

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS

National Consultant to Conduct Assessments on Mental Health and Social Services among Children & Adolescents, & People with disabilities	Funding Code: N/A	Duty Station: Phnom Penh, Cambodia
<p>Purpose of Activity/Assignment:</p> <p>The main goal of this consultancy is to conduct a landscape mapping and assessment of child and adolescent mental health services in Cambodia, with a focus on Phnom Penh where the majority of service providers and partners are based. Additionally, data will be collected in two other provinces, Siem Reap and Ratanakiri. The objective is to assess the current availability, utilization, trends, and gaps in these services to improve systems for promoting, preventing, and establishing effective referral pathways. Using a global mapping tool, the consultant will gather information on existing services provided by health facilities, schools, community platforms, professionals, and other resources accessible to children and adolescents in Cambodia, while utilising the key findings & recommendation from the landscape mapping and assessment to provide technical to co-create key Social Behaviour Change (SBC) messages and tools for community-based mental health services (including prevention, early intervention, and referral pathways).</p> <p>The consultant will also facilitate participatory assessment on demand and access to social services for people with disabilities (PWDs) in Ratanakiri and Siem Reap provinces, including children and adolescents with disabilities.</p>		
<p>Scope of Work:</p> <p>The consultant will be responsible for the following work assignments:</p> <p>a) Landscape mapping and assessment of mental health psychosocial support (MHPSS) services for children and adolescents</p> <ul style="list-style-type: none"> • Desk Review: Review existing literature, reports, and data related to child and adolescent mental health services in Cambodia, identify key stakeholders, and conducting stakeholder consultations and a landscaping exercise, including government agencies, NGOs, academic institutions, and healthcare providers involved in delivering mental health services and Psychosocial Support to children and adolescents. • Adaptation of Mapping Tool: Adapt by tailoring and translating the Global CAMH Service Mapping Tool developed by UNICEF for use in the context of Cambodia, by working closely with relevant departments of the Ministry of Health, Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), Ministry of Education, Youth and Sports (MoEYS), and relevant stakeholders, via consultative approach with identified stakeholders, adding supplementary questions as needed to capture specific aspects of the local mental health system and exiting Mental Health Psychosocial Support (MHPSS) within both health and non-health sectors for children and adolescents. Adaptation will involve incorporating additional components that focus on service providers and clients, specifically addressing social and normative issues related to stigma and help-seeking behaviors among caregivers and adolescents, as well as exploring provider beliefs and attitudes. • Data Collection: Conduct interviews, focus group discussions, or consultation workshops with key informants representing relevant stakeholders involved in child and adolescent mental 		

health services. This may entail visits to facilities and service delivery points to gather firsthand information on service provision, infrastructure, human resources, and existing interventions for MHPSS in Phonm Penh, where the majority of service providers and partners are located. In addition, the consultant will collect data in two target provinces of Siem Reap and Ratanakiri.

- **Data Analysis:** Analyze the gathered data to assess and document the availability, accessibility, and quality of mental health services for children and adolescents. Identify behavioural insights, challenges, and best practices in current promotion, prevention, service delivery, and referral pathways. This includes examining issues related to stigma and help-seeking behaviors among adolescents, as well as exploring the beliefs and attitudes of service providers and parents on the subject of MHPSS.
- **Report Writing:** Prepare a comprehensive report (Ms. Word Report, Slide Deck, and Infographic) documenting the findings of the mapping exercise with clear recommendations and behavioural insights for strengthening child and adolescent mental health service delivery, promotion, prevention, and referral pathways.
- **Support dissemination:** Present final report to UNICEF and government counterparts during one internal meeting and one external dissemination event to inform ongoing government implementation of the Mental Health Strategic Plan and MHPSS policy. This includes providing technical support to relevant ministry in the dissemination workshop and documentation from the workshop, as part of the evidence-based advocacy.
- **Technical support in SBC messages/content development:** Based on the findings from the mapping and assessment exercise, collaborate with young people and persons with lived mental health experiences (PWLEs) to co-create key SBC messages and tools for community-based mental health services. This includes addressing key issues identified during the assessment to promote prevention, early intervention, self-help, family support, and referral pathways to MHPSS services at nearby health facilities. These messages will be integrated into parenting text initiatives, training for remote frontline healthcare workers, and will provide information and guidance to adolescents.

b) Participatory assessment of health seeking practices and access to social services for people with disabilities (PWDs): to ensure that PWDs and their families have greater participation, knowledge, skills, and norms to increase demand for and access to social services, the consultant will undertake the following additional activities in Ratanakiri and Siemreap

- In collaboration with key partners such as Cambodia Disabled People's Organisation (CDPO), conduct a participatory social and behavioural assessment in Ratanakiri and Siem Reap to understand the current social and behavioural factors influencing the demand for and access to social services for PWDs (including children aged 4-6, adolescents aged 12-14, males aged 25-45, and females aged 25-45 to better understand their specific needs and challenges). By using participatory human-centered design techniques, engage with selected communities, involving PWDs, their families, and social service providers to map out their unique "Journeys to social services." Through facilitated discussions, to identify the key factors that either support or impede the demand for and access to social services.

