**TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT**

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| **Title:** “*Consultant* to carry out Research on Mental Health and Psychosocial Support Care and Services in KSA*”.* | **Funding Code**  ***WBS***: 3780/A0/07/002/001  ***Grant***: SC210656 | **Type of engagement**  Consultant  Individual Contractor Part-Time  Individual Contractor Full-Time | **Duty Station:**   |  | | --- | | **Riyadh**  **Gulf Area Office** | |
| **Background:**  The Middle East and North Africa/Eastern Mediterranean Region has seen a steady increase in recent years in the burden of disease due to mental, neurological and substance use disorders (MNS), which has risen from 7·0% of all DALYs in 2000 to 9·8% in 2019.1 Over the last decade, many countries in the region have experienced rapid social, economic and political change, civil unrest and violence, with attendant large-scale population displacements. These have exposed the population to protracted stress and adversity on the one hand and degradation of the health and social care systems to provide for the increased needs on the other. Recent studies in the region show not only widespread emotional and psychological distress, but also increased rates of MNS disorders as well.2,3 Despite this, support for mental health and well-being remains one of the most neglected areas of public health in the region. This situation is compounded by the low level of public investment made in mental health, reflected in the very high treatment gaps for MNS disorders,4 concerns about stigma related to mental health, and a mental health workforce of just 7·5 per 100,000 people on average for the region, compared with the world average of 24·3 per 100,000.5,6  Since March 2020, the COVID-19 pandemic has exacerbated the already fraught situation, further increasing the risk for mental and substance use disorders. A rapid assessment of the impact of COVID-19 carried out by the WHO in June 2020 shows high levels of disruption of essential MNS services in countries in the region: the most disrupted services (completely or partially disrupted) were community/outreach services for people with MNS disorders (in 89% of the countries of the Eastern Mediterranean region responding to the WHO survey), surgery for neurological disorders (88%), psychotherapy/counselling/psychosocial interventions (85%), school mental health programmes (83%), and services for children and older adults with mental health conditions or disabilities (83%). Availability of accessible, acceptable, and quality integrated mental health and psychosocial services for children, adolescents, their families, and communities remain a critical gap in countries in the MENA region.  UNICEF’s approach aims to be collaborative and multisectoral – spanning across health, social welfare and child protection, education, gender, and other sectors to truly be effective in addressing the regional and country burden of mental health concerns. In line with the 2021 UNICEF Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers across Settings, strengthening of MHPSS services delivery within primary health care (PHC) is an inclusive, effective, and efficient approach to enhance people’s physical and mental health. MHPSS service delivery through PHC includes ensuring that those with mental health conditions receive appropriate screening, diagnoses, treatment, and medication when necessary.  The UNICEF multisectoral operational framework highlights the importance of referrals between health services, social welfare, and educational systems. The referral pathways need to be clearly documented and agreed upon between government authorities and agencies. Strengthening the referral pathways between the providers and across sectors is central to strengthening the MHPSS system within the country context.  This case study in Saudi Arabia is part of the regional research effort which includes secondary literature review, in-depth analysis and key stakeholder consultations in the selected countries in the Middle East and North Africa region will contribute to a deeper understanding of the MHPSS needs, the available services and critical gaps across the promotion, prevention, and the care and treatment within the primary health care as well as its linkages to social welfare and child protection and the education sectors. The information gathered through this effort will provide specific recommendations to countries to support the integration and delivery of MHPSS for children, adolescents, and pregnant women/new mothers.  In this regard, UNICEF is seeking to contract a local partner to conduct the case study specifically to contribute to the development of the study protocol, undertake the research and data collection, complete the qualitative data analysis, organize country consultations, and prepare the draft and final country report.  **Purpose of Activity/Objectives:**  Mental Health and Psychosocial Support (MHPSS) is a priority area for the UNICEF Middle East and North Africa Regional Office (MENARO) and recognized as a cross cutting issue for health, child protection, education, adolescent development and participation, communications for development, and gender.  UNICEF Gulf Area Office is seeking to contract a local partner (a Saudi National) to conduct a case study in the Kingdom of Saudi Arabia specifically to contribute to the development of the study protocol, undertake the research and data collection, complete the qualitative data analysis, and prepare the draft and final country reports. | | | |
