

**Evaluation of UNICEF Emergency
Psychosocial Support Programme in Iraq
(2018–2020)**

**Commissioned by:
The UNICEF Iraq Country Office**

Inception Report, February 2021

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Acronyms

CCC	Core Commitments for Children
CFS	Child-Friendly Space
CO	Country Office
CP	Child Protection
CPSC	Child Protection Sub-Cluster
DOLSA	Department for Labour and Social Affairs
EM	Evaluation Manager
ESC	Evaluation Steering Committee
ET	Evaluation Team
FGD	Focus Group Discussion
HDI	Human Development Index
HRP	Humanitarian Response Plan
IASC	Inter-agency Standing Committee
IDP	Internally Displaced Person
IR	Inception Report
IP	Implementing Partner
ISIL	Islamic State of Iraq and the Levant
KII	Key Informant Interview
MICS	Multiple Indicator Cluster Survey
MHPSS	Mental Health and Psychosocial Support
PSS	Psychosocial Support
SPSS	Structured Psychosocial Support
TL	Team Leader
ToC	Theory of Change
ToT	Training of Trainers
3RP	Regional Refugee and Resilience Plan

1. INTRODUCTION

1. This inception report is for the evaluation of the UNICEF Emergency Psychosocial Support Programme (PSS) in Iraq. The evaluation is commissioned by the UNICEF Iraq Country Office (CO) and will cover the period from January 2018 to December 2020. The timing of this evaluation is to capture lessons from the programme for use in future planning in Iraq and elsewhere by UNICEF and partners in relevant contexts.
2. The evaluation aims to provide an independent and impartial assessment of two areas:
 - First, the extent to which the structured PSS programme has promoted the well-being of conflict-affected children mainly on mental health, addressing their stresses and psychosocial well-being
 - Second, the extent to which this programme is well positioned for the linkage between the humanitarian context and the recovery and development context.
3. The purpose of this Inception Report (IR) is to present the scope, purpose and objectives of the evaluation and its plan. It summarizes some of the key information about the context and programme under evaluation and identifies key stakeholders. The document outlines the intended evaluation approach and methodology and describes how the evaluation will be organized. The IR is a working tool to ensure that the expectations of the evaluation from the commissioning body (UNICEF) and key stakeholders are properly integrated into the evaluation plan by the evaluation team. It also serves as the contract of agreement between the Evaluation Manager (EM) and the evaluation team for all aspects of the evaluation operational plan. The IR is built on the Terms of Reference (ToR) of the evaluation (Annex 1).
4. In the inception process the evaluation team reviewed initial documentation and carried out interviews remotely with key stakeholders from UNICEF and the Child Protection Sub-cluster (CPSC) between 12 January 2021 and 4 February 2021 (Annex 4). The purpose of these activities was to gather relevant background information on the programme, to understand the context of its implementation and to discover the priority areas of learning of different stakeholders to support the design of the evaluation framework, methodology and workplan.

2. SUBJECT OF THE EVALUATION AND ITS CONTEXT

2.1 Country Context

5. The population of Iraq is 38.7 million and predominantly urban (70 per cent), with 15 per cent of the population under 5 years of age, 50 per cent under 18 years and 70 per cent under 24 years. With a growth rate of 2.55 per cent, the population is projected to double by 2050.¹
6. Prior to 2014 following the impact of the Iraq political situation, the impact of sanctions, three major conflicts and the impact of the Syrian refugee influx, Iraq was achieving notable gains. An upper middle-income country which had made important progress towards the achievement of Millennium Development Goals, Iraq was the world's third largest oil exporter.² The country had reduced extreme poverty and child malnutrition. Infant and child mortality had also decreased significantly. Net enrolment in primary education had increased and girls' participation in school was improving. Women's participation in parliament was above the 25 per cent constitutional quota.³
7. However, devastating conflicts across large swathes of Iraq forced around six million Iraqi citizens to flee their homes and created a complex humanitarian situation with significant impacts on

¹ UNICEF, 2019, Country Programme Document

² UNDP, 2019, Independent Country Programme Evaluation

³ Iraq, UNDAF 2015–2018

children and families. Combat operations against Islamic State of Iraq and the Levant (ISIL) ended in 2017 but people continued to experience their reverberations even during the period under evaluation with high levels of vulnerability and displacement.

8. The conflict with ISIL also resulted in a fall in oil prices, which halted progress in Iraq. The Human Development Index (HDI) value of Iraq for 2018 was 0.689, which put the country in the medium human development category and ranked it at 120 out of 189 countries and territories. In 2019, its HDI had deteriorated to 0.674 and positioned it at 123 out of 189 countries and territories. The 2019 Iraq HDI was above the average for countries in the medium human development group and below the average for countries in Arab states.⁴ The 2018 female HDI value for Iraq was 0.566 in contrast with 0.731 for males.⁵ Children were among those most severely affected by the conflicts.

2.2 The Humanitarian Context and Response: UNICEF in Iraq, 2018–2020

9. Since 2012 Iraq has been host to Syrian refugees. A total of 242,163 UNHCR-registered refugees from Syria are currently in Iraq. The vast majority reside in the Kurdish Region (KRI). Fifty per cent of Syrian refugees reside in the Governorate of Erbil with the majority living outside camps, in urban environments.⁶ Fluctuations in the conflict in Syria mean that there continues to be movements of Syrians across the border to Iraq. For example, the conflict in North-East Syria in 2019/20 resulted in an estimated influx of 15,000 refugees.⁷
10. The longevity of the conflict in Syria and the unlikely return of the majority of Syrian refugees in the medium term has meant that the focus of the humanitarian community through the 2020–2021 Regional Refugee and Resilience Plan (3RP) was on transition from humanitarian assistance to a longer-term, solutions-oriented approach. This includes supporting refugees to move from reliance on humanitarian assistance to self-reliance and integrating them into public services and national systems.⁸
11. The lack of access to sustainable employment and livelihood opportunities is the main vulnerability reported by Syrian refugees in the 2018 and 2019 Multi-Sector Needs Assessments.⁹ The lack of sustainable livelihoods has led to protection issues such as school dropouts, child labour and child marriage as households look for ways to earn income and save money.¹⁰
12. Out of the 6 million people displaced during the 2014–2017 conflict against ISIL, humanitarian partners estimate that 4.1 million people continue to require some form of humanitarian assistance. Of the people in acute need, approximately 1.5 million people remained internally displaced, 70 per cent of whom have been displaced for more than three years. The process of return to areas of origin is fraught with difficulties. An estimated 514,000 returnees live in areas of high severity of needs, indicating a lack of livelihoods, basic services, social cohesion and security.¹¹
13. With this in mind, the 2020 Humanitarian Response Plan (HRP) intended to address four strategic objectives: critical problems related to physical and mental well-being and critical problems related to living standards and protection.
14. Most recently, camps hosting 251,000 of internally displaced persons (IDPs) of Iraq continued to close as mandated by the Government of Iraq (GOI). This process continues in 2021 with the Government announcing an intention for all camps to close by June 2021. Many departing IDPs indicated to protection partners that they cannot return to areas of origin and do not have other options for safe, voluntary and dignified resettlement. There are significant concerns regarding the

⁴ http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/IRQ.pdf.

⁵ http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/IRQ.pdf

⁶ <https://data2.unhcr.org/en/documents/details/84200>

⁷ UNHCR, 2020, Regional Refugee Resilience Programme, Iraq

⁸ *ibid*

⁹ REACH, 2019, Multi-Sector Needs Assessment

¹⁰ UNHCR, 2020, Regional Refugee Resilience Programme, Iraq

¹¹ OCHA, 2020, Humanitarian Needs Overview 2020

welfare and risks faced by many households departing camps, including those who face acute vulnerability in return areas.¹²

15. In addition to the conflict-related humanitarian situation, Iraq has been affected by the COVID-19 pandemic. Beyond the immediate health impact, the outbreak of COVID-19 in Iraq and the associated preventative measures have increased humanitarian needs of the conflict-affected population, primarily driven by the loss of livelihood and associated reduced household financial security as well as a deteriorating protection environment. The containment measures imposed by the Government of Iraq have resulted in the disruption of trade, transport and banking and financial services, as well as sharply increasing unemployment.¹³
16. In response, the humanitarian community in Iraq identified key activities to be maintained or implemented. These were grouped as:
 - Immediate health-related responses, including measures to prevent the spread of disease (hygiene promotion, water and sanitation, disease-outbreak preparedness and response, quarantine and isolation measures, communication with communities/ awareness-raising etc.)
 - Interventions that enable an adjusted response to new and changing needs due to the different operational environment during COVID-19 (remote protection monitoring and case management, psychosocial support, legal assistance, alternative education, alternative care for unaccompanied children and capacity-building for humanitarian actors to operate during COVID-19)
 - Provision of food assistance, multipurpose cash and livelihood support for the most vulnerable within the HRP target population (expansion of cash-based food assistance, cash-for-work for rehabilitation of key service infrastructure, agricultural/livestock inputs/services and multipurpose cash).¹⁴
17. The UNICEF Country Programme of Cooperation 2020–2024 is designed to support the Government at national and sub-national levels to accelerate the realization of rights for all children in Iraq. The programme aims to address gaps and challenges in the enabling environment, including social norms, access to and quality of basic services as well as levels of demand for services. The programme includes the need for a multisectoral risk-informed approach to address the long-term impact of conflict and exposure to violence on the mental health and psychosocial well-being of children, adolescents, their caregivers and communities.
18. Some aspects of the UNICEF Iraq programme, including its work on system-strengthening, are designed to have national coverage. The rest of the programme focuses on ten selected governorates of the total 18. The selected ten governorates include those who are among the most deprived and hard-to-reach children and women, including those with disabilities, internally displaced persons and refugees. UNICEF's sectoral focus as part of the plan includes Health and Nutrition, Water and Sanitation and Hygiene (WASH), Education, Child Protection and Social Inclusion.¹⁵ In addition UNICEF leads the Nutrition, WASH and Education Clusters as well as the Child Protection Sub-Cluster.

