TERMS OF REFERENCE FOR INDIVIDUAL CONTRACTORS / CONSULTANTS

| PART 1 | | | | |
|---------------------|---|-----------------------|--|--|
| Title of Assignment | Strengthening Cross-sectoral School health and Mental Health and Psychosocial | | | |
| | Support programming Eastern and Southern Africa | | | |
| Hiring Section | Health and Education | | | |
| Location | Home based and travel to selected countries' offices | | | |
| Duration | 10 months (195 days) | | | |
| Start/End Date | From: 2/1/2024 | To : 11/8/2024 | | |

Background and Justification

The fundamental mission of UNICEF is to promote the rights of every child, everywhere, in everything the organization does — in programs, in advocacy and in operations. The equity strategy, emphasizing the most disadvantaged and excluded children and families, translates the commitment of children's rights into action. For UNICEF, equity means that all children have an opportunity to survive, develop and reach their full potential, without discrimination, bias or favoritism.

Schools offer a unique entry point and the means to reach children, both in and out of school, on a large scale, with a range of services that support their wellbeing, holistic development, strengthen their resilience and enhance their learning. As children and adolescents spend a considerable proportion of their time in schools, various sectors have the opportunity to reach a large number of learners and their families with essential multi-sectoral services (including health, HIV, water and sanitation, nutrition, child protection and mental health and psychosocial support (MHPSS) and to identify vulnerable children who may require specialist care and support. Integrated school-based services also helps in increasing student's enrollment. In emergency settings, education should be part of the first response since it helps to restore a sense of routine and normality for children as well as provide an entry point for other services. In practice, the education sector is often overlooked, especially in the early emergency response, and remains chronically underfunded. In both development and humanitarian contexts, investment in schools as integrated service platforms (SISP) can help to ensure that children and adolescents learn and develop, and will build the resilience of the wider community, including integration of MHPSS into health services.

In 2018, WHO and UNESCO announced an initiative to "make every school a health-promoting school". The concept of health-promoting schools (HPS) is a whole-school approach to promoting health and educational attainment in school communities by capitalizing on the organizational potential of schools to foster the physical, social—emotional and psychological conditions for health as well as for positive education outcomes. The HPS approach and related whole-school approaches to health have been associated with considerable improvements in many domains of student health, well-being, nutrition and functioning. Global Standards for Health Promoting Schools, Implementation Guidance and Case Studies have been developed and provide a resource for education systems to foster health and well-being and strategies for country-specific adaptation.

Mental Health and Psychosocial Support (MHPSS) is an institutional priority for the UN, and for UNICEF. The UNICEF Strategic Plan (SP) 2022-2025 identifies MHPSS as a priority area for children, caregivers and parents and young people building upon existing programming through child protection (GA3), education (GA2) and health (GA1) with a focus on addressing inequities related to gender, and disabilities. The SP also includes Community engagement, social and behaviour change as a key change strategy for accelerating action on all goal areas and targets.

UNICEF's Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children, Adolescents and Caregiver's across settings provides UNICEF Staff and partners with a MHPSS theory of change, strategies and approaches for developing MHPSS programming. The global framework, coupled with UNICEF's global capacity in the field of Social and Behavior Change (SBC) and community engagement, have been foundational in thinking and strategizing around how to enhance the integration between cross sectoral MHPSS programming and SBC approaches. One area of acceleration is to address cognitive and behavioral drivers of mental health (e.g., low self-esteem, impulsivity, unhealthy diet, physical inactivity, substance abuse, unsafe sex, violent behavior) along with sociological and environmental factors – by considering people-centered and behaviorally-informed tactics, focusing on self-care and community-based care, and championing social justice approaches, among other relevant initiatives. By addressing these drivers, the aim is not only to promote positive mental health outcomes among children, but also prevent the consequences of poor mental health, including problems at home, in school, and in forming and maintaining relationships.