| **Research Methodology and Phases:**  It is to be highlighted that case study on Saudi Arabia in “Establishing the foundations for integration of Mental Health and Psychosocial Support in primary health care targeting children and adolescents in the Middle East and North Africa Region” is part of the workplan of the MENA MHPSS Taskforce and the MENA regional PHC Accelerator and the Regional Office Management Plan 2022 – 2025. The case study will include:  ***Phase 1: Preparation of the study protocol***  A detailed study protocol will be developed by the lead research institution, with input from the local partner and UNICEF. This research protocol will detail the methods and analysis of the Saudi Arabia case study.  ***Phase 2: Country case study: Desk review and in-depth research/analysis***   * Desk-based review and analysis of available published data and policies related to MHPSS and in particular the integration of MHPSS in PHC. * Overview of how MHPSS is integrated into primary health care in the Kingdom of Saudi Arabia. The case study will be led by the local partner but with close technical support from the Lead research institution and will be undertaken once appropriate ethics approval is obtained. * The Lead research institution will provide training around the research aims, data collection methods and analysis, with the local partner then leading two inter-related efforts:   1. In Saudi Arabia, a **workshop** will be organized either in person (COVID permitting) or virtually. The local partner, together with support from the UNICEF Gulf Area office and other partners, will facilitate this workshop with a video link in by the Lead research institution. This workshop will:   * cover key concepts of MHPSS; * introduce the key elements on integration of MHPSS in PHC (based on desk review); * map existing mechanisms including challenges/barriers around implementation of MHPSS for children, adolescents, pregnant/new mothers in primary health care and the linkages that currently exist with child protection/social welfare and education.   2. These workshops will be followed by **in-depth interviews with key stakeholders**, drawing both on participants in the workshop and key stakeholders. These stakeholders should represent the sectors of health, education and child protection and be inclusive of government ministries, UN agencies and NGOs, and service providers. Parents, youth advocates including those from vulnerable communities should be engaged. These interviews will explore in depth existing efforts around MHPSS in primary health care and identify key knowledge gaps that need to be addressed to support effective implementation within PHC as well as its linkages with social welfare and child protection and education. These interviews will seek to gather specific perspectives on the vision and capacity to deliver MHPSS in primary health care and the linkages to child protection/social welfare and education– and what is specifically required to ensure efficient coordination across sectors.  The findings of the workshop and interviews will be analyzed by the local partner and a draft report prepared which will propose a framework for integration of MHPSS in PHC in Saudi Arabia.  The framework will include a set of recommendations for what MHPSS actions should be integrated with primary health care for accessible, acceptable, and quality integrated mental health and psychosocial services for children, adolescents, and pregnant/new mothers. The framework will also capture considerations/recommendations for implementation. Technical support around analysis and interpretation will be provided by the Lead research institution.  ***Phase 3: Refinement of the regional & country findings***  The local partner will lead country consultations and validation of the draft country case study report.  ***Phase 4: Preparation of reports and dissemination materials***  Based on the feedback from the internal and external consultations and validation process, final dissemination materials will be prepared by the local partner, with the support of the Lead research institution– these include: Saudi Arabia case study report, including an executive summary, and Power point presentations summarizing the key findings from the country report.  **PLAN OF ACTIVITIES AND EXPECTED TIMELINES**   |  |  | | --- | --- | | **Activities** | **Timeline** | | Local Consultant contracted | 1 October 2022 | | **Conduct desk review**   * Carry out extensive reviews of grey literature, policies and plans * Provide input to the study protocol to be developed by the Lead research institution * Provide input to the question guides to be developed by the Lead research institution | 1 – 30 October 2022 | | **Consultation Workshops and Interviews**   * Identify key stakeholders for regional consultation * Conduct consultation workshop * Conduct in-depth interviews * Transcription and data analysis | Nov – Dec 2022 | | **Analysis and Report Writing**   * Develop draft country reports * Country consultations / validation workshops conducted * Revised draft country reports * Final country reports, PPT covering main findings and recommendations, and presentations provided at regional and country levels, infographics | Jan – Feb 2023 | | | | |