2.3 Child Protection and UNICEF Emergency Psychosocial Support Programme in Iraq

19. Evidence suggests that the escalation, prolonged and complex nature of conflicts and the large-scale migration of families in search of safety and economic opportunity leads to a child protection crisis.¹⁶ Factors such as multiple protracted displacement, different forms of losses including loss of property and livelihood, lack of employment opportunities, movement restrictions, social

¹² OCHA, 2020, Humanitarian Snapshot

¹³ OCHA, 2020, COVID-19 Addendum to the Humanitarian Response Plan

¹⁴ OCHA, 2020, COVID-19 Addendum to the Humanitarian Response Plan

¹⁵ UNICEF, 2019, Country Programme Document

¹⁶ Community-based psychosocial support in humanitarian settings: three-tiered support for children and families.

isolation, gender-based violence (GBV) and disruption of community support networks exacerbate the threats that children, families and communities face. Children can also be targeted by violent extremist groups and may experience various forms of violence or even be recruited into extremist ideologies. Other factors contributing to child protection crisis in conflicts are the lack of adequate security, access to education, psychosocial support and recreational activities. In addition, the exposure to these forms of adversities can deeply affect the well-being of caregivers and their capacity to provide appropriate care to children. They can also worsen children's physical and mental well-being or their abilities to cope.

Background on Child Protection and Structured PSS

20. Mental health and psychosocial support (MHPSS) are fundamental parts of UNICEF's Core Commitments for Children (CCC) in Humanitarian Action, released in 1998 and revised in 2010.¹⁷ It is also a critical component of the United Nations Global Strategy for Women's, Children's and Adolescents' Health for 2016–2030.¹⁸ The CCC is driven by a need to fulfil children's rights in humanitarian contexts.
21. MHPSS interventions "help promote resilience by aiming to strengthen protective factors in children's lives so that they are able to develop attachments and rebuild hope and agency."¹⁹ Though it is known that children's development benefits from positive attachment to caregivers, new findings show that the social environment of children and families—such as cultural adherence, social cohesion, material resources and identity—are also important.²⁰
22. Resilience is the ability to overcome adversity and positively adapt after challenging or difficult experiences. Children's resilience relates not only to their innate strengths and coping capacities, but also to the pattern of risk and protective factors in their social and cultural environments.²¹ Well-being, on the other hand, describes the positive state of being when a person thrives. In mental health and psychosocial work, well-being is commonly understood in terms of three domains:²²
 - Personal well-being – positive thoughts and emotions such as hopefulness, calm, self-esteem and self-confidence
 - Interpersonal well-being – nurturing relationships, a sense of belonging, the ability to be close to others
 - Skills and knowledge – capacities to learn, make positive decisions, respond effectively to life challenges and express oneself.
23. Based on the inter-agency standing committee (IASC) MHPSS guidelines²³, organizing safe spaces where children can play and adults can meet and discuss ways to increase protection, including child protection, and well-being is recommended to respond to protection threats in an appropriate community-guided action. Evaluations of models based on child-friendly spaces (CFS)²⁴ have shown certain limitations in engaging families and communities, as well as in transitioning early emergency response to recovery and regular programming. These highlight the need to improve both the scale and quality of MHPSS. Structured PSS programs for children and their families, aimed at

¹⁷ UNICEF, 2020, Core Commitments for Children in Humanitarian Action.

¹⁸ Every Woman, Every Child. The Global Strategy for Women's, Children's and Adolescent's Health (2016-30): Survive, Thrive, Transform

¹⁹ Symposium 'Growing up in conflict: The impact on children's mental health and psychosocial well-being', convened by UNICEF together with the Government of the Netherlands and humanitarian and academic partners in May 2015 in The Hague.

²⁰ Community-based psychosocial support in humanitarian settings: three-tiered support for children and families.

²¹ Dr. Michael Ungar, in Hague Symposium Report, 2015

²² UNICEF, Inter-agency Guide to the Evaluation of Psychosocial Programming in Emergencies, United Nations Children's Fund, New York, 2011.

²³ Reference

²⁴ Inter-agency guide to evaluations of psychosocial programming in humanitarian crisis

strengthening resilience and protection and promoting well-being fall under the third layer of the IASC MHPSS intervention pyramid, the focused non-specialized support provided through group or individual interventions by trained and supervised workers.

Child Protection Needs and MHPSS Needs in Iraq 2018–2020

24. Children who were used by ISIL or lived under its control have a high likelihood of having witnessed, survived and been forced to participate in extreme forms of violence, exploitation and abuse, including sexual violence and rape. The crisis has not only affected children but their caregivers and communities as well.
25. Even in the absence of conflict, violence is a significant hallmark of the lives of women and children in Iraq. Children routinely experience physical and sexual violence and psychological aggression at home, school and in their community, often in the hands of people they trust and with whom they interact daily. According to a UNICEF assessment in Iraq in 2018, almost 81 per cent of children aged 1 to 14 years experienced some form of violent discipline method during the last one month before the survey.²⁵ It did not include surveys of families within IDP camps, with a likelihood that these numbers could be higher. In addition, 18.4 per cent of caregivers believe that physical punishment is needed to bring up or educate a child properly.²⁶
26. The combined effect of violence and prolonged exposure to multiple displacement continue to impact children and families physically, psychologically, and in terms of their social well-being. In 2019, as many as 1 million people in Iraq were estimated to need some kind of mental health and psychosocial support services²⁷ and Child Protection (CP) partners reported more than 15 districts across Iraq with 30 to 50 per cent of children showing signs of psychosocial distress.²⁸ In parallel, health actors identified a need to increase MHPSS, physical and mental rehabilitation and prevention and response programming.²⁹ *Figure 1* below shows the psychosocial needs for 2020 as identified by the Child Protection Sub Cluster in Iraq.

²⁵ UNICEF (2018) Multiple Indicator Cluster Survey (MICS) Iraq

²⁶ UNICEF, 2020, Terms of Reference UNICEF Emergency Psychosocial Support Programme in Iraq

²⁷ UNICEF, 2020, Terms of Reference UNICEF Emergency Psychosocial Support Programme in Iraq

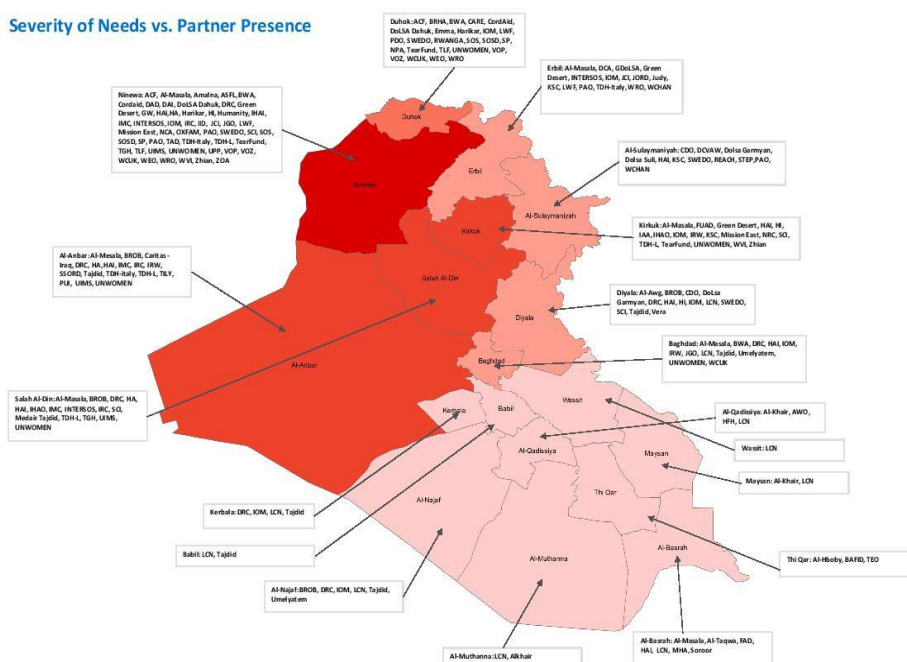
²⁸ UNICEF, 2020, Terms of Reference UNICEF Emergency Psychosocial Support Programme in Iraq

²⁹ Humanitarian Needs Overview, Health, 2019

Figure 1. Child Protection Sub Cluster: People in Need 2020. (Source: Protection Cluster, UNHCR, March 2020)

Estimated PSS Needs in 2020

Severity of Needs vs. Partner Presence



People in Need (PIN) 2020 vs. Partner Presence 2019*

Top Governorates	People in Need (PIN) 2020			Total	Partners presence in 2019
	IDPs	Returnees	HC		
Al-Anbar	1,576	62,423	0	63,999	19
Al-Basrah	/	/	/	/	7
Al-Najaf	584	0	127	711	6
Al-Sulaymaniyah	4,414	0	0	4,414	13
Babil	174	0	0	174	2
Baghdad	656	3,472	61	4,189	13
Dahuk	34,274	0	332	34,607	26
Diyala	5,824	2,966	0	8,808	13
Erbil	9,764	826	8	10,598	16
Kerbala	/	/	/	/	4
Kirkuk	9,282	62,087	0	71,369	20
Ninewa	40,784	104,461	452	145,697	53
Salah Al-Din	7,180	67,458	122	74,760	16
Wassit	142	0	24	142	1
Total	114,672	303,693	1,126	2,883,356	91

*Based on MCNA VII data, ActivityInfo and NPC Services Advisor

Impact on children

	IDP in camp	IDP out of camp	Returnees	Host	Total
Total children with PSS needs/distress	6,918	24,947	80,268	49	112,183
Total people affected (OCHA Humanitarian Profile)	370,025	1,212,114	4,175,148	51,587	5,808,874

Structured PSS in Iraq: The UNICEF and Partner Approach and Its Evolution

- The overall objective of UNICEF psychosocial support is to enhance the resilience and capacity of children and address stressors related to violence, displacement and loss and family separation.
- To achieve this objective, UNICEF is supporting psychosocial support response targeting children and their families through a variety of MHPSS partners (Government and international and national non-governmental organisations (NGO)) who provide a layered response based on the IASC guidelines. The response includes building capacities of the communities and frontline workers, provision of age- and gender-appropriate PSS services as part of child protection, GBV and education intervention and ensuring effective coordination in the sector. Services are offered to

children and their families through a network of child- and adolescent-friendly spaces, outreach services with activities ranging from simple recreational activities to structured PSS interventions aimed specifically at strengthening resilience and coping mechanisms, to the provision of specialized PSS and case management support for children who have suffered from violence and psychological harm, including unaccompanied and separated children. UNICEF also supports some system strengthening and capacity building interventions including of social workers, community based nonspecialized child protection workers and specialized child protection workers. This latter set of activities is one area which presents an opportunity to contribute to both humanitarian and also longer-term developmental aims (nexus-relevant).

