

**Mental Health and Psychosocial Support**  
**EVALUATIVE BASELINE AND**  
**EVALUATION PLAN**  
*Inception Report*

<b>Commissioning Office</b>	UNICEF Evaluation Office NYHQ
<b>Date</b>	31 January 2022
<b>Circulation</b>	UNICEF, not for distribution
<b>Authors</b>	Arkadi Toritsyn Timothy Williams Beth Ann Plowman Mariel Kislig

## Contents

<b>1. Introduction</b> .....	<b>3</b>
<b>2. Background and context</b> .....	<b>3</b>
2.1 UNICEF’s work in MHPSS .....	4
2.1.1 Strategic direction and guidance .....	4
2.1.2 Evidence generation.....	6
2.1.3 Monitoring and Evaluation .....	6
<b>3. Purpose and objectives of the assignment</b> .....	<b>7</b>
<b>4. Methods and approach</b> .....	<b>7</b>
4.1 Evaluative baseline, covering the strategy cycle 2018-2021 .....	8
4.1.1 UNICEF portfolio approach .....	8
4.1.2 Deep dive looks in 19 countries – MHPSS intervention trends and characteristics .....	9
4.2 Evaluation Plan .....	11
4.3 UNICEF Global Multisectoral Operational Framework .....	12
4.4 Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents with WHO.....	12
<b>5. Data Analysis</b> .....	<b>12</b>
<b>6. Feedback sought on the deliverables</b> .....	<b>13</b>
<b>7. Limits to the scope of the evaluation assessment</b> .....	<b>13</b>
<b>8. Workplan and deliverables</b> .....	<b>14</b>
<b>Annex I – Matrix to guide the study</b> .....	<b>17</b>
<b>Annex II – Performance measurement data</b> .....	<b>26</b>
<b>Annex III – Country selection criteria</b> .....	<b>29</b>
<b>Annex IV – Templates: Mapping COs MHPSS and Assessing Evidence Base</b> .....	<b>30</b>
<b>Annex V – Interview guides</b> .....	<b>31</b>
<b>Annex VI – Suggested outline for the ‘Evaluative Baseline’ and Evaluation Plan report outline</b> .....	<b>33</b>
<b>Annex VII – Suggested outline/ideas for the evaluation section of the Global Framework</b> .....	<b>34</b>
<b>Annex VIII – List of MHPSS evaluations and studies conducted to date</b> .....	<b>37</b>
<b>Annex IX – Bibliography</b> .....	<b>38</b>

## 1. Introduction

In response to the pervasive impact of mental health conditions afflicting children, adolescents and their caregivers, UNICEF has scaled up its investments and made significant institutional strides to elevate multi-sectoral components of mental health and psychosocial support (MHPSS).

To support organizational learning and accountability, the Evaluation Office (EO) is launching an exercise to examine and document the status of UNICEF MHPSS programming and to prepare a long-term evaluation plan. Other objectives are to make direct contributions to the evaluation component of the *UNICEF Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers Across Settings* as well the evaluation plans of the *Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents with WHO*.

The present Inception Report outlines the approach and methodology, data/documentation collection strategies and tools, as well as workplans and timelines.

The sources of information to develop the Inception Report included:

- a desk review of documents provided by the EO (see bibliography in Annex IX);
- feedback and guidance provided by the EO through calls and correspondence as well as inputs into the *Inception Report*;
- a consultative meeting with the UNICEF Senior Mental Health Technical Advisor.

## 2. Background and context

Mental health does not receive the levels of attention, funding, and action that it deserves. Despite integration into the Sustainable Development Goals (SDG), mental health remains underfunded and often ignored in the face of more visible physical health concerns. Governments worldwide have yet to respond to the burden of mental health, and yet the effect of mental health on morbidity and mortality remains too important to ignore. Nearly one billion people throughout the world live with a mental health condition.<sup>1</sup> People living with mental health conditions experience disproportionately higher rates of disability and mortality, and more than 80 percent of them reside in low- and middle-income countries.<sup>2</sup>

### **Mental health and psychosocial conditions – Definition**

A wide range of disorders that affect an individual's cognition, emotion and/or behaviour and interfere with the individual's ability to learn and function in the family, at work and in society. In many circumstances, many of these conditions can be successfully prevented and/or treated. They include mental and substance use problems, severe psychological distress, intellectual disabilities, and suicide risk.

*Source: United Nations Children's Fund, Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children and Families Across Settings. New York, UNICEF, 2021.*

Globally, research shows that 10 to 20 per cent of children and adolescents experience mental disorders, half of all mental disorders start before the age of 14,<sup>3</sup> and one in four have a caregiver with a mental disorder.<sup>4</sup> The risk for mental health conditions and psychosocial problems among children and adolescents is exacerbated when facing poverty, violence, disease or humanitarian crises. In recent years, changing

<sup>1</sup> The Lancet Global Health. Mental health matters. Lancet Glob Heal. 2020;8(11)

<sup>2</sup> World Health Organization. Mental Health Action Plan 2013-2020.

<sup>3</sup> Kessler, Ronald C., G. Paul Amminger, Sergio Aguilar-Gaxiola, Jordi Alonso, Sing Lee, and T. Bedirhan Ustun. "Age of onset of mental disorders: a review of recent literature." *Current opinion in psychiatry* 20, no. 4 (2007): 359.

<sup>4</sup> World Health Organization, Improving the mental and brain health of children and adolescents, <<https://www.who.int/activities/improving-the-mental-and-brain-health-of-children-and-adolescents>>, consulted on 15 November 2021.

humanitarian contexts have created a more dangerous environment for children and adolescents' well-being and development.<sup>5</sup> Additionally, there is wide concern about the impact of the COVID-19 pandemic on mental health. The pandemic has exacerbated stress and anxiety among many children and adolescents, but it will be years before the longer-term mental health impact of COVID-19 will be more fully understood.<sup>6</sup> Despite progress in some countries, people with mental health conditions often experience severe human rights violations, discrimination, and stigma.<sup>7</sup>

Recently, the role that mental health plays in achieving global development goals has assumed greater prominence and visibility, as illustrated by the inclusion of mental health in the Sustainable Development Goals.<sup>8</sup> Mental Health and Psychosocial Support (MHPSS) is also an institutional priority for the United Nations, and a critical component of the United Nations Global Strategy for Women's, Children's and Adolescents' Health for 2016-2030.<sup>9</sup>

Despite global level action plans and even technical guidance, the translation from policy to actual services delivery remains insufficient. In low- and middle-income countries, between 76 per cent and 85 per cent of people with mental health conditions receive no treatment for their condition.<sup>10</sup> Countries spend on average only 2 per cent of their health budgets on mental health, only a fraction of which is dedicated to children and families, and international development assistance for mental health is estimated to be less than 1 per cent of all development assistance for health.

## 2.1 UNICEF's work in MHPSS

### 2.1.1 Strategic direction and guidance

Mental health and psychosocial support (MHPSS) is a composite term reflecting continuum of care interventions, aiming to safeguard or promote psychosocial well-being, and prevent or treat mental disorders. Originally coined by the Inter-Agency Standing Committee (IASC) Reference Group on mental health and psychosocial support for use in humanitarian settings, this composite term is now widely used and accepted by UNICEF, partners, and practitioners in development and humanitarian contexts as well as the humanitarian-development-peace nexus.

#### **Mental health and psychosocial support (MHPSS)**

MHPSS is a composite term used to describe any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorders.

*Source: United Nations Children's Fund, Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children and Families Across Settings. New York, UNICEF, 2021.*

Mental health is a key priority area for UNICEF, because of the large disease burden on children and adolescents, and their caregivers. The right to mental health is recognized by the Convention on the Rights of the Child (CRC)<sup>11</sup> and is also a core piece of UNICEF's 2020 Core Commitments for Children (CCC) in Humanitarian Action.<sup>12</sup> In the last years, UNICEF has been working to reaffirm and better operationalize

<sup>5</sup> United Nations Children's Fund, 'Mental Health and Psychosocial Technical Note', UNICEF, n/d.

<sup>6</sup> United Nations Children's Fund, The State of the World's Children 2021, New York, UNICEF, October 2021.

<sup>7</sup> World Health Organization, Mental Health, <[https://www.who.int/health-topics/mental-health#tab=tab\\_1](https://www.who.int/health-topics/mental-health#tab=tab_1)>, consulted on 19 November 2021.

<sup>8</sup> Mental health and well-being are included in SDG 3, which emphasizes the inclusion of mental health care in universal health coverage (UHC).

<sup>9</sup> United Nations Children's Fund, 'Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version)', New York, UNICEF, 2018.

<sup>10</sup> Wang et al., Use of mental health services for anxiety, mood, and substance disorders in 17 countries in the WHO world mental health surveys, The Lancet, 2007.

<sup>11</sup> See article 58 of the Convention on the Rights of the Child, United Nations, 2016.

<sup>12</sup> See section 2.3.5 of the, Core Commitments for Children in Humanitarian Action, United Nations Children's Fund, 2020.

the MHPSS commitments across sectors in development and humanitarian contexts.<sup>13</sup> UNICEF sees mental health as not only the purview of health, but one which involves collaborating across sectors such as education, child protection, and social protection.<sup>14</sup> This is reflected in the Strategic Plan 2022-2025 with the articulation of MHPSS direction across three Goal Areas (health, education and child protection), which was considered an important step towards strengthening institutional capacity and accountability to respond to the MHPSS needs of children, adolescents and families around the world.<sup>15</sup>

The recognition that children’s wellbeing is linked to their environment carries over to how UNICEF delivers MHPSS services too. UNICEF takes a social ecological – or ‘whole-society’ - approach to MHPSS. That is, it aims to build on the strengths and capacities of children, caregivers, and communities to protect children and promote their wellbeing.<sup>16</sup>