Building upon these institutional frameworks and initiatives coupled with regional situational analyses, in 2023 the ESARO MHPSS Regional Working Group developed the first ever MHPSS Programme Note and Consolidated Cross Sectoral Workplan. Within this developing 'educational setting as integrative platforms for MHPSS service delivery' was identified as one of 6 key priorities for the region. The ambition of this is to increase the level of integrated and cross sectoral MHPSS activity within education settings for learners (and/or teachers) will along with improvement in national policy for addressing mental health and wellbeing in the education system.

With the heightened momentum and felt needs around converting schools as health-promoting schools and integration of MHPSS into schools and routine/emergency health interventions, the UNICEF Eastern and Southern Africa Office is looking for an international consultant to support the regional office in producing internal guiding documents on strengthening schools as integrated service delivery platforms and integration of the MHPSS into school and health service delivery platforms.

Scope of work

Goals and objectives:

International consultant to conduct a thorough analysis of CSI reports, desk reviews of policies, initiatives, tools, plans, and evidence related to mental health, psychosocial support (MHPSS), and school health in the ESA region. The consultant will use the findings to develop a series of recommendations for strengthening

school health services and integrating cross-sectoral MHPSS into education settings and within health interventions for UNICEF staff. Additionally, the consultant will provide technical assistance to countries on school health and MHPSS matters.

Activities and Tasks: The consultant will work closely with the Maternal and Newborn Health Specialist and Education Specialist and the MHPSS Programme Specialist, in undertaking the following tasks:

- Working with the Health and Education sections specialists and collaborating with the Regional MHPSS Programme Specialist and MHPSS regional working group, the consultant will conduct a desk review and analysis, develop a series of recommendations for strengthening school health services and integrating cross-sectoral MHPSS into education settings and within health interventions for UNICEF staff. The consultant will also support, integrating cross-sectoral MHPSS into education and health settings considering the continuum of care efforts, using a life cycle approach and lifesaving interventions both in development and humanitarian contexts.
- Building further on the existing regional MHPSS and NCD mapping, undertake a situation analysis
 on school health and MHPSS, considering the evidence, initiatives and programmes, school health
 and MHPSS curricula, policies, plans, partnerships, (key stakeholder analysis), and implementation
 tools for school-based multi-sectoral services (health, MHPSS, HIV, WASH, nutrition, child
 protection), taking into consideration gender dimensions, disability inclusion and age
 appropriateness of the response.
 - Develop an analytical framework of UNICEF 's initiatives to make sure the recommendations are actionable and in line with UNCEF's capacities.
 - Develop methodology for and undertake a mixed method (qualitative and quantitative analysis), including primary data collection thought KIIs and FGDs to gain a better understanding of the landscape of school-based health and multi-sectoral/integrated services within ESA region, including policies, promising practices, approaches and implementation tools.
 - Identify the perceptions, perceived barriers and enablers for the uptake MHPSS into existing health and education programmes both internally and externally, including MoE and MoH key stakeholders
 - Provide recommendations on best approaches to scale, monitor and evaluate MHPSS within education and health settings in ESAR region taking consideration of all relevant contextual factors and regional priorities.
 - Based on the findings review schools as integrated service platforms (SISP) and incorporate the findings
- Develop a 'catalogue option', recommendation and relevant resources on programming for UNICEF staff, on how to integrate MHPSS into existing continuum of care efforts, using the life cycle approach and covering interventions both in the development and humanitarian context.
 Additionally, identify 2-3 countries which demonstrate readiness to scale and adopt integrated MHPSS and Schools as health-promoting schools with learning environments.

