- 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:** Advanced university degree (master’s or PhD) in Public Health, Global Health, or related field with a documented concentration in Epidemiology
- **Work Experience:** Minimum 10 years of professional experience in public health and surveillance systems including integration of PHC level interventions (MNCH is a plus). • Proven hands-on experience with EWARS and/or IDSR; DHIS2 configuration highly desirable. • Demonstrated expertise in MNCH programmes, preferably in humanitarian/fragile settings. • Experience developing surveillance protocols, SOPs, and training materials. • Previous work with UN agencies (especially UNICEF), CDC, or leading INGOs is highly desirable.
- **Skills (optional):** Analytical, writing, presentation; facilitation and stakeholder coordination; ability to work independently and remotely.
- **Language Requirements:** fluency in English.