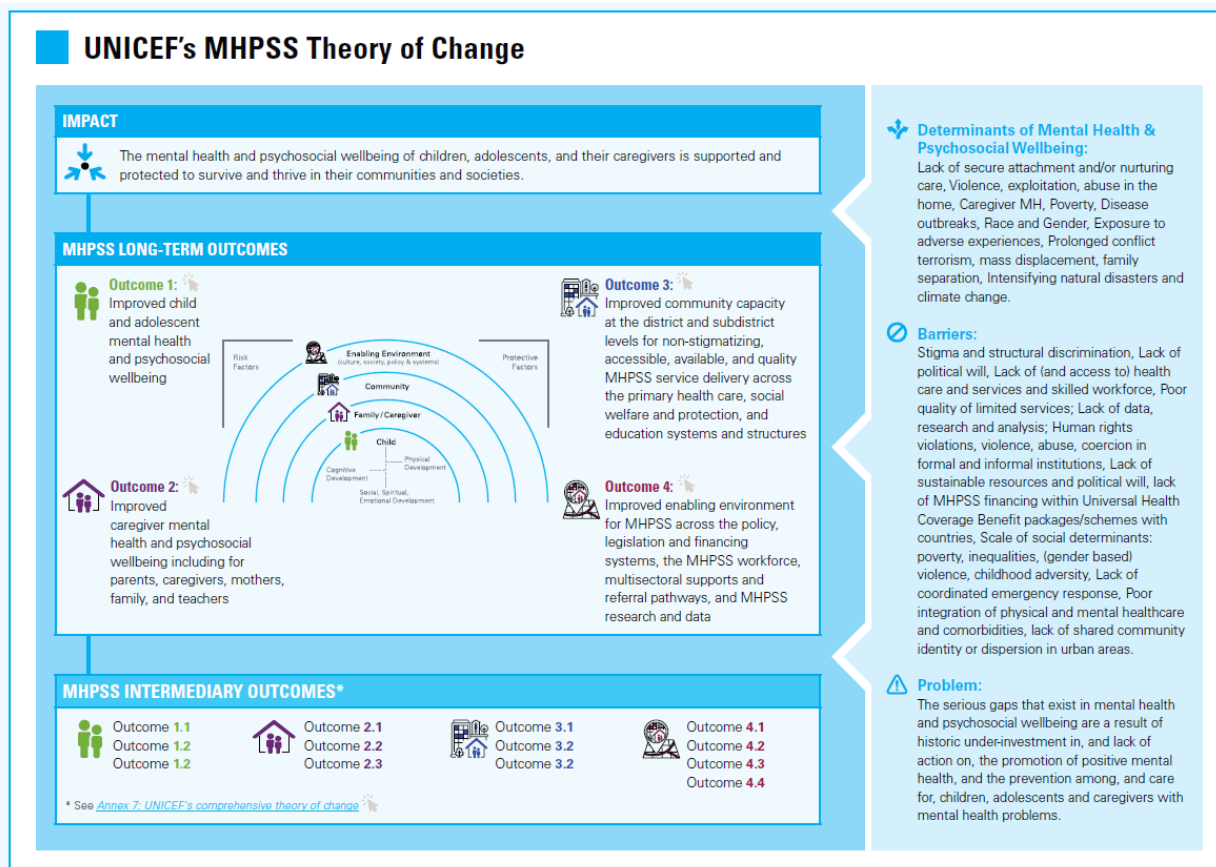


Figure 1: UNICEF's MHPSS Theory of Change, Global

During the Strategic Plan cycle covering 2018-2021, UNICEF took steps to elevate multi-sectoral components of mental health with the launch of community based MHPSS operational guidelines,<sup>17</sup> a technical note and an acceleration initiative.<sup>18</sup> The technical note launched in 2019 defined the UNICEF’s MHPSS work in humanitarian and development settings for the first time.<sup>19</sup> More recently, UNICEF has

<sup>13</sup> United Nations Children’s Fund, ‘Mental Health and Psychosocial Technical Note’, UNICEF, n/d.

<sup>14</sup> UNSG, Policy Brief: COVID-19 and the Need for Action on Mental Health, 13 May 2020.

<sup>15</sup> Zeinab Hijazi, Mental Health Across Goal Areas in UNICEF’s Strategic Plan 2022-2025, 2021

<sup>16</sup> United Nations Children’s Fund, Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children and Families Across Settings. New York, UNICEF, 2021.

<sup>17</sup> The operational guidelines have now been superseded by the multi-sectoral global framework.

<sup>18</sup> The acceleration initiative is a model of enhanced multi-sectoral MHPSS programming to be replicated in scale across regions and across settings

<sup>19</sup> United Nations Children’s Fund, ‘Every child is protected from violence and exploitation’, Global Annual Results Report 2019, n.d.

been developing a number of guidelines and tools to equip UNICEF staff working on multisectoral programming, including a multi-sectoral global framework, with the objective, among others, to guide field level work towards evidence informed MHPSS design, implementation, and monitoring and evaluation.<sup>20</sup> The global framework, the development of which was guided by broad consultations at HQ, regional and country levels, builds on existing global, and regional UNICEF and inter-agency MHPSS frameworks, guidance and standards. A field demonstration version was launched at the end of November 2021. The framework will be further adjusted during the first quarter 2022, following a testing phase at the field level. The present project is motivated, in part, to strengthen the evaluative component of the global framework.

To support some of this work, 7% set aside funding (US\$ 5,940,000) was granted for MHPSS activities at headquarter, regional and country levels.<sup>21</sup> The funds are meant to be catalytic, supporting the scale-up of MHPSS interventions and services through systems development, capacity building, and community engagement across child protection, education, and health, in varying contexts. The funds were granted in February 2020 for a 1.5-year timeframe, and implementation extended through end of 2022.

### 2.1.2 Evidence generation

UNICEF has also made important investments in evidence generation for MHPSS work. For example, over the last several years UNICEF and its partners have co-developed measurement standards that have helped to generate data on mental health. Among these include:

1. The Module on Child Functioning for use in censuses and surveys capture info on anxiety and depression;<sup>22</sup>
2. The Measurement of Mental Health Among Adolescents at the Population Level (MMAP) suite of tools and standard procedures which guide data collection at the population level for anxiety and depression, functional limitations due to mental health conditions, suicide ideation and attempt, care seeking for mental health and connectedness;<sup>23</sup>
3. The Multiple Indicator Cluster Surveys (MICS) which generate data on key indicators on the well-being of children and women largest source consider anxiety and depression as functional domain and provide estimates.<sup>24</sup>

### 2.1.3 Monitoring and Evaluation

During the Strategic Plan cycle 2018-2021, UNICEF captured MHPSS-related performance globally through the following ways:

1. **Strategic Monitoring Questions (SMQs)** (Goal Area 3) – indicators capturing performance on MHPSS across Goal Areas 1 and 3 (see Annex II for the list of MHPSS-related SMQs) and contributing to Strategic Plan results (see Annex II for the Strategic Plan MHPSS-related indicator);
2. **Programme Information Database (PIDB)** (Goal Area 1 and 3) – two Specific Intervention Codes (SIC) capture expenses related to MHPSS (see Annex II for the MHPSS-related expenses).

To date and as per UNICEF Evidence Information System Initiative (EISI) database, just a few evaluations of UNICEF's work in MHPSS have been conducted at country level. These evaluations include:

- Evaluation of the Emergency Psychosocial Support Program in Iraq, 2021;

---

<sup>20</sup> Other objectives are as follows: (b) improve coordination across sectors, (c) facilitate referrals to ensure that MHPSS needs are met, (d) enhance coordinated implementation of effective and culturally sound interventions that reduce the potential for harm, (e) strengthen mental health services and systems, and (e) in linking with the global mental health advocacy strategy, improve policy level advocacy work, and broader society level actions and behavior change.

<sup>21</sup> Six countries received some of the funds: Colombia, Peru, Ethiopia, Rwanda, Lebanon and Iran

<sup>22</sup> United Nations Children's Fund and the Washington Group on Disability Statistics, 'Module on Child functioning/Manual for interviewers', 2018.

<sup>23</sup> United Nations Children's Fund, Measurement of Mental Health Among Adolescents at the Population Level (MMAP) – Overview, August 2019.

<sup>24</sup> United Nations Children's Fund, MICS, <<https://mics.unicef.org/tools>>, consulted on 20 April 2021.

- Evaluation of Adolescents Mental Health and Suicide Prevention Pilot in Kazakhstan, 2018;
- UNICEF’S Emergency Psychosocial Support Response for Syrian Children in Jordan: An Evaluation, 2015.

As per the same database, there are not any planned MHPSS evaluations for 2022 and onwards yet. Annex VII provides a list of MHPSS evaluations and studies conducted to date.

### 3. Purpose and objectives of the assignment

The purpose of the exercise is to help UNICEF’s plan for corporate-level evaluation activities specifically by examining and documenting the status of MHPSS programming and preparing a long-term evaluation plan. Throughout the exercise, opportunities will be sought to integrate evaluative thinking and to examine the needs of countries and Country Offices (COs) with regards to evaluation. The assignment will also contribute directly to the evaluation component of the MHPSS multi-sectoral global framework being developed as well as to the M&E Plan of the Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents with the World Health Organization (WHO).

The three objectives are the following:

1. **Develop an ‘evaluative baseline’, covering the strategy cycle 2018-2021**, which will assess the status of and trends in UNICEF’s work in MHPSS including strategies, programmes, investments and implementing modalities, against which progress can be assessed or comparisons made in the future. The baseline will broadly profile agency-wide efforts and conduct light touch profiles in 19 countries<sup>25</sup> (see Table 1).
2. **Develop an evaluation plan** to help establish a road map with timing and priorities for evaluating UNICEF MHPSS programming at the corporate level over the period 2021 – 2030. The evaluation plan will cover the eventual evaluation design and potential options, including proposed timing for an evaluation or multiple smaller exercises; potential evaluation questions; proposed evaluation methods, and resources and expertise needed for an evaluation.
3. **Make evaluation contributions** to the *UNICEF Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers Across Settings* and the *Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents with WHO*, including:
  - a. **UNICEF Global Multisectoral Operational Framework** – draft a few pages on evaluation for the chapter ‘Monitoring, Evaluation, Accountability, and Learning for MHPSS’. The drafted section should share good practices and provide practical advice and guidance to MHPSS staff in countries to plan and conduct evaluations.
  - b. **Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents with WHO** – in collaboration with WHO, develop an evaluation plan as part of a broader M&E plan for the joint programme. The evaluation plan should describe how WHO and UNICEF will evaluate the program, as well as how the evaluation results will be used for program improvement and decision making. The plan should be dynamic and updated regularly to reflect country implementation plans and priorities over time.

### 4. Methods and approach

To achieve the objectives of this study and answer the corresponding set of questions, a mix of quantitative and qualitative methods will be used. The matrix to guide the exercise can be found in Annex I. The methods discussed below, and the accompanying data collection tools (see the interview guides in Annex V), are

<sup>25</sup> The countries selected are the following: China, Indonesia, Myanmar, Belarus, Kazakhstan, Ukraine, Ethiopia, South Sudan, Rwanda, Peru, Colombia, Jamaica, Lebanon, Syria, Iran, Nepal, Pakistan, Burkina Faso, DRC.

conceptually guided by *UNICEF's Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children and Families Across Settings*. A set of documents was already reviewed to inform the development of the Inception Report as well as develop the methodology and tools for this assignment.

