Title: ‘Information Specialist’ - Consultancy for producing an Evidence Gap Map on
Child and Adolescent Mental Health and Psychosocial Support (MHPSS) Interventions
6-month Part-Time Consultancy (30 days)

Duty Station: Florence (Italy)
On-line

Purpose of Activity/Assignment:
UNICEF Innocenti seeks a part-time Information Specialist (30 days over a 6 month period) to work as part of a team who will lead and undertake the production of an EGM of studies analysing the impact of Child and Adolescent Mental Health and Psychosocial Support (MHPSS) Interventions.

Scope of Work:

1. Background

The UNICEF Office of Research-Innocenti (UNICEF Innocenti) undertakes and commissions research on emerging or current issues of relevance for children in order to inform the strategic directions, policies and programmes of UNICEF and its partners. The office explores emerging issues, identifies research gaps, and brings together existing researchers to support or undertake new research, data collection and analysis to address critical questions.

The Research Facilitation & Knowledge Management (RFKM) unit within which this position is located plays a leading role in building a knowledge culture across UNICEF and beyond by providing essential guidance and tools to strengthen generation, communication and use of evidence in decision-making including in the area of evidence synthesis.-

2. Evidence Synthesis

Evidence synthesis products - particularly Evidence Gap Maps (EGMs), Rapid Evidence Assessments (REAs) and Systematic Reviews (SRs) - are becoming an increasingly important part of UNICEF’s efforts to ensure that: (1) policy making and programming decisions are evidence-informed and that (2) evidence on ‘what works’, ‘how’ and ‘why’ is made easily accessible and understandable to UNICEF staff and strategic partners.

The Research Facilitation & Knowledge Management Unit has played a key role in commissioning and supporting the production of evidence synthesis products that respond to UNICEF’s strategic priorities. This includes:

- EGMs on Adolescent Well-Being in Low- and Middle-Income Countries and a MegaMap on Child Welfare.
- An EGM on Ending Violence against Children, in support of the Child Rights and Protection Team
- A Rapid Review on the impact of COVID-19 on Mental Health outcomes, in collaboration with UNICEF Innocenti’s Director’s Office (forthcoming)

Further evidence synthesis products are planned or in the pipeline. Alongside the commissioning of evidence synthesis products, the Unit is working to build the internal capacity within UNICEF for producing, commissioning, and managing evidence synthesis products. This includes production of a series of
3. UNICEF’s interest in Mental Health and Psychosocial Support Interventions

Today around 10-20 per cent of all children and adolescents suffer from some type of mental health disorder and mental health conditions account for around 16 per cent of the global burden of disease among adolescents. Depression is among the leading causes of disability among young people and suicides are the third leading cause of death among adolescents worldwide, and the second among 15-19-year-old adolescent girls. Fifty percent of mental health conditions arise before the age of 14, and 75 per cent by the mid-20s.

Given this high burden in the early years, early investment in mental health is crucial for the wellbeing of society. The first thousand days present a unique opportunity for unparalleled cognitive growth and early stimulation which are central to healthy mental and emotional lives. Middle childhood (5-9 years) are school-going years, and important for emotional growth and consolidation. Adolescence provides a second window of opportunity, as a critical period in brain development, emotional regulation, and identity formation. Exposure to adverse events during the early years may mean that children and adolescents may carry the mental and emotional costs for years to come, and poor and vulnerable children worldwide will carry an inordinate burden. At the same time, evidence highlights that adolescence is a time when young girls and boys can develop resilience, changing what they do and how they behave to be better equipped to handle adversity. Effective positive coping strategies and behavioural management techniques adopted and learned during these years can reap benefits into adulthood.

Moreover, the COVID-19 crisis has exacerbated mental health issues, and the UNICEF Office of Research has recently completed a comprehensive rapid review with findings that children and young people globally are at risks of greater psychosocial distress (including anxiety, depression, and externalizing behavioural issues) due to lockdowns, school closures and economic recession. The need for greater investment in mental health interventions emerged, targeting specific risk and protective factors across age groups, and geographic contexts (such as LMICs) where the research is limited. However, more work is needed to examine the state-of-the-evidence on the programmatic and policy interventions on children’s mental health in the first and second decades of life, and as yet, no unified resource exists that provides an overview of the evidence that exists in LMICs. This resource would serve to identify where the evidence is abundant, but also where gaps exist.

