

Evaluation Office

TERMS OF REFERENCE

TITLE	Impact Feasibility Assessment (IFA) of UNICEF Programme Interventions on Mental Health and Psychosocial Support (MHPSS)
CONTRACT MODALITY	Impact evaluation expert
LOCATION OF ASSIGNMENT	Home-based with potential travel to selected countries
DURATION OF CONTRACT	January – July 2023 (50 days)
RECRUITING OFFICER	Senior Evaluation Specialist (Methods), UNICEF Evaluation Office

UNICEF Evaluation Office is seeking to recruit an experienced impact evaluation expert (mental health and psychosocial support) to lead the impact feasibility assessment as a part of multi-country evidence strategy to build rigorous evaluation evidence base on Mental Health and Psychosocial Support services in countries where UNICEF is taking a substantive role in supporting relevant interventions. The work will contribute to the strategic global effort of building rigorous evidence base at the outcome and impact level to improve UNICEF programming.

Programme Background

One in four children or adolescents have a caregiver with a mental disorder.¹ Nearly one billion people throughout the world live with a mental health condition² and more than 80 percent of them reside in low- and middle-income countries. In those settings, between 76 percent and 85 percent of people with mental health conditions receive no treatment for their condition.³ Poor mental health is both a cause and a consequence of poverty, compromised education, gender inequality, ill-health, violence and other global challenges. People living with mental health conditions experience disproportionately higher rates of disability and mortality. It impedes the individual's capacity to work productively, realize their potential and make a contribution to their community. The risk for mental health conditions and psychosocial problems among children and adolescents is exacerbated when facing poverty, violence, disease or humanitarian crises.

UNICEF has scale up investments in **Mental Health and Psychosocial Support ('MHPSS')** in the Strategic Plan 2022-2025.⁴ The UNICEF's MHPSS direction is articulated across three Goal Areas: health, education and child protection. Such multi-sectorial integration is an important step towards strengthening institutional capacity and accountability to respond to the MHPSS needs of children, adolescents and families around the world.⁵ UNICEF's MHPSS multilayered and multisectoral interventions focus on support to children, adolescents, caregivers, families and the wider community. UNICEF deepened its commitment to deliver MHPSS in 2019 by providing community-based MHPSS to more than 3.7 million children and adolescents (up three per cent compared to 2018) across 60 countries and almost 517,000 caregivers in 41 countries.⁶ MHPSS activities are implemented through:

- (a) child protection and social protection services, including in response to child protection concerns such as issues of abuse and violence;
- (b) education and socioemotional learning focused activities in school and out of school programming;

¹ 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>, accessed on 5 October 2022.

² The Lancet Global Health. Mental health matters. Lancet Glob Heal. 2020;8(11).

³ 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.

⁴ The changes include a dedicated results area on quality programmes that improve mental health and psychosocial wellbeing in Goal Area 1; specific targets in Goal Area 2 to track mental health and psychosocial support (MHPSS) services and their critical contribution to learning; and in Goal Area 3 MHPSS remains as a cross-cutting priority across issues and contexts.

⁵ Zeinab Hijazi, Mental Health Across Goal Areas in UNICEF's Strategic Plan 2022-2025, 2021, draft

⁶ Ibid.

(c) health- and HIV-focused programmes that support mental health and psychosocial wellbeing of adolescents.⁷

In addition to these programmes, UNICEF has made important investments in evidence-generation for MHPSS work. In the last years and in collaboration with different partners, UNICEF took steps to develop measurement standards and generate data on mental health. Those include:

- The Module on Child Functioning for use in censuses and surveys captures information on anxiety and depression;⁸
- 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 impairment due to mental health conditions, suicide ideation and attempt and psychosocial support.⁹
- 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.¹⁰
- The evidence gap map of child and adolescent mental health and psychosocial support interventions provides an overview of child and adolescent MHPSS intervention research in low- and middle-income countries since 2010.¹¹

The field version of the UNICEF *Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children and Families Across Settings*, launched at the end 2021 and revised in 2022, includes a global Theory of Change (ToC) that reflects a social ecological model that places the child at the centre surrounded by their family and caregivers, then their communities and finally society with its cultures and norms. The ToC therefore aims to explain how mental health and psychosocial support interventions directed at the child, the family/caregiver, the community, and within society and culture can help to improve people's mental health and psychosocial wellbeing. UNICEF country office programmes are guided to apply the social ecological model in the design and implementation of their MHPSS programmes through contextual adaptations.