For each of the objectives and products attached, a complete listing of sources appears in the matrix to guide the study in Annex I.

## 4.1 Evaluative baseline, covering the strategy cycle 2018-2021

The intent of **evaluative baseline**, covering the strategy cycle 2018-2021, is to provide a retrospective assessment of UNICEF's work in MHPSS including trends and changes over the period. The baseline will help to guide future evaluation work and provide insights that might also inform programming. The exercise is limited by the availability of data comparable over time and across units. Areas of interest include strategies, programmes, investments and implementing modalities. In some areas, the baseline could gauge progress or make comparisons in the future.

The baseline will include information of two types:

- a. A **portfolio approach** relying on information in corporate systems that is, generally, available across organizational units (SMQs, Programme Information Database (PIDB)).
- b. **Light touch profiles** in 19 countries<sup>26</sup> to complement the above. Based primarily on document review (Country Programme Documents (CPD), Humanitarian Action for Children (HAC) Country Office Annual Reports (COAR), Result Assessment Module (RAM) statements of progress, SMQ, PIDB, Sitreps and COVID-19 Real Time Assessment Reports), the analysis will examine MHPSS programming with information related to interventions, partners, and implementing modalities. Individual COs will be engaged in validation of the information and analysis.

### 4.1.1 UNICEF portfolio approach

#### Desk review

As part of the evaluative baseline, the team will be looking at a number of variables including, but not limited to, UNICEF's strategic intent over the period 2018-2021 as well as UNICEF's profile of work in MHPSS.

A number of existing documents and quantitative datasets will be examined, including:

- UNICEF strategic documents and policies;
- UNICEF frameworks and guidance;
- UNICEF global annual reports;
- Quantitative data capturing results at the global level (SMQs, PIDB).

Based on the organization-wide information available, analysis can address a limited number of variables and indicators over the period 2018-2021. The analysis will describe patterns and trends regarding spending and programme implementation across levels (global, regional and country). While limited in its ability to fully describe the baseline status, the method does allow general overview of trends in spending (e.g. in humanitarian and development settings). The team will manipulate available data and prepare preliminary analysis. Findings will be presented in graphic and narrative form. These discussions can serve to validate the findings in addition to written review processes.

The team has already made note of limitations in the organization-wide information and the quality of that data and will provide commentary on the adequacy of these corporate systems to monitor and evaluation MHPSS and makes suggestions for improvements. These suggestions will be aimed towards making the corporate systems more directly useable in upcoming evaluations.

---

<sup>26</sup> The countries selected are the following: China, Indonesia, Myanmar, Belarus, Kazakhstan, Ukraine, Ethiopia, South Sudan, Rwanda, Peru, Colombia, Jamaica, Lebanon, Syria, Iran, Nepal, Pakistan, Burkina Faso, DRC.

This portfolio-wide view also facilitated the selection of countries for the deep dive. The selection process is described below.

In parallel, for illustrative purposes rather than an exhaustive review, other actors' evaluative work will be explored to better understand whether and/or how other large organizations have approached, if at all, organization-wide efforts to evaluating MHPSS programming. The EO will create a repository of evaluation reports and start exploring the typology of intervention evaluated as well as methods used.

#### 4.1.2 Deep dive looks in 19 countries – MHPSS intervention trends and characteristics

For the deep dive looks, countries were selected with the following considerations:

- Context in consideration of humanitarian development nexus;
- Consistency of spend/programming over the period 2018-2021;
- Variation across type of MHPSS interventions;
- Adequate inter- and intra-regional variation and representation;
- Recipient countries for the 7% set-aside funds;
- Inputs from the members of the MHPSS Research, M&E group at HQ level, based on their knowledge of, and engagement with country programmes.

According the PIDB, these 19 countries accounted for 50% of all UNICEF funding in emergency MHPSS and 65% of spending in adolescent mental health over the 2018-2021 Strategic Plan cycle.

The list of selected countries can be seen hereafter.

Country	Expenditures (PIDB)		Interventions and activities (SMQs)						Included in the initial selection	Included as per MHPSS R, M&E Group advice	
	PSS in emerg. (GA 3)	Adol. mental health (GA 1)	Safe spaces & activities	Peer & group support	Community-based prevention	Focused and/or non-specialized MHPSS services	Specialized mental health clinical care	Targeted community awareness campaign			
<b>East Asia and the Pacific</b>											
China	x	X							x	x	x
Indonesia											x
Myanmar	x		x		x	x	x	x	x	x	
<b>Europe and Central Asia</b>											
Belarus		X			x	x				x	
Kazakhstan		x								x	
Ukraine	x									x	
<b>Eastern and Southern Africa</b>											
Ethiopia*	x		x	x	x		x	x			x
South Sudan	x		x	x	x	x		x	x		
Rwanda*	x					x		x			x
<b>Latin America and the Caribbean</b>											
Peru*	x										x
Colombia*	x		x								x
Jamaica								x			x
<b>Middle East and North Africa</b>											
Lebanon*			x		x	x		x			x
Syria	X		x					x			x
Iran*	x										x
<b>South Asia</b>											
Nepal	x	x			x	x				x	
Pakistan	x										
<b>West and Central Africa</b>											
Burkina Faso	x		x						x	x	
DRC	X		x	x	x				x	x	

\* received 7% set aside funding

Table 1: List of selected countries

## Desk review

For these selected countries, a review of MHPSS programming within the COs will be conducted to better understand the integration of MHPSS activities into strategies and plans, the nature of MHPSS activities, implementation modalities as well as how activities have been monitored and evaluated. Information will be captured through an excel template which in turn will be used for country-level analysis (see Annex III).

The team will use this initial list of documents to populate the template and develop narratives:

- CPDs, Programme Strategy Notes (PSN) (if available);
- HAC;
- COARS;
- RAM statements of progress;
- RAM standard and additional indicators;
- SMQ;
- PIDB;
- Siteps;
- COVID-19 Real Time Assessment reports.

This information will be coded in a consistent manner across activities. Categories of interest include activity sector, context, outcomes and intermediary outcomes as per global framework, layer of intervention. If the data include COVID-19 explicit activity, they will be categorized as such. The team will also be capturing any information on implementing modalities, such as name of partners.

From the excel template cited above, the team will develop a few pages summary narrative in Word for each country with key indicators, descriptions of programmes and observations/questions, which will be shared with COs.

## Consultations

Consultations with COs will validate, complement and enrich the information found through the desk review for the 19 countries. Primary data collection will entail e-mail exchanges with CO staff working on MHPSS intervention implementation.

Staff in COs will be asked to validate data found as well as complement through information and additional document sharing.

## 4.2 Evaluation Plan

The intent of evaluative plan is to help UNICEF establish a road map with timing and priorities for evaluating its MHPSS programming over the period 2022 through 2029. Areas of interest for the evaluation plan include a focus on evaluation design, consideration for multiple evaluative exercises, timing for any such evaluations; key evaluation question areas; evaluation methods; as well as inputs (resources and expertise) needed for an evaluation.

To develop the evaluation plan, the team will first start by mapping of key internal stakeholders when it comes to evidence generation for MHPSS programming.

## Consultations

Consultations will take place at HQ and regional levels to help define key internal stakeholders' priority learning and information needs as well as upcoming decision points, which will in turn inform the EO on the most appropriate timing, approach and methods for a corporate evaluation.

The EO will also use the interview opportunities with the CO to ask about their plans in terms of evaluating MHPSS programming.

All interviewees will be sampled purposively. They will include UNICEF CO MHPSS technical staff, UNICEF Multi-Country Evaluation Specialists, UNICEF HQ staff involved in MHPSS programming.

### 4.3 UNICEF Global Multisectoral Operational Framework

The global framework is an operational document for UNICEF staff and partners on MHPSS programming for children, adolescents and families in all contexts. It is intended to be adapted by UNICEF regional and country offices and other agencies working to improve and strengthen the mental health and psychosocial wellbeing of children, adolescents, caregivers/parents and communities.

The global framework builds on existing global, and regional UNICEF and inter-agency MHPSS frameworks, guidance and standards. A field demonstration version was launched at the end of November 2021. The framework will be further adjusted during the first quarter 2022, following a testing phase at the field level.

One of the present exercise's objectives is make contribution to the global framework by strengthening the evaluation component of it. A draft outline is available in Annex VII.

#### Desk review

Prior to drafting the section on evaluation, the team will consult a number of key evaluation strategic documents and guidance on evaluation or M&E of MHPSS programming.

Key documents include:

- UNICEF evaluation resources (e.g., UNICEF Evaluation Policy)
- Inter-Agency Guide to the Evaluation of Psychosocial Programming in Humanitarian Crises
- IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings
- Mental Health and Psychosocial Support for Children in Humanitarian Settings: An Updated Review of Evidence and Practice

#### Consultations

Once a draft section on evaluation for the Global Framework is drafted, feedback from UNICEF staff based at regional (e.g., through regional MHPSS technical focal point group led by PGLT, Multi-Country Specialists) and country level (e.g., through forthcoming MHPSS CO think tank or Global MHPSS COP led by PGLT) will be sought on, among others the comprehensiveness, clarity and usefulness of the section drafted on evaluation. Further consultations with the MEAL Committee member who developed the MEAL section of the Global Framework will be organized.

### 4.4 Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents with WHO

The programme document anticipates several evaluations over its timeframe, including a mid-term evaluation during phase 2 (2024-2027) and a final evaluation during phase 3 (2028-2030). The evaluations will be jointly managed by the HQ-level evaluation offices of each agency. Evaluation will focus on whether results are achieved, why or why not and lessons learned on how with early focus on the extent to which the agencies demonstrate improved ways of working together and achieved efficiency gains from joint work.

As part of the JP, M&E plans for these evaluations will be elaborated and the team will be looking to develop the evaluation component of it. Consultation with UNICEF joint programme coordinator and WHO staff (programme and evaluation staff) will be planned at the beginning of 2022. Next steps will be discussed and agreed upon.

## 5. Data Analysis

All data, qualitative and quantitative, will be systematically coded and analyzed in keeping with the overarching components of this work as elaborated in this Inception Report and in the TOR. Qualitative analysis software (e.g. Dedoose or NVIVO) might be used to analyze the qualitative data. Quantitative data

will principally rely on Excel to generate descriptive statistics, disaggregated by region and other variables if appropriate. More sophisticated data analysis software (e.g. SPSS) will be used if appropriate.

