
UNICEF Iran Country Office

**Terms of Reference of Institute for Project on
“Remote Stepped Psychosocial Care & Support (ReSPCT)
with Special Focus on Drug Use Prevention among Adolescents and Youth”**

Type of Assignment:	Institutional
Submitted by:	ADAP
Timeframe:	9 months- between 1 st of February to 1 st of November 2021
Duty Station:	Tehran - Iran

1. Background

Adolescence is a period of overwhelming changes and challenges and as a transitional period from childhood to adulthood, is the beginning of physical, mental and social developments that provides both opportunities and challenges which will affect functioning in adulthood. Adolescents are particularly exposed to high risk behaviours, and many of such behaviours are founded in this period, which will affect their future health and well-being. High-risk behaviours can have detrimental effects on adolescents’ development and health or can impede their future success and development.

How adolescents are supported during this period of rapid development determines whether they can take advantage of the opportunities and avoid the threats that are inherent in this period of first-time experiences.

Those adolescents with no or limited support living in vulnerable and disadvantaged environments, for example, where adolescents lack parental guidance and support or are surrounded by social harms, violence, exploitation and abuse will face more challenges regarding their physical, psychosocial and emotional development. So, there is a need for programmes to specifically and explicitly address these adolescents to protect, respect and fulfil their rights to the highest attainable standard of health.

Due to the COVID-19 pandemic in Iran, during an outbreak adolescent and youth may suffer from different conditions such as fear, anxiety, and worry about their own health and the health of their loved ones, changes in sleep or eating patterns, difficulty sleeping or concentrating, worsening of chronic health problems, worsening of mental health conditions, conflict with siblings, conflict with parents, financial stress, increased use of alcohol, drugs, tobacco, and unprescribed medicines, irritability and “acting out” behaviours in teens, domestic violence, poor school performance or avoiding school,

difficulty with attention and concentration, avoidance of activities enjoyed in the past, unexplained headaches or body pain, depression, and suicidal ideas.

The “Remote Stepped Psychosocial Care & Support (ReSPCT)” is defined as an evidence based, staged system comprising a hierarchy of remote interventions, from the least to the most intensive, matched to the Adolescent boys’ and girls’ needs. The goal of a ReSPCT approach is to ensure the right level of intervention is available remotely through media to meet young people psychosocial needs, at the point in time that they require the interventions

In response to COIVD19 outbreak, the UNICEF will recruit an institute to adapt the “Remote Stepped Psychosocial Care & Support (ReSPCT)” with special focus on drug use prevention for adolescent and youth boys and girls and provide trainings and supervisions to technical staff introduced by DCHQ from its member organizations (IRCS, MOE, and MOH) to provide series of telephone counselling and remote psychosocial support to address areas of unmet adolescents, youth and parents’ psychosocial needs during COVID-19 pandemic.

2. Objectives

This institute will contribute to achieve the following key objective:

- To enhance the national capacity and increase the knowledge and practical skills of mental health practitioners (MHPs) on tele-counselling for drug use prevention for adolescents, and youth, through DCHQ’s member organizations utilizing “Remote Stepped psychosocial Care and Support” approach;
- To ensure effective and suitable delivery of tele-counseling services to adolescents and youth based on “Remote Stepped psychosocial Care and Support” with special focus on drug user prevention.

3. Methodology and Technical Approach

A. Conduct Needs Assessment and situational Analysis: the institute shall meet the UNICEF technical staff, Governmental partners, and service providers, and representative of adolescents, youth and parents and benefit from their inputs to assess the needs and analyse the situation;

B. Development of Tele-Counselling Remote Stepped Psychosocial Care & Support (ReSPCT) With Special Focus on Drug Use Prevention Packages: the institute shall develop three packages on remote stepped psychosocial care and support comprising a) a manual on tele-counselling for mental health service providers covering five layers of interventions; (1- Psychoeducation, 2- Brief Interventions, 3- Medium Intensity Counselling & Psychotherapy, 4- High Intensity Counselling and Psychotherapy, & 5- Referral to Specialized Mental Health Services) based on intensity and nature of adolescent, youth, and parents’ psychosocial needs and problems considering all principles of evidenced based interventions. This manual should include age

disaggregated instructions for mental health practitioners covering psychosocial support for 1) adolescents aged 10 to 15; 2) youth aged 16 to 24; and 3) parents b) a training manual on tele-counselling for master trainers, and c) a guide for adolescent, youths and parent to improve their psychological wellbeing and prevent drug use during and after COVID19 outbreak. The institute shall finalize all three packages after collecting all trainees' and beneficiaries' suggestions and inputs.