To support programmes, the ToC also articulates impact, long-term outcome and intermediary outcomes. At the highest level, the ToC states that the ultimate impact of UNICEF MHPSS work is that the mental health and psychosocial wellbeing of children, adolescents and their caregivers is supported and protected to survive and thrive in their communities and societies. As depicted in Figure 1, there are four main outcome areas which contribute to this impact and they are aligned to the levels of the social ecological model. These outcomes include:

- i) improved *child and adolescent MHPSS wellbeing*
- ii) improved *caregiver MHPSS wellbeing*
- iii) improved *community capacity* for MHPSS service delivery across health, social welfare and protection, education systems and structures
- iv) an improved *enabling environment* for MHPSS across policy, legislation and financial systems, workforce, multisectoral support and referral pathways, research and data

An accompanying logframe includes indicators for each of these levels as well as output levels.

⁷ United Nations Children's Fund and the World Health Organization, 'UNICEF-WHO Joint Programme Document', 2020.

⁸ United Nations Children's Fund and the Washington Group on Disability Statistics, 'Module on Child functioning/Manual for interviewers', 2018.

⁹ United Nations Children's Fund and the World Health Organization, Measurement of Mental Health Among Adolescents at the Population Level (MMAP) – Overview, August 2019.

¹⁰ United Nations Children's Fund, MICS, <https://mics.unicef.org/tools>, accessed on 5 October 2022.

¹¹ United Nations Children's Fund Office of Research – Innocenti, <https://www.unicef-irc.org/evidence-gap-map-child-mental-health/>, accessed on 28 October 2022.

Figure 1: Theory of Change from the MHPSS Global Framework.



The Evaluation Office of UNICEF has elaborated an evaluative baseline of UNICEF programming on MHPSS from 2018-2021, confirming the strategic shift of UNICEF in MHPSS programming, the scaling up of its investments and the significant institutional strides to elevate the programme to a core multi-sectoral approach to MHPSS.

Rationale to Assess Impact

For the purpose of this assessment, we define Impact as *the extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, short-, medium-, and long-term change in the lives of children and families*. The references to ‘impact evaluation’ in this assignment will encompass the rigorous assessment of tangible and long-lasting change at the outcomes level along the causal pathways of the ToC. Outcomes 1 and 2 related to child, adolescent and caregiver well-being, are framed at a suitable high level for the exercise proposed below. The rigorous evaluation of impact is based on constructing a counterfactual, and can be complemented with a variety of other methods, to demonstrate the added value of the programme and identify where the placement of limited resources can make the biggest impact.

UNICEF has committed to work in this results-oriented direction also by focusing its Strategic Plan 2022-2025 on achieving results at outcome level across Goal Areas. Accordingly, the organization has planned an implementation evaluation of this new corporate priority during the current strategy, due to the Executive Board in 2025. The evaluation of implementation will focus on learning and needed adaptations. The impact level evaluation is anticipated during the subsequent strategy cycle (2026-2029) and would bring an accountability focus as well. By beginning this evaluative process early, the EO wants to respond to the expressed needs of UNICEF staff for evidence of the impact of currently implemented MHPSS programmes particularly in areas where outcome level information is inconsistent and limited. By planning early, the EO hopes to incentivize and build on country-level data collection and evaluative efforts. Contextualized evaluative evidence on the effects of interventions will help the organization learning, adapting and potentially improve programming in advance of the 2030 benchmark in the Decade For Action.