As a mixed methods approach, the quantitative and qualitative approaches will overlay with one another and it is expected that these will help strengthen the strength of the findings.

## 6. Feedback sought on the deliverables

Deliverables will be drafted by a team of two consultants working in very close collaboration with two EO staff members. All deliverables will be reviewed by the EO first. Further consultation will take place with different groups of stakeholders within UNICEF (e.g. *MHPSS Research M&E Group, MEAL Committee, MHPSS Community of Practice, MHPSS Technical Coordination Group*), to allow further feedback and in turn, accuracy and relevance. When the EO will seek feedback from additional groups of stakeholders, the Senior Mental Health Technical Advisor will be consulted for advice on the most suited group to consult and the best approach when doing so.

### **Inception Report**

The Inception Report was shared with members of the *UNICEF MHPSS M&E, Research Group* for their review and inputs. This small, internal UNICEF group comprises of the UNICEF Senior Mental Health Technical Advisor, the Global Framework development Coordinator, the Joint Programme with WHO Coordinator, as well staff from the different UNICEF evidence generation function of UNICEF, such as the Division of Analytics, Planning and Monitoring (DAPM) and the Office of Research (OoR-Innocenti).

### **'Evaluative Baseline' and Evaluation Plan**

The Evaluative Baseline and Evaluation Plan will also be first shared with the Evaluation Office (zero draft) and then with the *UNICEF MHPSS M&E, Research Group* for their review and feedback. Additional feedback will be sought from different groups of stakeholders involved in MHPSS programming.

### **UNICEF Global Multisectoral Operational Framework**

The evaluation section for the UNICEF Global Multisectoral Operational Framework will be shared with *UNICEF MHPSS Research M&E Group* as well as the with the MEAL Committee that created the overall MEAL section. Feedback from UNICEF staff based at regional and country level will be sought on, among others the comprehensiveness, clarity and usefulness of the evaluation section drafted.

### **Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents with WHO**

The evaluation plan will be developed jointly with WHO evaluation office and in collaboration UNICEF staff involved in the developing the monitoring section of the M&E plan.

## 7. Limits to the scope of the evaluation assessment

The limitations include resourcing and timing restrictions. It is expected that there will be a significant degree of variability in availability and quality of data and documentation as well as the way in which MHPSS is understood, operationalized, and documented. To address this challenge and ensure focus on MHPSS, the team will narrow down their focus to interventions where MHPSS is explicitly mentioned in UNICEF reporting. There is a possibility that a number of interventions in the area of MHPSS implemented by COs will not have sufficient and appropriate performance measuring indicators to support potential evaluations. A gap assessment will be conducted on an ongoing basis, gaps will be identified and documented.

## 8. Workplan and deliverables

The workplan is presented in Visual 2 below.

**Visual 3: Project Workflow**

	October				November				December				January				February				March				April			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
<b>Evaluation Baseline and Evaluation Plan</b>																												
<b>Inception Phase</b>																												
Document Review			x	x	x																							
Inception Interviews with UNICEF Senior Mental Health Technical Advisor				x																								
Drafting of the inception report and development of tools					x	x	x																					
Revisions and further development based on EO feedback and UNICEF MHPSS M&E, Research Group										x	x	x	x	x														
Finalization of the Inception Report													x	x														
<b>Data Collection, documents review and interviews</b>																												
Refinement of the template to collect data for deep dives																												
Document reviews, filling of templates																												
For the deep dive countries, review and analysis of secondary data (COARS, RAM narratives, Sitreps and Real Time Assessment)																												
Develop a 2-pager summary narrative in Word for COs (deep-dives) with key indicators, descriptions of programmes and observations/questions																												
For the purposes of validation, written reviews and consultations with deep dive COs																												

	October				November				December				January				February				March				April			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Consultations/interviews with identified groups (e.g. MEAL committee, MHPSS technical group, MHPSS community of practice) on future evaluation plans and needs																												
Assess potential data gaps and if necessary, develop and administer a survey																												
<b>Data Analysis &amp; Reporting</b>																												
Review and analysis of global data																												
Further analysis of primary data and secondary data received by COs																												
1 <sup>st</sup> Draft “evaluative baseline” report																												
Feedback from UNICEF EO																												
“Evaluative baseline” is revised																												
Further drafting of the evaluation plan																												
1 <sup>st</sup> Draft evaluation plan																												
Feedback from UNICEF EO																												
Further revision based on feedback																												
Presentation of the draft to the identified groups; further revision based on feedback																												
Evaluative baseline and evaluation plan are finalized																												
Copy-editing of the report/graphic design																												
<b>Evaluation components for the UNICEF Global MHPSS Framework</b>																												
Develop a draft evaluation section for the Global Framework																												
Ask feedback to the MEAL committee and the multi-country specialists																												
Revise as per feedback																												

	October				November				December				January				February				March				April							
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Copy-editing, layout, creation of infographics																																
<b>Evaluation components of the M&amp;E plan for the joint programme with WHO</b>																																
Review of the joint programme documentation																																
Review the CDC guide on developing an Effective Evaluation Plan																																
Consult with UNICEF joint programme coordinator and WHO staff (programme and evaluation staff)																																
<i>Next steps to be discussed and agreed upon</i>																																

## Annex I – Matrix to guide the study

Evaluative baseline						
	Questions	Type of evidence, information	Source of data	Data gathering and analysis	Primary data collection (through interview or emails)	Survey questions
1	During the period 2018-2021, what was the strategic intent of UNICEF in regard to MHPSS?	<ul style="list-style-type: none"> <li>Description of strategic thinking (Strategic Plan (SP), Programme(s) Strategy)</li> </ul>	<ul style="list-style-type: none"> <li>2018-2021 SP, Goal Area Theories of Change, and Integrated Results and Resources Framework (IRRF)</li> <li>Programme strategies (UNICEF Strategy for Health 2016-2030, UNICEF Child Protection Strategy 2008, UNICEF Child Protection Strategy 2021-2030, UNICEF Education Strategy 2019-2030, UNICEF Mental Health Global Advocacy Strategy)</li> <li>UNICEF Global MHPSS Acceleration Initiative</li> </ul>	<ul style="list-style-type: none"> <li>Review documents, find references to MHPSS</li> <li>Describe its positioning as an issue or programme, other context</li> <li>Descriptive Analysis across sources</li> <li>Link to the global context</li> </ul>	– Not applicable	– Not applicable
2	To what extent did the organization's strategic intent in regard to MHPSS shift and evolve during the strategy cycle 2018-2021?	<ul style="list-style-type: none"> <li>Evaluation, reviews and assessments</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Plan Mid-Term Review</li> <li>Humanitarian Review</li> <li>Evaluation of the UNICEF Strategic Plan, 2018–2021</li> </ul>	<ul style="list-style-type: none"> <li>Review documents, find references to MHPSS</li> <li>Identify findings, lessons, conclusions related to MHPSS</li> <li>Descriptive Analysis across sources</li> </ul>	– Not applicable	– Not applicable
3	What have been the budget allocations for MHPSS, by level of intervention?	<ul style="list-style-type: none"> <li>Spending by SIC codes and country from the PIDB</li> <li>Other budget information</li> </ul>	<ul style="list-style-type: none"> <li>PIDB (SIC 21-09-08 and 23-01-04)</li> <li>Email communications about MHPSS budget allocations (donor specific projects)</li> <li>Information about the 7% set aside allocation to MHPSS programming</li> <li>Consultations with HQ staff (DAPM)</li> </ul>	<ul style="list-style-type: none"> <li>Map MHPSS expenses by CO from 2018-2021 using the PIDB codes, ask DAPM data staff about the PIDB codes</li> <li>Ask updates to Zeinab and other relevant colleagues (PG, EMOPS) about MHPSS related projects and budgets</li> <li>Descriptive Analysis including trends in spending across the period</li> </ul>	– [HQ staff] We found two MHPSS related SIC codes; are there additional ways to track MHPSS expenses globally?	– Not applicable
4	How did the agency-wide profile of work in MHPSS look like? Were there	<ul style="list-style-type: none"> <li>Information about MHPSS interventions</li> </ul>	<ul style="list-style-type: none"> <li>UNICEF MHPSS Global Framework (point of reference)</li> </ul>	<ul style="list-style-type: none"> <li>Review sources of data, find references to MHPSS</li> </ul>	– To be determined	– Not applicable

	<p>notable trends in the profile?</p> <p>What types of interventions/programmes were most widely implemented during the period?</p> <p>What results were achieved based on UNICEF's own reporting?</p>	<ul style="list-style-type: none"> <li>Indicators on MHPSS for global reporting</li> </ul>	<ul style="list-style-type: none"> <li>UNICEF Annual Report</li> <li>UNICEF Global Annual Results Report</li> <li>SMQs (# of right holders reached through x interventions)</li> <li>Strategies, guidance, frameworks cited before</li> <li>Real-time assessments (global and regional reports)</li> </ul>	<ul style="list-style-type: none"> <li>Not an interview per se, but consult with Anthea Moore on the HPM and RAM</li> <li>Describe and analyze, find trends</li> </ul>		
5	<p>Does the programme have a theory of change/logic model? Does it address the main problems identified? Are there linkages between the different levels of the theory of change/logic model?</p> <p>Is it aligned to the Strategic Plan?</p> <p>Have key assumptions, risks and mitigation strategies been specified?</p>	<ul style="list-style-type: none"> <li>MHPSS theories of change and result frameworks (global)</li> </ul>	<ul style="list-style-type: none"> <li>UNICEF Global Multisectoral Operational Framework (which includes a global theory of change and result framework)</li> <li>2018-2021 SP and Integrated Results and Resources Framework (IRRF)</li> </ul>	<ul style="list-style-type: none"> <li>Identify global and theory of change</li> <li><i>Answer the questions related to evaluability in principle</i></li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
6	<p>What means (staff, financial resources) did UNICEF have in place to monitor and evaluate MHPSS at the <b>global level</b>? To what extent were these means adequate?</p> <p>Are indicators in place? Have the indicators been defined with clearly understood standards?</p> <p>Is disaggregation required for globally defined MHPSS indicators?</p> <p>Are there mechanisms and adequate resources in place to process field</p>	<ul style="list-style-type: none"> <li>MHPSS result framework (including indicators) used during the last Strategic Plan cycle (2018-2021) and the new (2022-2025)</li> <li>MHPSS indicators to report progress</li> <li>Set of expenditure codes related to MHPSS</li> <li>Information about data collection mechanisms</li> <li>Any change(s) envisioned in the</li> </ul>	<ul style="list-style-type: none"> <li>Global MHPSS framework</li> <li>SMQs</li> <li>PIDB (SIC 21-09-08 and 23-01-04)</li> <li>RAM indicators</li> <li>Consultations with HQ staff (DAPM, EMOPS and MHPSS staff in PG)</li> <li>MHPSS-related SIC in the PIDB for the 2018-2021 and 2022-2025 Strategic Plan</li> </ul>	<ul style="list-style-type: none"> <li>Identify result frameworks and indicators for global reporting</li> <li>Consult with UNICEF staff and ask whether there are additional mechanisms to monitor MHPSS programming as well as any future plans in terms of monitoring MHPSS activities</li> <li>Report discrepancies in result and financial reporting</li> <li><i>Answer the questions related to evaluability in practice</i></li> </ul>	<ul style="list-style-type: none"> <li>[HQ staff] Which mechanisms do you use to capture global progress towards MHPSS objectives?</li> <li>[HQ staff] Do you envision any change(s) in the monitoring of MHPSS activities?</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>