29. Since the onset of the crisis, UNICEF PSS response has reached close to 300,000 children and around 40,000 members of their families. In 2019 alone, the UNICEF child protection programme reached 20,106 children with specialized protection services; 176,674 children with age- and gender-appropriate structured PSS; 21,688 women with individual and group psychosocial support services; and 23,566 parents and caregivers with the parenting education programme.³⁰
30. Following the defeat of ISIL in Iraq in 2017, the CP sub-cluster along with national and international partners conducted an extensive review of existing structured PSS curricula to enhance the resilience and psychosocial well-being of IDP and returnee children and families. Three evidence-based, age- and gender-appropriate individualized and group structured PSS curricula were selected for use in Iraq with youth and children.³¹ Trainings of trainers of around 85 field staff took place. Consequently, UNICEF partners rolled out structured PSS activities comprising of a set of sessions that engage a child for a minimum of one to two months. This aspect of the MHPSS intervention is particularly focused on serving internally displaced children and refugee children as outlined in the humanitarian response plan though inception interviews indicated that other conflict-affected children had also been included in activities, e.g., returnees and others in school- and community-based activities. The activities within the approved programme encourage children to express their feelings and needs and help re-engage in trusting relationships, reduce social isolation, resolve conflicts peacefully and build skills and knowledge on how to protect themselves against risk. They are largely based on group activities.³²
31. **Adjustment during COVID-19 context in 2020** – During 2020, the structured PSS programme, along with most UNICEF and other humanitarian activities, had to be adjusted. In relation to PSS, UNICEF and partners responded by suspending group activities and, as part of the sub-cluster approach, providing emergency PSS through organized one-to-one support to children, distributing family-based learning kits and offering some remote PSS support. Some organizations used the approved structured PSS manuals as the basis for the materials they distributed and used. Others developed special materials for this phase.³³ Inception interviews indicate that as the year progressed, activities evolved and included some more sustained structured PSS interventions usually carried out with groups of children in one family at home. Data on the scale and scope of this was not available at inception phase but will be explored in the evaluation.
32. **Budget 2018-2020** – Discussions during the inception phase identified that UNICEF funding to implementing partners in general is not specified to structured PSS as partners undertake a broad spectrum of CP activities which are funded under the same partner agreement. The only funding data currently available for review by the evaluation team is for CP services in general which are displayed in Table 1. Further investigation will be undertaken during the data collection phase of how funding can be disaggregated.

³⁰ UNICEF, 2020, Terms of Reference UNICEF Emergency Psychosocial Support Programme in Iraq

³¹ There is an additional structured PSS for parenting, but it falls outside the scope of this evaluation for direct analysis but will be considered in terms of its connectivity to the child-focused structured PSS.

³² UNICEF IDP response planning sheet 2020

³³ Sub-cluster assessment of partner PSS interventions during COVID-19, June 2020

Table 1. Funding required and received by the CP sub-cluster

	Required Millions	USD Received Millions	COVID-19 Supplementary Funding Required USD M/Received USD M/%	Coverage of Funding Requirements %
2020	39.2	14	5.1/3.3/65	35
2019	39.9	31.3		78
2018	22.2	10.9		49

33. Table 2 is extracted from the available data on the CP sub-cluster website. It shows the number of children targeted by the sub-cluster, the numbers reached by UNICEF and partners and the number of UNICEF PSS partners. Overall, UNICEF is the main agency providing PSS in Iraq, reaching more than 80 per cent of the sub-cluster target through implementing partners, including international and national NGOs as well as government departments.³⁴

Table 2. UNICEF psychosocial beneficiary targets, numbers reached and number of partners 2019

2019	Target	Reached by UNICEF	Proportion of Target %	Number of Partners
Total	208 080	181 283 ³⁵	87	35
HRP	208 080	170 646	82	23
No HRP	208 080	10 637	5	14

Source: <https://public.tableau.com/profile/hussein1725#!/vizhome/IraqCPSCHRPresponse2019/Story1>

34. **Partners** – UNICEF engaged with a diverse group of child protection partners to deliver structured PSS activities. Implementing partner agreements detail planned activities for structured PSS as per the agreed guidelines. Implementing partners included international (e.g., Save the Children, Terre des Hommes) and national NGOs (e.g., Al Soroor, Association for Women and Child) as well as government counterparts such as Department of Labour and Social Affairs (DoLSA). The number of partners UNICEF worked with on structured PSS are detailed in Table 2.

35. **Refugees** – Table 3 represents refugees reached by PSS programmes in 2019. The CP sub-cluster dashboard³⁶ indicates that UNICEF worked with 30 implementing partners in 2018 in providing PSS to refugees. In 2019 the sole UNICEF partner delivering structured PSS to refugees was DOLSA.

Table 3. Number of PSS beneficiaries reached by UNICEF partners in 2019 (refugees)

Governorate	Reached by UNICEF
Dohuk	241
Erbil	8 072

³⁴ The ET is focused on data from 2019 as the only full year for structured PSS intervention given the disruption of COVID-19 in 2020. UNICEF IDP CP planning for 2020 indicates a target of 106,121 for girls and boys to be reached with sub-cluster approved structured PSS. In 2021 the Iraq HAC indicates a planned increase to 190,303. Clarification and further elaboration on this data is part of the data requests to UNICEF for the evaluation.

³⁵ Differences between this figure and that quoted in paragraph 29 may relate to non-structured PSS activities.

³⁶ <https://public.tableau.com/profile/hussein1725#!/vizhome/shared/M9MP4TTK4>

Sulaymaniyah	2 289
Nineveh	4 400
Total	15 002

36. There is not a separate UNICEF theory of change (ToC) for structured PSS, but it is part of the overall MHPSS ToC (attached to Annex 1). One of the three underpinning principles of the Community Based MHPSS Operational Guidelines highlights the critical role of MHPSS in creating and supporting conditions for children’s optimal development and wellbeing in emergencies. The Community Based MHPSS ToC explains how the MHPSS intervention operating at three layers or tiers: child, family/caregiver and community, can help to reduce suffering and improve people’s mental health and psychosocial wellbeing. The MHPSS program ultimately aim to (1) reduce and prevent harm, (2) strengthen resilience to recover from adversity, and (3) improve the care conditions that enable children and families to survive and thrive. This approach strengthens the innate capacities of children, caregivers and communities to support their wellbeing and protection.
37. The MHPSS intervention is further elaborated into nine circles of integrated support across the layers of the IASC pyramid. These circles address the needs of children and families for wellbeing and safety in their context – from the delivery of basic services in culturally appropriate ways, to strengthening family and community social networks, to focused or specialized care when needed. The structured PSS activities implemented by UNICEF partners in IRAQ between 2018 and 2020 are integrated in two out of the 9 circles of support, namely the second and third circles “Positive Relationships” and “Stimulation, Learning, Skills Development”.
38. It is noted by the ET from inception discussion that the UNICEF approach in Iraq sees structured PSS as part of connected component to other aspects of MHPSS detailed earlier and which relate to components 1 and 4-8 of the ToC. It also links to UNICEF’s work to strengthen national and local systems for MHPSS through e.g., training and other capacity development interventions for NGOs and government departments (component 9 of the ToC). The evaluation explores component 9 and linkages with other areas of MHPSS.
39. The potential barriers that this ToC foresees are the challenges of coordinating MHPSS systems at a national level, the limited cultural acceptance of MHPSS activities, the stigma/discrimination of children/caregivers with MNS disorders/disabilities, the limited financial investment in MHPSS activities, the lack of national technical expertise, and the ongoing conflict dynamics limiting MHPSS operations. In 2020 the programme experienced a further unforeseen challenge: COVID-19. The ET will address the evaluation questions with consideration of these potential barriers and the influence they have had on the approach as well as lessons for addressing them.

2.4 Stakeholder Analysis

40. During inception phase discussions and document review, the ET were able to identify key stakeholders with an interest in the evaluation. They are detailed in Table 4 along with a summary of how they will be involved in the evaluation process. Annex 8 and later Section 6.3 provides more detailed listing of the roles/individuals from these categories identified for participation in (remote) KII and FGD. Potential participants in face-to-face data collection activities are detailed in Sections 6.1 and 6.2 of the report on site selection and sampling strategy.

