

**Terms of Reference
Development of Two Integrated Parenting Modules:
Parenting Adolescents (for Adult Caregivers) and
Parenting for Adolescent Parents**

Location	Jakarta, NTT (Soe, Nagekeo, Lembata)
Application Deadline	6 March 2026
Contract Type	Professional Service Contract
Working Language	Bahasa Indonesia
Expected Starting date	2 nd week of March 2026
Contract Period	90 days

A. About Plan International and Program

We strive to advance children’s rights and equality for girls all over the world. As an independent development and humanitarian organization, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children’s rights from birth until they reach adulthood and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 80 years we have been building powerful partnerships for children, and we are active in over 75 countries.

B. Plan Indonesia

Plan International has been operating in Indonesia since 1969, according to the Memorandum of Understanding with the Government of Indonesia. In 2017, Plan International Indonesia transformed into Yayasan Plan International Indonesia (YPPI/Plan Indonesia); registered by the Ministry of Law and Human Rights. This transformation aims to reach more children, especially girls in Indonesia. To achieve its mission, Plan Indonesia has a goal: Build A Healthy, Educated, Empowered, Safe and Resilient Generation.

Relevance to parenting

Supporting parents of adolescents—and adolescents who are parents—is central to achieving this generational goal:

- Healthy: Positive, gender-equitable, and non-violent parenting strengthens adolescents’ physical and mental wellbeing, while young parents gain essential caregiving skills that support early childhood health.
- Educated: Supportive parenting improves adolescents’ motivation and school engagement. For adolescent parents, tailored guidance helps them continue education while fulfilling caregiving responsibilities, reducing intergenerational cycles of dropout.
- Empowered: When families practice respectful communication and shared decision-making, adolescents—especially girls—develop confidence and agency. Young parents also gain life skills needed to navigate parenting and livelihoods.
- Safe and Resilient: Parenting approaches that emphasize safeguarding, positive discipline, and online safety reduce risks of abuse, child marriage, and harmful practices. Strengthened family protection promotes safer environments for adolescents and their children. Caregivers and young parents equipped with problem-solving skills, routines, and access to services are better able to cope with stressors and recover from crises, building resilience at household and community levels.

Through this ToR, Plan Indonesia seeks a consultant to develop two distinct but complementary modules that translate this generational vision into actionable learning for caregivers and adolescent parents across community, school, health, and digital platforms.

This assignment requires the development of two distinct but complementary modules:

- 1) a Parenting Adolescents Module targeting adult parents/caregivers of adolescents aged 10–19 years; and
- 2) a Parenting for Adolescent Parents Module targeting adolescents and young people (15–24 years) who are raising children.

While interconnected in vision and framework, each module must include differentiated learning objectives, methodologies, session content, and measurement tools tailored to the developmental needs of the respective target groups.

C. Background on The Topic

Adolescents in Indonesia: National Context

Indonesia has one of the largest adolescent populations in Southeast Asia, with approximately 44.3 million adolescents aged 10–19 years (BPS, 2020 Population Census). Adolescence marks a critical developmental stage characterized by rapid physical, cognitive, emotional, and social transitions that significantly influence lifelong health and well-being.

National evidence also indicates mounting mental health concerns: the Indonesia National Adolescent Mental Health Survey (I-NAMHS, 2022) reported that nearly one in three adolescents experienced symptoms consistent with anxiety or psychological distress, highlighting an urgent need for preventive, family-based interventions that strengthen psychosocial support at home.

Early marriage and adolescent pregnancy remain pressing concerns. According to UNICEF and BPS (2020), Indonesia is among the top 10 countries globally in absolute numbers of girls married before age 18, with more than 1.2 million women aged 20–24 reporting marriage before 18. Adolescents who are parents are at risk of lower educational attainment, economic vulnerability, and adverse maternal and neonatal health outcomes, underscoring the importance of targeted parenting support.

Adolescence (ages 10–19) is a crucial developmental stage after early childhood. Warm, gender-equitable, communicative, and non-violent parenting has been shown to improve mental health, educational achievement, and protect adolescents from risky behaviors and violence, including in digital spaces. Parenting interventions at this stage strengthen early investments and create intergenerational impact. In Indonesia, families face rapid changes such as digitalization, post-pandemic transitions, economic dynamics, gender-based violence, child marriage, and mental health challenges. Therefore, a parenting adolescents module that is contextual, gender-responsive, disability-inclusive, and evidence-based is urgently needed to support Plan's programs in child and adolescent protection, health & SRHR, education, and resilience.