	<p>data in a consistent fashion?</p> <p>Where data is not yet available, is there a viable plan to fill the gaps?</p> <p>Does UNICEF have a clear set of expenditure codes related to MHPSS?</p>	<p>monitoring of MHPSS activities</p>				
7	<p>[for illustrative purposes, not exhaustive review]</p> <p>What are the global experiences of MHPSS evaluation in humanitarian and development contexts? What aspects of this experience are relevant for UNICEF?</p>	<ul style="list-style-type: none"> <li>- Evaluation reports and descriptions of the typology of MHPSS programmes evaluated as well as methods used</li> <li>- Guidance on conducting MHPSS evaluations</li> </ul>	<ul style="list-style-type: none"> <li>- UNICEF evaluation reports of MHPSS programmes</li> <li>- Other organizations' evaluation of MHPSS programmes (e.g. WHO, UNHCR, IOM, IFRC, UNFPA, Humanity &amp; Inclusion, Terre des Hommes, Action Contre la Faim, Save the Children, International Rescue Committee, International Medical Corps, Danish Refugee Council, Norwegian Refugee Council)</li> <li>- Mental Health and Psychosocial Support for Children in Humanitarian Settings: An Updated Review of Evidence and Practice</li> <li>- Inter-Agency Guide to the Evaluation of Psychosocial Programming in Humanitarian Crises</li> </ul>	<ul style="list-style-type: none"> <li>- Browse other organizations' (UN agencies, NGOs, multilateral agencies, etc.) websites and database, web search engine with specific key words (MHPSS, mental health, psychosocial support) to find evaluation reports</li> <li>- Develop a matrix with evaluation reports and descriptors</li> </ul> <p><i>(title, organization, year, geographical coverage, context, object of the evaluation, methods used)</i></p> <ul style="list-style-type: none"> <li>- Describe and analyze</li> <li>- Identify good practices (if possible)</li> </ul>	<ul style="list-style-type: none"> <li>- Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>- Not applicable</li> </ul>
<b>MHPSS intervention trends and characteristics – Light touch profiles in 19 countries</b>						
8	<p>What are type of interventions implemented at country level?</p> <p>What are the most widely implemented interventions?</p>	<ul style="list-style-type: none"> <li>- Unpacking the work of UNICEF at country level (tools, products developed)</li> <li>- Categorization of specific interventions and activities</li> </ul>	<ul style="list-style-type: none"> <li>- Country Office Annual Result Reports (COARs)</li> <li>- RAM narratives</li> <li>- Sitreps (last one of the years 2018, 2019, 2020 and 2021)</li> <li>- Real-time assessments (if available)</li> <li>- Case studies from the State of the world's</li> </ul>	<ul style="list-style-type: none"> <li>- Conduct an in-depth desk review, find reference to MHPSS activities</li> <li>- Filling of the template 'Mapping COs MHPSS and Assessing Evidence Base'</li> <li>- Describe and analyze, identify trends</li> </ul>	<ul style="list-style-type: none"> <li>- [By email to COs: Share the information found through the desk review through email] – validate whether what we found is accurate. What additional activities has UNICEF implemented over 2018-2021? Could you share programme</li> </ul>	<ul style="list-style-type: none"> <li>- To be determined</li> </ul>

	What are the trends over time, by sector or by interventions?		children 2021 (if available) – Email exchanges with COs	– Develop a 2-pager summary narrative in Word for COs (deep-dives) with key indicators, descriptions of programmes year by year and observations/questions – Reach out to COs, share the 2-pager, ask to review, complement and share additional documentation	documents, reports, etc.?	
9	How are programmes being implemented?  Who are main stakeholders/partners involved into UNICEF's MHPSS work? What roles do they play?	– Indication of partnerships at country levels from existing reports and narratives	– COARs – RAM narratives – E-tools/partnership agreements – Email exchanges with COs	– Conduct an in-depth desk review, find reference to partners for MHPSS activities – Reach out to COs, share the 2-pager, ask to review, complement and share additional documentation about partnerships – Conduct additional research in the E-tool database, review partnership agreements	– [By email to CO: Share the information found through the desk review through email] In the country where you are based, what are UNICEF's implementing partners for MHPSS activities (government entities, CSO partners)?	– To be determined
10	Does the programme have a theory of change/logic model or is MHPSS integrated in other sectors theories of change (child protection, health, education, etc.)?  Does it address the problems identified? Are there causal linkages between the different levels of the theory of change/logic model?  Is it aligned to the Strategic Plan?  Have key assumptions, risks and mitigation strategies been specified?	– MHPSS theories of change and result frameworks (country specific)	– UNICEF Global Multisectoral Operational Framework (which includes a global theory of change and result framework) – Country Programme Document (CPD) and associated result frameworks – 2018-2021 SP and Integrated Results and Resources Framework (IRRF) – Programme Strategy Notes	– Identify global and country-level theories of change for each deep-dive country – <i>Answer the questions related to evaluability in principle</i>	– [By email to CO] do you have a MHPSS theory of change? Do your sector specific theories of change include MHPSS? – [By email to CO] In the country where you work, do you feel that the current theory of change addresses the problems identified?	– To be determined
11	What means (staff, financial resources) did UNICEF have in place to	– MHPSS result framework (including	– Global MHPSS framework – SMQs	– Identify result frameworks and indicators for global and country-level reporting	– [By email to CO]: In the country where you are based, what	– To be determined

<p>monitor and evaluate MHPSS at <b>country level</b>? To what extent were these means adequate?</p> <p>Does the CO use globally defined MHPSS indicators? Have baseline and target values available?</p> <p>Is monitoring data disaggregated for groups of children and adolescents (by sex, disability and other key variables)?</p> <p>Are there mechanisms and adequate resources in place to collect relevant data in a consistent fashion?</p> <p>Where data is not yet available, is there a viable plan to fill the gaps?</p> <p>Does UNICEF CO use expenditure codes related to MHPSS?</p>	<p>indicators) used during the last Strategic Plan cycle (2018-2021) and the new (2022-2025)</p> <ul style="list-style-type: none"> <li>- MHPSS indicators to report progress</li> <li>- Set of expenditure codes related to MHPSS</li> <li>- Information about data collection mechanisms</li> <li>- Any change(s) envisioned in the monitoring of MHPSS activities</li> </ul>	<ul style="list-style-type: none"> <li>- CPD and associated result frameworks</li> <li>- RAM indicators</li> <li>- Additional indicators used at country level (programme/donor specific indicators, etc.)</li> <li>- MICS surveys</li> <li>- Email exchanges with CO staff</li> </ul>	<ul style="list-style-type: none"> <li>- For each deep dive country, identify data available for the MHPSS related indicators (RAM, SMQs)</li> <li>- Filling of the template 'Mapping COs MHPSS and Assessing Evidence Base' (on indicators)</li> <li>- Consult with UNICEF staff and ask for additional indicators used to monitor MHPSS programming, data collection mechanisms, future plans in terms of monitoring MHPSS activities</li> <li>- <i>Answer the questions related to evaluability in practice</i></li> </ul>	<p>information/data is available related to UNICEF's work in MHPSS?</p> <ul style="list-style-type: none"> <li>- [By email to CO] Which mechanisms do you use to capture their progress towards MHPSS objectives? Could you please share a list of all MHPSS indicators?</li> <li>- [By email to CO] What government statistical and administrative data/information is available to assess UNICEF's contribution towards children outcomes in the area of MHPSS? Is it sufficient?</li> </ul>	
---	---	--	---	--	--

Evaluation Plan						
	Questions	Type of evidence, information	Source of data	Data gathering and analysis	Interview questions	Survey questions
12	Who are key internal stakeholders in an evidence generation for MHPSS?	<ul style="list-style-type: none"> <li>- Staff involved in MHPSS planning, implementation, M&amp;E activities</li> </ul>	<ul style="list-style-type: none"> <li>- CDC guide on developing an Effective Evaluation Plan</li> </ul>	<ul style="list-style-type: none"> <li>- Review the CDC guide on developing an Effective Evaluation Plan</li> <li>- Map key stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>- Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>- Not applicable</li> </ul>
13	What are key stakeholders' evidence needs? What are CO plans when it comes to evaluating MHPSS programming?	<ul style="list-style-type: none"> <li>- UNICEF staff perceptions about evidence needs</li> <li>- UNICEF CO staff plans in terms of evaluating MHPSS programming at country level</li> </ul>	<ul style="list-style-type: none"> <li>- UNICEF CO MHPSS technical staff</li> <li>- UNICEF Multi-Country Evaluation Specialists (MCES)</li> <li>- UNICEF PG MHPSS programming</li> </ul>	<ul style="list-style-type: none"> <li>- Ask UNICEF staff at different levels and in different sections about their learning needs</li> <li>- Ask UNICEF staff about their plans regarding evaluating MHPSS programmes</li> </ul>	<ul style="list-style-type: none"> <li>- [COs, MCES] Do you anticipate evaluative work on MHPSS?</li> <li>- [COs] What are some of your learning needs?</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>