4. Objectives of the consultancy

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1 World Health Organization 2019, see https://www.who.int/mental_health/maternal-child/en/
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UNICEF’s Office of Research-Innocenti (OoR) will be developing an Evidence Gap Map (EGM)\(^7\) that takes stock of high-quality evidence related to mental health. The overarching research questions that this EGM seeks to answer is:

*What is the state of the evidence on the effectiveness of interventions aimed at promoting mental health and reducing or preventing mental illness and psychosocial disabilities among children and adolescents in low and middle-income countries?*

The following parameters are provided for consideration. However, these inclusion and exclusion criteria will be finalized during the initial scoping and consultation phase, during which the research priorities and availability of evidence will be determined:

- Inclusion of children from 0-19, disaggregated by age group and gender.
- Inclusion of interventions focused on mental health promotion, prevention of mental health problems, and psychosocial support (early intervention and treatment). Pharmacological and biomedical treatment interventions, as well as recovery and continuing care will be excluded. The types of interventions for inclusion will be finalized during the scoping phase.
- Inclusion of interventions in low-and-middle income settings, including humanitarian and emergency settings. Regional disaggregation is desirable.
- Attention to vulnerable or marginalized children, such as migrants, children living in rural and marginalized urban areas, LGBTIQ+ youth, or children with disabilities (physical, sensory, mental, intellectual), consistent with UNICEF’s mandate to leave no child behind. We will apply the Progress-Plus equity characteristics while considering specific population sub-groups of interest.\(^8\)
- Attention to the continuum of positive and negative mental health and psychosocial outcomes, as operationalized by ICD 11 diagnostic criteria (such as mood disorders, anxiety, impulse control disorders) as well as mental well-being outcomes (such as prosocial adaptive behaviours, life satisfaction, happiness). The list of outcomes for inclusion will be finalized during the scoping phase.
- Inclusion of diverse platforms, including online or digital delivery, school-based, home-based/parenting, health centres and community-based approaches. The list of platforms for inclusion will be finalized during the scoping phase.
- Inclusion of interventions at various levels of the child’s social ecological levels, including individual, interpersonal, school, community, and policy levels, as well at multiple levels. These levels include a consideration of the intervention platforms described above, and the inclusion criteria will be finalized during the scoping phase.

The primary audience of the EGM and accompanying products will be policymakers, development professionals and researchers working on mental health issues in LMICs. It is likely to be of most use to researchers and development partners involved in priority-setting and funding decisions related to new

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\(^7\) Evidence Gap Maps (EGMs) are visual tools designed to provide an overview of the evidence that exists on a particular topic or theme. They usually map out empirical evidence from impact evaluations and systematic reviews to highlight gaps in the evidence base and show where evidence is more abundant.

\(^8\) https://methods.cochrane.org/equity/projects/evidence-equity/progress-plus
research initiatives, as well as those involved in synthesizing and brokering evidence through briefs and similar knowledge products for policymakers.

The deliverables need to be written and presented in a way that is likely to be appealing to the potential target audience. The follow-up work from this EGM may involve: (1) a specific deep dive (potentially a systematic review) on a topic/theme identified as suitable for synthesis by the EGM; (2) directing strategic decisions on other primary research and synthesis.

5. Major areas of work and responsibilities

The responsibilities of the part-time Information Specialist will include, but will not be limited to:

- **Supporting the team in identifying studies for the EGM**: This will entail translating key concepts from a scoping exercise, from a pre-existing conceptual framework and inclusion/exclusion criteria to designing a comprehensive and efficient search strategy
- As part of **formulating the search strategy**, contribute to the **development of a protocol for the EGM**.
- Supporting and undertaking other tasks to the extent feasible within the timeline and resources, including **piloting, searching, screening and critical appraisal**.
- Helping to **manage references** as part of the search and screening processes, including de-duplication.
- **Retrieving full-texts** of relevant studies.
- Using initiative to independently **respond to enquiries regarding search strategies, results and related methodology**.
- **Communicating effectively** with partners and colleagues to execute evidence synthesis projects and fulfil contract requirements.