- Facilitate co-creation and engagement of PWDs and their families to inform development of online and offline SBC, communication and community engagement tools and solutions for each of the above categories of PWDs to improve their access to social services.

Methodology: Participatory process involving collaboration and co-creation of tools, data collection and analysis with UNICEF, Ministry of Health’s Department of Mental Health, and Substance Abuse (DMHSA), Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), Ministry of Education, Youth and Sports, and their respective Departments at the provincial levels as well as co-creation and participation of People with Lived Mental Health Experiences (PWLEs) and PWDs.

Child Safeguarding

Is this project/assignment considered as “[Elevated Risk Role](#)” from a child safeguarding perspective?
 YES NO If YES, check all that apply:

Direct contact role YES NO

If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:

Child data role YES NO

If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):

More information is available in the [Child Safeguarding SharePoint](#) and [Child Safeguarding FAQs and Updates](#)

Budget year:

2024/2025

Requesting Section/ Issuing Office:

Health and Nutrition

Reasons why consultancy cannot be done by staff:

Strained Resources: Sectoral and cross-sectoral teams currently have limited staffing capacity (LoE) to dedicate significant time to this intensive undertaking in the next six months. Which includes engaging with national and subnational stakeholders to adapt the global toolkit, conducting participatory assessments at national and subnational levels, generate relevant knowledge products and initiate co-create of relevant SBC tools and messages with adolescents and PWLEs, which all require substantial effort.

Time-Bound Resources: This activity is further constrained by a tight deadline. The allocated budget of US\$40,000 from HQ must be fully utilized by March 31, 2025, highlighting the urgency of completing this work effectively to inform key priorities in the ADAP workplan for 2024-2026.

Included in Annual/Rolling Workplan: Yes No, please justify:

Health and Nutrition, Child Protection, Education, IECD and ADAP.

H&N Output 003, Social Behavioural Change for H&N

Consultant sourcing: National International Both

Competitive Selection: Advertisement Roster Informal competitive (Low Value Contract)

Single Source Selection: (Emergency - Director's approval)

If Extension, Justification for extension:

Supervisor:

Health Officer, with co-supervisor, Social & Behavior Change Specialist (due to cross-sectoral nature of the assignment with strong linkage to SBC section)

Start Date:

July 01, 2024

End Date:

March 31, 2025

Work Assignments Overview	Deliverables/Outputs	Number of Days	Delivery Deadline	Estimated Budget (Percentage of Payment)
a. Landscape mapping and assessment of mental health psychosocial support (MHPSS) services				
Desk Review and identification of key stakeholders	Deliverable #1. Inception Report outlining the proposed methodology and work plan (maximum 10 pages excluding annexes).	5 days	July 31, 2024	5%
Stakeholder review of the global Mapping Tool	Deliverable #2. Revised Draft Mapping Tool for review and feedback	5 days	August 30, 2024	5%
Adaptation of Mapping Tool	Deliverable #3. Final/Adapted Mapping Tool: Incorporating feedback and revisions	10 days	September 30, 2024	10%
Data collection and analysis in Phnom Penh, Siem Reap and Ratanakiri	Deliverable #4. Data Collection Plan/Schedule: Including interviews, focus group discussions, field observations, consultation workshops with key informants representing relevant stakeholders involved in child and adolescent mental health services, including adolescents and PWLEs.	25 days (estimated 20 days of travel)	October 31, 2024	10%
Report Writing, Analysis, and Dissemination of the Findings	Deliverable #5. Comprehensive Mapping Report: Including slide deck and infographic, with findings and clear recommendations with behavioural insights and strategic intervention to strengthen child and	20 days	January 30, 2025	20%

Work Assignments Overview	Deliverables/Outputs	Number of Days	Delivery Deadline	Estimated Budget (Percentage of Payment)
	adolescent mental health service delivery and engage individual, family and communities for promotion, prevention, and referral pathways for timely and quality MHPSS services.			
SBC content/tools on mental health promotion, prevention, referral pathway	Deliverable #6. SBC content/tools developed: Based on the findings from the mapping and assessment exercise, collaborate with young people and persons with lived experience (PWLEs) to co-create key SBC messages and tools for community-based mental health services. This includes addressing key issues identified during the assessment to promote prevention, early intervention, self-help, family support, and referral pathways to MHPSS services at nearby health facilities. These messages will be integrated into parenting text initiatives, training for remote frontline healthcare workers, and will provide information and guidance to adolescents.	25 days	March 31, 2025	20%
b. Assessment of health seeking practices and access to social services for people with disabilities (PWDs)				
Needs assessment for PWD demand and access to social services in Siem Reap and Ratanakiri.	Deliverable #7. Needs assessment report with Persona Journey Maps and Profiles for four categories of PWDs (including children aged 4-6, adolescents aged 12-14, males aged 25-30, and females aged 25-30) highlighting key SBC priorities for supporting their demand and access to social services in Ratanakiri and Siem Reap.	30 Days (estimated 10 days of travel/field work in two provinces)	August 30, 2024	20%
Prototype ideas tools and mock-ups for SBC tools on disability and access to social services.	Deliverable #8. Prototype ideas, sketches, and mockups for each of the four categories of PWDs to inform development of SBC tools on access to social services by PWDs.	10 Days	September 30, 2024	10%
		130 days		100%