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| **Child Safeguarding**  Is this project/assignment considered as “[Elevated Risk Role](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/DocumentLibrary1/Guidance%20on%20Identifying%20Elevated%20Risk%20Roles_finalversion.pdf?CT=1590792470221&OR=ItemsView)” 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](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/SitePages/Amendments-to-the-Recruitment-Guidance.aspx) and [Child Safeguarding FAQs and Updates](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/DocumentLibrary1/Child%20Safeguarding%20FAQs%20and%20Updates%20Dec%202020.pdf) | | | |

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| **Budget Year:** | **Requesting Section/Issuing Office:** | | **Reasons why consultancy cannot be done by staff:** | | | |
| *2022* | *PME* | | *Special expertise is required and time availability* | | | |
| **Included in Annual/Rolling Workplan***:*  Yes  No, please justify: | | | | | | |
| **Consultant sourcing:**  National  International  Both  **Consultant selection method:**  Competitive Selection (Roster)  Competitive Selection (Advertisement/Desk Review/Interview) | | | | | **Request for:**  New SSA – Individual Contract  Extension/ Amendment | |
| **If Extension, Justification for extension:** | | | | |  | |
| **Supervisor:**  Deputy Representative, GAO | | **Start Date:** | | **End Date:** | | **Number of Days (working)** |
|  | | *1st October 2022* | | *29th February 2023* | | *40 days* |

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| **Tasks/Milestone:** | **Deliverables/Outputs:** | **Timeline** |
| ***Activity 1:*** Literature review and documentation of analytical reports, studies, surveys, policies, plans and programmes | Inception Report | 5 Nov 2022 |
| ***Activity 2:*** Conduct consultations workshops and interviews of key informants and stakeholders. Produce reports of these engagements | Consultation workshop and in-depth interviews Reports | 10 Dec 2022 |
| ***Activity 3:*** Data analysis and reporting of the results | Draft country report and consultations | 20 Jan 2023 |
| ***Activity 4:*** Data analysis and reporting of the results | Final Country reports | 20 Feb 2023 |
|  |  | **TOTAL** |

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| **Minimum Qualifications required:**  Bachelors  Masters  PhD  Other  **Enter Disciplines:**  Public Health, Mental Health Studies  **Conditions of Work:**  Under the supervision of the supervisors from UNICEF Gulf Area Office and Ministry of Health (Director, National Health Centre for Mental Health), the consultant is required to implement all the activities agreed and submit all deliverables on time and with quality. The supervisors are responsible for ensuring that the entire process adheres to the organizational quality and ethical standards. The supervisor will also ensure that the consultant has access to all necessary documents. | **Knowledge/Expertise/Skills required:**  UNICEF is looking for a consultant with strong expertise and good track record in public health, and who is respectful to cultural diversities, community values, and is sensitive to gender issues, with zero tolerance to violence, child abuse and neglect and other harmful practices. The following expertise is required:   * Medical background, with a minimum of a master’s degree in public health and/or qualitative research design, data collection and analysis. * At least 5 years of public health experience supporting qualitative research design, questionnaire design, data collection, analysis and final report. * Experience of research in the health, social welfare, mental health and service provision in Saudi Arabia * Professional knowledge and experience in mental health and psychosocial support systems and services in Saudi Arabia or in MENA region * Experience working with Governments, UN agencies and NGOs, and also preparing high quality research reports or publications * Expertise in child and adolescent mental health is an added advantage. * Fluent in Arabic and English. |
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| **Administrative details:**  Visa assistance required:  Transportation arranged by the office: | Home Based  Office Based:  If office based, seating arrangement identified:  IT and Communication equipment required:  Internet access required: |
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