- Incorporate feedback from RO, HQ and COs and prepare the final version
 - Disseminate findings and recommendations and snapshots of the guidance with RO and COs via a webinar
 - Based on the feedback from RO, HQ and COs, update the ESARO regional concept paper on 'Schools as Integrated Service Platforms' including the health components, and integrate MHPSS and missing components of health promoting schools
 - Disseminate findings and recommendations and snapshots of the guidance with RO and COs via a webinar
 - Based on the feedback from RO, HQ and COs, update the ESARO technical reference document on integration of MHPSS in health interventions across the continuum of care.
 - Gather brief examples from CO programmes
- Provide remote and on-site technical support to COs as needed.
 - to ESARO health and education team, including on the monitoring of MHPSS programming across the region, and
 - to countries for MHPSS related work, including but not only the MHPSS 7% set aside funding country recipients.
- Keep a resource repository for resources gathered in the consultancy
- 1) **Work relationships:** Consultant will work closely with the Maternal and Newborn Health Specialist, Education Specialist and in collaboration with focal persons across all relevant sectors in carrying out this assignment. The consultant will also collaborate with the Regional MHPSS Working Group and Regional Programme Specialist.
- 2) **Outputs/Deliverables:** The consultant is expected to deliver the following key results mentioned in the below table

An additional reference group made up of Program Specialists within UNICEF HQ, Regional and Country Offices will provide technical inputs and review of the consultant's work.

Payment Schedule

Payment will be made in line with the deliverables noted below.

| Deliverables | Duration | Timeline/Deadlin | Schedule of |
|--|-----------------|------------------|-------------|
| | (Estimated # of | e | payment |
| | days or months) | | |
| Submit inception report (analytical framework, methodology, plan and tools) both for School health and MHPSS | 15 days | 16 February 2024 | 10% |
| Undertake a situation analysis on school health and MHPSS using mixed method (qualitative and quantitative analysis), including | 35 days | 05 April 2024 | 15% |

| primary data collection thought KIIs | | | |
|--|---------|-----------------|------|
| and FGDs to gain a better | | | |
| understanding of the landscape of | | | |
| school-based health, MHPSS and | | | |
| multi-sectoral/integrated services | | | |
| within ESA region, including | | | |
| policies, promising practices, | | | |
| approaches, and implementation tools | | | |
| and analyze the assessment/outcomes | | | |
| and produce a draft report | | | 100/ |
| Disseminate the draft report for | 25 days | 10 May 2024 | 10% |
| feedback, and re-submit the final | | | |
| report on desk review, perceptions, | | | |
| perceived barriers and enablers for | | | |
| the uptake MHPSS into existing | | | |
| health and education programmes | | | |
| including recommendations for scaling, monitoring and evaluating | | | |
| programmes | | | |
| Update regional concept note on | 20 days | 10 June 2024 | 10% |
| Schools as Integrated Service | 20 days | 10 Julie 2024 | 1070 |
| Platforms by integrating MHPSS and | | | |
| Schools as health promoting schools. | | | |
| Seneous as nearth promoting seneous. | | | |
| Submit programmatic guidance/tool | 25 days | 15 July 2024 | 15% |
| kit for UNICEF staff), on how to | J | | |
| integrate MHPSS into existing health | | | |
| interventions using continuum of care | | | |
| efforts, using life cycle approach and | | | |
| for development and humanitarian | | | |
| contexts. | | | |
| Disseminate findings and | 10 days | 02 August 2024 | 10% |
| recommendations and snapshots of | | | |
| the guidance with RO and Cos (invite | | | |
| government counter parts) via a | | | |
| webinar (at least two webinars) | | | |
| Updated ESARO regional | | | |
| concept paper on 'Schools as | | | |
| Integrated Service Platforms' | | | |
| Integration of MHPSS in | | | |
| health interventions across the | | | |
| | | | |
| continuum of care | (0.1 | 1.01 | 200/ |
| Remote and on-site technical support | 60 days | 1 February - 25 | 20% |
| (as needed) to countries and regional | | October 2024* | |
| | | | |

| health and education team on MHPSS and school health | | | |
|--|---------|-----------------|-----|
| Final Consultancy Report | 05 days | 8 November 2024 | 10% |

^{*}Payment will be based on the number of days TA was provided to COs, including onsite and remote – consultant will maintain an activity log for reporting.