Table 4. Stakeholders in the evaluation by interest and role

Stakeholder	Interest in the Evaluation	Role in the Evaluation
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Children affected by conflict (refugees, IDPs, host community, returnees)	Participants in the programme with experience to share and potentially to benefit from future interventions	Participants in interviews and focus group discussions- community level FGD (IDPs, refugees)
Other community members (parents and community leaders, teachers, camp coordination coordinators and committee members, religious leaders)	Have experience and views of the programme and in particular its sociocultural relevance and effectiveness for current and future situation	Participants in interviews and focus group discussions (community level)
Government/local authority service providers and responsible for child protection, including the Department of Social Affairs (Federal and KRI), education, health, emergency response management	Responsible for child protection in the FGI and KRI areas. Partners with UNICEF. Interest in lessons from past and for the future direction.	Participants through interviews (remote KII)
UNICEF Youth Advisory Panel	Newly formed diverse group drawn from across the country to provide input and feedback to UNICEF. Interested to contribute to UNICEF future strategy	Share findings of the evaluation for reflection and to inform their input to the finalisation of recommendations. Contribution will be dependent on the stage of readiness.
UNICEF Iraq Country Office implementing partners (facilitators, project managers, ToT trainers and trainees)	Involved in the design and delivery of PSS interventions, interest in sharing experience and contribution to future strategy as well as role of future partnerships	Participation in the remote KII/FGD/surveys which will involve IPP PSS facilitators. project manager/ToT trainers and trainees.
UNICEF Iraq Country Office - Child protection team	Responsible for design and management of UNICEF PSS programmes, relationship with partners and capturing learning to guide evolution of the programme in the future	Participation through remote KII and FGD. Support to ET in liaison with IPs and external stakeholders and provision of some documentation and data. The CP team will be consulted by the evaluation manager to ensure support for the data collection phase.
UNICEF Iraq Country Office – Management	Responsible for overall management and development of country strategy, which details role and linkage of PSS as part of wider UNICEF strategy, interest in lessons for the future	Participation through KII
UNICEF Iraq Country Office – Other departments – PME, Education, Health, Gender, C4D	Perspectives on the PSS programme and their programme linkage with PSS. Interest to share lessons and for future strategy.	Participation through remote FGD and select KII
Iraq Child protection/PSS sub-cluster and governorate-level working group	Led the design of the structured PSS approach and guiding sub-sector discussion on coverage, progress, development of the approach, interested in sharing experience/perspectives and lessons for the benefit of future strategy in Iraq and elsewhere	Participation in remote KII/FGD. ET online survey with ToT trainees

Iraq Child protection sub-cluster	Facilitates cooperation among members to ensure coordination and also linkage with sub-sectors including PSS	KII with cluster coordinator(s) and working group coordinators where appropriate.
Iraq Clusters for health, education	Health and education are key entry points for PSS and also providers for PSS in the community. Some specialist services are also provided by the health service for mental health, which are an important feature of the child protection referral system.	KII with cluster coordinators
UNICEF Child Protection – regional/global	Interest in experience of Iraq for learning for future interventions and strategy.	KII with regional CP/PSS adviser (Amman) Share evaluation report and key findings
Child protection and PSS community	Interest in experience of Iraq for learning for future interventions and strategy	Share evaluation report and key findings

3. PURPOSE, OBJECTIVES AND SCOPE OF THE EVALUATION

41. In line with the evaluation ToR, the purpose of the evaluation is to provide an independent assessment of two areas: the contribution of structured PSS to children’s well-being in the Iraq context of 2018–2020 and its positioning in relation to the linkages between the humanitarian, development and recovery contexts.
42. The evaluation aims to:
- Assess the relevance, efficiency, effectiveness and humanitarian-development nexus aspects of UNICEF efforts to address the MHPSS needs of vulnerable children in Erbil, Ninewa, Dohuk, Sulaymaniyah and Salah el Din Governorates of Iraq using structured PSS.
 - Assess the quality of structured PSS services provided by all partners at the different levels of the Inter-Agency Standing Committee (IASC) and MHPSS pyramid
 - Assess if and when UNICEF might be able to exit the PSS space in Iraq without endangering the quality or quantity of PSS services available to vulnerable populations
 - Determine the extent to which UNICEF and partner structured PSS programming is providing an entry point to overall child protection interventions
 - Document main lessons learnt and propose recommendations to deliver PSS services in a more effective and efficient way.
43. The scope of the evaluation is in line with that outlined in the ToR with small adjustments as detailed below. These take into account the evolution of emergency PSS during the COVID-19-affected context of 2020 and lessons that can be derived from that experience (an aspect not identified in the original ToR) as well as practical, security and other considerations.
44. As detailed in the TOR, the evaluation will focus on the structured PSS as developed and implemented by UNICEF and its partners from 2018–2020 in Iraq. Given the connections between structured PSS and other aspects of child protection and emergency PSS it will consider their linkages and complementarity.
45. In relation to the emergency context of 2020 when COVID-19 affected the country and programme, the focus of the evaluation for the COVID-19 PSS response will be on flexibility of the structured PSS approach for such a context rather than an assessment of the effectiveness of the interventions at that point (remote PSS and family PSS kits).

46. **Beneficiary Group** – The evaluation will explore the contribution of structured PSS to the well-being of children from among IDPs, refugees, returnees and host communities living in both camp and non-camp settings as far as is possible with the methodology presented here. However, although the focus is likely to be on the camp-based interventions which are the focus of primary data collection, interviews with partners and others, and document review, will consider lessons from other non-camp settings. This will be in consideration of nexus opportunities e.g., in interventions in Salah al Din involving participants during their time and later afterwards out of camp.
47. **Geographic Scope** – The findings of the evaluation aim to be relevant to UNICEF in all areas it works in Iraq. Data collection will focus on the five governorates of Erbil, Ninewa, Dohuk, Sulaymaniyah and Salah Al-Din.
48. **Time Period** – The evaluation will cover the time period from 2018 up to the end of 2020. Some analyses of secondary data will focus on 2019 as it is the only full year of the implementation of the structured PSS approach before COVID-19 restrictions. Other methods will aim to capture lessons from the years 2018, when the structured PSS was defined and training of trainers took place, and 2020 when implementation was adjusted to take account of COVID-19 restrictions as well as being affected by accelerated population movements due to camp closures and other context changes as described earlier.

Summary of changes from the ToR

49. All changes are based on inception phase discussions and input particularly from the UNICEF CP team.

Table 5. Changes from the ToR

Change from ToR	Explanation
Time period - The IR proposes an extension of the time period under consideration from an end point of early 2020 presented in the ToR to end 2020. The start date of consideration in 2018 remains the same.	The evaluation will consider UNICEF and partners experience and lessons from PSS activities from 2018 up to the end of 2020 to capture lesson from the 2020 period and the responsiveness of the approach to the COVID-19 crisis.
Geography – The IR proposes a change in governorates identified for data collection to include Salah el Din and exclude Diyala.	The evaluation will focus data collection in five governorates. The proposed governorate of Diyala detailed in the ToR has been changed to Salah al Din because PSS activities have reduced significantly in Diyala as the context has changed. Furthermore, the proposed change presents an opportunity to capture more lessons relating to the humanitarian-development nexus given the focus of PSS activities in Salah al Din which is in predominantly non-camp settings, community and returnees.

4. EVALUATION FRAMEWORK

50. The evaluation is guided by two overall questions:
- To what extent has the structured PSS programme promoted the well-being of conflict-affected children?
 - How well is this programme positioned for the linkage between the humanitarian context and the recovery and development context?
51. These two questions will be answered through data collection and analysis against the sub-questions. Sub-questions relate to the relevance, effectiveness and efficiency of the structured PSS

approach and sub-questions addressing aspects of the humanitarian-development nexus questions and gender. The questions and sub-questions have not been changed from the ToR.

52. A summary of the evaluation questions (EQ) and the indicators/criteria for which evidence will be sought is summarized in Table 6. A full evaluation matrix is attached in Annex 2 which brings together this framework with the methods and sources for data collection and analysis including the linkage with the earlier stakeholder analysis.

Table 6. Summary of the Evaluation Matrix

		Purpose	Indicators and Criteria
Objective	A	To assess the extent to which PSS structured programme promotes the well-being of conflict-affected children mainly on mental health, addressing their stresses and psychosocial well-being.	<ul style="list-style-type: none"> Evidence that structured PSS has positive benefits for children's well-being
Objective	B	To assess the extent to which the programme is well positioned for the linkage between the humanitarian context and recovery and development context.	<ul style="list-style-type: none"> Evidence that structured PSS can be adapted to different conditions and contexts (humanitarian/development). Evidence that structured PSS is an appropriate intervention for different groups of children (refugee, IDP, host community, returnees). Evidence that the structured PSS approach is appropriate to the current and near future capacity and resourcing context of Iraq <p>NB. It should be noted that data and findings for this objective will come from evidence for the indicators cited below in relation to EQ8, 9 and 10 but it is likely that other EQ findings will have relevance to consideration of the nexus notably EQ2, EQ5, EQ7, EQ11 .</p>
EQ		Evaluation Questions	
Relevance			
		EQ1. To what extent do stakeholders of different ages and genders—particularly children, parents and communities—feel that the structured PSS programme’s objectives and activities are tailored to beneficiaries’ MHPSS needs and cultural context across geographic sites of operation?	<ul style="list-style-type: none"> Community-level feedback that objectives and activities and indicators are appropriate Evidence of community engagement in the design and evolution of the PSS approach, e.g., feedback systems and C4D involvements Evidence of appropriate translation of materials used, including questionnaires for pre- and post-testing Evidence that the objectives and activities have been adapted to different group needs, including those of IDPs, refugees, returnees, host beneficiaries and communities

