

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

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| <p>Title: Comprehensive analysis of mental well-being and mental health of children and adolescents in Suriname</p> | <p>Funding Code: WBS:</p> | <p>Type of engagement</p> <p><input checked="" type="checkbox"/> Consultant (National)</p> <p><input type="checkbox"/> Individual Contractor Part-Time</p> <p><input type="checkbox"/> Individual Contractor Full-Time</p> | <p>Duty Station:</p> <p>Suriname</p> <p>Estimated dates:</p> <p>June 2023-September2023</p> |
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BACKGROUND/CONTEXT

According to UNICEF's most recent data, at least one in every seven children has been directly affected by lockdowns, and more than 1.6 billion children have lost some form of education. In addition, social relations, entertainment, friendships, education have all been disrupted, and many children and adolescents are feeling the tension also of their family’s concerns about finances and other obligations. While at the one hand it is questionable if protective factors like loving and protecting caregivers, safe school environments, and positive peer relationships are always available for children and adolescents in need, at the other hand barriers, such as stigma and a lack of funding, are preventing too many children and adolescent from experiencing psychosocial mental health support or receiving the help they require.

In Suriname, as in many countries, during the pandemic, the seriousness of mental health and (absence of) psychosocial support became even more evident. The demand for information through digital means in the past two years has resulted to turning to social media that has been a source of negative messaging and false information this also impacting social cohesion and the overall wellbeing. Continued civil unrest related to the worsening social economic situation is putting extra stress and tensions on households, this is negatively impacting children’s mental wellbeing and mental health especially the most marginalized children in the country.

The UNICEF supported a child poverty analysis (National-MODA (N-MODA) in the country, which revealed that 36.2 per cent of children aged 0-17 years in Suriname were multidimensionally deprived. This figure evidences the magnitude of commitment necessary to ensure maximizing the well-being including the mental health of children; the deprivation ratio is higher for children living in the rural interior (79.1 per cent) and in rural coastal areas (39.8 per cent) than for children in urban areas. This is reflected in respective parts of the country, and highlights limitations in implementing “one-size-fits-all” interventions to address needs specific to different areas and communities. With the impact of climate change, natural hazards and disasters, especially floods, taking place more frequently, children’s access to education is affected and puts their lives at additional risks, making them more vulnerable for abuse and neglect.

Recent increasing cases linked to mental health issues reported through the media, indicates that it is urgent that we start to communicate and act to improve mental health for all children, adolescents, and safeguard those in need, and care for the most vulnerable. Integrating and scaling up evidence-based interventions across the sectors is imperative. It is therefore important to work on breaking the stigma surrounding mental health problems by acknowledging its existence, giving it attention, raising awareness, encouraging better knowledge of mental health and including children’s and young people's views and experiences. The current situation is

highlighting the need for a more targeted and integrated approach to children's mental health and wellbeing. In addition to the limited access to mental health services, there is also a gap of culturally relevant support and messages related to mental health and wellbeing.

A starting point is to make the subject of mental health more "visible" by working on diminishing the tabu that surrounds it. A key element in starting up this process is understanding the issues impacting the mental wellbeing of children, having a better understanding of what is perceived as mental health or mental wellbeing, what are the social determinants and what key elements are essential to ensure children and adolescents having access to safe, supportive, and nurturing environments where abuse, bullying, discrimination, corporal punishment and other types of violence are not perceived as normal ways of disciplining or nurturing and are not acceptable.

To better support programs and key interventions to support the mental wellbeing of children, and adolescents in Suriname, UNICEF is planning to implement a comprehensive, consultative study targeting children and adolescents in several settings as households, schools, care institutions and children in detention. The study needs to provide a clear understanding of children's issues surrounding and impacting children's mental health. Therefore, the study needs to identify the challenges, the coping mechanisms, and more specifically answer among others, the following questions:

- What is perceived as mental health and mental wellbeing and what are the social determinants?
- What are the main determinants and factors contributing to mental health issues in children and impacting children's mental wellbeing in Suriname?
- What are perceptions and experiences of children and adolescents in Suriname related to their mental health, mental health issues and mental health support?
- What is perceived as main issues and challenges in access to psychosocial support for children and what are the needs and the gaps?
- What are the tools and mechanism currently available and utilized in support to mental health issues for children?
- What are proposed solutions for the identified gaps in psychosocial support?

