**TERMS OF REFERENCE**

**National Consultant – Adolescent Health, Health-(Open to Indian Nationals only)**

**Duty Station:** New Delhi

**Contract Duration:** 17 months, from July 2023 to November 2024

**Closing Date:** 15 June 2023

1. **BACKGROUND**

At 235 million, India has the largest share of the adolescent population in the world. With the view to address the health and development needs of this age group which constitutes 21 percent of India's population, the Ministry of Health and Family Welfare (MoHFW) launched the Rashtriya Kishor Swasthya Karyakram (RKSK) for holistic improvement of adolescent health and wellbeing. RKSK has been developed to strengthen the adolescent component of the Reproductive, Maternal, Newborn & Child Health plus Adolescents (RMNCH+A) strategy. The programme expands the scope of adolescent health programming in India - from being limited to sexual and reproductive health, it now includes in its ambit nutrition, injuries (including road accidents) and violence (including gender-based violence), non-communicable diseases, mental health and substance misuse.

The Lancet Commission report titled, “Our Future” had identified ‘adolescence’ as a “critical phase in life for achieving human potential” and concluded by recommending that only substantial investments in improving adolescent health and wellbeing would aid in India’s progress towards achieving the UN Sustainable Development Goals.

However, enormous evidence suggests that the adolescent issues are not limited to sexual and reproductive health, nutrition and mental health and needs to be tackled holistically and comprehensively.

**2. RATIONALE**

Although a robust programme (RKSK) exists for adolescent health and wellbeing, a huge burden of adolescents still faces issues of mental health, sexual and physical violence, nutritional deficiencies and are victims of road traffic accidents. Meta data suggests that the pattern of adolescent disease profile is different for younger and older adolescents. For adolescents aged 10-14 years there are issues of injury and communicable diseases while older adolescents 15-19 years are victims of sexual abuse and face mental health issues of anxiety and depression.

Therefore, it's imperative to prioritize strategies, have detailed understanding of the diversity of states and status of adolescent health in all the states and devise tailor made strategies that address the unique challenges and complexities faced by the adolescent population which will eventually contribute to prioritize strategies under the RKSK programme. By doing so, we can make significant strides towards improving adolescent health and wellbeing and ultimately improve the overall health outcomes of adolescents and children by 2030.

As per Lancet 2017:

1. Investment of USD 5.2 per child/year led to economic and social benefits at 10 times of their cost
2. Investments in secondary school education will generate   
   economic benefits of 12 times   
   the costs incurred
3. Investing in children and adolescents has triple benefits in terms of improving health of children and adolescents, improving future adult health trajectories, and improving the health of next generation of children

UNICEF has been instrumental in supporting the adolescent health programme using various platforms like School Health and wellness programme, Anemia Mukt Bharat, Weekly Iron and Folic Acid Supplementation, DHEERA- Stop violence against children, national mental health programme etc. for improving the health and wellbeing of adolescents in the country.

Key objectives:

1. Based on the learnings of the implementation of School Health and Wellness Programme (SHWP) in Public (Government) schools, devise detailed strategy and facilitate roll out of SHWP in Central Board of Secondary Education (CBSE) Schools- public and private
2. Support and facilitate states in the development of NHM PIP proposals for implementation of Adolescent Friendly Health clinics (AFHC) and Mental Health Cells in the 23 UNICEF programming states
3. Conduct detailed analysis of adolescent health issues using different data sources (secondary) and develop Adolescent Health fact sheets for all 30 states and 6 union territories of the country for evidence -based decisions by decision makers at all levels (state and national)
4. Develop ready reckoners on thematic areas like menstrual hygiene, mental health, HIV AIDS, gender- based violence, anemia in adolescents and road safety etc. to be used/ referred by adolescents for health and wellbeing (duly endorsed by MoHFW)
5. Liaise with the Department of Health and Family Welfare (MoHFW), Women and Child Development (WCD) Det. Of Education (DoE), Ministry of Road Transport and highways (MoRTH) and Traffic police and institute mechanism for periodic coordination for promoting safe journey to school thereby promoting road safety and clean and green environment
6. Develop key indicators (GAMA) for regular review of adolescent health programme and develop a system for tracking progress of states for achieving the target of adolescent health and wellbeing by 2030.