C. Develop and Facilitate Remote Training Workshops for Mental Health Practitioners (MHPs): the institute shall develop criteria for eligible participants and provide 12 hours training in 4 virtual training sessions for 110 MHPs who currently provide mental health services in counseling centers introduced by the DCHQ (MOHME, MOE, and IRCS) from 31 provinces. The institute shall cover the theoretical and practical aspects of tele-counselling under RePSCT framework and with special focus on drug use prevention. The role play for different scenarios will take place during sessions and practical practices will be performed remotely, giving the participants the chance to practice the skills introduced during the training sessions. These trained mental health practitioners will provide tele-counselling services to adolescents, youth and their parents

D. Organize Remote Booster Sessions: the institute shall provide 9 hours training in 3 virtual booster sessions for all trained mental health practitioners and counsellors to troubleshoot tele-counselling with RePSCT approach.

E. Provide Remote Supervision; to ensure effective delivery of tele-counselling services for adolescents, youth, and parents based on RePSCT framework, the institute shall provide 18 hours remote supervision for provincial trained mental health practitioners and counsellors.

4. Activities, Procurement, Deliverables, Indicators, Timeframe, and Schedule of Payment

Procurement:

- A. Procure 110 telephone/mobile headsets, 110 mobile holders, and 7,700 mobile phone charge cards (based on standards provided by UNICEF);

Activities for services:

- B. Conduct needs assessment, situational analysis, discussion with UNICEF and partners, and inception report;
- C. Develop two packages; a) a tele-counseling manual for MHPs, and b) a guide for adolescent, youth and parents, based on ReSPCT approach with special focus on drug use prevention;
- D. Provide 4 rounds of 12-hours online training (in 4 three-hours online training sessions) for 110 mental health practitioners from 31 provinces. (each round of 12-hours online training shall cover 25 to 30 participants);

- E. Provide 4 rounds of 9-hours booster sessions (in 3 three-hours online booster sessions) for all trained mental health practitioners and counsellors from 31 provinces. (each round of 9-hours online booster sessions shall cover 25 to 30 participants);
- F. Provide up-to 20 hours ongoing individual remote supervisions for provincial trained mental health practitioners and counsellors and finalize the tele-counselling package based on feedback received from trained mental health practitioners, counsellors, and other beneficiaries;

Table 1: Activities/procurement and indicators

Procurement	Corresponding Deliverable	Indicator	Timeframe	Payment %
1. Procurement of 110 telephone/mobile headsets for telephone counsellors (headsets with wire microphone mounted 3.5 mm jack)	- 110 telephone/mobile headsets	- all deliverables are approved, and submitted	Month 1	50
2. Procurement of 110 mobile holders for telephone counsellors (mobile stand for holding mobile phone)	- 110 mobile holders	-		
3. Procurement of 7,700 mobile phone charge cards for 1,100 vulnerable adolescents and youth: a. 2,750 Irancell 20,000 IRR. mobile charge cards b. 1,100 Irancell 50,000 IRR. mobile charge cards c. 2,750 Harmahaval 20,000 IRR. mobile charge cards d. 1,100 Harmahaval 50,000 IRR. mobile charge cards	- 7,700 mobile phone charge cards	-		
Activities for Services	Corresponding Deliverable	Indicator	Timeframe	Payment %
4: Needs assessment, situational analysis, discussion with UNICEF and partners, and inception report	- Assessment and analysis report - Inception report	- all deliverables are discussed, finalized, and submitted	Month 1	15
5: Develop the content of two tele-counselling manual with ReSPCT approach (with special focus on drug use prevention) for trainees, as well as a guide for adolescents, youth and parents	- Manual for mental health practitioners (Theoretical and practical Guide) - Guide for adolescents, youth and parents	- all deliverables are approved, and submitted	Month 2	
6: Prepare educational materials, handouts and agenda for the virtual training of trainers (TOT) workshop	- Virtual TOT materials - Workshop agenda - Workshop hand-outs - Workshop evaluation forms - List of trainers	- all deliverables are approved, and submitted	Month 2	