Purpose, Objective and Scope of Study

Purpose of Study

Through this study, UNICEF aims to produce and gather comprehensive evidence to gain a better understanding of the mental wellbeing and mental health of children, and to promote a change in the attitudes towards mental health and mental health support among key stakeholders (Duty bearers, communities, families, adolescents, and children in the country). This work is also intended to strengthen advocacy and awareness programs and develop products for interventions. Findings of the study will be used to develop targeted culturally sensitive key messages to raise awareness and promote the mental health wellbeing of children.

Objective

UNICEF Suriname seeks to do a comprehensive study for a deeper understanding of the mental health and mental wellbeing of children in Suriname. Using this opportunity, the study will also contribute to increasing awareness on mental health among children and adolescents and reduce the stigma around talking about mental health. The study will also support the development of key recommendations for suitable, doable, and sustainable policies and programs to address mental health including provide easy and simple resources that children can use to care for their own and their peer's mental health and psychosocial wellbeing taking into consideration current policies and programs to be updated or adapted.

A second objective is to, based on the findings of the study, support the development of an awareness raising plan focusing on breaking the tabu surrounding mental health including key messages for key issues and challenges impacting children's mental wellbeing

Expected Results and Scope

With this current comprehensive study on children's mental health and wellbeing the following results are envisaged to be achieved:

UNICEF Suriname is commissioning this study within its strategic efforts to generate evidence and increase the understanding around children's and adolescent's mental health and wellbeing, to inform and strengthen programming and advocacy. The national study, with a focus on understanding mental wellbeing including mental health issues and identifying barriers, will have an additional approach of raising awareness on the topics of mental health/ wellbeing and MHPSS. The research is intended to provide a deeper understanding of the situation of children and adolescent mental health and identify core needs and recommendations relating to the integrated approach of MHPSS for children and adolescents. The study should cover children of all districts with a good representation of boys and girls and the children in the interior including children with a disability and children in marginalized communities. The data collection process will be maximized to enable sensitization and awareness raising around children's mental health and wellbeing. Expected products includes:

- National qualitative and quantitative data collection and analysis which will provide and give a deeper understanding of the issues, topics, views surrounding mental health and wellbeing of children and adolescent
- Study report with clear recommendations of an integrated approach and policies to children's mental health
- Preliminary briefs on mental health on district level based on the study (including available health interventions and identified gaps)
- Workshops organized on findings of the study with the focus group (children) , community leaders, policy makers and other key stakeholders
- Awareness raising and sensitization plan including key messages on mental health

The consultant is expected to deliver the following:

1. Conduct desk review of existing studies and related analysis on children's mental health and wellbeing to identify the most prevalent mental health issues affecting children in Suriname, existing support mechanisms and gaps and compare this to global findings. The consultant is also expected to review available MHPSS methodology (<https://data.unicef.org/topic/adolescents/mental-health/>), content, and guidelines from UNICEF, with specific focus on children and adolescent and include the analysis in the inception report
2. Inception report incorporating desk review findings and plan which clearly outlining the approach and methodology including data collection and analysis methods, data sources, sampling strategy, data collection tools, questionnaires, and timelines. The consultant is expected to utilize the MMAP (UNICEF Measurement of Mental Among Adolescents at the population level) to guide adaptation and validation of tools, survey implementation, data analysis and dissemination.
3. Conduct research to understand how children and adolescents in Suriname perceive mental health, what is the status of their mental wellbeing, what are the main drivers of their mental wellbeing and what they consider as their protective environment across all districts and in different settings. Through qualitative and quantitative data collection and analysis, the consultant is expected to expand on the findings mentioned above and gain a further understanding about what mental health and wellbeing means to children and adolescents and how they are taking care of their own mental health and wellbeing.
4. Identify, develop, and test key behavior informed messages on the ground, based on data gathered and analysis done and develop sensitization and awareness plan on mental health. Messages should be tested among all age groups and should be culturally sensitive and should focus on positive aspects of promoting and maintaining mental health and wellbeing.
5. Final report with key recommendations based on the findings for children's mental Health and wellbeing aiming at providing doable, sustainable, and accessible solutions/ programs and policies addressing the effects of stress and isolation of young people; sharing strategies for promoting mental health including connecting to others and simple activities to reduce stress and increase energy and how to support children in need and when to seek professional help.

