

## TERMS OF REFERENCE

<b>TITLE</b>	MHPSS in CPHA Consultant
<b>CONTRACT MODALITY</b>	Homebased/Remote
<b>DUTY STATION</b>	Amman, CoE
<b>DURATION OF CONTRACT</b>	1 Year

### Purpose of Assignment

Mental Health and Psychosocial Support (MHPSS) is an institutional priority for the UN, and for UNICEF. The UNICEF Strategic Plan 2026-2029 identifies MHPSS as a priority area, building upon existing programming through child protection, education, and health.

Global priorities show increased need for attention to MHPSS, particularly for girls, boys, women and men in communities affected by emergencies and other adversities (e.g., torture, war, intimate partner violence, poverty, malnutrition, amongst others). While most people are resilient to adversity, global estimates suggest that on, average, 22% of adults report symptoms consistent with mental health conditions if they have experienced conflict in previous 10 years. Observed rates of mental health problems after extremely adverse events (e.g. torture, rape) tend to be over 40%. Some individuals will develop mental health conditions in the long term (e.g., depression) and others will be impacted in less visible ways. Estimates are unclear for children and adolescents, but likely to be similar. Poor mental health can impair individuals' functioning, influence children's behavior, and create barriers to accessing education, interfere with engagement in work or work productivity, and hinder one's ability to engage in social or community functions. Nonetheless, most people with mental health conditions around the world do not receive effective care. Among people living with depression, only 1 in 5 persons in high-income countries and 1 in 27 in lower-middle income countries receive minimally adequate treatment, in part due to an insufficient number of workers trained in mental health care. Integrating MHPSS services across sectors is essential, but a question remains regarding the quality of the training and the competency of the workforce. Making certain that the MHPSS workforce across sectors such as education, protection and health are able to attend to these challenges can ensure that individuals with mental health problems will have access to effective evidence based MHPSS interventions. Access to a competent and skillful workforce will aid the community as well. One way to address access to care is to expand MHPSS services delivered by diverse cadres in different settings. With appropriate training and supervision, professionals and non-professionals can provide support and effective help.

The IASC Mental Health and Psychosocial Support (MHPSS) Minimum Service Package (MSP) is an inter sectoral package of high priority MHPSS activities needed during humanitarian crises to address the mental health and psychosocial support needs of affected populations. Use of the MSP is expected to lead to better-coordinated, more predictable and more equitable responses that make effective use of limited resources and thus improve the scale and quality of programming. This will ultimately result in substantially better mental health and psychosocial well-being for larger numbers of people.

The MSP was released as an IASC product in December 2022. It has been increasingly incorporated into key humanitarian response planning documents, both at country-specific and global levels. It has been centrally featured in core MHPSS training packages and served as a basis for key advocacy initiatives. Technical support to use the MSP and strengthen the MHPSS response across different sectors and areas of work has

been provided to various interagency groups and to MHPSS surge roster members. Since 2022 there have been over 3400 participant engagements in online orientations and over 1300 unique participants in intensive workshops. To support the implementation of the MSP, a range of operational tools were developed, including: a Multi-sectoral MHPSS needs and resources Assessment Toolkit, additional MSP workshop modules (e.g. on Monitoring and Evaluation) to build capacity on the MSP across sectors.

UNICEF's Centres of Excellence (CoEs) represent a strategic evolution in Programme Technical Assistance, with a dual mandate of delivering high-quality support to Country Offices, Regional Offices, and government partners while exercising global normative leadership and partnership stewardship. They complement Country Office capacity by stewarding adaptive standards, methodologies, evidence, and guidance—refined through country feedback and implementation learning—while exercising authority via quality assurance and evidence brokering, without providing programme oversight.

The purpose of the consultancy is to support UNICEF's MHPSS team in the Child Protection Centre of Excellence to provide technical assistance on measurement and evaluation and MHPSS in emergencies; support the development of the new Mental Health strategy and ensuring integration into UNICEF's new Strategic Plan; and to enhance the response capacity with the MHPSS MSP through supported implementation, development of operational tools and field test.

### Scope of Work

The consultant will support the provision of technical assistance through the Child Protection COE by:

- supporting the management of the IASC MHPSS MSP helpdesk and the development of MSP operational tools, respective field testing and revision processes, as well as provide training and support to build the capacity of humanitarian actors in using the MSP across different sectors and areas of work to strengthen the MHPSS response;
- supporting the development of the new Mental Health strategy and ensuring integration into UNICEF's new Strategic Plan, including participating in a 3-day strategic meeting in the Hague, Netherlands;
- providing technical assistance at global and country level on measurement and evaluation of MHPSS programs and on MHPSS in emergencies.
- As part of technical assistance (TA) to country offices, travel for in-person TA will be required. The details will depend on humanitarian TA requests coming and will be decided in agreement with the consultant. Costs will be covered by UNICEF and do not need to be included in the financial proposal.

### Payment Schedule:

Payment will be made on submission and acceptance of deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant.

### Important Notes

- Individuals engaged under a consultancy or individual contract will not be considered "staff members" under the Staff Regulations and Rules of the United Nations and UNICEF's policies and procedures and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.

- The selected candidate is solely responsible for ensuring that the health insurance (and visa if applicable) required to perform the duties of the contract are valid for the entire period of the contract. Selected candidates are subject to confirmation of fully vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts.
- UNICEF offers reasonable accommodation for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.