Minimum Qualifications required*:	Knowledge/Expertise/Skills required*:
<p><input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other</p> <ul style="list-style-type: none"> • At least a Master’s degree in public health, medical sciences, psychology, social work, social sciences, or any relevant field. • Minimum of 5 years of professional experience in research, evaluation, and qualitative assessment or survey. 	<p>The ideal candidate should:</p> <ul style="list-style-type: none"> • Have knowledge and familiarity with primary health care (PHC), mental health and disability context in Cambodia, particularly for children and adolescents, including service providers, delivery models, and relevant policies. • Possess knowledge of research methodologies for data collection (surveys, interviews, focus groups) and data analysis relevant to mental health, preferably in a developing country context. • Have experience collaborating with government agencies, NGOs, healthcare providers, and other stakeholders in the mental health and social service sectors. • Be skilled in quantitative and qualitative data collection methods (surveys, interviews, focus groups) and data analysis techniques, as well as in writing clear, concise, and engaging reports for technical and non-technical audiences. • Have the ability to effectively and independently manage a project, including timelines, budget, and stakeholder communication. • Be fluency in English and Khmer is desirable for excellent written and verbal communication skills. They should be able to build rapport and conduct interviews with diverse stakeholders, including children, adolescents, and people with lived experiences. • Have strong analytical skills are essential to interpret research data and identify key trends. • Be capable of adapting existing tools for the local context and translating content as needed. • Have experience working with PWDs and their families and communities. • Have the ability to present research findings effectively in different formats (reports, slide decks, infographics) to both technical and non-technical audiences in English and Khmer.

Submission of applications:

- Letter of Interest (cover letter)
- CV or Resume
- Performance evaluation reports or references of similar consultancy assignments (if available)
- Financial proposal: All-inclusive lump-sum cost including, consultancy fee, 30 days travel in Phonm Penh, Siem Reap and Ratanakiri , accommodation cost as well as the health insurance for this assignment as per work assignment.

Evaluation Criteria (This will be used for the [Selection Report](#) (for clarification see [Guidance](#)))

A two-stage procedure shall be utilised in evaluating proposals, where the evaluation of the technical proposal will be completed prior to any price proposal being reviewed and compared. The Cumulative Analysis Method (weight combined score method) will be used for evaluation and selection in this process. The Contract shall be awarded to candidate obtaining the highest combined technical and financial scores, subject to the satisfactory result of the verification interview and reference checks.

a) Technical Qualification (max. 100 points): weight 70 %

- At least a master’s degree in public health, psychology, social work, social/medical science or any relevant field, with a minimum of 3 years of professional experience in research, evaluation, and qualitative assessment or survey (20 points)
- Proven expertise/knowledge in conducting research, evaluation, and qualitative assessment or survey, particularly in the area of health, mental health, social support and/or primary health care (20 points)
- Ability to engage and coordinate with technical working groups, government agencies (such as the Ministry of Health Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), Ministry of Education, Youth and Sports), and other partners, evidenced by a track record of successful project delivery (20 points)
- Experience in conducting quantitative and qualitative data collection methods (surveys, interviews, focus groups) and data analysis techniques, as well as in writing clear, concise, and engaging reports for technical and non-technical audiences (10 points)
- Experience working with PWDs and their families and communities in Cambodia, specifically within a community context (20 points)
- Strong project management skills, including monitoring and quality assurance, documenting lessons learned and best practices (5 points)
- Fluency in English with the ability to communicate effectively & proficiency in MS Office (5 points)

b) Financial Proposal (max. 100 points): weight 30 %.

The maximum number of points shall be allotted to the lowest Financial Proposal that is opened /evaluated and compared among those technical qualified candidates who have attained a minimum 70 points score in the technical evaluation. Other Financial Proposals will receive points in inverse proportion to the lowest price.

Administrative details:

Visa assistance required:

If office based, seating arrangement identified:

<input checked="" type="checkbox"/> Home Based <input type="checkbox"/> Office Based:	IT and Communication equipment required: <input type="checkbox"/> Email/O365 access required: <input checked="" type="checkbox"/> Internet access required: <input type="checkbox"/>
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¹ Costs indicated are estimated. Final rate shall follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible fee. 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.

Text to be added to all TORs:

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 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 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.