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| TITLE | **Piloting of Child Developmental Monitoring tools for integration in the Health System of Ukraine** | |
| Type of engagement | International Consultant | |
| Start/End date | 15-Aug-24 | 15-Nov-25 |
| Duration  *[up to 36 months without mandatory break-in-service]* | 3 months | |
| Duty Station | Kyiv | |
| Number of working days | 66 days | |
| Consultancy fee per day, USD | 600 USD per day | |
| Terms of payment | Upon completion of each deliverable according to schedule | |
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| **1.Background and Justification**  The war has worsened mental health conditions and exacerbated existing mental health and psychosocial support (MHPSS) needs. According to WHO global estimates, 1 in 5 people (22%) living in an area affected by conflict at any time during the previous 10-year period is estimated to have some form of mental health condition, ranging from mild to severe. Applying these estimates to the population of Ukraine would mean that 9.6 million people may have a mental health condition, of whom 3.9 million may have conditions which are moderate or severe. Stigmatization of mental health and cultural barriers to seeking professional help result in a significant number of undiagnosed and untreated individuals.  Children, adolescents and their caregivers are among vulnerable groups and recent survey findings show the continuing influence and widespread psychological impacts of the ongoing war on the health status of children. In a survey across regions of the country, parents, facing fear, uncertainty, and financial challenges due to unemployment and rising costs highlighted visible signs of stress and increased anxiety/anxiousness in their children, with 43% of parents noticing changes in the mental states of their children and reporting high levels of anxiety, sensitivity to loud noises due to their experience of shelling, and sleep troubles among children. Parents primary concern is how the war experience will impact children’s emotional and social development alongside the negative impacts of lost educational opportunities and fear for a safe future. Anxiety and stress for the future and safety of children is also exacerbated for IDPs, who lost houses, livelihoods, communities and were forced to start again in new locations. The survey also highlighted that 36% of children in the surveyed regions had suffered a traumatic experience in the war; 10% of children were noted as having unsatisfactory mental state; and 9% of parents attributed their children’s unsatisfactory state of mental health to the war, manifesting in mood swings, irritability, and traumatic experiences, with little variation in the emotional state of children who had moved, stayed or returned.  In addition to the impact of war, adolescence is well known globally to be a unique and crucial period for developing social and emotional habits important for mental well-being. Physical, emotional and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. Depression, anxiety and behavioural disorders are among the leading causes of illness and disability among adolescents globally and suicide is the fourth leading cause of death among 15-29 year-olds. The consequences of failing to address adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults.  While MHPSS needs for children, adolescents and their caregivers have been exacerbated nationwide since the onset of the war, there is a dearth of access and availability of professional psychological support and parents unanimously express the need for professional psychological assistance for children regardless of location. Trained workforce and tools for children and adolescent MHPSS services are currently acutely lacking in Ukraine. Since the beginning of war in Ukraine, although there has been some boost from European professional associations and academia (e.g. EMDR Europe Association) on training psychologists to work with children and to deliver very specialized treatments, the service gap for MHPSS services for children is still far from being closed.  UNICEF Ukraine newly elaborated Country Programme Document 2025-2029 sets ambitious goals to address the widespread MHSSP needs in the country. As part of UNICEF multisectoral MHPSS strategy, the health and nutrition section has defined a comprehensive approach to respond to the MHPSS needs of children, adolescents and their caregivers in Ukraine. To bring the proposed approach at the intended scale and scope, the health and nutrition section requires a dedicated senior MHPSS consultant until the adequate long term staffing structure is in place in the health and nutrition section. | | | |
| **2. Objective**  The purpose of the contract is to provide senior expert MHPSS technical assistance to UNICEF health and nutrition section in Ukraine to support the operationalization of the MHPSS approach in the health and nutrition section as well as to ensure steering leadership and coordination for implementation of the multisectoral MHPSS in UNICEF Country Office.  **3. Scope of the work**  UNICEF Ukraine is therefore seeking a senior international expert consultant who will provide strategic technical expertise and programmatic guidance for the operationalization of the comprehensive MHPSS approach in the health and nutrition section while providing steering leadership for the coordination of implementation of the UNICEF multisectoral MHPSS strategy by the sections (health and nutrition, child protection, education, ADAP, SBC sections).  The senior international expert consultant is expected to be in country (based in the health and nutrition section in Kiev) and will provide senior technical assistance to UNICEF for the following activities:   1. In coordination with the UNICEF CO MHPSS Working Group, engage strategically and develop a plan for the future collaboration with key stakeholders in MHPSS and in key MHPSS coordination forum at national level and **strengthen UNICEF’s role** in country as a key actor to address children and adolescent MHPSS needs, in complementarity with existing national efforts, initiatives and stakeholders in country. 2. Develop a **long term operational MHPSS action plan** **for the health and nutrition programme**. The operational plan will support the operationalization of the comprehensive MHPSS approach for the health and nutrition section. Following the MHPSS approach for the health and nutrition section, the operational MHPSS action plan will encompass MHPSS prevention, promotion and care activities and will plan for the roll out of the proposed MHPSS interventions across multiple platforms (communities, health system, education systems and digital platforms). The operational MHPSS action plan will be expected to be in line with national initiatives, including the First Lady MHPSS roadmap (due to be reviewed in May), MoH national MHPSS strategy, etc. 3. Develop a **holistic capacity development plan** across platforms, in line with the defined MHPSS approach, with the following aims:  * support a task-shifting approach, through which frontline non-specialized workforce in key sectors (Primary health care, education, social protection sector) are trained and equipped to deliver appropriate MHPSS interventions. The capacity development plan will be established in collaboration with current initiatives led by the MHPSS TWG and with key UN agencies and other partners involved in MHPPS workforce capacity development (WHO, UNHCR, etc). * support the decentralization and update/improvement of the specialized in and outpatient mental health and psychosocial support services for the management of mental health conditions/disorders in children, adolescents and their caregivers based on the latest international evidence-based guidelines and best practices and with a strong focus on shifting specialized mental health care from inpatient pharmacological to outpatient non-pharmacological interventions. * Recommend a comprehensive set of the appropriate manualized interventions and tools readily available for training the workforce across the different platforms and establish roll out training plans, in collaboration and complementarity with existing initiatives, partners and MHPSS efforts in-country. * Identify specific gaps in protocols, standards of care, SOPs and additional customized training materials and identify expert technical partnerships for their development   Develop a robust supervision mechanism to support the trained workforce to deliver quality MHPSS services across different platforms   1. Map and **recommend key expert technical partnerships** (including global recognized expert partnerships) that could provide MHPSS expertise to the health and nutrition section to adjust and/or further develop MHPSS standardized tools, protocols, standards of care, training and supervision materials to ensure effective implementation of the MHPSS operational plan and of the workforce development plan. 2. Map and **identify global and in-country implementation partners with proven technical MHPSS expertise** which could support the effective roll out of the MHPSS operational action plan at scale across the different platforms for the health and nutrition section 3. **Coordinate** with education, protection, SBC and health teams and finalize **the development** of **UNICEF Ukraine CO strategic and operational multisectoral MHPSS strategy and response** 4. **Support** **the recruitment of a long term international child/adolescent MHPSS staff** to be based in the health and nutrition section in Ukraine and who will lead the implementation of the defined MHPSS operational plan.   4**. Minimum requirements** | | | |
| Minimum requirements: | Education *[specify disciplines]* | Master's degree | Interested consultants must at least a master’s degree in psychology/psychiatry/social work or related field |
| Professional experience *[number of years, relevant to the assignment, other specifics]* | Interested consultants must have at least 8 years of experience in designing, implementing and leading MHPSS programming across different platforms in low- or middle-income countries (LMIC). | |
| Language | English | Proficient/Native [C2] |
| Ukrainian | is an advantage |
| Skills and competencies | 1. Documented and recognized expertise in providing strategic direction and guidance in MHPSS, and specifically in MHPSS integrated into health and nutrition programming. 2. Proven experience in the development and implementation of large scale multisectoral MHPSS interventions in low- or middle-income countries (LMIC). Experience and knowledge of the context in Ukraine is an advantage. 3. Proven experience and skills in coordinating multisectoral MHPSS working groups and other mechanisms and in providing strategic and technical contribution in high-level MHPSS coordination fora. 4. Proven track record in capacity building and in developing guidance documents, SOP’s, M&E frameworks, etc. on MHPSS. 5. Proven track record in engaging with local and national MHPSS stakeholders, including national governmental authorities. 6. Experience of working in emergency context. | |

