

Applications to be submitted on: www.inductusjobs.com/un (pdf format only)

Position: State MNCHA Consultant for Karnataka
Employing Agency (Employer): Inductus Limited

Duration of the contract: Initial contract will be till 31st May 2025, from the date of joining (further extendable till 31-Dec-2025)

Remuneration: Gross compensation budgeted for the position is very attractive. Please note that the offer made to the selected candidate shall be commensurate with qualifications, experience, and salary history. Applicants to mention their current professional fee & expected professional fee on www.inductusjobs.com/un

- **Applicants must download this TOR / Job description**

No. of Vacancy: 1 (ONE)

Duty Station: Hyderabad

Reporting Line:

1. Administrative Supervision- Inductus Limited
2. Technical Supervision: Mission Director NHM/ Medical Superintendent -Vani Vilas Hospital
3. Health Specialist Hyderabad Field Office
4. **Last Date for Application:** 05 February 2025 (Mid-Night)

TERMS OF REFERENCE (TOR)

1. BACKGROUND / RATIONALE

The state of Karnataka has achieved Sustainable Development Goals (SDG) for maternal mortality ratio (MMR) [45/ lakh live births (SRS 2018-20)] and under-5 mortality rate (U5MR) [21/ 1000 live births (SRS 2020)], reflecting commendable progress in maternal, newborn, and child health (MNCH). However, the absolute number of maternal and child deaths remains a

concern due to the state's large population, necessitating sustained and equitable efforts to ensure universal access to quality healthcare services. Emerging challenges, driven by urbanization, demographic changes, climate change, and shifting disease patterns, require immediate attention:

- **Urban Health Programming:** Rapid urbanization has increased the population in urban slums, where inadequate healthcare infrastructure results in disparities, particularly in immunization and maternal health services.
- **Road Safety for Children:** Poor awareness, irresponsible behaviour, alcohol, mobile phones, rising vehicular density and insufficient enforcement of safety measures make road traffic injuries a leading cause of child mortality and disability.
- **Early Childhood Development (ECD):** Despite progress, many children face developmental delays due to malnutrition, lack of stimulation, and inadequate access to integrated ECD services.
- **Non-Communicable Diseases (NCDs):** Conditions like childhood obesity, diabetes, and asthma are on the rise due to urbanization and lifestyle changes, requiring preventive and management strategies.
- **Residual Mortality Burden:** High absolute maternal and child deaths persist, especially among rural and marginalized communities facing undernutrition, high-risk pregnancies, and limited emergency care.
- **Immunization Gaps:** While state immunization rates are improving, urban slums and remote areas remain underserved, exacerbated by outbreaks and poor preventive care.
- **Climate Change and Its Impact on Children:** Climate change exacerbates vulnerabilities in children by increasing risks of vector-borne diseases, malnutrition, and waterborne illnesses. Frequent heatwaves, floods, and droughts also disrupt access to healthcare, nutrition, and education, disproportionately affecting marginalized communities.

Addressing these challenges requires innovative, evidence-based, and equity-driven approaches. Engaging an MNCHA consultant will provide the expertise to design targeted interventions, strengthen health systems, and build resilience to sustain progress while tackling emerging health and climate priorities.

2. PURPOSE OF ASSIGNMENT

UN ORGANISATION Hyderabad Field Office is working closely with State Governments of Andhra Pradesh, Karnataka & Telangana to strengthen MNCHA services. The purpose of this assignment is to provide technical assistance to Karnataka State to support evidence-based planning, budgeting, and monitoring of MNCHA and health programmes using a system strengthening approach with a focus on targets planned under UN ORGANISATION country program.

3. PROGRAMME AREA AND SPECIFIC PROJECT AREA

Programme Area: Health

Output 101: By 2027 government and stakeholders, have enhanced institutional capacity to ensure that women, children, and care givers, especially the most vulnerable, have access to equitable, resilient and quality RMNCHA services, and that communities are empowered to practice healthy behaviors and demand quality services, in selected states.