					<ul style="list-style-type: none"> <li>- [HQ] What are your priority information needs?</li> <li>- [HQ] What would you want to see in a future organization wide evaluation of MHPSS?</li> <li>- [HQ] What kinds of MHPSS programmes (including innovations) would you like to see evaluated?</li> <li>- [HQ] How would you intend to use the results of a global corporate evaluation on MHPSS?</li> </ul>	
14	What are implications for timing of evaluative activities? What are the possibilities for evaluative work in the period 2022-2025? And beyond?	<ul style="list-style-type: none"> <li>- Upcoming decision points the evaluation could feed into</li> </ul>	<ul style="list-style-type: none"> <li>- Interview with staff at HQ (Zeinab + PG)</li> </ul>	<ul style="list-style-type: none"> <li>- Create a timeline and populate it with known events (e.g., MTR, next strategy development), as well as potential evaluative activities.</li> </ul>	<ul style="list-style-type: none"> <li>- [HQ] What are the upcoming decision point(s) you would like the evaluation results feed into?</li> </ul>	<ul style="list-style-type: none"> <li>- Not applicable</li> </ul>
15	What approaches, methods and tools are most suitable for use over the above timeline?	<ul style="list-style-type: none"> <li>- Methods used to evaluate MHPSS programmes in different contexts</li> </ul>	<ul style="list-style-type: none"> <li>- CDC guide on developing an Effective Evaluation Plan</li> <li>- Consultation with EO staff (Zlata)</li> <li>- Interview with HQ staff (Zeinab, PG)</li> </ul>	<ul style="list-style-type: none"> <li>- Review the CDC guide on developing an Effective Evaluation Plan</li> <li>- Review methods used in other MHPSS programmes evaluations</li> <li>- Consult with EO staff</li> <li>- Decide on the most appropriate methods for the upcoming evaluation(s)</li> </ul>	<ul style="list-style-type: none"> <li>- [HQ] How would you want to use a global evaluation on MHPSS?</li> <li>- [HQ] What is the best timing for such an evaluation and why?</li> <li>- [HQ] Do you see a need for an evaluation measuring to impact of UNICEF's interventions?</li> </ul>	<ul style="list-style-type: none"> <li>- Not applicable</li> </ul>
16	What are budgetary implications for corporate level evaluations over the timeline outlined above?	<ul style="list-style-type: none"> <li>- Approximate cost of similar evaluations that the ones proposed</li> </ul>	<ul style="list-style-type: none"> <li>- Previous evaluation budgets</li> </ul>	<ul style="list-style-type: none"> <li>- Consult with the EO</li> <li>- Review budget of similar evaluations</li> <li>- Make budget estimations</li> </ul>	<ul style="list-style-type: none"> <li>- Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>- Not applicable</li> </ul>

### Evaluation components for the UNICEF Global MHPSS Framework

	Questions	Type of evidence, information	Source of data	Data gathering and analysis	Interview questions	Survey questions
17	What do UNICEF colleagues at country and	<ul style="list-style-type: none"> <li>- Gap in evaluation knowledge for</li> </ul>	<ul style="list-style-type: none"> <li>- Consultations with the MEAL Committee who</li> </ul>	<ul style="list-style-type: none"> <li>- Develop a draft evaluation section for the</li> </ul>	<ul style="list-style-type: none"> <li>- [MCES] What is the usual level of</li> </ul>	<ul style="list-style-type: none"> <li>- Not applicable</li> </ul>

	<p>regional levels perceive as their greatest needs related to evaluating MHPSS programming?</p> <p>How to best equip UNICEF MHPSS professionals with guidance on evaluation?</p>	UNICEF programme staff	<p>develop the MEAL section of the Global Framework</p> <ul style="list-style-type: none"> <li>– Consultations with MCES</li> </ul>	<p>Global Framework – ask feedback to the MEAL committee and the multi-country specialists</p> <ul style="list-style-type: none"> <li>– Revise as per feedback</li> </ul>	<p>knowledge of programme staff about planning and implementing evaluations?</p> <ul style="list-style-type: none"> <li>– [MCES] What most frequent types of support do you provide to COs?</li> <li>– [MCES] What would be the 'must include' in the evaluation section of the MHPSS global framework?</li> <li>– [MEAL Committee] What do you feel crucial to include in the global framework on evaluation?</li> </ul>	
18	<p>To what extent is existing guidance/practice on evaluation relevant to articulated priorities and needs of UNICEF staff?</p> <p>How can it be best translated or adapted for UNICEF in CO to be of use? How can we make support more practical for programme staff in the field?</p>	<ul style="list-style-type: none"> <li>– Existing guidance on evaluating MHPSS</li> <li>– Existing guidance on evaluation</li> </ul>	<ul style="list-style-type: none"> <li>– UNICEF Evaluation Policy</li> <li>– Inter-Agency Guide to the Evaluation of Psychosocial Programming in Humanitarian Crises</li> <li>– IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings</li> <li>– Mental Health and Psychosocial Support for Children in Humanitarian Settings: An Updated Review of Evidence and Practice</li> <li>– Consultations with selected multi-country evaluation specialists</li> </ul>	<ul style="list-style-type: none"> <li>– Integrate new links to key guidance documents as per feedback</li> </ul>	<ul style="list-style-type: none"> <li>– [MCES] What document do you refer to when supporting COs?</li> <li>– [MCES] Any specific M&amp;E guidance on MHPSS you're aware of?</li> </ul>	<ul style="list-style-type: none"> <li>– Not applicable</li> </ul>

Evaluation components of the M&E plan for the joint programme with WHO						
Questions	Type of evidence, information	Source of data	Data gathering and analysis	Interview questions	Survey questions	

19	Why does evaluation matter for the joint programme?	<ul style="list-style-type: none"> <li>Information about implementation plans</li> </ul>	<ul style="list-style-type: none"> <li>CDC guide on developing an Effective Evaluation Plan</li> <li>Consultations with joint programme coordinator</li> <li>Consultations with WHO</li> <li>Global implementation plan (if available)</li> <li>Mapping of funding</li> <li>Programme document</li> </ul>	<ul style="list-style-type: none"> <li>Review the CDC guide on developing an Effective Evaluation Plan</li> <li>Consult with UNICEF joint programme coordinator and WHO staff (programme and evaluation staff)</li> <li><i>Next steps to be discussed and agreed upon</i></li> </ul>	– Not applicable	– Not applicable
20	How are UNICEF and WHO going to evaluate the joint programme?  Over the 10-year implementation period, what are the best time periods to conduct evaluations?	<ul style="list-style-type: none"> <li>Information about implementation plans</li> <li>Information about funding/donor commitments</li> </ul>	<ul style="list-style-type: none"> <li>CDC guide on developing an Effective Evaluation Plan</li> <li>Consultations with joint programme coordinator</li> <li>Consultations with WHO</li> <li>Global implementation plan (if available)</li> <li>Country implementation plans (if available)</li> <li>Mapping of funding</li> <li>Programme document</li> </ul>	<ul style="list-style-type: none"> <li>Review the CDC guide on developing an Effective Evaluation Plan</li> <li>Consult with UNICEF joint programme coordinator and WHO staff (programme and evaluation staff)</li> <li><i>Next steps to be discussed and agreed upon</i></li> </ul>	– Not applicable	– Not applicable
21	What aspects of the programme should be evaluated in the mid-term evaluation?	<ul style="list-style-type: none"> <li>List of different activities or aspect of the programme to be potentially evaluated</li> <li>Information about implementation plans</li> </ul>	<ul style="list-style-type: none"> <li>CDC guide on developing an Effective Evaluation Plan</li> <li>Programme document</li> <li>Global implementation plan (if available)</li> <li>Country implementation plans (if available)</li> </ul>	<ul style="list-style-type: none"> <li>Review the CDC guide on developing an Effective Evaluation Plan</li> <li>Review the different programme components and make an exhaustive recommendation on potential aspects to be evaluated in the mid-term evaluation</li> <li>Consult with UNICEF joint programme coordinator and WHO staff (programme and evaluation staff)</li> <li><i>Next steps to be discussed and agreed upon</i></li> </ul>	– Not applicable	– Not applicable
22	What parameters should be in place to plan an impact evaluation at the end of the programme implementation period?	<ul style="list-style-type: none"> <li>Information about implementation plans</li> </ul>	<ul style="list-style-type: none"> <li>CDC guide on developing an Effective Evaluation Plan</li> <li>Programme document</li> <li>Global implementation plan (if available)</li> <li>Country implementation plans (if available)</li> </ul>	<ul style="list-style-type: none"> <li>Review the CDC guide on developing an Effective Evaluation Plan</li> <li>Consult with UNICEF joint programme coordinator and WHO staff (programme and evaluation staff)</li> </ul>	– Not applicable	– Not applicable

				<i>– Next steps to be discussed and agreed upon</i>		
--	--	--	--	---	--	--

## Annex II – Performance measurement data

### SP Result Framework 2018-2021

2021 data not available yet

Code	Indicator	Unit	2018	2019	2020	
3.a.5.	Prevention, risk mitigation and response services through UNICEF-supported programmes in humanitarian situations: (a) percentage of UNICEF-targeted girls and boys in humanitarian situations provided with psychosocial support, including access to child friendly spaces with intersectoral programming interventions.	% of beneficiaries (children)				

### SMQs 2018-2021

2021 data not available yet

SMQ	Question	Unit	2018	2019	2020	Remarks
21-09-1.i.3-7 (#4)	Number of countries implementing a school health programme reaching adolescents with mental health promotion and care.	Countries	n/a	31	44	
23-01-3.a.5.a-31	Has the country office supported programmes that aim to provide community based mental health and psychosocial support to children, parents or caregivers in humanitarian situations during the year of reporting?	COs	61	67	139	Formulation of the SMQ changed in 2019 to include parents and caregivers. Previously it was: <i>Has the country office supported programmes that aim to provide mental health psychosocial support to children in humanitarian situations during the year of reporting?</i>
23-01-3a5a-32	How many children did the UNICEF CO <u>plan to reach</u> with community based mental health and psychosocial support interventions during the reporting year?	# of beneficiaries (children)	4,358,147	4,485,902	34,491,104	
23-01-3a5a-33	Of the children targeted for UNICEF support, how many children <u>received</u> community based mental health and	# of beneficiaries (children)	3,622,394	3,736,439	31,243,064	Formulation of the SMQ changed in 2019 to include peer to peer activities, benefiting from positive parenting skills activities,