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| **4. Deliverable**  **Work assignment overview:** |  |  |  |  | |
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| **Deliverable** | | **Deadline** | **# of w/days** |
| 1. **MHPSS action plan** (min. 10 pages) **for the health and nutrition programme** in line with the defined MHPSS approach for the health and nutrition section. | | 15 September | 20 |
| 2. **Capacity development plan** (min. 5 pages) across platforms, with the aim to support a task-shifting approach and to support the decentralization and expansion of quality evidenced-based outpatient PHC and specialized mental health services. The capacity development plan will include specific recommendations for manualized interventions and tools readily available for training the workforce in each platform, specific recommendations to develop additional protocols, standards of care, SOPs and additional customized training materials, a training roll out plan and robust supervision mechanisms for each platform and workforce | | 5 October | 15 |
| 3. Report on **mapping of key expert technical partnerships** (including global recognized expert partnerships) that could provide MHPSS expertise to the health and nutrition section to adjust and/or further develop MHPSS standardized tools, protocols, standards of care, training and supervision materials to ensure effective implementation of the MHPSS operational plan and of the workforce development plan. Report should also include recommendations for selecting appropriate partners and include the TOR for consultancies, institutional contracts or EOI/Programme documents. | | 11 October | 3 |
| 4.Report on mapping of  **global and in-country implementation partners with proven technical and specific MHPSS expertise** which could support the effective roll out of the MHPSS operational action plan at scale across the different platforms for the health and nutrition section. Report should also include recommendations for selecting appropriate partners and include the TOR for consultancies, institutional contracts or EOI/Programme documents. | | 11 October | 2 |
| **5.Finalized UNICEF Ukraine MHPSS strategic and operational multisectoral strategy developed in partnership with education, protection, SBC and health teams. Strategy should be endorsed by the UNICEF MHPSS WG and CO sector leads.** | | 15 November | 20 |
| **6. Collaboration plan (incl. engagement report) with leading national level stakeholders that define UNICEF’s role in country as a key actor to address children and adolescent MHPSS needs,** in complementarity with existing national efforts, initiatives and stakeholders in country | | 30 November | 3 |
| 7. ToR/JD, interview and test question for the **long term international child/adolescent MHPSS staff** to be based in the health and nutrition section in Ukraine | | 15 December | 3 |
| **Sub-total:** | | | **66** |

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**Consultants will be asked to stipulate all-inclusive fees, including lump sum travel and subsistence costs, as**

**applicable.**

Payment of professional fees will be based on submission of agreed 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.

Individuals engaged under a consultancy 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. Consultants 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 consultant is solely responsible to ensure that the visa (applicable) and health insurance required to perform the duties of the contract are valid for the entire period of the contract. Selected consultant 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. The vaccine mandate, 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](https://www.unicef.org/careers/unicef-provides-reasonable-accommodation-job-candidates-and-personnel-disabilities) 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.