METHODOLOGY

Preparation of the study

- A detailed study protocol will be developed by the lead consultant, with input from UNICEF. This research protocol will detail the methods and analysis and how the study will be conducted taking into consideration the sensitivities surrounding mental health.
- Ethics approval will be sought by the lead consultant. The process of ethics approval and/or government approval will be facilitated by UNICEF as required.
- An overarching Technical Advisory Group that will consist of key stakeholders including the ministry of Health will provide technical oversight to the entire study consisting of also UNICEF's technical staff.

Under the overall guidance of a Technical Advisory Group (TAG) consisting of key stakeholders such as the ministry of Health, ministry of Labor and Youth, UNICEF, the consultant will perform the following tasks:

- Meet with UNICEF and the TAG to refine the workplan for the consultancy and agree on the expectation of the assignment
- Develop a detailed schedule for the preparation of the data analysis and the quantitative and qualitative research
- Prepare and submit templates and tools for final deliverables and data collection
- Prepare and share draft report for review and feedback

Refine the research findings and key recommendations report considering all comments received

- Prepare all (final) deliverables in English and Dutch and submit electronic word versions.

Ethical considerations

UNICEF supports evidence generation conducted in full compliance with ethical considerations, including during studies, research, and data collection. No information, including data, that are considered for this assignment or data to which the consultant is privileged during the assignment - as a direct or indirect result of being the Consultant for this assignment - can be shared and or be used by the Consultant neither can s/he approve the use of the whole or any part of it, for personal or professional purposes, without approval in writing from the Ministry of Health and UNICEF, jointly. The Consultant is required to disclose in writing any experience, of himself or his immediate family, which may give rise to a potential conflict of interest, and to deal honestly in resolving any conflict of interest which may arise during this assignment.

All interviewees will be informed on the purpose of the research and their role and what information is required specifically from them. Confidentiality of their views is ensured. As interviews will include minors, a written consent should be taken from the persons in charge of their care. All the documents, including data and fieldwork instruments, developed during this consultancy are the intellectual property of UNICEF. All research tools and methodology should be in line with UNICEF regulations and will undergo a process for ethics review approval. The consultant will be guided by UNEG Evaluation Standards and Norms, UNICEF Procedure on Ethics in Evidence Generation, UNEG Standards for Inception Reports, and UNICEF-Adapted UNEG Evaluation Reports Standards during the whole process and will abide with the UNICEF guidance and policies for doing research with children.

All tools developed must be in line with the Institutional Review Board (IRB) or the Ethical Review Board (ERB).

The following deliverables are expected at the proposed timelines

| Deliverables | Duration (estimate #of days) | Tentative deadlines | Payment schedule |
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| Inception report including work plan with a clearly outlined approach, timelines including desk review data collection methods tools and sampling to be agreed upon with UNICEF and technical advisory group | 20 days | June 16 | 10% |
| Data collection covering all 10 districts (including analysis and preliminary findings) | 60 days (including data collection sensitization and data analysis) | August 16 | lumpsum data collection 20% upon completion of data collection |
| Draft research findings report | 10 days | August 28 | 20% |
| Final report and PPT of findings including sharing of key findings in at least two workshops | 15 days | September 15 | 30% (workshop costs for UNICEF) |
| Awareness raising plan and child friendly key messages on mental Health | 10 Days | September 20 | 20% |

Payment terms

Payment is contingent on approval by the contract manager (UNICEF) and will be made as indicated in the above table. No Advance payment to be made. Payments will be made against each milestone/deliverable and only upon UNICEF's acceptance of the work performed. The terms of payment are after receipt of invoice and acceptance of work. Payment will be affected by bank transfer in the currency of billing. All deliverables are required in English. Translations in Dutch (if needed) will be done and paid by UNICEF.

OFFICIAL TRAVEL INVOLVED

Local travel and airport transfers (where applicable) will be under responsibility of the consultant. All travel costs should be planned properly in the technical proposal and included in the financial

proposal. Please consider/ include cost saving by considering sharing of transportation costs with other partners travelling to specific areas and districts. All logistics and costs of travel should be factored into the bid budget. The lead consultant is responsible to contract team of experienced and trained team members with at least some level of specialized training in MHSPS. The team will be comprised of a team leader and team member(s), ensuring gender balance with qualifications, skills and experience in the area of MHSPS.