<p>EQ2. What are the sociocultural barriers to UNICEF structured PSS approach and how have UNICEF and partners worked to identify and address these barriers?</p>	<ul style="list-style-type: none"> • Evidence that potential socio-cultural barriers were considered in the design of the structured PSS for Iraq • Evidence of monitoring for any sociocultural barriers to structured PSS during programme implementation • Evidence of adaptation of the approach to identified sociocultural barriers • Evidence of a learning and adaptive approach taken by UNICEF and partners to the move to and rolling out of the structured PSS approach
<p>EQ3. To what extent are partners using the child protection sub-cluster approved structured PSS programme?</p>	<ul style="list-style-type: none"> • Partner activities are in line with the approved programme and cover the three areas of personal well-being, interpersonal well-being, skills and knowledge Identification of lessons to understand the reasons for structured PSS approaches that differ from the approved programme
<p>Efficiency</p>	
<p>EQ4. To what extent does UNICEF and implementing partners with structured PSS programming use their resources in a way that allows for cost monitoring and maximum achievement per dollar of investment (cost of response/beneficiary) as compared to other MHPSS programmes operating in the same geographic areas?</p>	<ul style="list-style-type: none"> • Evidence that partner and UNICEF officers report in ways that enable the cost of structured PSS to be identified clearly • Evidence that financial reports can be linked clearly to beneficiary numbers • Evidence of consistency in how beneficiaries are counted • Lessons about how achievements beyond beneficiary numbers can be tracked
<p>Effectiveness</p>	
<p>EQ5. How have rights holders' skills and knowledge, emotional well-being and social well-being changed over the course of the programme?</p>	<ul style="list-style-type: none"> • Evidence about the changes in children's well-being from before to end of the intervention • Evidence that M&E systems are capturing change in children's well-being • Lessons about sustaining benefits and ways to identify these, accounting for the different groups involved (returnees, IDPs, refugees, hosts)
<p>EQ6. To what extent did high-quality, structured PSS programming, as defined by international guidelines on MHPSS programming, reach vulnerable refugee, IDP and returnee children in the geographic target areas and why (geographic coverage, duration, children reached vs. children in need)?</p>	<ul style="list-style-type: none"> • Evidence of coverage of the programme in relation to need (focus on 2019) • Evidence that criteria for prioritization of resources (geographical targeting and individual) was based on need • Lessons about balancing demands of meeting need with maximizing numbers reached, access and other criteria
<p>EQ7. How, if at all, did the structured PSS programming change the way that rights holders engage with and regard community-based child protection structures, service providers and social norms?</p>	<ul style="list-style-type: none"> • Evidence of children and their families' willingness to take up referral services following structured PSS involvement • Evidence of any change in recognition of needs of children affected by conflict for PSS and support for interventions to meet this need
<p>Nexus</p>	

EQ8. To what extent have PSS decision-making bodies (government, civil society, development agencies) and implementing partners taken actions to ensure that the structured PSS programme will become institutionalized financially, organizationally and otherwise in the absence of humanitarian assistance?	<ul style="list-style-type: none"> • Evidence of decision-making bodies making provision in their longer-term plans for structured PSS • Evidence that financial and technical assessments and plans to institutionalize structured PSS are being made jointly by (UNICEF and Government)
EQ9. To what extent has the capacity of national PSS authorities, organizations and service providers been strengthened as a result of UNICEF and partner PSS programming?	<ul style="list-style-type: none"> • Evidence of linkage between UNICEF emergency PSS interventions and strategy with longer-term system strengthening strategy • Evidence of linkage between UNICEF strategy for longer-term PSS intervention and partners, including government planning • Evidence of skills development among authorities and service providers • Evidence of strengthened linkages with related services: education, CP referral system
EQ10. To what extent has the coordination of agencies providing psychosocial support interventions for children in Iraq been successful in closing service gaps and creating referral mechanisms that are likely to endure in a development context?	<ul style="list-style-type: none"> • Evidence that duplication of efforts has been avoided • Evidence of responsiveness to gaps, including services and quality of existing services (e.g., of the existing mental health services) • Evidence of responsiveness to new emerging/identified needs including those of returnees • Evidence that humanitarian exit strategies are placed and jointly planned with development actors

Gender	
EQ11. How did/do the structured PSS interventions, including design and monitoring procedures, specifically address gender issues?	<ul style="list-style-type: none"> • Evidence that gender issues are considered in the assessment of structured PSS needs and the monitoring of programme results • Evidence that gender issues are considered in the implementation of structured PSS interventions from both the beneficiary/community and also the service provider perspectives.

5. EVALUATION APPROACH AND METHODOLOGY

53. The overall approach of the evaluation is a mixed- method approach. It includes quantitative analyses of existing data (listed in Annex 6). This will be important particularly for questions around the effectiveness and coverage of structured PSS interventions which relate closely to the first objective of the evaluation to consider contributions to children’s well-being. Qualitative data collection will also be important in this regard to gather the perspectives and experiences of key stakeholders involved in the delivery of the PSS intervention as well as other evaluation dimensions.

54. The methodology detailed here is one that aims to facilitate a learning process and an ethical approach. Key principles include:

- Commitment to an ethical approach (see Section 5.3 – Ethical considerations)
- Commitment to producing an evaluation of practical value and to support learning

- Commitment to flexibility to respond to an evolving context in light of security, COVID-19 and other contextual considerations.
55. The evaluation is guided by a commitment to facilitate learning. The evaluation design and approach have been developed in cooperation with key stakeholders in UNICEF to enable a learning approach and build ownership of its findings. While COVID-19 restrictions limit some options for this (e.g., in-person workshops), a participatory approach will run through the evaluation. e.g., through focus group discussions (FGD), validation workshop(s) and ongoing discussion and liaison with UNICEF Iraq evaluation and child protection teams during data gathering and analysis.

Flexibility

56. **COVID-19.** The evaluation was originally scheduled to take place at an earlier date, but plans were disrupted due to the COVID-19 pandemic. COVID-19 has resulted in changes to how the PSS interventions are delivered, e.g., group activities, the basis of structured PSS were suspended, emergency PSS interventions were designed including home PSS kits, home visits were undertaken, and guidance notes were issued to manage social distancing as some group activities began again. This has implications for the evaluation methodology as detailed below given that 2019 was the only year when structured PSS activities ran without disruption.
57. The evaluation is designed to be flexible and adaptive to the changing context. It aims to present a clear plan for its execution but with built-in flexibility to account for contextual change e.g., a long list of potential sites for data collection for each governorate has been identified and security advice secured for these already to provide some contingency in case of changes in the security of selected sites.
58. The design of the evaluation is one that responds to both the questions of the ToR and also the context. The context is fluid due to the features of COVID-19–related restrictions on movement internationally and meetings of IDP movement as camps close and of security which fluctuates in Iraq and saw a recent security incident in Baghdad in January. In response, the evaluation combines both remote and in-person methods of data collection and teamwork. Remote methods will be used when it has been assessed that it will not damage the quality of data and indeed will enhance the safety of participants, i.e., KII with stakeholders in government, UNICEF and partners. In-person data collection has been assessed as more appropriate for community-level participation particularly that of children who are the intended primary beneficiaries of the PSS interventions.
59. COVID-19 also had other implications for the evaluation methodology. The methodology has been amended from the original draft plan due to restrictions on international travel so national team members have been recruited to support in-person data collection with mechanisms now drawn up to ensure the quality of data collection and collective team analysis as detailed in later section on team communication (Section 6.1).

5.1 Data Collection and Analysis Methods

Secondary data analysis

60. The ET will build on the initial document review in the inception phase and undertake analysis of documentation and data in relation to the evaluation sub-questions and criteria now established in the evaluation matrix (Annex 2). Existing data will be particularly important for the assessment of EQs related to effectiveness and coverage of PSS services which combine to give findings on the scale of outcomes achieved in the approach. A preliminary review of data available suggests that for 2019 UNICEF contribution to coverage of needs and targeted beneficiaries can be estimated. Due to programme alterations resulting from the pandemic, it is unlikely that coverage can be estimated for 2020.
61. The data review will include an analysis of the reach of UNICEF in terms of its internal targets and success rate to be provided by UNICEF CP.

62. In order to determine the effectiveness of structured PSS activities, the ET will review a sample of implementing partners' (IP) monitoring data (from Dohuk, Erbil, Ninewa, Sulaymaniyah and Salah Al-Din). This includes their reports to UNICEF and the IP KOBO survey results detailing results of pre- and post-structured PSS tests.
63. All data analysis will be disaggregated as much as possible by status (refugee, IDP, returnee and host community member) and sex and, where possible, specific to the governorates of interest (Dohuk, Erbil, Ninewa, Sulaymaniyah and Salah Al-Din).

Methods for Community Face-to-Face Data Collection

64. In-country data collection will focus on community-level stakeholders (children, parents, community members, camp coordination committee). FGD will be used to collect data. A list of 7 sites has been developed in consultation with UNICEF and is detailed in the later site selection and sampling approach. Data will be gathered from other stakeholders will be gathered through KII , FGD and surveys.

Community face-to-face data collection will rely on FGDs using the tools in Annex 3. Although these tools are considered final, there is space to make changes based on the first field FGD and feedback from beneficiaries. FGD will all be carried out with flexibility, being modified as needed based on the relevant interventions and issues (camp coordination committee members). The method has been validated by other studies to provide valid and reliable experience about children's experience and is based on the recommended approaches laid out in the UNICEF inter-agency guidance for evaluation of PSS programming in emergency contexts.³⁷

65. The planning and implementation of these FGDs will take into consideration ethical aspects as detailed in the section on ethical considerations and Annex 3 A (data collection tools). They will also be carried out to ensure confidentiality and privacy for participants i.e., in spaces where participants cannot be overheard. All data will be accessible to the ET only.
66. The methods will also ensure community participation in:
 - Supporting ET in identifying groups of children, which will participate in FGD: in each site visit, child participants to one of the FGDs will be encouraged to invite 5 other children to a new FGD (details in Annex 3)
 - Determining local definitions of well-being: FGDs will focus on the local definitions and perceptions of well-being and help understand if it was taken into account in the programme's design and activities
 - Providing their views on the structured PSS approach: its relevance, effectiveness and lessons for the future
 - Considering the extent that community's feedback helped in the adaptation of the structured PSS activities before or during implementation
 - Providing feedback on draft results: a simplified executive summary of the main findings and recommendations (1 page) will be shared with community members who were interviewed with the help of partner staff on the field.