Desired competencies, technical background and experience

Requirements and Qualifications

- Master's degree or equivalent in Public Health, Education, Psychology, Sociology, Gender, or other related degree.
- A minimum of 8 years of relevant professional experience including at international level, with field experience and expertise of working on health education and MHPSS programming
- Prior work experience with a multi-lateral or international health and development agency, and experience supporting Adolescent Health or Education programs in any of UNICEF's key geographic regions, including Eastern and Southern Africa.
- A set of strong qualitative and quantitative analytical skills and a good understanding of translating theoretical concepts into programmatic implementation will be an added advantage.
- Demonstrated ability to working in a multicultural environment and establish harmonious and effective relationships, including with national-level stakeholders.
- Must exhibit the UNICEF Core Values of:
 - 1. Care
 - 2. Respect
 - 3. *Integrity*
 - 4. Trust
 - 5. Accountability
 - 6. Sustainability
- Excellent oral and written communication skills in English
- Strong ability to multi-task and a drive for on-time delivery required.
- Competencies: Drive to achieve results for impact, Thinks and acts strategically, Works collaboratively with others

Application must include:

- Detailed curriculum vitae incl. a description of main achievements
- Submission of at least 2 products and/or writing samples related to relevant topic and covering health, education and MHPSS
- Minimum three references that include the name of contact person and title
- A detailed financial proposal quoted in United States Dollars (USD) which must outline fees for one hundred nighty five days (195) working days

Administrative issues

UNICEF will provide logistics support and cover the costs of transportation for field missions when reliable commercial passenger operations is not readily available. This includes support with any special UN assisted flights and UN ground transportation (waiver applies). UNICEF in coordination with UNDSS will provide

the consultant with security guidance and relevant risk mitigation measures as per UN policies (refer to Risks section).

The consultant is expected to use their own IT equipment (laptop, cell-phone etc.), where operating communication costs – long-distance calls, internet if any should be part of the overall quoted fees (no reimbursement will be applied).

The consultant will work from home. Regular weekly? remote meeting will be organized to provide updates. The consultant will use his/her own office equipment. As most of the work will be done remotely, the consultant must have high internet connectivity and must be available/reachable online throughout the consultancy.

Should any travel be required, it will be by most economical fare and reimbursement will be as per UNICEF policy. In that case, the selected candidate should confirm fully vaccinated status against SARS-CoV-2 (COVID-19) with a World Health Organization (WHO)-endorsed vaccine prior to travel. The selected candidate will be solely responsible to ensure that the visa (applicable) and health insurance are valid for the entire period of the contract.

Conditions

The consultant will use own equipment (computer, digital voice recorder, etc.) to produce deliverables.

As per UNICEF DFAM policy, payment is made against approved deliverables. No advance payment is allowed unless in exceptional circumstances against bank guarantee, subject to a maximum of 30 per cent of the total contract value in cases where advance purchases, for example for supplies or travel, may be necessary.

The candidate selected will be governed by and subject to UNICEF's General Terms and Conditions for individual contracts.

For international consultant outside the duty station, signed contracts must be sent by fax or email. Signed contract copy or written agreement must be received by the office before Travel Authorization is issued.

The selected candidate will be governed by and subject to UNICEF's General Terms and Conditions for individual contracts and the consultancy will be conducted in accordance with the UN Evaluation Group Code of Conduct and ethical standards.

Risks

As a remote and in-person assignment, there is the potential risk that the deliverables will not be met in a timely manner. To mitigate this, regular calls and email touchpoints between the consultant and UNICEF will be conducted to check in on progress and address any potential bottlenecks. Travel will be discussed and planned in advance.

How to apply

Qualified candidates are requested to submit a cover letter, CV or P11 form and their technical proposals to the online recruitment portal (Talent Management System) or email provided.

Interested candidates to indicate their <u>ability</u>, <u>availability</u>, <u>and rate (daily/monthly) expressed in US\$ for international contract</u> to undertake the terms of reference. The fees should be inclusive of other costs incurred such as travel or subsistence allowances for international consultants who will be based in Nairobi.

Applications submitted without a fee/ rate will not be considered.