Evidence from Jakarta (Urban Context)

Empirical research in Jakarta demonstrates the influence of family processes and parenting on adolescent well-being:

- A study of 428 adolescents in Jakarta found that strength of parent–child emotional attachment predicted adolescents' emotional regulation, a key protective factor for mental health (Jurnal Perawat Profesional, 2020).

- Research among junior high students revealed that family resilience and parental involvement were associated with healthier reproductive health behaviors, suggesting that family support mitigates risk behaviors (Poltekkes Kemenkes Jakarta III, 2021).
- A quantitative study identified that father absence correlated with higher vulnerability to peer pressure among urban adolescents, indicating that family structure may impact social risk behaviors (Universitas Mercu Buana, 2023).
- Jakarta-area studies also show that parenting styles influence digital behavior and smartphone dependency, implying that parental guidance is critical in managing digital risk environments (UIN Jakarta, 2020).

Together, these findings underscore that in urban contexts such as Jakarta, parenting practices and family dynamics are integral to emotional, behavioral, and social outcomes for adolescents.

Evidence from Nusa Tenggara Timur (NTT) (Rural and High-Risk Context)

The socio-cultural context of Nusa Tenggara Timur (NTT) presents particular challenges:

- Analysis of Indonesia Demographic and Health Survey (IDHS 2017) data indicates that NTT has one of the highest adolescent fertility rates in Indonesia, with determinants including early marriage, low education attainment, rural residence, and limited access to reproductive health information (Journal of Bina Cipta, 2021).
- A study in Ruteng, Manggarai (NTT) involving 205 adolescents found that family satisfaction was significantly associated with adolescent mental health outcomes, such as stress and depressive symptoms (Jurnal Kesehatan Daerah, 2022). Positive family relationships were linked to improved psychological well-being.
- Qualitative research in eastern Indonesia contexts, including NTT, highlights that socio-cultural norms and limitations in open family communication contribute to early marriage and adolescent pregnancy (qualitative study indexed on PubMed, 2023).

These findings indicate that for rural and high-risk contexts like NTT, strengthening parenting capacity—especially in communication, gender-inclusive support, and reproductive health literacy—is imperative.

Adolescents Who Are Also Parents

Adolescents who have already become parents represent a critical subgroup with unique needs:

- Evidence shows that adolescent parents are more likely to face interrupted education, limited livelihood opportunities, and higher risks of maternal and infant health complications. UNICEF’s Parenting Adolescents Programming Guidance (2021) emphasizes that young parents need parenting support that integrates psychosocial support, health literacy, and life skills, tailored to their dual developmental and caregiving roles.
- However, most existing parenting curricula in Indonesia primarily target adult caregivers and do not address the specific needs of adolescent parents.

This highlights the need for parenting modules that include differentiated pathways for caregivers of adolescents and for adolescents who are themselves parents.

Gap Analysis and Rationale for Intervention

Despite national and local data showing the critical role of parenting in adolescent well-being, Indonesia currently lacks a comprehensive, evidence-based, gender-transformative parenting curriculum that:

1. Integrates adolescent development science with actionable caregiving skills;
2. Addresses digital safety and online risk in the context of family guidance;

3. Includes differentiated learning pathways for caregivers and adolescent parents;
4. Is adaptable for both urban and rural contexts (e.g., Jakarta and NTT);
5. Incorporates monitoring and evaluation frameworks for measurable results.

Given the size of Indonesia’s adolescent population, documented mental health needs, persistent early marriage and fertility concerns, and robust global evidence supporting parenting interventions, the development of **two integrated but differentiated modules of parenting** are both timely and strategic.

This module will strengthen protective family factors, promote gender-equitable parenting, and contribute to improved adolescent health, resilience, and socio-emotional outcomes across diverse Indonesian contexts.

D. Objectives

1. General Objective:

To develop an evidence-based, gender-transformative, and contextually adapted **Two Integrated but Differentiated Parenting Modules: Parenting Adolescents and Parenting for Adolescent Parents** (curriculum and supporting materials) that strengthens protective family factors, enhances positive parenting practices, and improves adolescent well-being — including for adolescents who are already parents — in both urban and high-risk rural contexts in Indonesia.

The module shall be practical, measurable, scalable, and suitable for implementation through Plan’s channels, including communities, schools, health centres, youth/parent groups, and digital platforms.

The assignment shall result in two separate implementation-ready modules, each with its own structured curriculum, facilitation guide, participant materials, and M&E framework.