	psychosocial support, including support through safe spaces, peer to peer activities, benefiting from positive parenting skills activities, focused non-specialized psychological support, or referrals to specialized mental health clinical care?					focused non-specialized psychological support, or referrals to specialized mental health clinical care. Previously it was: <i>Of the children targeted for UNICEF support, how many children received psychosocial support, including access to child friendly spaces with intersectoral programming interventions?</i>
23-01-3.a.5.a-33bv1	Of these children who received community based mental health and psychosocial support, how many were reached through these interventions: <i>1) Safe spaces and activities</i>	# of beneficiaries (children)	n/a	n/a	7,547,475	
	<i>2) Peer and group support activities</i>		n/a	n/a	1,475,933	
	<i>3) Community-based prevention activities</i>		n/a	n/a	394,945	
	<i>4) Focused and/or non-specialized MHPSS services</i>		n/a	n/a	682,096	
	<i>5) Specialized mental health clinical care</i>		n/a	n/a	621,297	
	<i>6) Targeted community awareness campaigns IF based on priority areas for community awareness campaigns identified to support child wellbeing and safety in COVID</i>		n/a	n/a	17,111	3,765,504
23-01-3a5a-33a	Of these children who received community based mental health and psychosocial support, how many were children with disabilities?	# of beneficiaries (children)	9,261	28,802	53,275	
23-01-3.a.5.a-33c	How many parents/caregivers did the UNICEF CO plan to reach with community based mental health and psychosocial support interventions during the reporting year?	# of beneficiaries (caregivers)	n/a	n/a	14,086,454	
23-01-3.a.5.a-34	Of the parents/caregivers targeted for UNICEF support, how many parents/caregivers <u>received</u> community based mental health and psychosocial support, including support through peer to peer activities, benefiting from positive parenting skills activities, focused non-specialized psychological	# of beneficiaries (caregivers)	n/a	516,730	13,534,224	

	support, or facilitated access to specialized mental health clinical care?					
23-01-3.a.5.a-34a	Of these parents/caregivers who received community based mental health and psychosocial support, how many were reached through the following interventions?	# of beneficiaries (caregivers)	n/a	n/a	14,784,466	
	1) <i>Safe spaces and activities</i>		n/a	n/a	88,180	
	2) <i>Peer and group support activities</i>		n/a	n/a	17,903	
	3) <i>Community-based prevention activities</i>		n/a	n/a	3,181,459	
	4) <i>Focused and/or non-specialized MHPSS services</i>		n/a	n/a	1,012,171	
	5) <i>Specialized mental health clinical care</i>		n/a	n/a	26,503	
	6) <i>Targeted community awareness campaigns IF based on priority areas for community awareness campaigns identified to support child wellbeing and safety in COVID</i>		n/a	n/a	8,648,133	
23-01-3a7-48b	[How many children on the move received the following types of protective services through UNICEF-supported programmes during the year of reporting?]  Of these children, how many were supported through mental health and psychosocial services?	# of beneficiaries (children)	1,338,284	1,408,040	1,106,082	

#### PIDB 2018-2021

SIC	2018	2019	2020	2021 (as of Nov 2021)	Grand Total (USD)
<b>21 Survive and Thrive</b>					
21-09-08 Adolescent mental health	381,439	412,644	1,482,628	1273736	3,297,954
<b>23 Protection from Violence and Exploitation</b>					
23-01-04 Psycho-social support in emergencies	34,981,654	30,412,689	31,544,582	20,754,670	117,693,596
<b>Total</b>	<b>35,363,093</b>	<b>30,825,333</b>	<b>33,027,210</b>	<b>21,775,914</b>	<b>120,991,550</b>

## Annex III – Country selection criteria

For all countries that have reported against either one of the SIC code below or SMQs, data was mapped and analyzed. Countries were selected with the following considerations:

- Context in consideration of humanitarian development nexus;
- Consistency of spend/programming over the period;
- Variation across type of MHPSS interventions;
- Adequate inter- and intra-regional variation and representation.

### **PIDB/SIC**

23-01-04 Psycho-social support in emergencies

21-09-08 Adolescent mental health

### **SMQs**

23-01-3.a.5.a-33 How many children received community based mental health and psychosocial support, including support through safe spaces, peer to peer activities, focused non-specialized psychological support, or facilitated access to specialized mental health clinical care?

23-01-3.a.5.a-33bv1 Of these children who received community based mental health and psychosocial support, how many were reached through these interventions:

1. Safe spaces and activities
2. Peer and group support activities
3. Community-based prevention activities
4. Focused and/or non-specialized MHPSS services
5. Specialized mental health clinical care
6. Targeted community awareness campaigns IF based on priority areas for community awareness campaigns identified to support child wellbeing and safety in COVID

23-01-3.a.5.a-34 How many parents/caregivers received community based mental health and psychosocial support, including support through peer to peer activities, benefiting from positive parenting skills activities, focused non-specialized psychological support, or facilitated access to specialized mental health clinical care?

23-01-3.a.5.a-34a Of these parents/caregivers who received community based mental health and psychosocial support, how many were of reached through the following interventions?

1. Safe spaces and activities
2. Peer and group support activities
3. Community-based prevention activities
4. Focused and/or non-specialized MHPSS services
5. Specialized mental health clinical care
6. Targeted community awareness campaigns IF based on priority areas for community awareness campaigns identified to support child wellbeing and safety in COVID



## Annex V – Interview guides

### Evaluative Baseline

#### Portfolio

- [HQ staff] We found two MHPSS related SIC codes; are there additional ways to track MHPSS expenses globally?
- [HQ staff] Which mechanisms do you use to capture global progress towards MHPSS objectives?
- [HQ staff] Do you envision any change(s) in the monitoring of MHPSS activities?

#### Deep dives

- [By email to COs – Share the information found through the desk review through email] – validate whether what we found is accurate. What additional activities has UNICEF implemented over 2018-2021? Could you share programme documents, reports, etc.?
- [By email to CO – Share the information found through the desk review through email] In the country where you are based, what are UNICEF's implementing partners for MHPSS activities (government entities, CSO partners)?
- [By email to CO] do you have a MHPSS theory of change? Do your sector specific theories of change include MHPSS?
- [By email to CO] In the country where you work, do you feel that the current theory of change addresses the problems identified?
- [By email to CO] In the country where you are based, what information/data is available related to UNICEF's work in MHPSS?
- [By email to CO] Which mechanisms do you use to capture their progress towards MHPSS objectives? Could you please share a list of all MHPSS indicators?
- [By email to CO] What government statistical and administrative data/information is available to assess UNICEF's contribution towards children outcomes in the area of MHPSS? Is it sufficient?

### Evaluation Plan

- [COs, MCES] Do you anticipate evaluative work on MHPSS?
- [COs] What are some of your learning needs?
- [HQ] What are your priority information needs?
- [HQ] What would you want to see in a future organization wide evaluation of MHPSS?
- [HQ] What kinds of MHPSS programmes (including innovations) would you like to see evaluated?
- [HQ] How would you intend to use the results of a global corporate evaluation on MHPSS?
- [HQ] What are the upcoming decision point(s) you would like the evaluation results feed into?
- [HQ] How would you want to use a global evaluation on MHPSS?
- [HQ] What is the best timing for such an evaluation and why?
- [HQ] Do you see a need for an evaluation measuring to impact of UNICEF's interventions?

### Global Framework

- [MCES] What is the usual level of knowledge of programme staff about planning and implementing evaluations?
- [MCES] What most frequent types of support do you provide to COs?
- [MCES] What would be the 'must include' in the evaluation section of the MHPSS global framework?
- [MEAL Committee] What do you feel crucial to include in the global framework on evaluation?
- [MCES] What document do you refer to when supporting COs?
- [MCES] Any specific M&E guidance on MHPSS you're aware of?

**Potential interviewees:**

<b>HQ</b>	
Global Technical Lead & inter-divisional Coordination	Zeinab Hijazi (Senior Mental Health Technical Advisor)
Child Protection	Tasha Gill (Senior Advisor, Child Protection in Humanitarian Action)
	Ann Willhoite (Child Protection Specialist)
	Anneloes Koehorst (Child Protection Officer)
Education	Patricia Landinez (MHPSS Edu consultant)
	Neven Knezevic (Edu Specialist)
	Bassem Nasir (Edu specialist)
	Rachel Cooper (Edu Specialist)
Health	Joanna Lai (Health and Adol. Specialist)
ADAP	Marcy Levy (Adolescent health specialist)
DAPM	Liliana Carvajal (Statistics & Monitoring Specialist)
ECD	Ana Nieto (ECD Specialist)
	Nada Elattar (ECD Specialist)
Innovation	Marcia Brophy (Mental Health Innovation Consultant)
EMOPS	Anthea Moore (Emergency Specialist)
<b>Regional level</b>	
Evaluation	Multi Country Evaluation Specialists – TBD
<b>Country level</b>	
TBD	Programme and M&E staff – TBD

## **Annex VI – Suggested outline for the ‘Evaluative Baseline’ and Evaluation Plan report outline**

Title Page

Table of contents, including list of annexes

List of acronyms and abbreviations

Executive Summary

- 1. Background: Global MH trends and evolution of MHPSS UNICEF’s work**
- 2. Scope and objectives of the assignment**
- 3. Methodology approach and methods**
- 4. Strategic overview of MHPSS interventions at the global level (summary of interventions, strategies, budget allocations, knowledge mobilization tools) based on the country and regional level analysis presented below**
- 5. Country levels assessment of interventions, funding, tools and evidence base (deep dives)**
- 6. Assessment of evidence base on MHPSS**
- 7. Evaluation plan**
  - a) Introduction and title
  - b) Intended use and users
  - c) Program description
  - d) Evaluation focus
  - e) Methods
  - f) Use, dissemination, and sharing plan

### **Annexes**

- Terms of Reference
- Mapping UNICEF’s MHPSS interventions, by region and country
- UNICEF financial investments in MHPSS
- Organized/categorized bibliography of key documents

## Annex VII – Suggested outline/ideas for the evaluation section of the Global Framework

**Evaluation definition:** UNICEF follows the UNEG definition of evaluation as “an assessment, conducted as systematically and impartially as possible, of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institutional performance. It analyses the level of achievement of both expected and unexpected results by examining the results chain, processes, contextual factors and causality using such appropriate criteria as relevance, effectiveness, efficiency, impact and sustainability. An evaluation should provide credible, useful evidence-based information that enables the timely incorporation of its findings, recommendations and lessons into the decision-making processes of organizations and stakeholders”

Why evaluation is important: evaluation is used for better performance, continuous improvement and strengthened accountability.<sup>27</sup>

### What are the purposes of evaluation?

1. Accountability:
  - independent and objective assessment of a programme design, relevance, effectiveness, efficiency, sustainability, coherence and potential impact
  - Promoting of results-based management for all aspects of a programme, with focus on the ultimate child right realization
  - Elements of independent audit
2. Learning

### How evaluation is different from monitoring?

Monitoring is a continuous systematic collection, reporting and analysing data on specific indicators to capture progress, achievement of objectives and progress in the use of allocated funds.