Remote KII/FGD

³⁷ . Please see UNICEF Inter-Agency Guide to the Evaluation of Psychosocial Programming in Emergencies, United Nations Children's Fund, New York, 2011. PP 82 to 99 explains in detail the qualitative methods suggested in the tool (scenarios, free listing and mapping tools).

67. The ET will undertake a set of virtual key informant interviews (KII) and focus group discussions (FGD) using a platform of choice (Skype, Zoom, Viber, phone calls, Microsoft Teams, etc.) for the stakeholders. These will be with UNICEF staff, partners, government authorities, PSS trainers, PSS facilitators and be drawn from the governorate and national levels. A full list of requested interviews is in Annex 8. The ET will liaise with UNICEF CP to identify the most appropriate interviewees from the categories listed. They can also be invited to the UNICEF CO offices or sub-offices to engage in an interview via the UNICEF online platform as another option for communication.

Data Analysis

68. Following data collection, all data will be analysed in relation to the EQs and the criteria elaborated in the evaluation matrix. The evidence matrix adapted into a grid will enable the ET to consolidate the major observations from across evaluation data. Team members have been allocated focus areas for the evaluation. In advance of the meeting, team members will produce an initial analysis against their focus evaluation question areas. The process of analysis is facilitated by the evaluation matrix. The ET will meet virtually for a series of analysis meetings. This will be in addition to regular (weekly) team meetings during data collection (see team communication below 6.1). In the analysis meetings, the team will identify, present, compare and triangulate findings from across the different data collection sets and methods in relation to the evaluation questions and assessment criteria .
69. **Validation for Emerging Findings** – Emerging findings will be tested, discussed and further refined through workshops designed for validation and refinement of evaluation findings as well as to contribute to the development of recommendations. A workshop will be held with the UNICEF CP team and partners (maximum 10 people). The workshops will be for 90 minutes and cover:
- i. ET presentation of emerging findings
 - ii. Discussion through breakout groups and in plenary on specific findings and their implications for future PSS approach.
70. Workshop findings will feed in directly to the ET development of conclusions and recommendations. Opportunities and feasibility for the Youth Advisory Panel will be explored with UNICEF evaluation team at this point.

Gender

71. Gender considerations are integrated into the evaluation methodology. Based on the United Nations Evaluation Group (UNEG) guidance³⁸ and based on the principles described in the United Nations SWAP Evaluation Performance Indicator (EPI) technical guidance³⁹, the methodological approach will further integrate a gender-equality lens as part of the overall analysis. Disaggregated data will be used for analysis and is requested (see Annex 6). ET primary data gathering will ensure the participation of boys and girls of different ages including children with disabilities in safe spaces which will be identified by the UNICEF partners and discussed in the briefing with the ET and UNICEF CP in advance. Data analysis will be along disaggregated lines. ET questions will include consideration of how the PSS approach identified and accounted for relevant gender issues.

5.2 Quality Assurance

72. Quality assurance in evaluation refers to the process by which evaluation standards will be upheld. In this case, UNICEF uses the GEROS system. The evaluation quality will be addressed in several ways throughout the process. First, through the application of core GEROS standards; second, through approaches supporting data reliability, consistency and accuracy; and third, through support and oversight provided by KonTerra.

³⁸ United National evaluation Group (UNEG) Ethical Guidelines for Evaluation (2020)

³⁹ UN SWAP 2:00 Framework and Technical guidance (2020)

73. The UNICEF Iraq CO Evaluation Manager (EM) will provide quality assurance for the evaluation process and all deliverables (inception report, preliminary findings presentation and draft report). The EM will liaise with UNICEF internal ethical review structures to ensure their review and quality assurance support including sign-off. The UNICEF Middle East and North Africa Regional Evaluation Adviser will also review the final deliverables to ensure their quality.
74. An Evaluation Steering Committee (ESC) has been established by the Iraq CO composed of relevant key stakeholders. Its main role is to review the draft evaluation report and approve the key deliverables of the evaluation. UNICEF will coordinate the ESC inputs throughout the evaluation process and act as the link between the evaluation team and the ESC.
75. The Konterra ET also has internal quality assurance checks which include:
- Adoption of a systematic approach to analysis, ensuring validity and transparency in the relationship between findings, conclusions and recommendations. Findings from diverse evidence streams will be consolidated in a structured way through an evaluation grid which also provides a means to triangulate evidence (i.e. data from document review, KII, FGDs and from different types of stakeholder).
 - Regular communication will be important to ensure quality and consistency in approach. This includes daily communication with the national consultants, regular communication to link emerging findings from community-level stakeholders to ongoing data collection from other stakeholders and ongoing team contact in weekly meetings. Interview notes and data analysis will be stored in shared folders to enable their review by the Team Leader and to ensure quality.
 - Triangulation methods will include the following: (i) findings will be based on data from more than one source; (ii) the use of different methods to explore the same aspect; (iii) the involvement of different team members to explore the same aspect of the evaluation and ensure that findings are fully endorsed by all team members rather than being the province of one particular area of specialism (see Table 9 for summary responsibilities and Annex 7d for more detailed division of labour)
 - **Shared analysis** – As described above, the ET will regularly come together virtually during the analysis phase to ensure full consolidation of evidence against the evaluation matrix and to confirm and debate emerging analytical themes. The use of structured and semi-structured tools for data collection (FGDs, KII, survey) linked to the evaluation matrix will ensure that findings are directly traceable to evidence and any tensions or contradictions within the evidence are transparently recorded so that they can be explored and assessed through the analytical process.
 - Quality assurance of all products will be undertaken by a KonTerra staff member specialised in UNICEF QA systems before submission of drafts and revised documents to UNICEF.
 - There is no conflict of interest affecting members of the ET.
 - The quality and consistency of data gathering at community level will be supported and assured through the following measures:
 - A) **Recruitment criteria** - the recruited national consultants are trained and have experience in conducting FGD.
 - B) **Training** - Training for the evaluation national consultants will take place as a comprehensive online session led by the ET PSS specialist with the Team Leader. It will ensure the following outcomes:
 - A harmonized approach of conducting FGD, raising interest of participants and ensure a participatory dynamic

- Managing difficult situations in the group in case a disclosure of a traumatic situation takes place or in case any of the participants is angry or frustrated, how to provide a harmonized support within the group and steps to follow in case a referral to specialized mental health services or to protection services is needed
 - A detailed discussion of the evaluation matrix and objectives
 - A detailed review of the FGD questions and documentation template
- C) **Communication** - To mitigate information loss, a coaching and follow up process by the ET PSS specialist is planned with each consultant after each FGD in the first days of field evaluation and daily during the next days. In addition, to ensure a short feedback loop, all the ET will participate in a debrief and discussion with national consultants at the end of each 4-day period of data collection per site.

5.3 Ethical considerations

76. The evaluation is underpinned by an ethical approach. Key principles include:

- Commitment to ensure no harm to participants
- Respect for cultural norms
- Commitment to an inclusive approach
- Commitment to ensure participation in the evaluation is voluntary, fully informed and with full consent
- Commitment to confidentiality and anonymity of participants

77. The evaluation approach follows UNICEF⁴⁰ and UK FCDO⁴¹ ethics guidelines. The approach is also guided by sector standards of good practice such as developed by WHO.⁴² Consent will be essential in any interviewee and all interviewees will be anonymised. Affected people will be included in community consultations but survivors will not be a target group of the evaluation.

78. Given the nature of the evaluation and of the vulnerabilities of the beneficiary group(s) this is crucial. The evaluation will not be exploring children's experiences which led to participants' involvement in the PSS programme but rather will focus on their experience of the programme and perspectives of its relevance though some aspects of the FGD tool explore their perceptions of the difference participation in PSS made to them. For this reason, effectiveness questions will be managed mainly through analysis of secondary data and interviews with partner and UNICEF staff to explore their perceptions. Participation in the evaluation will be totally voluntary with all participants fully informed of its purpose and how their input will be used.

79. The psychosocial well-being of beneficiaries or participants is paramount. Despite the measures mentioned above, data gathering might create discomfort or might remind participants of a difficult period of their lives, especially that stressors related to the current pandemic or to the closure of camps should be taken into consideration. The ET members conducting the field visits are experienced psychologists/PSS specialists. Data collection tools for FGDs are specifically designed to avoid causing discomfort or any distress. In the case of any negative impact on the well-being of interviewees, the FGD will be halted, and support provided by PSS specialists. In addition, psychological support will be identified in each site in advance in the preparatory meetings with

⁴⁰ UNICEF Procedure for Ethical Standards in Research Evaluation, Data Collection, and Analysis

⁴¹ DFID Ethics and Principles for Research and Evaluation, 2011.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67483/dfid-ethics-prcpls-rsrch-eval.pdf .

⁴² WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies. http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

UNICEF IPs in order to provide support to any participant if needed as identified by the ET national consultants who are experienced in PSS themselves e.g., via partners' PSS facilitators.

80. The ET will gather verbal consent from participants before interviews and discussions begin. At community level written consent will be secured and for children this will include parental consent as well as the children's verbal consent. Interviewees will be informed at the start of the interview regarding the purpose of the evaluation, their voluntary participation and the confidentiality of all their responses (see Annex 3). It seeks to be inclusive in data gathering phases and to ensure the involvement of all parts of the community in line with UNICEF age, gender and diversity policy.
81. The evaluation Inception Report has been the subject of a UNICEF Ethics Committee Review and has been approved. The Ethics Committee will be kept informed of any changes in the evaluation design.