Purpose and objectives

The purpose of this assignment is to conduct an independent assessment of the opportunities and limitations for designing and conducting rigorous impact evaluations of selected scalable and innovative interventions on MHPSS where UNICEF is taking a substantive role in supporting an intervention. The scope of work shall neither favor nor preclude any of the possible options but rather create the opportunity to systematically assess all expertly defined feasible and rigorous alternatives.

This impact feasibility assessment (IFA) will provide input to the evaluation plan of MHPSS 2022-2030 and recommendations to the global MHPSS team. It will propose methodological approaches and adaptations that would be required to achieve robust and coherent evaluation designs across multiple countries and regions. A set of transparent criteria for the selection of appropriate methodological approaches should be finalized at the inception phase of this assignment.

Scope and analytical process

This assignment will focus on the two outcome areas of the ToC with reference to indicator framework of the MHPSS Global Framework (2022).

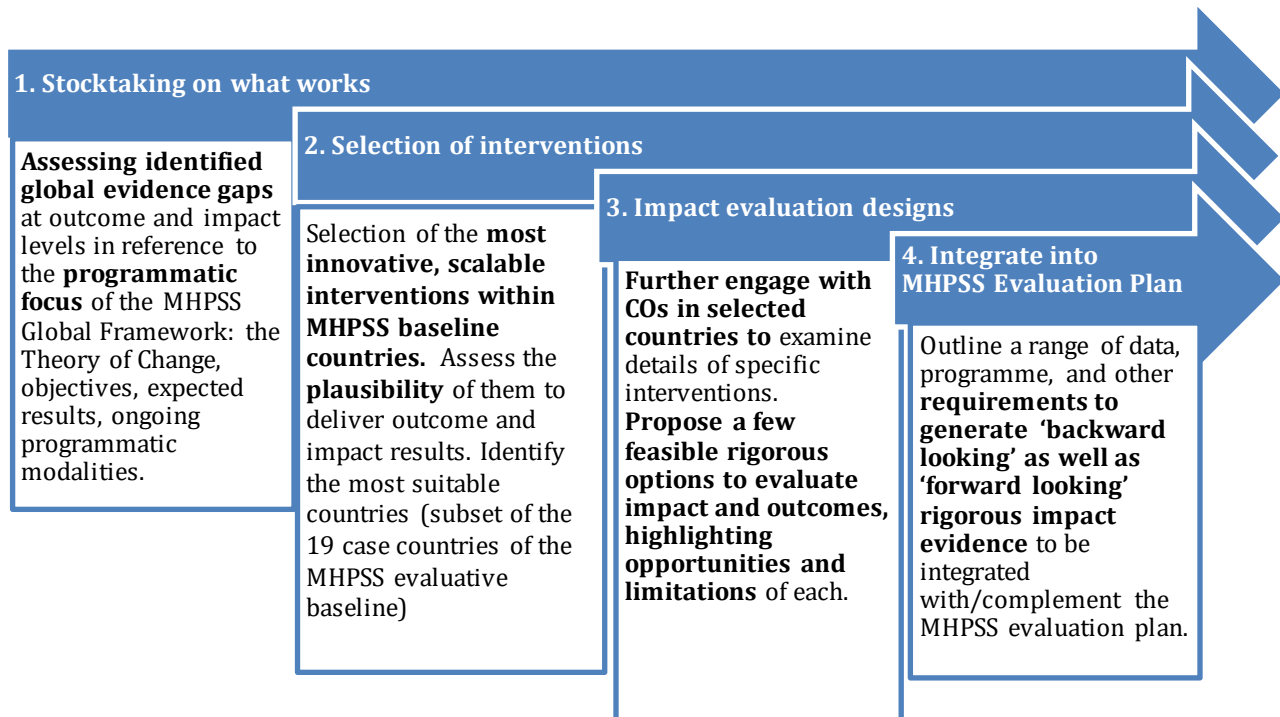
- Assess identified global evidence gaps at outcome and impact levels¹² in reference to the programmatic focus defined in the MHPSS Global Framework (2022), making use of existing synthesis and maps of evidence on MHPSS such as the evidence gap map of child and adolescent mental health and psychosocial support interventions elaborated by the UNICEF Office of Research.
- Drawing on the typology of interventions identified in the MHPSS evaluative baseline 2018-2021 elaborated by the UNICEF Evaluation Office, select the most innovative, potentially scalable interventions (or their combination) and assess the plausibility of change at outcome and impact results (based on global evidence, perceptions of programme staff as well as data from monitoring and reporting systems).
- Conduct cross-country comparisons to identify the most appropriate and feasible (sub)national and programmatic contexts for measuring effects at outcome and eventually impact levels and discuss requirements and conditions imposed by humanitarian and fragile contexts.
- Propose the evaluation designs (if any) to measure attribution (if deemed feasible and appropriate) of the selected interventions. The proposed design/s should:
 - Identify design aspects of MHPSS interventions at country level in relation to the global theories of change, their outcome priorities and pathways and current programme characteristics;
 - Mention the suitability of available sources of data proposed for use: existing monitoring and reporting systems at country level, programmatic surveys, etc. to measure relevant indicators and overall fit for purpose and able to provide granular data at the community and sub-national levels;