7: Provide 4 rounds of 12-hours online training (in 4 three-hours online training sessions) for 110 mental health practitioners from 31 provinces. (each round of 12-hours online training shall cover 25 to 30 participants)	- Workshops evaluation reports in Farsi and English (4 rounds of 12-hours online training workshops)	- all deliverables are approved, and submitted	Months 3 to 5	35
8: Provide 4 rounds of 9-hours booster sessions (in 3 three-hours online booster sessions) for all trained mental health practitioners and counsellors from 31 provinces. (each round of 9-hours online booster sessions shall cover 25 to 30 participants)	- Booster session evaluation reports in Farsi and English -	- all deliverables are approved, and submitted	Months 6 to 7	
9: Provide up-to 20 hours ongoing individual remote supervisions for provincial trained mental health practitioners and counsellors and finalize the tele-counselling package based on feedback received from trained mental health practitioners, counsellors, and other beneficiaries Finalize two packages.	- Reports on remote individual supervision sessions - Finalized packages (one manual and one guide)	- all deliverables are approved, and submitted	Month 8	
10: Submit the final report including recommendation for further adaptation, incorporation and scale-up of the initiative	- Final report in Farsi and English - Power Point Presentation on report and recommendations	- all deliverables are approved, and submitted	Month 9	
Total number of required months			9 months	

N.B. All reports and presentations should be submitted in English and Persian

5. Management and Organization

5.1. Management: The institute will work under the direct supervision of UNICEF Adolescent Development and Participation Officer and Child Protection Officer. The responsible government partner is the IRI. Drug Control Headquarters (DCHQ).

5.2. Travel:

The institute will be responsible for all relevant travel arrangement if required.

5.3. The UNICEF will be responsible for organizing and coordinating all meetings with the counterparts as required.

5.4. Timeframe – The entire project will be conducted in 9 months between 1st of February to 31st of October 2021.

6. Budget and terms of payment

The consultancy will be funded from EU-DEVCO funds with a planned amount of USD 25,000. The consultancy fee shall be paid in three installments to the institute, upon approval of relevant deliverables.

7. Conditions of Work:

The institute shall use his/her own facilities to manage the work.

8. Qualifications

The institute should possess the following qualifications:

- Licensed by one of the official organizations such as MOI, SWO, MOSY, or MOHME;
- Minimum five years of working experience of the institution's trainers in the field of social harm reduction, and drug use prevention among adolescents;
- Proven experience of the institution's trainers in organization of the remote training workshops;
- Minimum four years of working experience of the institution's trainers in the field of tele-counseling or hotline;
- Previous working experience with UNICEF/UN is an asset;
- Fluency in Farsi and English is required.

9. Evaluation Criteria:

The institute will apply for this assignment will be evaluated based on below criteria. The minimum threshold for the technical evaluation is 70 scores (passing score is 49) and 30 financial.

Evaluation Criteria For Trainer	Qualification #1 Licensed by one of official organizations such as MOI, SWO, MOSY, or MOHME	Qualification #2 Minimum five years of working experience of institution's trainers in the field of social harm reduction, and drug use prevention among adolescents	Qualification #3 Proven experience of institution's trainers in organization of the training workshops	Qualification #4 Minimum four years of working experience of institution's trainers in the field of tele-counseling or hotline	Total Score:
Score	20 Scores	40 8 Scores per year	20 5 Scores per Workshop	20 5 Score per year	100

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* Approval of the Representative is also required in cases where no work plan exists.