**4. MAJOR TASK, ACTIVITIES, DELIVERABLES AND DEADLINES**

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| **S. No.** | **Major Tasks & Objectives** | **Deliverables/Outputs** | **Timeline/Date for submission of Deliverable** |
| 1 | Development of detailed guidance note on implementation and roll out of School Health and Wellness Programme in Central Board of Secondary Education (CBSE) Schools- public and private | Submission of Detailed implementation report on Implementation of School Health and Wellness Programme in Central Board of Secondary Education (CBSE) Schools | 15th August 2023 |
|  | Development and submission of presentations on all 11 modules of SHWP for roll out in CBSE schools | 15th August 2023 |
|  | Submission of dedicated Training ppt./ Module on Road Safety and its endorsement from MoHFW that will be part of School Health and Wellness programme Module | 30th August 2023 |
|  | Submission of detailed training report on capacity building of Master Trainers of CBSE schools across the country conducted in four batches in consultation and coordination with NCERT, MoHFW and Ministry of education | 20th September 2023 |
| 2 | Development of Detailed ready reckoner on adolescent health issues | Submission of ready reckoners on HIV AIDS, sexual & reproductive health, mental health, menstrual hygiene, gender- based violence, substance misuse, anemia in adolescents, road safety, poshan (nutrition), safe use of internet, prevention of child sexual offences (POCSO), adolescent Health & wellbeing reckoners for School Principals, Health and Wellness Ambassadors (HWA), Health and Wellness Messengers (HWM) and Parents and its release by MoHFW for use under School Health programme | 15th October 2023 |
| 3 | Implementation and roll out of Adolescent Friendly Health Clinics | Development and submission of detailed concept note on implementation and roll out of Adolescent Health and Friendly Clinics using evidence from within country and best practices from abroad | 30th November 2023 |
| 4 | Status report on road safety for children and adolescent | Development and submission of detailed report on Status of Road Safety for children and adolescents in India with key recommendations and advocacy/ policy brief for decision makers (40-50 page document) | 25th December 2023 |
| 5 | Development of state PIP proposals for Adolescent Friendly Health Clinics and District mental Health cells | Submission of detailed Financial proposals for Adolescent Friendly Health Clinics incorporation in the supplementary PIP of 23 UNICEF programming states for 2023-24 | 15th February 2024 |
|  | Submission of detailed Financial proposals for District Mental Health Cells incorporation in the supplementary PIP of 23 UNICEF programming states for 2023-24 | 30th March 2024 |
| 6 | Detailed analysis and development of State fact sheet on adolescent health for evidence based decision by decision makers using various data sets like census 2011, NFHS, Global Tuberculosis Survey, National Crime Records Bureau reports, Accident and Suicide report, World Health statistics, Status of World’s Children report etc. | Development and submission of State fact Sheet for adolescent health for the states of Kerala, Tamil Nadu, Andhra Pradesh, Karnataka, Telangana, Maharashtra, Gujarat, Jammu and Kashmir, Chhattisgarh, and West Bengal | 15th May 2024 |
|  | Development and submission of State fact Sheet for adolescent health for the states of Madhya Pradesh, Jharkhand, Bihar, Uttar Pradesh, Rajasthan, Odisha, Delhi, Uttarakhand, Himachal Pradesh and Assam | 30th June 2024 |
|  | Development and submission of State fact Sheet for adolescent health for the states of Mizoram, Sikkim, Nagaland, Tripura, Arunachal Pradesh, Manipur, Meghalaya, Goa, Punjab and Haryana | 15th August 2024 |
|  | Development and submission of State fact Sheet for adolescent health for the Union territories of Puducherry, Chandigarh, Dadra and Nagar Haveli, Lakshadweep, Daman & Diu, Andaman & Nicobar Islands | 15th September 2024 |
| 7 | Development and submission of detailed GAMA indicators for Ministry of Health to rack the progress of adolescent till 2030 | Development and submission of detailed GAMA indicators for tracking adolescent health and wellbeing and submit report to Ministry and UNICEF | 15th October 2024 |
| 8 | Status of Adolescent Health | Development and submission of detailed report on the following health status of adolescents with strategic implementation framework   1. Mental Health 2. Teenage pregnancy 3. Adolescent Anaemia 4. Climate change 5. PoCSO Act 6. Sexual and Reproductive Health 7. Gender based Violence 8. HIV AIDS | 30th November 2024 |