PROFILE OF THE CONSULTANT

The consultant must possess the following competencies, skills, and experience:

An advanced university degree in psychology, social sciences or social work, education, humanitarian studies, social and behavioural sciences field, or other related fields and experience and understanding of MHPSS

Demonstrated capacity and experience in conducting comprehensive studies related to social issues and mental health Experience with undertaking research with children, young people in (mental) health

A minimum of 10 years of professional experience in conducting studies and research. Experience in working in MHSPS is preferred.

Proven experience in the design and methods of qualitative and quantitative study and research.

Proven experience in facilitating and collecting information, including data collection with children

Knowledge of the equity and gender approaches and their application

Good ability to write reports clearly and concisely

Strong organisational, and presentation skills

Proven experience in development of advocacy and awareness material related to children and adolescents

Excellent writing skills

Proficiency in Dutch and English (spoken and written).

Proficiency in local languages is an asset

Proven knowledge of local context ; knowledge of local languages is an asset

Desirable:

- Previous work experience with the United Nations System.

APPLICATION REQUIREMENTS

Interested persons are asked to apply by May 19, 2023, online (link will be provided in Advertisement). Please ensure the application is completed thoroughly and the following is shared with the expression of interest. Successful candidates will be notified by the UNICEF Human Resources officer by the end of the second week after the application closes.

- A technical proposal for the assignment
- A financial proposal for the assignment

The *technical proposal* should include a detailed methodological proposal, a CV, examples of study, and other relevant information to ensure the quality of the presented proposal and minimise the disqualifications.

The **financial proposal** should be a lump sum and should include consultant's fee, travel costs and per diem, etc. wherever applicable.

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):

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| Budget Year: 2023 | Requesting Section/Issuing Office: Survive and Thrive | Reasons why consultancy cannot be done by staff: This task requires an international expert? This a specialized area of study requiring an experienced consultant in MHSPS | |
| Included in Annual/Rolling Workplan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please justify | | | |
| Consultant sourcing: <input type="checkbox"/> National <input checked="" type="checkbox"/> International <input type="checkbox"/> Both Consultant selection method: <input type="checkbox"/> Competitive Selection (Roster) <input checked="" type="checkbox"/> Competitive Selection (Advertisement/Desk Review/Interview) | | Request for: <input checked="" type="checkbox"/> New SSA – Individual Contract <input type="checkbox"/> Extension/ Amendment | |
| If Extension, Justification for extension: | | | |
| Supervisor: Monitoring and Evaluation Specialist Prya Hirasingsh | Start Date: <i>June 16 2023</i> | End Date: <i>September 31, 2023</i> | Number of Days: <i>120</i> |

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| Estimated Consultancy fee | | | |
| Travel International | NA | | |
| Travel Local (please include travel plan) | Travel to all districts including to the interior | | |
| DSA (if applicable) | NA | | |
| Total estimated consultancy costsⁱ | | | |
| Minimum Qualifications required: <input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters X <input type="checkbox"/> PhD <input type="checkbox"/> Other Enter Disciplines Social sciences Research Communications/ training | Knowledge/Expertise/Skills required: As stated in section 7 above | | |
| Administrative details: Visa assistance required: NA <input type="checkbox"/> Transportation arranged by the office: NA <input type="checkbox"/> Not applicable | <input checked="" type="checkbox"/> Home Based <input checked="" type="checkbox"/> Office Based: NA If office based, seating arrangement identified: <input checked="" type="checkbox"/> IT and Communication equipment required: <input type="checkbox"/> Internet access required: <input type="checkbox"/> Home based | | |
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Conditions and remarks:

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.

UNICEF has a zero-tolerance policy on conduct that is incompatible with the aims and objectives of the United Nations and UNICEF, including sexual exploitation and abuse, sexual harassment, abuse of authority and discrimination. UNICEF also adheres to strict child safeguarding principles. All selected candidates will be expected to adhere to these standards and principles and will therefore undergo rigorous reference and background checks. Background checks will include the verification of academic credential(s) and employment history. Selected candidates may be required to provide additional

information to conduct a background check. Successful individuals will be required to produce the following:

- Certificate of good health
- Proof of Health Insurance
- Statement of good standing
- Designation of beneficiary form
- Fully inoculated
- Mandatory training certificates from UNICEF's e-learning platform (prior to commencement of the Assignment)