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TERMS OF REFERENCE

State Health Consultant – RMNCAH

CONTRACT MODALITY	Individual Consultancy
DUTY STATION	**Gandhinagar, India (remote with travel)**
DURATION OF CONTRACT	**12.5 months**

Purpose of Assignment

To provide time-bound technical assistance to the Government of Gujarat to strengthen equitable, resilient and quality RMNCAH services through evidence-based planning, capacity building, monitoring and scale-up of high-impact interventions, with priority attention to vulnerable populations under the guidance of the Health Specialist. This is to support drafting state operational plans, manuals, SoPs, and capacity building plans on RMNCAH services in close coordination with various verticals of department and Health and family Welfare and external stakeholders/Subject experts.

Scope of Work

UNICEF is supporting the Government of Gujarat to accelerate progress on maternal, newborn, child and adolescent health outcomes, with a focus on equity, quality of care and systems strengthening. While Gujarat has achieved high coverage of several services, including institutional births, ANC contact and immunization, recent evidence from NFHS-6, SRS, HMIS and programme reviews shows persistent gaps in maternal and newborn survival, stillbirth prevention, quality of intrapartum and postnatal care, adolescent health, routine immunization equity, early childhood development, pediatric NCDs and care for vulnerable populations in tribal, urban, aspirational and hard-to-reach areas.

The consultant will provide technical assistance to the Department of Health and Family Welfare, Government of Gujarat, and UNICEF to strengthen planning, implementation, monitoring and scale-up of priority RMNCAH interventions. The assignment will support development of state operational plans, guidelines, SOPs, capacity-building packages, review tools, data analysis and documentation to improve quality and equitable access to services across the continuum of care.

The scope will include support for strengthening maternal and newborn health interventions, including quality ANC, respectful maternity care, LaQshya/MusQan-linked quality improvement, obstetric HDU/ICU readiness, stillbirth surveillance and response, perinatal death reviews, emergency referral pathways, small and sick newborn care, Kangaroo Mother Care, developmentally supportive care, SNCU follow-up and home-based newborn care. It will also include technical inputs for child health, routine immunization, adolescent health, pediatric NCDs, road safety and health systems strengthening based on state priorities.

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Work Assignments Overview	Deliverables/Outputs	Delivery deadline to complete the deliverable
Health Programme Context Analysis for planning 2027-28 planning cycle of NHM in consultation with Nodal officers in Government an UNICEF Partners and prioritize state RMNCAH technical assistance	**Deliverable 1** – Inception report with stakeholder map, evidence-based gap analysis, prioritized RMNCAH interventions to be incorporated in the state Govt and NHM PIPs submitted.	31/12/2026 Approximately 12 days
Capacity building of health workforces by enhancing institutional capacity of SIHFW and its network institutions. Develop tools and approaches to assess the training load for various trainings under health programmes of the state government for various services delivered under national health prohgrammes for various cadres of health functionaries and suggest plans for system strengthening for planning and exciting all trainings, leveraging Govt resources.	**Deliverable 2** – Tools and approaches to strengthen health system for capacity building developed and shared (eg. Training load assessment for various training courses for various cadres of health staff, infrastructure expansion for corporation training centers / District training centers etc.)	29/01/2027 Approximately 24 days
Draft operational framework and facility-readiness checklist for obstetric ICUs/ HDUs (reviewing past year performance) emergency referral and maternal-newborn continuity of care, validated with state stakeholders keeping focus on equity, costing and measurable outcomes	**Deliverable 3** – Costed State Operational Plan for ICUs/ HDUs within LaQshya framework drafted and submitted, with equity priorities, intervention targets, monitoring indicators and integration points for NHM PIP and State Health Plan	26/02/2027 Approximately 22 days
Strengthen Stillbirth surveillance and quality of care across facility and community platforms by undertaking analysis of stillbirth surveillance data at state level	**Deliverable 4 –** Detailed analytical report on stillbirth surveillance at state level summitted recommendations at various levels of health facilities	31/03/2027 Approximately 23 days