¹² Outcomes are understood as a measurable change in the well-being status or behaviors along the specified domains (with reference to TOC) including but not limited to reproductive health, psychological conditions, access to education and health services etc. 'Impact' implies sustainable, long-term change that the programme intervention or policy make. Some impact evaluation literature use 'impacts' and 'outcomes' interchangeably drawing from the specific programmatic conceptualization as per TOC.

- Articulate the steps, budget and timeline to integrate any identified impact evaluation components into the current programming and already planned evaluations (considering that primary data collection may need to be collected, etc.);
- Identify methodological elements relevant to the MHPSS evaluation plan, to achieve a greater evaluative focus on impacts and outcomes.

For the purposes of this assessment, the focus will be on the countries of the MHPSS evaluative baseline 2018-2021, conducted in preparation for the global evaluation of UNICEF work on MHPSS: China, Indonesia, Myanmar, Belarus, Kazakhstan, Ukraine, Ethiopia, South Sudan, Rwanda, Peru, Colombia, Jamaica, Lebanon, Syria, Iran, Nepal, Pakistan, Burkina Faso, DRC. This initial selection of countries was based on the MHPSS work during the period covered, including the mapping and review of interventions. The in-depth review of candidate interventions for evaluations of impact, will be done with the subset of four to eight countries with the most suitable conditions for rigorous impact evaluations.

Four distinct analytical stages will form part of the impact feasibility analysis, each building on and extending the evidence collected earlier in the process. The overall process will consist of conducting a careful examination of programmatic characteristics and contextual factors, to determine the most appropriate design and evaluation approach to measure impact and outcome level change along the ToC pathways. Moreover, a combination of complementary approaches could be suggested to critically examine multi-component, multi-layered and multi-country global programmes or initiatives.



1. Stock taking on ‘what works?’ with reference to the Theory of Change, the UNICEF global outcome indicators framework and countries of the MHPSS Evaluative Baseline 2018-2021 The objective of this stage is to conduct rapid review of the most recent rigorous evidence to identify which UNICEF MHPSS interventions have the potential the most scalable and transformative. The IFA team will build on the wealth of information generated and systematized by the organization, including the 2022 MHPSS Evidence Gap Map from UNICEF Office of Research – Innocenti, and also information available externally in peer review journals and other organizations. The findings of this stage will be aligned with topics from the MHPSS, in particular the outcomes from the ToC of the MHPSS Global Framework. This work will be done through a **desk review of the identified literature and consultations** (remote) with a selected number of experts and UNICEF programme staff.

2. Mapping and selection of interventions and narrowing down the set of candidate interventions in the light of country contexts (e.g. fragility, conflict, prevalence rate of mental health issues), and intervention characteristics based on a number of technical criteria which has to be presented and discussed in detail. The most innovative,

scalable interventions and plausible to achieve outcome and impact level change should be selected for further investigation. The results from the stage 1 (stock taking on what works), and particularly the gaps in certain programmatic areas, should be considered as a relevant criterion for the final selection of interventions. This stage will combine a desk review on the country-level data with the first round of consultations with all country offices to verify intervention modalities, contextual conditions, prioritization of MHPSS by national partners, etc.