**5. DUTY STATION**

New Delhi (home-based consultancy)

**6. OFFICIAL TRAVEL INVOLVED (ITINERARY AND DURATION)**

The consultant will be expected to travel Primarily Bihar, Karnataka, Maharashtra, Mizoram, Nagaland, Rajasthan and Uttar Pradesh (or other states subject to final state selection by NACO) and any other state as requested by supervisor. There will be 12 air trips with total 60 days.

**7. ESTIMATED DURATION OF CONTRACT**

17 months (approx.)

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

**Minimum Qualifications required:**

Graduate in Life Sciences/Medical Sciences / Allied Medical Sciences / Degree/Post Graduate Diploma/ Masters either in Public Health / Health management/ Social Sciences/Hospital Management from reputed University

**Experience/Knowledge/Expertise/Skills required:**

* Experience of 3 years at state or national level required
* Previous Work experience with Ministry of Health and Family Welfare (MoHFW) will be of added advantage.
* Fluency in English with demonstrated expertise of working in the thematic area of Adolescent Health and Wellbeing and good writing skills required.
* Demonstrated skills in working with government departments (state or national)

**10. TECHNICAL EVALUATION CRITERIA (WITH WEIGHTS FOR EACH CRITERIA)**

Technical and Financial ratio is 80:20 (technical proposal-80 points and financial proposal-20 points)

**1) Educational Qualifications (10)**

Graduate in Life Sciences/Medical Sciences / Allied Medical Sciences / Degree/Post Graduate Diploma/ Masters either in Public Health / Health management/ Social Sciences/Hospital Management from reputed University

**2) Relevant Experience (20)**

At least 3 years of Experience of 3 years at state or national level required

**3) Interview (30)**

**4) Technical Proposal – 20 Marks**

**Notes:**

Candidates securing 40 points out of 50 (under criteria 1, 2, and 4) will be invited for interview. Candidates need to score overall 64 points and above to qualify in technical evaluation.

**11. PAYMENT SCHEDULE**

Payment will 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

**12*.* 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 to ensure 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.

**HOW TO APPLY:**

The application to be submitted through the online portal and must contain four separate attachments, as follows:

1. A cover letter (max 2 pages) outlining understanding of the scope and activities, motivation to undertake it and demonstrating fit for the assignment as per Terms of Reference. **(To be uploaded online under “Cover Letter” tab)**
2. An updated CV demonstrating all requirements stated above **(to be uploaded online under “Resume” tab)**
3. A financial proposal indicating all-inclusive amount (professional fee + travel cost as applicable) against each of the deliverable, as per the template attached. Please do not forget to specify your name in the file while saving **(to be uploaded online under “Financial Proposal” tab).**
4. **Technical Proposal**- Detailed technical proposal (5-6 pager) on adolescent health and wellbeing using the platform of School Health and Wellness Programme. **(To be uploaded online under “Technical Proposal” tab)**

**Important Note: Please do not indicate financials anywhere else in the online application form, please mark "n/a or 00", under the fee related questions in the online application form.**

**Without all the above 04 documents, your application will be considered incomplete and invalid and will not be considered further.**

* Any attempt to unduly influence UNICEF’s selection process will lead to automatic disqualification of the applicant.
* Joint applications of two or more individuals are not accepted.
* Please note, UNICEF does not charge any fee during any stage of the process.
* Women, trans, non-binary and gender diverse candidates meeting the requirements are strongly encouraged to apply.
* UNICEF is committed to diversity and inclusion and encourages qualified candidates from all backgrounds including persons living with disabilities to apply.
* General Terms and Conditions for the Consultancy Contract is attached, for your reference.

**For any clarifications, please contact:**

UNICEF

Supply & Procurement Section

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