2. Specific Objectives:

- 1) Develop a comprehensive curriculum that integrates key principles:
 - Adolescent development science (10–19 years)
 - Global evidence on parenting interventions (WHO/UNICEF systematic reviews)
 - Gender-transformative programming principles
 - Safeguarding and child protection standards
 - Disability inclusion and diversity-sensitive approaches
 - Strengths-based and resilience-building methodologies
- 2) Develop differentiated content for two target groups:
 - Parents/caregivers of adolescents (10–19 years)

To strengthen their capacity in:

 - Warm and responsive parenting
 - Positive discipline without violence
 - Effective communication and conflict resolution
 - Supporting adolescent mental health
 - Preventing early marriage and adolescent pregnancy
 - Promoting safe digital behavior
 - Encouraging equitable gender norms
 - Adolescent parents (15–24 years)

To enhance:

 - Age-appropriate parenting skills
 - Knowledge of child development
 - Psychosocial resilience and self-care

- Reproductive and maternal health awareness
 - Shared caregiving and gender-equitable parenting roles
 - Life skills for balancing parenting, education, and livelihoods
- 3) Develop core module content covering:
- Warmth and affection
 - Adolescent physical, cognitive, socio-emotional, and sexual development
 - Respectful communication
 - Parent–adolescent attachment and emotional regulation
 - Prevention of harmful practices (e.g.: positive discipline without violence) including child marriage and GBV
 - Safety and risk reduction (including online safety)
 - Family resilience and socio-economic stress coping strategies
 - Inclusive parenting practices for adolescents with disabilities
 - Mental health literacy and early support mechanisms
 - Shared responsibility between mothers and fathers
- 4) Provide a comprehensive facilitation package:
- Facilitator’s Guide
 - Session-by-session scripts and interactive methodologies
 - Participant workbook and home practice tools
 - Case studies reflecting Jakarta and NTT contexts
 - Teaching aids (slides, exercises, role-play scenarios)
 - Digital adaptation concept (microlearning content, WhatsApp-friendly materials, or hybrid delivery tools)
 - Training of Trainers (ToT) and supervision guide
- 5) Develop an M&E plan that enables measurement of short- and medium-term outcomes, including:
- Improved parent–adolescent communication
 - Increased use of positive discipline practices
 - Improved adolescent emotional regulation
 - Increased parenting confidence among adolescent parents
 - Reduction in harmful gender norms
 - Strengthened protective family factors
- The M&E framework must include:
- Results framework/logframe
 - Output and outcome indicators
 - Age- and gender-disaggregated tools
 - Pre- and post-assessment instruments
 - Ethical data collection procedures
 - Safeguarding and confidentiality protocols

E. Result

Expected Deliverables:

1. Inception Report, including:
 - Detailed methodology
 - Workplan and timeline
 - Desk review summary (national, Jakarta, NTT, and global evidence)
 - Plan Indonesia’s existing modules
 - Stakeholder consultation summary (if applicable)
 - Proposed curriculum framework and session outline

- Pilot testing plan

2. Curriculum & Module Package:

The deliverables of the two modules (**Module 1: Parenting Adolescents, Modul 2: Parenting for Adolescent Parents** - each module must stand alone and be implementable independently) include:

- Curriculum Framework and Session Matrix
 - Clear theory of change
 - Learning objectives per session
 - Core and optional sessions
- Facilitator's Guidebook (±12 standard sessions + optional sessions) including:
 - Session-by-session facilitation guidance
 - Detailed activity instructions
 - Participatory methodologies
 - Reflection questions and debrief guidance
 - Safeguarding notes
 - Gender-transformative and inclusive facilitation tips
 - Contextual case examples (urban and rural settings)
- Participant Workbook / Parent Handbook, including:
 - Key learning summaries
 - Practical exercises
 - Home practice assignments
 - Reflection tools
 - Family action plan templates
- Supporting Tools and Adaptation Materials:
 - ✓ Teaching and Learning Materials Package, including:
 - PowerPoint slides
 - Activity tools and role-play scenarios
 - Visual aids and infographics (if applicable)
 - Printable worksheets
 - ✓ Digital Adaptation Concept, including:
 - Outline for microlearning content (e.g., WhatsApp-friendly materials)
 - Short video or multimedia script outlines (if applicable)
 - Guidance for hybrid or online delivery adaptation
- TOT & Supervision Guide, including:
 - ToT curriculum
 - Facilitation competency framework
 - Observation checklist and supervision tools
 - Guidance for quality assurance and replication
- M&E Package:
 - Results framework/logframe aligned with program objectives
 - Output and outcome indicators
 - Age- and gender-disaggregated tools
 - Measurement tools (e.g.: Pre- and post-assessment instruments)
 - Data collection SOP
 - Ethical and safeguarding considerations