3. Impact Evaluation design (programmatic ‘deep dive’). This stage of the assessment focuses on the selected (as per stage 2) subset of interventions from the initial list of nineteen countries mentioned in the scope section. The objective is to better understand the specific programme/intervention logic (TOC) and modalities, design, implementation conditions, geographic coverage across communities, and the timeline. This is critical to make a reasonable judgement (based on selected technical criteria) on whether we can achieve internal validity by accurately estimating the counterfactual through a valid control/comparison group, use natural experiment or adopt a theory-based approach to assess ‘contribution’ rather than attribution of the programme.¹³ The result of this stage will be an expert agreement on the feasibility of constructing a rigorous counterfactual in selected countries and recommendation on the design options (or a combination of approaches).

The IFA team will consult (remotely) with the staff from selected COs, the corresponding Regional Offices, and the MHPSS global team, to obtain adequate information and understand details of specific interventions, including geographic distribution and targeting, available data, timeframe, scalability plans. Diagnostics of available data sources is an important aspect of analysis at this stage and should include the country (CO and government) monitoring and situational data with the focus on their suitability to be used credibly (as an alternative to primary data collection or as a complementary source). The staged will be entirely based on more detailed cross-sectorial consultations at the country level (done remotely).

4. Integration into the MHPSS evaluation plan 2022-2030. The objective of this stage is to assess implications, including methodological and financial ones, of integrating the ‘rigorous impact component’ into the MHPSS evaluation plan 2022-2030. The IFA will generate a report indicating concrete recommendations on the following elements:

- The evidence-based rationale for integrating/adding a rigorous impact component into the global evaluation plan demonstrating how proposed evaluations contribute to and advance programmatic learning and improve effectiveness of UNICEF global efforts in MHPSS
- Operationalised outcome indicators in application to specific countries context
- Data requirements;
- Conditions for methodological coherence and complementarity of different evaluation approaches and designs;
- Cost and time implications; and
- Any other key issues that might arise.

¹³ A range of impact evaluation methods can be considered to construct a valid counterfactual including quasi-experimental approaches. Each such method (e.g., instrumental variables, regression discontinuity design, difference in difference, and matching) have their specific requirements and limitations. In addition, natural experiment designs can be considered for ongoing interventions (backward looking, ‘summative’ approach).

Indicative timeline and effort

Stage	Duration	Effort (days)
<i>Stage 1: Stocktaking on ‘what works?’ with reference to MHPSS ToC</i>	4 weeks (January- March 2023)	15
<i>Stage 2: UNICEF MHPSS Interventions mapping and country case selection (5-6)</i>	8 weeks (April-May 2023)	20
<i>Stage 3: Impact evaluation designs for selected group of countries Propose a few feasible rigorous options to evaluate impact and outcomes, highlighting opportunities and limitations of each</i>	4 weeks (May-June 2023)	10
<i>Stage 4: Final report, including recommendations to integrate rigorous impact evaluation in the MHPSS evaluation plan 2022-2030</i>	2 weeks (July 2023)	5

The timeline incorporates the time for revisions of products by key programme stakeholders at the global, regional and country levels.

Expected level of effort for the impact expert: 50 days

Payment schedule

Payments will be processed upon acceptance of invoice submitted at the completion of the first two deliverables, and upon completion of the third and fourth deliverables. The two payments will be distributed as follows:

<i>First payment: upon submission of deliverables from stages 1 and 2</i>	Effort (days) x daily fee
<i>Second payment: upon submission of deliverables from stages 3 and 4</i>	Effort (days) x daily fee

Qualifications and specialised knowledge of the impact evaluation expert

The IFA will be led by a team of two/three experts with extensive knowledge and experience in conducting mixed methods impact evaluations and thematic experience on mental health and psychosocial support. The thematic expertise should include MHPSS and could be linked more strongly with a particular area (e.g. adolescent mental health, psychosocial support in educational settings, psychiatry, psychology, etc.).