Work Assignment Overview	Deliverables/ Outputs	Delivery deadline (in weeks/months) and input days to complete deliverable
<ul style="list-style-type: none"> <li>• Revision of the MSP workshop module on Public Health Emergencies</li> <li>• Revision of the MSP workshop module on Contextualization</li> </ul>	<ul style="list-style-type: none"> <li>• 1 revision of the workshop module on Public Health Emergencies</li> <li>• 1 revision of the workshop module on contextualization</li> </ul>	Within 4 weeks
<ul style="list-style-type: none"> <li>• Revision of MSP Multisectoral Assessment Toolkit</li> </ul>	<ul style="list-style-type: none"> <li>• 1 revision of the Multisectoral Assessment Toolkit</li> </ul>	Within 10 weeks
<ul style="list-style-type: none"> <li>• Technical assistance to Country Offices on MHPSS programs and on MHPSS in emergencies</li> </ul>	<ul style="list-style-type: none"> <li>• 18 responses to technical assistance requests on MHPSS in emergencies requested by Country Offices through the Technical Assistance hub</li> </ul>	Within 16 weeks
<ul style="list-style-type: none"> <li>• Build capacity at regional and country-level to communicate effectively about MHPSS and to align programming with relevant global best practice guidance</li> </ul>	<ul style="list-style-type: none"> <li>• 100 actors reached with MSP online orientations</li> <li>• 2 MSP Workshops delivered (in collaboration with MSP team) to inter agency groups and/or implementing agencies at country level</li> <li>• 1 compiled report of lessons learned and best practices from the</li> </ul>	Within 21 weeks

	implementation of the MSP Workshop Package	
<ul style="list-style-type: none"> <li>Supported development of MSP guidance for integrating MHPSS into humanitarian processes and documents, in collaboration with key partners (WHO, UNHCR)</li> <li>Data collection and analysis of qualitative M&amp;E data from the field test of the MSP workshop package</li> </ul>	<ul style="list-style-type: none"> <li>2 revisions of draft guidance for integrating MHPSS into humanitarian processes and documents</li> <li>1 database with compiled qualitative M&amp;E data</li> <li>1 data analysis of qualitative M&amp;E data</li> <li>1 report with results from data analysis of qualitative M&amp;E data here</li> </ul>	<p>Within 28 weeks</p>
<ul style="list-style-type: none"> <li>Revision and finalization of MSP workshop package based on input field test</li> <li>Supported implementation of MSP Training of Trainers.</li> </ul>	<ul style="list-style-type: none"> <li>2 revisions of MSP workshop package</li> <li>1 MSP workshop package finalized</li> <li>1 MSP training of trainers co-facilitated in collaboration with the WHO</li> </ul>	<p>Within 33 weeks</p>
<ul style="list-style-type: none"> <li>MSP Helpdesk of the IASC MHPSS MSP technical support).</li> <li>Oversee the management of the MSP website to maintain functionality and promote accessibility of MHPSS guidance</li> </ul>	<ul style="list-style-type: none"> <li>Technical support on the MSP provided to 8 inter agency groups or implementing organizations</li> <li>15 responses to helpdesk enquiries on the MSP and associated products</li> <li>1 user feedback review to identify website accessibility or usability improvements</li> <li>Up to 3 meetings with website developers for resolving reported technical issues</li> </ul>	<p>Within 37 weeks</p>

<p>Data collection and analysis of quantitative data from field test of MSP workshop package</p>	<ul style="list-style-type: none"> <li>• 1 database with compiled quantitative M&amp;E data</li> <li>• 1 data analysis of quantitative M&amp;E data</li> <li>• 1 report with results from data analysis of quantitative M&amp;E data</li> </ul>	<p>Within 40 weeks</p>
<p>Support the development and review of UNICEF's new Mental Health strategy MHPSS and integration of the strategy into the new Strategic Plan.</p>	<ul style="list-style-type: none"> <li>• Child Protection input to the multisectoral Mental Health strategy developed.</li> <li>• 3 day participation in in-person meeting in The Hague.</li> <li>• 2 rounds of review of the Mental Health strategy</li> <li>• 1 brief on integration of the new Mental Health Strategy into the 2026-2029 Strategic Plan.</li> </ul>	<p>Within 45 weeks</p>
<ol style="list-style-type: none"> <li>1. Donor reporting</li> <li>2. Development of report with overview of MSP project (2022-2027)</li> </ol>	<ul style="list-style-type: none"> <li>• 1 donor report developed and finalized</li> <li>• 1 report with overview of MSP project (2022-2027) finalized</li> </ul>	<p>Within 48 weeks</p>
<ul style="list-style-type: none"> <li>• Technical assistance to Country Offices on measurement and evaluation of MHPSS programs and on MHPSS in emergencies</li> </ul>	<ul style="list-style-type: none"> <li>• 20 responses to technical assistance requests on measurement and evaluation and/or MHPSS in emergencies requested by Country Offices through the Technical Assistance hub.</li> </ul>	<p>Within 52 weeks</p>

**QUALIFICATIONS / SPECIALIZED KNOWLEDGE / EXPERIENCE/ COMPETENCIES (CORE/TECHNICAL/FUNCTIONAL) / LANGUAGE SKILLS REQUIRED FOR THE ASSIGNMENT**

**Education:**

At least a Masters in one of the following disciplines - Psychology, Mental Health and Psychosocial Support, Child Protection in Humanitarian action

**Knowledge/Expertise/Skills required:**

A minimum of 10 years experience in Mental Health and Psychosocial Support in development and humanitarian contexts

- Expertise in measurement and evaluation of MHPSS programs required
- Extensive knowledge of the MSP and IASC MHPSS guidelines
- Experience supporting the integration of MHPSS in other sectors
- Experience developing MHPSS tools; MSP tools a strong asset
- Experience supporting coordination groups and implementing agencies to implement the MHPSS MSP is a strong asset
- Familiarity with UNICEF Mental Health strategy is a strong asset