and suggest interventions at various levels of health facilities and in private health sector to reduce stillbirth rates and improve perinatal outcomes	and in private health sector to reduce stillbirth rates and improve perinatal outcomes	
Improving quality of care in SNCUs/NICUs through data driven analysis, advocacy and capacity building	**Deliverable 5 –** Detailed analytical report of all SNCUs/NICUs in the state prepared and submitted with specific recommendations to improve successful discharge rates and care beyond survival	30/04/2027 Approximately 23 days
Strengthening Maternal Death surveillance and Response and quality of care across facility and community platforms	**Deliverable 6 –** State-level maternal death and near-miss analytical report for the preceding financial year prepared and submitted, documenting trends and determinants and providing prioritized recommendations for public and private health facilities to reduce maternal mortality and improve safe motherhood	28/05/2027 Approximately 23 days
Strengthening Child Death Review system and improving quality of care both in Govt and private facilities with intelligent referral transport systems	**Deliverable 7 –** Analytical report of Child deaths at state level submitted, recommending corrective actions across communities and facilities both in Govt and [private health systems.	30/06/2027 Approximately 23 days
Strengthening RMNCHA quality-of-care systems, including pregnancy care ANC, intrapartum, postnatal and referral care	**Deliverable 8 –** RMNCHA quality-of-care monitoring and improvement framework developed and submitted, including standardized assessment tools, measurable indicators and recommended corrective actions for strengthening quality ANC, respectful maternity care,	30/07/2027 Approximately 23 days

	intrapartum, postnatal and referral services	
Support Government in institutionalizing nurturing care within health sector policy, planning, budgets and delivery, with clear convergence mechanisms with WCD and Education	**Deliverable 9 –** Costed state Roadmap for integrating nurturing care for inclusive Early Childhood Development into health platforms in Gujarat, drafted and shared.	31/08/2027 Approximately 23 days
Provide technical support to Department of Health & Family Welfare, NHM and SIHFW to roll out Guidelines on Early Sensory stimulation and Developmentally Supportive Care in SNCU/NICUs	**Deliverable 10 –** Implementation learning report on Early Sensory Stimulation and Developmentally Supportive Care in at least two high-load medical college NICUs prepared and submitted, documenting good practices, implementation challenges, results and recommendations for state-wide scale-up	30/09/2027 Approximately 24 days
Develop a government capacity-building package for disability-inclusive routine health care for children and young people in Gujarat, strengthening disability rights awareness, accessible communication, removal of service barriers and referral to appropriate support	**Deliverable 11 –** Government-reviewed capacity-building package for disability-inclusive routine health care for children and young people finalized and submitted, comprising training materials and job aids, a training-of-trainers plan, and a government-owned rollout and monitoring plan defining responsible officers, supportive supervision mechanisms and measurable indicators for disability inclusion in routine health services	30/10/2027 Approximately 23 days

Strengthen evidence-based urban health planning for vulnerable children and women in Gujarat by undertaking urban RMNCAH service-gap assessment, develop costed city health action plans through stakeholder consultation in at least one city, prioritizing urban poor, migrant and underserved peri-urban populations/Zero dose population	**Deliverable 12 –** Costed City Health Action Plan developed and submitted for at least one city, based on findings of the urban RMNCAH service-gap assessment and stakeholder consultations, outlining prioritized interventions, resource requirements and implementation actions to address service gaps among urban poor, migrant, underserved peri-urban and zero-dose populations.	30/11/2027 Approximately 24 days
Document replicable RMNCAH practices and provide inputs to year-end RAM and donor reports on UNICEF-supported health programme progress	**Deliverable 13 –** Final consolidated report submitted, documenting replicable and scalable RMNCAH best practices and providing results-based inputs for year-end RAM donor reports and CPD closure reporting ending 31 December 2027	31/12/2027 Approximately 24 days

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

- **Education:** Masters in Public health, Pediatrics, Obstetrics and Gynecology
- **Work Experience:**
    - Minimum five years of relevant experience in the development sector, preferably in Reproductive Maternal Newborn and Child and Adolescent health, Immunization and primary health care and urban planning.
    - Demonstrated experience in contributing to the development of Health policies and guidelines, capacity-building packages, monitoring systems and/or design recommendations at national, state and district levels.
    - Experience working with a range of partners, including government, private health sector, civil society and academic institutions
- **Language Requirements:** Fluency in written and spoken English and Hindi is essential. The ability to speak and read Gujarati would be an asset
- **Knowledge/Expertise/Skills:**
    - Understanding of Health programmes in Gujarat and in India, community and facility based approaches to Health programme, environmental health and climate change.
    - Additional certification or demonstrated experience in urban health, tribal health, will be an added advantage.
    - Good computer and analytical skills, including proficiency in MS Office applications such as Word, Excel and PowerPoint; knowledge of data analysis and visualisation tools will be an added advantage
- **Desirable:** Strong liaison skills to engage effectively with government counterparts, highly technical partners in private sector along with the ability to analyse data, write documents, prepare monitoring frameworks and facilitate training at state and district levels, would be desirable