Data Management

82. The evaluation will also adhere to the ethical considerations related to safety, confidentiality and data protection. Although the ET will be using their own computers, once data is collected, data protection measures will be used to ensure respondent confidentiality across all data instruments. Any data shared with the evaluation team will be stripped of any personal information.
83. For the qualitative data, all interview notes from the evaluation team including national consultants will be kept electronically on password-encrypted computers. Personal names and other potential personal identifiers will be removed from the data prior to analysis. Data analysis will be carried out only by the evaluation team members to ensure confidentiality. Data compiled in reporting will be aggregated so that individual responses cannot be traced to specific locations or individuals. Reference to specific examples will be anonymised. Both quantitative and qualitative information will be maintained on evaluation team computers only until the finalization of the report, at which time it will be deleted to protect individuals further from possible identification.

5.4 Methodology Limitations and constraints

84. **Data and Documentation** – There is limited collated documentation regarding the contributions of PSS to children's well-being (effectiveness) particularly at outcome level. Most detailed data is held at local partner level and the quality of this is reported to be variable. In addition, there have been changes in the ways that data is collected, so the aggregation of data for some evaluation questions is difficult, particularly in relation to the effectiveness of PSS support. As flagged in the initial Konterra proposal, primary data collection will focus on relevance of the approach to children's well-being and perceptions of change of a range of stakeholders will also be collected. This should be sufficient to ascertain trends in effectiveness though not quantifiable measures of the extent of change experienced by children (if any).
85. **Recall and Sensitivity** – The evaluation methodology is reliant to some extent on data from 2019, which was the only year when structured PSS was implemented without COVID-19-related restrictions. Thus, some aspects of data collection rely on asking beneficiaries to "recall" or evaluate the activities sometime after the event which may impact on their quality.
86. **Festivals and Holidays** – The evaluation is scheduled to conclude before camps close. This means the timing overlaps with a number of holidays, including Ramadan, Nowruz and Easter which limits the flexibility of the evaluation to respond to fluctuations in the context e.g., due to security or new COVID-19 restrictions. The evaluation plan works around these holidays (Annex 7).
87. **Semi-remote approach** – The evaluation design has been adapted to respond to the COVID-19 conditions. This means it includes in-person and virtual data collection by national consultants with community-level stakeholders and other data collection by a core team. Communication between team members is virtual rather than in-person. Regular communication systems have been put in place to ensure the development of a consistent and shared approach and understanding. The

team, both national and international consultants are made up of experienced personnel with skills in the relevant areas e.g., all national consultants have strong PSS and evaluation skills.

88. **Remote Data Collection** – Even if users are very familiar with online platforms and/or telephone interviews and well connected, online interviews tend to be less nuanced than in-person interviews. However, the overall content and substance are not likely to change though the level of detail related to each element may be reduced. It is not clear whether stakeholders will speak with the same level of frankness and openness in a video conference/telephone discussion as they might do in a face-to-face interview and this might be further affected by poor connectivity or audibility. The ET will encourage people to participate in remote discussions in places which are private, but they are not able to guarantee that, and it can be challenge given COVID-19 restrictions on movement.
89. Remote data collection reduces the team’s opportunities for informal engagement with UNICEF CP team and partners which are for gaining additional information and understanding of the context. This might reduce the degree to which achievements of results can be quantified and adequately triangulated. It is also likely to affect the generation of ideas for recommendations for future programming, but the methodology presented here is as robust as can be in these conditions and the ET is confident it addresses the EQ systematically and to depth to provide high quality contribution to UNICEF and others’ learning and future planning.
90. The process of managing a semi-remote evaluation will require a longer time window due to potential scheduling challenges or connectivity issues leading to rescheduling for remote interviews. In addition, the discussion between team members and consolidation of findings will take significantly longer as the team is not together throughout the fieldwork. Findings will need to be collated and discussed at specific points, both during and following data collection, prior to their synthesis and preparation for debriefing and report preparation. Additional time will need to be planned for data reporting and analysis. These measures have been built into the timeframe presented and mechanisms for close communication, already established in the inception phase, will be sustained.

6. SITE SELECTION AND SAMPLING APPROACH

6.1 Site selection

91. The evaluation methodology identifies five governorates in which the ET will assess the relevance, efficiency, effectiveness and humanitarian-development nexus aspects of structured PSS. As detailed earlier, the ET has proposed one change to the list replacing Diyala with Salah al Din for the reasons given including its increased ability to provide insights to humanitarian-development nexus aspects of the approach.
92. In all five governorates the ET will gather data from stakeholders from the categories listed in Section 2.4. Remote evaluation methods will be used together with input from UNICEF staff, implementing partners staff including PSS facilitators and programme staff, and relevant government officials drawn from health, education and social affairs departments among others as listed in Annex 8.
93. Community-based data collection will focus on specific sites. The following criteria have been used to guide site selection. The collective set of selected sites for in-person data collection will:
 - a) Include a range of locations across different governorates
 - b) All be places where UNICEF-supported structured PSS activities have taken place since 2019 and children remain present i.e., participants from 2019 are accessible and activities are continuing now in some adapted form.
 - c) Minimise security risks to evaluation participants, the partners, UNICEF staff and ET
 - d) Represent a set of sites with different types of UNICEF partner including government, INGO and NGO

- e) Include a range of types of beneficiaries
 - f) Maximise time for data collection.
 - g) Exclude areas where the situation is volatile such as camps that are closing (this means the locations are subject to change if context changes based on UNICEF security guidance)
 - h) Exclude areas where security restrictions result in considerable constraints on time available for data collection (e.g., due to requirements to leave the area by 1pm.).
94. The number of sites selected has been guided by criteria that days available for data collection in each:
- a) Enable sufficient days/time to allow data collection to cover a range of stakeholders in that location (children of different ages, gender, parents, community members, camp coordination committees)
 - b) Enable adherence to COVID-19 restrictions. COVID-19 guidance limits group size to 5 so more time in fewer locations is necessary. Guidance is also for meetings to be places which are well-ventilated which excludes home visits to PSS participants.
95. Guided by these criteria, the ET in consultation with UNICEF CP selected seven sites for community-based data collection across four governorates (Erbil, Dohuk, Sulaymaniyah, Nineveh). All sites are camp-based due primarily to security restrictions and the limited scale of structured PSS outside of camps at this point. Remote data collection methods will be used in Salah al Din with the stakeholders being addressed through these methods in the other four governors.
96. This selection means there is no direct data collection from returnees or host community members which is a limitation. However, the ET notes from its inception meetings there have been limited PSS activities in non-camp settings in 2020 due to COVID-19 restrictions and in most locations structured PSS has not restarted yet in 2021. However, data analysis and remote interviews with partners (government and NGO) including the PSS facilitators as well as UNICEF staff will consider these populations. In addition, remote KII and FGD will explore the lessons from the COVID-19 experience and associated restrictions on group-based interventions and thus the flexibility of the structured PSS approach. Data analysis of coverage statistics will also consider the scale of community-based interventions in non-camp settings in relation to identified need where data is available.
97. In terms of camp selection, the ET considered the full list of the 30 camps in which UNICEF-supported PSS interventions are currently active. Based on consultation with UNICEF and guided by the ET criteria plus resourcing considerations, the following 7 sites are selected (representing just under 25% of camp-based sites in which PSS is supported by UNICEF). There is flexibility in the plan if the situation changes and these sites need to be adjusted to others, ideally in the same governorate.

Table 7. Site selection

Governorate	Site selection	Type of community	Partner
Dohuk	Berseve 1	IDP	NGO
Dohuk	Shariya	IDP	NGO
Erbil	Qushtapa	Refugee	DoLSA
Erbil	Baharka	IDP	NGO
Nineveh	Sheikhan	IDP	VOP

Nineveh	Hasansham U3	IDP	INGO/Terres des Hommes
Sulaymaniyah	Ashti	IDP	DoLSA

6.2 Sampling strategy

98. In each site selected in-person data collection will focus on the following groups. The total number of FGDs in each will be approximately 8-10 FGD to involve a total of an estimated 350 participants.

Table 8. Sampling

Camp	Comment	Number of participants per site	Number of participants per category (7 sites)
Groups of children (5 per group) x 4-6	Differentiated by age and gender: 7 to 10 years, 11 to 13, 14 to 16.	30	210
Groups of parents/caregivers (5 per group per gender) x 2	Female and male groups held separately	10	70
Camp community members (5 per group) x 1		5	35
Camp coordination committee members x 1		5	35
Total		50	350

99. Participants in FGD will be selected in the following way. The members for community FGD will be identified by the local partners based on their knowledge of and/or contact with the PSS activities and children generally. For children and parent/care-giver FGD, the ET will request from the relevant UNICEF partner a list of children from across the age groups including boys and girls who have participated in structured PSS activities and who remain in the camps. The ET will undertake random selection for the group based on gender and age groups (template for partners' use is in Annex 3.1 A). In addition, to enable greater community participation and direct in and to the evaluation at least one or more time slots will be left open in the evaluation schedule in each camp to enable a more spontaneous, community-directed selection process for FGD with children who have participated in PSS activities (see Annex 3.1A for details).

100. Additional insights from community level will be enabled through remote data collection which will include FGD with PSS facilitators of the local partners facilitating site visits, UNICEF monitors as well as partner project staff and UNICEF CP teams (see Annex 8- list of remote interviews and FGD requested).

6.3 Remote data collection

101. The ET have identified stakeholders to be invited to participate in evaluation data collection. These are based on the stakeholder list detailed earlier and include people at governorate and national level as well as some partner staff working at district level.

102. Annex 8 details a full list of the planned interviews and FGD to be undertaken remotely via Zoom or similar modalities. At the evaluation phase start-up, the ET will liaise with the UNICEF CP team to identify the specific persons that are relevant in each governorate and organisation. The ET anticipated undertaking a total of 12 remote FGD (approximately 48 people) and 48 KII. This will involve an estimated total of 96 people from across government, UNICEF, partners and other.

