

TERMS OF REFERENCE

TITLE – *Child and Adolescent Mental Health Consultant (Partnerships, Tools, Evidence)*

CONTRACT MODALITY Individual Consultancy

DUTY STATION GPD-Mental Health, Nairobi – Remote with travel

DURATION OF CONTRACT 12 months

Purpose of Assignment

UNICEF's expanding mental health portfolio has generated substantial technical guidance, tools, partnerships, and country implementation experience. Dedicated support is now needed to address technical and financing gaps, make global tools and guidance easier to apply, and draw lessons from country implementation to guide future work.

Under the Global Mental Health Lead, the consultant will deliver a defined set of technical products covering strategic partnerships and investment opportunities, practical guidance and learning resources for country-level systems strengthening, and evidence synthesis and publications. These outputs will strengthen UNICEF's capacity to support countries in planning, integrating and scaling child and adolescent mental health services within health and community systems.

Scope of Work

1. Develop defined technical partnership and investment products

Identify where external expertise, research capacity or financing can address gaps in UNICEF's child and adolescent mental health work and develop selected opportunities into concrete collaborations and proposals. This will include:

- Mapping priority technical and financing needs against the expertise and resources of potential academic, research, technical, philanthropic and funding partners.
- Defining the objectives, activities, partner contributions, and expected outputs of selected institutional collaborations.
- Developing technical components of funding proposals and investment concepts, including the program model, supporting evidence, results framework and requirements for implementation and scale-up.

2. Produce a practical implementation toolkit and associated learning resources

Building on the MHPSS Operational Package, organize UNICEF and WHO–UNICEF guidance and tools into a practical toolkit for child and adolescent mental health service planning and systems strengthening. This will include:

- Bringing together resources across promotion, prevention, early identification, management, care and support within health and community systems.
- Organizing tools around concrete planning and implementation tasks such as mapping existing services and gaps, integrating mental health into PHC and community services, defining workforce roles and competencies, establishing service models and referral and care pathways, and measuring coverage, quality and outcomes.
- Developing a user guide, learning resources and mentoring sessions that help UNICEF specialists select and apply the tools in their technical support to countries.

3. Produce an implementation-learning agenda and technical evidence products

Synthesize UNICEF's CAMH programming experience to identify lessons, evidence gaps and research priorities, particularly for implementation and scale-up in LMICs. This will include:

- Identifying questions that countries need answered to improve program design, service integration,

delivery and scale-up across health and community systems.

- Documenting how approaches have been implemented, the conditions that supported or limited delivery, and implications for use in other settings.
- Developing technical publications, peer-reviewed manuscripts and contributions to global evidence and policy products that explain what the evidence means for country programs, health and community systems, investment and future research.

Work Assignments Overview	Deliverables/Outputs	Delivery deadline
1. Partnership and investment plan Develop a plan for UNICEF's child and adolescent mental health portfolio, informed by consultations with relevant UNICEF teams and selected external partners. The plan will include: • Priority technical and financing needs. • A mapping of relevant academic, research, technical, philanthropic and funding partners. • Five to seven recommended partnership and investment opportunities, specifying the need addressed, proposed partner contributions, areas and forms of collaboration, and next steps.	Deliverable 1 One written partnership and investment plan, including a prioritized action matrix.	31 March 2027 – 30 days
2. Technical collaboration MoUs and funding proposals: Develop three completed draft products: one institutional collaboration framework or MoU and two technical funding proposals or investment concepts, with defined objectives, partner contributions, activities, results and next steps. The work will include technical discussions with	Deliverable 2 Draft three completed products: • one institutional collaboration framework or MoU • two technical funding proposals or investment concepts, with defined objectives, partner contributions, activities, results and next steps.	30 June 2027 – 46 days

UNICEF teams and external partners to align UNICEF priorities with partner expertise and resources.		
3. Implementation toolkit for child and adolescent mental health systems strengthening Building on the existing MHPSS Operational Package, organize UNICEF and WHO–UNICEF guidance, tools and resources into a refined toolkit that includes: • Resources covering promotion, prevention, early identification, management, care and ongoing support within health and community systems. • Tools organized around service mapping and planning, PHC and community integration, workforce roles and competencies, service models, referral and care pathways, measurement and scale-up. • A roadmap and user guide explaining which resources to use for specific planning and implementation tasks and how to apply them.	Deliverable 3 Complete drafts for: • One consolidated toolkit • One user guide and • One implementation roadmap, organized around the existing service-planning tasks.	31 August 2027 – 49 days
4. Technical learning and mentoring program Develop and deliver a structured learning and mentoring program to help UNICEF MHPSS specialists and teams apply the toolkit to country service planning and systems strengthening. Outputs will include: • Practical learning materials and	Deliverable 4 One learning package, at least four structured technical sessions, and a reusable facilitator/mentoring guide, with session materials and a brief summary of feedback.	31 October 2027 – 38 days

exercises on applying the guidance and tools. • A series of technical learning and mentoring sessions. • Reusable session materials and guidance for continued learning and mentoring by the Global Mental Health team.		
5. Research and implementationlearning agenda Develop one prioritized written research and implementationlearning agenda, with evidence gaps, research questions, potential partners and next steps. The agenda will include: • Priority research and implementation questions, particularly for health and community systems in LMICs. • Key evidence gaps and opportunities for implementation research, evidence synthesis and research partnerships. • Five to seven recommended research, publication or knowledge-product opportunities, specifying their focus, intended use, potential partners and dissemination routes.	Deliverable 5 One prioritized written research and implementation-learning agenda, with evidence gaps, research questions, potential partners and next steps.	31 July 2027 – 30 days
6. Technical publications or evidence products Three completed technical evidence products: one synthesis of implementation lessons, one technical or policy brief, and one manuscript suitable for submission to a peer-reviewed	Deliverable 6 - Three completed technical evidence products: • one synthesis of implementation lessons, • one technical or policy brief, and	15 January 2028 – 48 days

journal. Each product will explain the implications for policy, health and community systems, program design, implementation, scale-up and future research, as relevant. Products will be completed to an agreed stage suitable for UNICEF publication or external submission.	• one manuscript suitable for submission to a peer-reviewed journal	
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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:** PhD - Doctoral degree in public health, global health, mental health, counseling, psychology, child and adolescent development, health systems, health policy or a related field.
- **Work Experience:**
 - Minimum 10 years of relevant experience in global health, mental health or health systems, including significant experience in child and adolescent mental health.
 - Experience developing or applying global technical guidance, tools and implementation approaches across

health and community-based systems.

- Demonstrated experience in strategic technical partnerships and program or investment development with academic, technical, philanthropic and/or funding partners.
- Strong experience in evidence translation, implementation learning and knowledge generation, including technical and/or peer-reviewed publications.
- Experience providing technical capacity strengthening and mentoring to specialist teams.

- **Skills:**

- Demonstrated expertise in child and adolescent mental health programming, service planning and systems strengthening, particularly in LMIC settings.

- Excellent analytical, technical writing, facilitation and communication skills.

- **Language Requirements:** Fluency in English required.

Desirables:

- Familiarity with UNICEF Country Office programming environments and Global Program.

- **Technical requirements:** Brief understanding of the assignment, proposed approach, methodology, workplan - timeline, sample of previous similar work will be an asset
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