Output 102: By 2027, governments and stakeholders have enhanced capacity to plan & deliver equitable access to immunization for all, through an integrated, life-course approach with focus on unreached & vulnerable groups; and communities are engaged and empowered to demand & utilize quality immunization services.

Output 103: By 2027, governments and stakeholders have enhanced capacity on health policy, financing, data systems, research and innovation, to plan and deliver equitable quality

primary healthcare services, which is resilient to climate change, environmental degradation and emergencies in Karnataka.

4. OBJECTIVE/S

The basic objective is to support governments and stakeholders to enhance institutional capacities to ensure that women, children, and care givers, especially the most vulnerable, have access to equitable, resilient, and quality MNCHA services, and that communities are empowered to practice healthy behaviours and demand quality services. UN ORGANISATION also support to strengthen capacities of governments and stakeholders on system strengthening including health policy, financing, data systems, research, and innovation, to plan and deliver equitable quality primary healthcare services, which is resilient to climate change, environmental degradation, and emergencies.

5. MAJOR TASKS TO BE ACCOMPLISHED

1. Strengthen Maternal, Newborn, and Child Health Services

- Conduct a comprehensive assessment of existing MNCHA services to identify gaps and inequities as per global EPMM and ENAP framework.
- Support the implementation of high-impact facility based and community-based interventions in maternal and child health, focusing on underserved populations through health system strengthening approach.
- Provide technical assistance to improve emergency obstetric and neonatal care (EmONC) services along with strengthening of comprehensive primary health care for MNCHA.
- Strengthening resilient health systems equitable coverage of quality evidence based, gender transformative, inclusive services for adolescent health including MHPSS, Reproductive sexual health, with adolescent participation and community engagement for adolescent health promotion.

2. Develop and Implement Urban Health Strategies

- Design an urban health strategy to address gaps in healthcare access for urban slums and peri-urban areas, with a focus on immunization and integrated health services.
- Pilot innovative approaches for healthcare delivery in urban settings, leveraging digital health tools and community engagement.

3. Enhance inclusive Early Childhood Development (ECD)

- Develop and roll out an integrated ECD framework involving health, nutrition, education, and social protection sectors as per global nurturing care framework.
- Build the capacity of frontline workers to identify and address developmental delays in children under five years.

4. Tackle Non-Communicable Diseases (NCDs) in Children

- Design a roadmap for preventing and managing NCDs in children, with a focus on school-based interventions and awareness campaigns.
- Integrate NCD screening and counselling into existing child health programs.

5. Promote Road Safety for Children

- Support the creation of safe school zones through infrastructure improvements and awareness programs as per global safe systems approach.
- Advocate for stronger enforcement of child-specific road safety laws and regulations.

6. Address Climate Change Impacts on Child Health

- Develop an action plan to mitigate the effects of climate change on child health, including heatwave preparedness, nutrition security, and waterborne disease prevention.
- Advocate for child-sensitive climate adaptation policies in health and urban planning.

7. Strengthen Immunization Coverage and Preventive Care

- Conduct microplanning to identify and vaccinate children in underserved areas with focus on zero dose children.
- Implement behaviour change communication campaigns to address vaccine hesitancy.

8. Data-Driven Policy and Program Planning

- Support the state in strengthening health information systems for better monitoring and evaluation of MNCH programs.
- Use disaggregated data to guide equitable policy-making and program implementation.

Undertake any additional tasks related to the program as assigned by the supervisor, contributing to the achievement of the overarching objectives.