103. Two surveys will target a full list of partners' PSS facilitators and those who participated in the PSS ToT. It is estimated that the surveys will include 85 respondents.

7. WORKPLAN AND DELIVERABLES

7.1 Team Composition, roles and communication

104. The team is composed of a three-person core team made up of a team leader/evaluation specialist, child protection/PSS specialist and humanitarian-development specialist. The team is supported by and working closely with 2-3 national consultant(s) who are PSS specialists with language skills (Arabic, English and in some cases Kurdish). The roles and modality of working is summarized below.

Table 9. Team members and roles

Name	Role	Focus Areas/EQs	Working Modality
Teresa Hanley	Team Leader	<ul style="list-style-type: none"> Overall evaluation and team management Relevance (EQ1, EQ2) Effectiveness (EQ6) 	Remote
Marie-Adele Salem	Child Protection Specialist	<ul style="list-style-type: none"> Community-level data collection (in-person and oversight of national consultants) Relevance (EQ3) Effectiveness (EQ 5, EQ7) 	Mixed in-country (Kurdistan) and remote
Hisham Khogali	Humanitarian/Development Specialist	<ul style="list-style-type: none"> Humanitarian-development nexus (EQ8, EQ10) Gender (EQ11) Efficiency (EQ4) 	Remote
National Consultants	PSS/data-gathering expertise	<ul style="list-style-type: none"> Relevance and effectiveness (community perspectives) 	In-country

105. Each of the core team members is taking a lead role for dimensions of the evaluation relating to the overall purpose of the evaluation and specific evaluation questions. While these comprise areas of focus for individual team members, it should be noted that team members will be involved in collecting data across the evaluation questions and in developing a shared analysis of key findings, conclusions and recommendations. The more specific tasks of each team member are detailed in Annex 7.

Communication in team and UNICEF and IPs

106. Communication within the ET (both the core members and the national consultants) will follow the process detailed below to enable consistency in approach and the development of a shared analysis of data, findings, conclusions and recommendations.

Community-based in-person data collection

- The ET PSS specialist and TL will provide an initial training and briefing session to all national consultants (scheduled for w/c March 7th). There will also be preparatory meetings involving the national consultant, ET PSS specialist and TL with the relevant local partners involving UNICEF CP officer/advisor for practical planning (see below).
- The ET PSS specialist will work closely with each national consultant involved in data collection. The ET PSS specialist will liaise with national consultants daily during data collection to provide

support and technical oversight. This will comprise end of session debriefing in the first days and a daily debriefing at the end of day, as well as support and advice during the course of data collection as needed. This will also allow for any adjustments that might be needed to the data collection tools to be made.

- The national consultants will participate in collective discussion involving the entire core ET following the final day of data collection and initial analysis of data from each site.

Core team communication (internal)

- There will be scheduled, weekly core team meetings to review data collection, emerging themes to pursue and address any issues, Other ad hoc meetings will be held when required.

Core ET with UNICEF

- There will be a weekly meeting between the ET TL with the UNICEF Evaluation Manager and UNICEF CP Specialist to review progress and agree any amendments required.

Core ET and UNICEF implementing partners

- UNICEF will communicate with partners to introduce the evaluation and agree inputs from partners. Following this, the UNICEF CP will set up a virtual meeting to introduce the evaluation and the ET to implementing partners and discuss any queries regarding evaluation requirements from partners (documentation and data provision, participation in virtual FGD and KII, promotion of the ET survey to PSS facilitators). The timeline foresees this occurring in the first week of March.
- UNICEF CP will set up a preparatory meeting between the ET and IPs hosting site visits for each governorate at least one week in advance of site visits. IP responsibilities include:
 - a) setting up site visits including identification of location of FGD
 - b) provision of relevant documentation including potential FGD participants as described in Annex 3A and sampling section
 - c) inviting selected FGD participants to participate in FGD on the agreed date and time
 - d) securing written consent from parents for their children to participate
 - e) facilitation of site visits including agreement regarding travel (the ET will be independent in terms of transport provision but liaise on times etc) and any other practical points.

7.2 Timeline

107. The timeline for the evaluation is summarized below. The detailed workplan is attached in Annex 7, which lays out the activities in each month, those to be undertaken remotely and those to be carried out in-country and a schedule and itinerary for the evaluation.

Table 10. Evaluation Timeline

Month	Activities and Deadline
February/early March	<ul style="list-style-type: none"> • Finalization of the inception report based on the steering group feedback • Planning logistics for data collection phase

March	<ul style="list-style-type: none"> • Start-up meetings to finalize the itinerary and site selection based on updated security briefings (Konterra’s own, and any provided by UNICEF) and any other factors (camp closures) • ET briefing for UNICEF CP team of activities to be undertaken at governorate and national levels remotely and in-person • Briefing(s) for partners supporting community data collection • Data collection through in-person meetings (evaluation team CP specialist and national consultants) and remote methods
April	<ul style="list-style-type: none"> • Final data collection • Evaluation team data analysis and presentation of preliminary, emerging findings • Sharing main findings with interviewed community members with the help of field staff (summary short note) • Report drafting
May	<ul style="list-style-type: none"> • Report drafting • Quality assurance • Draft report submitted • UNICEF feedback on draft (2 weeks)
June	<ul style="list-style-type: none"> • Final report submitted • Additional presentations to UNICEF CP, management and steering group
July	<ul style="list-style-type: none"> • Finalization of the evaluation outputs

7.3 Support and information required from UNICEF

108. A list of documentation and data requested to support the evaluation is attached in Annex 6. The list is based on documentation and data understood through inception interviews to be available.

109. Support requested from the Iraq Country Office for data collection in Iraq is presented below. The ET will need support for logistical arrangements in this semi-remote approach. It is expected, based on past experience, that this approach requires more time and energy from both the ET and the commissioning and hosting organisation, than a normal evaluation. The implementation of all the activities and workplan is based on this support. Support needed includes:

- Support from UNICEF CP and evaluation teams in the initial liaison with UNICEF partners to agree their participation and contributions to the evaluation as described earlier depending on their role (whether hosting ET site visits for data collection and/or participating in virtual data collection and provision of documentation).
- Preparation of a list of targeted stakeholders to be contacted and interviewed based on those listed in Annex 8. UNICEF will liaise with the relevant stakeholders to introduce the evaluation, secure their permission to be contacted and interest to participate in the evaluation.
- In relation to external stakeholders UNICEF will facilitate introductions to the stakeholders and provide the ET with up-to-date contact details. The ET will set up interviews but if there are repeated no-shows to agreed meetings UNICEF will step in to trouble-shoot and/or the planned interviews will be removed from the list.
- Facilitation of the BSafe Security training as required and sharing of periodic security briefs to the team on the ground

- Advise as necessary to providers of adequate means of transport for all field visits
- Availability for frequent meetings with the evaluation team – It is important for the team leader to schedule regular meetings with the EM & CO once a week to troubleshoot and obtain follow-up/information documents as needed in real time. Further details are listed in the earlier section on team communication.
- Provision of materials needed for use by community members in field visits, community-based data collection. The following items will be needed by the evaluation team national consultants and/or partners hosting visits for use with community members in community-level data collection. The process to ensure their availability will be discussed and finalised in a start-up meeting between UNICEF, partners and the ET scheduled 9 March 2021:
 - Paper, pens and crayons (that children can take away)
 - Hand sanitizer
 - Masks for participants.

7.4 Risks and mitigation measures

110. COVID-19 and insecurity both pose risks to the evaluation plan. They impose some restrictions on the ET's access to key stakeholders, particularly community level participants and this has been addressed in the evaluation design through presentation of a realistic scale of primary data collection at community level, adaptation to the anticipated mode of working for the core ET and timing of evaluation activities extended to take account of the time required for remote working in this condition. We have designed the evaluation to maximise opportunities for beneficiary involvement given the constraints but will work with national consultants and keep in close contact with UNICEF CO to maintain the safety of the evaluation's participants and ET themselves i.e., using remote data collection where feasible.
111. National Consultants have been identified who reside in KRI areas. The proposed itinerary is within reach of the consultants in current conditions. Where possible a consultant is working in the governorate of their residence. If access become a challenge due to further changes in the COVID-19 conditions or other reasons the ET will discuss UNICEF evaluation focal points to agree a way forward.
112. The ET approach will work in line with UNICEF COVID-19 guidance during in-person data gathering at community level. This will include:
- Limitation of group discussions to five participants plus the ET facilitator and translator if needed
 - Holding group discussions in areas of good ventilation
 - Maintaining guidance regarding numbers of people travelling together by car
 - Ensure UNICEF or partner provision of hand-sanitiser and use of masks for FGD as advised
 - Maintaining social distancing guidelines.
113. The potential for fluctuations in security and COVID-19 restrictions pose risks to the evaluation plan and this is further exacerbated by current changes underway in relation to IDP Camps. Inception briefings to the ET emphasised that the situation is changing rapidly in Iraq with IDP camps closing and people returning to their homes. The evaluation is being timed to maximize opportunities to capture lessons from the experience of participants in the UNICEF PSS before it becomes more difficult to locate them. However, it is not appropriate to try to reach community members in camps that are closing imminently due to a mix of security, ethical and practical constraints. The methodology seeks to avoid these camps.

114. Risks to the workplan include the potential closure of planned sites for data collection due to COVID-19 restrictions or security. In this case the ET will seek to adjust plans and has already identified additional sites in consultation with the UNICEF CP team and based on security guidance which provide alternatives as a contingency measure. If these are also not possible options, the ET will explore the potential to shift the planned in-person data collection to remote methodologies. Any changes will be in consultation with UNICEF Evaluation Manager.
115. The ET members in-country will abide by and be guided by UNICEF security guidance i.e., sites for data collection have been selected with security measures and following current guidance from UNICEF. These will be adjusted if the situation changes. Konterra will be responsible for national consultants' security and transport.