3. Pilot and Finalization Deliverables

- Pilot Implementation Support, including:
 - Facilitation support during pilot sessions (parenting and ToT)

- Documentation of feedback
- Lessons learned
- Final Revised Module Package, incorporating pilot feedback and Plan Indonesia’s inputs.
- Policy Brief (2–4 pages) summarizing:
 - Rationale and evidence base
 - Key components of the module
 - Expected outcomes
 - Recommendations for scale-up
- Final Consultancy Report, summarizing:
 - Process undertaken
 - Key findings from pilot
 - Final recommendations
 - Sustainability and scale-up considerations

All deliverables will be provided in **Bahasa Indonesia**, in **.docx, .pptx, .pdf** formats, along with source design files (if available).

F. Key Deliverables and Indicative Level of Efforts (LoEs)

Deliverables	Activities	Level of Efforts and time frame	Expected timeframe	PIC
TOR	Develop TOR and Approval	1 Week	Feb, W1 – W2	PSU Lead & PM
Consultant Selected	Appoint consultant	2 Week	Feb, W3 – March, W1	SCM
Consultancy contract signatory	1) Discussion on contract 2) Contract signatory	2 days	March, W2	SCM
Phase 1: Inception, Evidence Review, and Design Inception Report, including: - Evidence Summary - Theory of Change - Curriculum Framework - Detailed Workplan - Pilot Design	<ul style="list-style-type: none"> • Comprehensive desk review of: <ul style="list-style-type: none"> - National data and research (including Jakarta and NTT contexts) - Global evidence (WHO/UNICEF parenting intervention reviews) - Existing Plan Indonesia materials/modules • Mapping of programmatic gaps and contextual considerations • Stakeholder consultations (technical team and relevant program units) • Development of theory of change • Development of detailed methodology and workplan • Drafting curriculum framework and session matrix • Development of pilot implementation plan 	15 days	March, W2-W3	PM
Phase 2: Full Modules Development	<ul style="list-style-type: none"> • Drafting of Facilitator’s Guide (±12 core sessions + optional modules) • Development of Participant Workbook / Parent Handbook 	35 days	March, W4 – Apr, W4	PM

<p>Complete Draft Package of: Module 1: Parenting Adolescents Module 2: Parenting for Adolescent Parents</p>	<ul style="list-style-type: none"> • Integration of: <ul style="list-style-type: none"> - Gender-transformative content - Safeguarding considerations - Mental health literacy - Digital safety - Prevention of early marriage and adolescent pregnancy • Development of contextual case examples (urban and rural) • Preparation of teaching aids (PPT slides, exercises, tools) • Drafting of Digital Adaptation Concept • Development of Training of Trainers (ToT) and Supervision Guide • Development of Monitoring, Evaluation, and Learning (MEL) framework and tools <p>(including back and forth document review)</p>			
<p>Phase 3: Pilot Testing, Validation, and Revision</p> <ul style="list-style-type: none"> • Pilot Summary and Validation Report • Revised Module Package (Post-Pilot Version) 	<ul style="list-style-type: none"> • Preparation and adaptation of materials for pilot implementation • Technical facilitation support during: <ul style="list-style-type: none"> - Parenting pilot sessions (approximately 3–5 days) - ToT pilot sessions (approximately 3–5 days) • Documentation of pilot process and participant feedback • Data analysis of pilot results (including pre- and post-assessment) • Review workshop with Plan Indonesia technical team • Substantive revision of curriculum, tools, and materials 	20 days	May, W1 – May, W3	PM
<p>Phase 4: Finalization and Documentation</p> <ul style="list-style-type: none"> • Final Modules Packages (Implementation-Ready) • Policy Brief • Final Consultancy Report 	<ul style="list-style-type: none"> • Final technical editing and consolidation • Strengthening alignment between module and MEL framework • Finalization of all tools and templates • Preparation of Policy Brief (2–4 pages) • Preparation of Final Consultancy Report • Formatting and packaging of complete module set 	10 days	May, W4 – June W2	PM

G. Duration of the Assignment

The total duration of the assignment will be no longer than 90 days for consultant to complete the assignment.