6. KEY ACTIVITIES/ DELIVERABLES

Support the below mentioned activities based on state specific priorities and requirements and agreements with State Governments:

- State Action plan for ending preventable maternal and newborn mortality and still birth, (SUMAN 2030 Road map & INAP 2030 road map), Midwifery and Perinatal Death Reviews and budgeted in the NHM PIP and budget leveraged from the state resources.
- At least 80% of the SNCUs in the state are upgraded to Level 2B with CPAP services provided.
- State comprehensive urban health strategy document with strategy to reach zero dose children and improve coverage for MNCHA services and budgeted in the NHM PIP and budget leveraged from the state resources.
- State level Integrated inclusive ECD framework developed for Karnataka with interdepartmental convergence and budgeted in the PIP of respective department.
- State level Analysis of EMTCT data with analytical reports to support State NHM and State AIDS Control Societies for fast tracking EMTCT with focus on Triple Elimination of HIV, Hep B, Syphilis. Convergence meetings between State NHM and State AIDS Control Societies.
- Tracking of availability of ORS and Zinc inventory for diarrhea management and Amoxicillin, Gentamycin etc. for SAANS and advocacy to ensure continuous availability of stock. Submit regularly the inventory report.
- State action plan for addressing climate change impacts on children particularly heat waves, air pollution and lead poisoning.
- State level Roadmap for NCD prevention and management in children particularly strengthening prevention and management of Sickle cell disease, RHD, CHD, Type 1 DM, Asthma, and strengthening HWC for NCDs in children and budgeted in the NHM PIP and budget leveraged from the state resources.
- Progress report on strengthening Facility based pediatric care through setting up of Pediatric Intensive Care Units (**PICU**) and Pediatric Center of Excellence (**PCOE**) and promote case management through **IMNCI**.
- Regular field visit report on planning and implementation of AD/ABP programming in selected districts and blocks, with a focus on quality and health systems, both rural and urban areas.
- Documentation of human-interest stories on MNCHA, NCDIs, ECD, and climate change
- Innovative interventions, convergent action and status reports for Adolescent Health interventions including strengthening of RKSK & School Health & Wellness Programme.
- Progress report on implementation of RCH 2.0 and other digital initiatives in the state.

- Knowledge products (Technical modules/Policy briefs/research articles/data analytics/costing etc) on MNCH, NCDs, ECD, and climate change for government stakeholders.

7. OFFICIAL TRAVEL INVOLVED (ITINERARY AND DURATION):

Travel to districts up to 84 days in a year within the State with at least one visit to an aspirational district/ SANKALP district per month is expected. There might be need based travel to Delhi/ other states as per programme needs.

8. QUALIFICATIONS / SPECIALIZED KNOWLEDGE / EXPERIENCE/ COMPETENCIES (CORE/ TECHNICAL/FUNCTIONAL) / LANGUAGE SKILLS REQUIRED FOR THE ASSIGNMENT (Please use as applicable)

Specifies the professional requirements of the individual for the assignment including required experience, skills and qualifications; Profile required (education, experience and working language(s))

Qualification or specialized knowledge, experience required.

- Essential qualification: Any Medical/ BHMS/ BAMS/ Public Health/Nursing graduate.
- At least five years field experience in MNCHA program/project management at state / regional level, with professional knowledge of maternal, neonatal, child and adolescent health is essential.
- Post Graduate training in Paediatrics, OBGY or Community Medicine/ Public Health is desirable. For nursing background, master's in nursing with Public health graduation is desirable.
- Experience of working with UN agencies, or international organizations shall get a preference.
- Experience of working with the respective State Governments and experience of working with State Governments on national flagship programmes in health sector and having working knowledge of local language shall get a preference.
- Good analytical, negotiation and advocacy and communication (oral and written) skills in English.
- Demonstrated ability to work in a multi-disciplinary environment and to establish harmonious and effective working relationships with governmental, non-governmental and civil society organizations.
- Computer literate and conversant with MS Office and its Application, internet, e-mail
- Computer proficiency with high-level of familiarity with data base management programme and commonly used packages
- Should be self-motivated, hard-working, energetic and creative with good analytical skills.

9. PAYMENT SCHEDULE

- Payment will be linked to activities and deliverables outlined above. Payments will be made against a monthly report.