### Why good monitoring is an important foundation for high quality evaluation?

- Systematic collection, reporting and analysing of evidence to support evaluation
- Consistent use of input, output and outcome indicators
- Demonstrating contribution linkages

### Why a high quality well elaborated MHPSS Theory of Change is critically important to successful evaluation?

- shows anticipated UNICEF contribution/attribution to high level results that can be tested/validated through evaluation
- contains necessary assumptions, output/outcome indicators

### How evaluation in MHPSS is different from other evaluations?

- May have very limited evidence to proceed with the evaluation – evaluability assessment can be considered first before proceeding
- May be technically challenging to assess MHPSS outcomes as they are complex and may require assessment tools
- Results, especially at the impact level, may take long time to materialize

---

<sup>27</sup> UNICEF, Revised evaluation policy of UNICEF, 2018

- Stigma can affect participation of partners/beneficiaries in evaluation
- Interpretation of MH and solutions to address MHPSS needs at the national level may not be aligned with the international evidence based effective practice

### **How to design and execute effective and relevant MHPSS evaluation:**

- Develop the evaluation plan focused on learning and improving
- Use the *UNICEF Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers Across Settings* to properly anchor the evaluation in UNICEF corporate values and principles
- Position evaluation strategically (substance and timing wise) to influence Government policies and budgeting priorities. Develop a clear plan how to use evaluation findings and recommendations for advocacy and awareness raising purposes.
- Allocate adequate budget for evaluation to ensure its credibility (rigour, impartiality and professionalism)
- Make it as participatory as possible, with maximum engagement of ultimate beneficiaries
- Establish clear governance structures, including peer and reference groups with key stakeholders and MHPSS experts
- Produce the TOR, with evaluation criteria linked to the Programme Theory of Change that are well elaborated in evaluation questions
- Invest significant time into reviewing the inception report as the final evaluation will be based on it
- Ensure quality control through all stages

Although outcome evaluations that measure the changes brought about by the programme are preferable as they explore short- and long-term results, if MHPSS programmes are new, evaluations may focus on the context to better understand the programme context (e.g. community, dominant views on MH, services availability and accessibility) or program implementation to enhance the likelihood of success by providing indications of what happened and why to fine-tune the Programs.

### **Core evaluation criteria<sup>28</sup> should be directly linked to the Programme Theory of Change**

Attribution is a causal link between observed changes and a specific intervention, but it is rarely can be traced as multiple factors and partners contribute to final results. Hence it is more realistic to assess Programme contribution.

### **Evaluation criteria and key questions in the context of MHPSS<sup>29</sup>**

**Relevance:** The extent to which the intervention objectives and design respond to beneficiaries, global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.

- To what extent is the initiative in line with UNICEF's mandate, national priorities and MHPSS needs of targeted children, caregivers and service providers?
- Were clear needs defined with respect to required 'levels' of psychosocial support? Were clear needs defined with respect to required 'levels' of psychosocial support?
- To what extent was UNICEF's selected method of delivery appropriate to the development/humanitarian context?

**Coherence:** The compatibility of the intervention with other interventions in a country, sector or institution.

<sup>28</sup> OECD-DAC, Evaluation Criteria: Adapted Definitions and Principles for Use

<sup>29</sup> Some questions are taken from UNICEF, (2011) Inter-Agency Guide to the Evaluation of Psychosocial Programming in Emergencies. New York: United Nations Children's Fund.

- To what extent UNICEF MHPSS Programme was aligned with other relevant UNICEF interventions?
- To what extent UNICEF MHPSS Programme was aligned and supportive of other relevant MHPSS interventions implemented by other partners?

**Effectiveness:** The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.

- To what extent have outcomes been achieved or has progress been made towards their achievement?
- How have corresponding outputs delivered by UNICEF affected the outcomes?
- What factors contributed to success or failure with regard to targeted changes?
- Were the used MHPSS programs evidence based or evidence informed?

**Efficiency:** The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.

- To what extent have the programme outputs resulted from economic use of resources?
- To what extent were quality outputs delivered on time?
- To what extent did monitoring systems provide management with the necessary data to learn and adjust implementation accordingly?

**Sustainability:** The extent to which the net benefits of the intervention continue or are likely to continue.

- What indications are there that the outcomes will be sustained, e.g., through policies, programs, capacities?
- To what extent are policy and regulatory frameworks in place that will support the continuation of benefits?
- To what extent have partners committed to providing continuing support?

**Impact:** The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.

- What indications are there that the long-term higher-level effects will be achieved?
- What lasting MHPSS changes - attributable to programming - can be identified in the lives of individuals, families, communities and the broader environment?
- Did any negative changes result from programming?

**Evaluation in humanitarian context - what is different?** The urgency and chaos of humanitarian emergencies, lack of access, lack of baseline data, significant MHPSS needs of children and caregivers, weak systems to deliver appropriate MHPSS supports, limited implementers' MHPSS capacities and high staff turnover are some factors that affect evaluations in humanitarian context.

**How to conduct MHPSS evaluations in humanitarian context differently?**

- focus on basic accountability elements (e.g, rigour of implemented programs, number of children and caregivers who accessed the services),
- explore context, cultural, etc. relevance of selected interventions
- assess degree of alignment/complementarity with other partners delivering MHPSS

## Annex VIII – List of MHPSS evaluations and studies conducted to date

Type	Region	Office	Title	Year	Phase
Evaluation	MENAR	Iraq	Evaluation of the Emergency Psychosocial Support Program in Iraq	2021	Management Response
Evaluation	ECAR	Kazakhstan	The Evaluation of Adolescents Mental Health and Suicide Prevention Pilot	2018	Management Response
Evaluation	MENAR	Jordan	UNICEF'S Emergency Psychosocial Support Response for Syrian Children in Jordan: An Evaluation	2015	Completed
Research	EAPR	Vietnam	Mental health and psychosocial wellbeing among children and young people in selected provinces and cities in Viet Nam	2018	Completed
Research	ECAR	Kazakhstan	Assessment of mental health status of juvenile offenders	2016	Completed
Study	ECAR	Belarus	Study of mental health issues and suicidal behavior of adolescents in Belarus	2019	Completed
Study	ECAR	ECARO, Switzerland	Rapid Assessment of Mental Health, Psychosocial Needs and Services for Unaccompanied Children in Greece	2017	Completed
Study	EAPR	Vietnam	Assessment of the mental health service system of the Social Welfare and Labour Sector	2014	Completed
Study	MENAR	Jordan	Mental Health Psychosocial and Child Protection for Syrian Adolescent Refugees in Jordan	2014	Completed
Study	ECAR	Kazakhstan	Assessment of psychological support services for children and adolescents living with HIV and other chronic diseases	2021	Completed

Type	Region	Office	Title	Year	Phase
Study	ECAR	Kazakhstan	KAP survey on parents' knowledge about child development, including adverse childhood experiences and mental health	2022	Implementation
Study	ECAR	Georgia	Epidemiological Survey on Children's Mental Health in Georgia	2021	Planning
Study	ECAR	Kazakhstan	KAP survey on parents' knowledge about child development, including adverse childhood experiences and mental health	2021	Planning
Study	SAR	Nepal	Effectiveness of child and adolescent mental health programme in selected municipalities	2020	Implementation
Study	LACR	Belize	Measurement of Mental health among Adolescents at the Population level (MMAP)	2020	Implementation
Study	ECAR	Tajikistan	Assessment on effectiveness and efficiency of financing for Adolescent Health Services	2019	Implementation

## Annex IX – Bibliography

- Hijazi, Zeinab, Mental Health Across Goal Areas in UNICEF's Strategic Plan 2022-2025, 2021, DRAFT.
- Inter-Agency Standing Committee. "IASC guidelines on mental health and psychosocial support in emergency settings." Geneva, Switzerland: IASC 2006, 2006.
- ITAD, Evaluation and costing of the pilot programme on the promotion of adolescent mental health and prevention of suicide in Kyzylorda oblast, Kazakhstan, Prepared for: UNICEF Kazakhstan, 2018.
- Kessler, Ronald C., G. Paul Amminger, Sergio Aguilar-Gaxiola, Jordi Alonso, Sing Lee, and T. Bedirhan Ustun. "Age of onset of mental disorders: a review of recent literature." *Current opinion in psychiatry* 20, no. 4 (2007): 359.
- The Lancet Global Health, Mental health matters, *Lancet Glob Heal.* 2020;8(11).
- Prince, M., Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M.R. and Rahman, A., No health without mental health. *The lancet*, 370(9590), pp.859-877, 2007.
- United Nations, Convention on the Rights of the Child, 2016.
- United Nations Children's Fund, Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children and Families Across Settings. New York, UNICEF, 2021.
- United Nations Children's Fund, 'Mental Health and Psychosocial Technical Note', UNICEF, n/d.
- United Nations Children's Fund, 'Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version)', New York, UNICEF, 2018.
- United Nations Children's Fund, 'Mental Health and Psychosocial Technical Note', UNICEF, n/d.
- United Nations Children's Fund, The State of the World's Children 2021, New York, UNICEF, October 2021.
- United Nations Children's Fund, Adolescent Mental Health Matters: A Landscape Analysis of UNICEF's Response and Agenda for Action, 17 September 2020.
- United Nations Children's Fund, 'Every child is protected from violence and exploitation', Global Annual Results Report 2019, n.d.
- United Nations Children's Fund and the Washington Group on Disability Statistics, 'Module on Child functioning/Manual for interviewers', 2018.
- United Nations Children's Fund, Inter-Agency Guide to the Evaluation of Psychosocial Programming in Emergencies. New York, 2011.
- United Nations Children's Fund, Measurement of Mental Health Among Adolescents at the Population Level (MMAP) – Overview, August 2019.
- United Nations Children's Fund, Core Commitments for Children in Humanitarian Action, 2020.
- United Nations Children's Fund, MICS, <<https://mics.unicef.org/tools>>
- United Nations Children's Fund, Evaluation of UNICEF's Psychosocial Support Response for Syrian Children in Jordan, 2014.
- UNSG, Policy Brief: COVID-19 and the Need for Action on Mental Health, 13 May 2020.

Wang et al., Use of mental health services for anxiety, mood, and substance disorders in 17 countries in the WHO world mental health surveys, *The Lancet*, 2007.

World Health Organization. Mental Health Action Plan 2013-2020.

WHO, Child and adolescent mental health, 2020.

World Health Organization, Mental Health, <[https://www.who.int/health-topics/mental-health#tab=tab\\_1](https://www.who.int/health-topics/mental-health#tab=tab_1)>