UNICEF reserves the right to change the distribution of days between thematic and impact evaluation experts based on the complementary profiles of selected experts. The consultants must demonstrate a clear understanding of the UN system and ensure that the feasibility assessment is conducted in line with the UNEG Norms and Standards for Evaluation in the UN System and abides by UNEG Ethical Guidelines and Code of Conduct. UNEG guidance on Integrating Human Rights and Gender Equality in Evaluation should also be reflected throughout the evaluation.

Required qualifications and expertise of impact evaluation expert:

- *Academic qualifications.* Graduate degree in Social Science or relevant discipline (economics, sociology, evaluation, public policy, or related field).
- At least five years of experience leading impact evaluations in development and humanitarian contexts preferably as part of comprehensive programme evaluation efforts including feasibility scoping, designing, and implementing quasi-, experimental, and mixed methods approaches for evaluation of development programmes.

- Proven skills in or good understanding of evaluation methodologies for evaluating outcomes and impacts, including non-experimental, theory-based approaches as well as experimental and quasi-experimental approaches.
- Data diagnostics, data analysis using secondary data sources including cross-country time series.
- Research or evaluation experience in topics relevant for the assignment (child and adolescent MHPSS wellbeing, MHPSS in child protection or health or education, psychology, psychiatry).

The expert should demonstrate the following skills and competencies

- Proven experience with the ethics of evidence generation; experience collecting data from vulnerable groups; familiarity with ethical safeguards.
- Familiarity with the UNICEF programmatic mandate in child and adolescent MHPSS wellbeing and understanding of evidence generation process in this area is an asset.
- Delivering evaluations and research projects with tight deadlines, complex national contexts and multi-stakeholder consultative process.
- Applied knowledge and application of UNEG norms and standards.
- Excellent abilities in presenting technical information to a non-technical audience, including excellent drafting and presentation skills in English.
- Strong ability to interact with a wide range of stakeholders, particularly on issues that are politically sensitive.
- Proficiency in English is required. French is an advantage.

Qualifications and specialised knowledge of the thematic expert

*Required qualifications and expertise of **thematic evaluation expert**:*

- *Academic qualifications.* Graduate degree in Social Science or relevant discipline (psychology, psychiatry, sociology, economy, or related field).
- Extensive experience in conducting complex, thematic, multi-sectoral evaluations for international development organizations with in-depth knowledge of evaluation methodology and mix-method approaches, particular for multi-country, global evaluations.
- In-depth knowledge and expertise in areas of child and adolescent MHPSS wellbeing, MHPSS in child protection settings or in health or education settings, psychology, psychiatry.

The expert should demonstrate the following skills and competencies

- Proven experience with the ethics of evidence generation; experience collecting data from vulnerable groups; familiarity with ethical safeguards.
- Familiarity with the UNICEF programmatic mandate in child and adolescent MHPSS wellbeing and understanding of evidence generation process in this area is an asset.
- Delivering evaluations and research projects with tight deadlines, complex national contexts and multi-stakeholder consultative process.
- Applied knowledge and application of UNEG norms and standards.
- Excellent abilities in presenting technical information to a non-technical audience, including excellent drafting and presentation skills in English.
- Strong ability to interact with a wide range of stakeholders, particularly on issues that are politically sensitive.
- Proficiency in English is required. French is an advantage.

How to apply

Interested candidates must submit the following documents:

1. CV and cover letter.
2. The financial proposal should indicate consultant's daily rate and expected total budget with a breakdown cost for each stage of the work.
3. The application should be accompanied by short examples (through links provided or attached documents) of analyses that show experience and competence to undertake this consultancy in line with the required qualifications described above.
4. A consultant/consultants can apply alone or as a team. The consultant can subcontract part of the work to complement the expertise (e.g. provision the work of research assistant). A clear explanation has to be given in the proposal on how the skills and experiences of a sub-contractor or a co-investigator will benefit the process and the quality of the deliverables.