H. Table of Payment Schedule

Milestone	Deliverable	Amount to be Paid (%)	Expected Timeframe
Tranche 1	Approved Inception Report (including dual-module framework and pilot plan)	20% of total budget	Approx. 15 days after start of assignment
Tranche 2	Submission and approval of complete Draft of both modules (Module 1 & Module 2) including MEL framework and ToT package	30% of total budget	4 th week of April 2026
Tranche 3	Submission and approval of Final Revised Dual Module Package, Policy Brief, and Final Consultancy Report	50% of total budget	2 nd week of June 2026

Payments will be made upon written approval of deliverables by Plan Indonesia and submission of invoice.

I. Inputs

The consultancy contract is inclusive with necessary inputs for the completion of the jobs such as laptops, camera/multimedia recording tools, etc. Plan Indonesia will not cover any equipment, hardware, and devices of any kind to the consultant. The nature of the work will be Home-based. Plan Indonesia’s Country Office will be the designated hub for the Consultant to ensure coordination, consultation, and consolidation with Plan Indonesia’s internal and external stakeholders.

J. Key Principles, Approach and Ethical Consideration

Plan Indonesia Staff and consultant must adhere to Plan International Child and Youth Safeguarding and Protection. In this context, Plan Indonesia shall request for the Consultant, during the contract period, to conduct risk analysis for any activities involving children and young people. Mitigation plan to ensure children and young people participating in the activities during the contract period safe and protected. Liaising with Plan Indonesia’s Child Protection Advisor for consultation is expected for developing the risk analysis and mitigation. Plan Indonesia is committed to also provide training for the consultant in this issue.

All the projects managed by Plan Indonesia and its partners, should also align with Plan International global ambition to reach 100 million girls, using gender transformative approach in delivering its tasks. In this assignment, the Consultant is expected to apply gender transformative approach through addressing gender norms, strengthening girls' and young women's agency, advancing girls' and women's condition and position, working with boys and men to embrace gender equality, responding to the needs and interest of girls and boys in all their diversity, and fostering an environment that enables gender equality and girls' rights.

K. Requirement and qualifications

Plan Indonesia is open for individual consultant, or consulting organization/company who would like to apply on this consultancy. The individual consultant or team leader should meet these following requirements:

Education and Professional Background:

- Advanced degree (Master's or higher preferred) in Public Health, Psychology, Education, Social Work, Gender Studies, Child Development, or other relevant fields.
- Minimum 5 years of relevant professional experience as Team Leader in curriculum/module development/trainings for humanitarian/development organizations, INGOs and National NGOs/CSOs
- Demonstrated experience in leading complex consultancy assignments involving multi-phase deliverables and stakeholder engagement.

Technical Expertise:

- Development of parenting curricula for both adult caregivers and young parents (adolescent or first-time parents).
- Adolescent development (10–19 years), including socio-emotional and behavioral dimensions.
- Experience in early childhood development (ECD) is required for the adolescent parent module.
- Sexual and Reproductive Health and Rights (SRHR) and/or prevention of early marriage and adolescent pregnancy.
- Gender equality and social inclusion (GESI), including gender-transformative approaches.
- Safeguarding and child protection standards.
- Mental health promotion and psychosocial support (preferred).
- Designing participatory and experiential learning methodologies.
- Developing Monitoring, Evaluation, and Learning (MEL) frameworks, including measurable outcome indicators and assessment tools.
- Designing materials adaptable for both urban and rural contexts, preferably with experience in eastern Indonesia (e.g., NTT) as an advantage.
- Experience in digital learning adaptation (e.g., hybrid models, microlearning, digital content design) is an asset.

Contextual and Field Experience

- Demonstrated experience working with child- and youth-focused organizations in Indonesia.
- Experience working in diverse socio-cultural settings, including urban (e.g., Jakarta) and rural/high-risk provinces.
- Experience facilitating training for parents, adolescents, or community facilitators.
- Ability and willingness to support pilot implementation, including field engagement if required.

Skills and Competencies

- Excellent analytical and writing skills in Bahasa Indonesia (mandatory).
- Strong ability to synthesize research evidence into practical and user-friendly learning materials.
- Strong facilitation and stakeholder engagement skills.
- Ability to manage time effectively and deliver high-quality outputs within agreed timelines.
- Demonstrated ability to integrate safeguarding and ethical principles throughout program design and implementation.

For Consulting Firms

In the case of a consulting firm:

- The firm must assign a qualified Team Leader who meets the above criteria.
- The proposal must clearly describe team composition, roles, and level of effort per team member.

- The firm must demonstrate previous experience delivering similar parenting or adolescent-focused modules.