6. Phases of work, deliverables, and timeline

The approach to producing the EGM should follow guidelines and standards set within UNICEF Innocenti’s Methodological Briefs on Evidence Synthesis. The specific phases of the project are summarised below.

**Phase 1: Scoping and consultations**

The conceptualization phase consists of reviewing the literature to develop a scoping framework of interventions and outcomes for mapping the evidence. This phase will also involve brief consultations with members of the Advisory Group from UNICEF to ensure that the scoping and project objectives are in line with UNICEF’s strategic plan for mental health. The Information Specialist will support as necessary and feasible.

**Phase 2: Protocol development**

The second phase is where a protocol is developed, based on the findings from the scoping phase. This will include the framework and methodology for the evidence gap map, including the eligibility criteria, search strategy, approach to data extraction, approach to quality appraisal, and the methods for data analysis and evidence synthesis. The Information Specialist will contribute to the development of an appropriate search strategy that translates the key concepts in the framework.

**Phase 3: Production of draft EGM and report**

This entails undertaking a comprehensive review of the literature for impact evaluations and systematic reviews of relevant studies and using this to populate the EGM framework based on theory-driven intervention criteria, by screening, reviewing and coding studies of mental health and psychosocial support
interventions in low- and middle-income countries, including relevant grey literature when useful. The Information Specialist will be involved in managing references, de-duplicating and uploading full-texts.

**Phase 4: Presentation of findings and consultation**  
The Information Specialist will support this phase as necessary.

**Phase 5: Research communication**  
These products will be disseminated in multiple ways including summary report, policy briefs, social media outlets, and a launch workshop with key stakeholders (including mental health experts, policy makers and programme implementers, development partners, young people, and UNICEF participants from HQ, regional and country levels). It is not envisaged that the Information Specialist will be involved in this phase.

7. **Duration of the consultancy**

The consultancy will include a total of 30 days, distributed over a six-month period, from 1\textsuperscript{st} July to the 31\textsuperscript{st} December 2021

8. **Payment Schedule**

The Consultant will be paid according to the indicated schedule, upon submission of deliverables and confirmation from supervisor of satisfactory services rendered. Payments will be paid for the equivalent of 30 days of work at an agreed daily rate over a total of 6 months upon submission of progress report and confirmation from supervisor of satisfactory services rendered.

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<th>Supervisor:</th>
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<td>The Deputy Director or designate will be responsible for overall oversight and successful implementation of all the phases of the EGM production, dissemination and use. The Chief, Research Facilitation and Knowledge Management will provide the overall technical oversight of the EGM team, and the Knowledge Management Specialist with expertise in EGMs will lead the technical production team of four Consultants, including the Information Specialist. The Consultant will work remotely, ensuring to make themselves available during Innocenti working hours.</td>
<td>1\textsuperscript{st} July 2021</td>
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Minimum Qualifications required:

- [ ] Bachelors
- [x] Masters
- [ ] PhD
- [ ] Other

Disciplines:
Social Sciences, Political Sciences, Public Administration, International Relations, Data Science, Development Communication or other fields related to the work of UNICEF

Knowledge/Expertise/Skills required:

Qualifications and/or specialized knowledge/experience required and desirable for undertaking the assignment

This consultancy is open to individual consultants—throughout this document referred to as “The Consultant”.

As part of their application, applicants are asked to provide an up to date CV and cover letter outlining their previous experience in working on Evidence Gap Maps and/or other evidence synthesis products, formulating search strategies for academic journal and grey literature databases, managing references and retrieving full-texts, and their experience and knowledge of mental health research, particularly regarding children and adolescents where applicable. A proposed daily fee rate should also be quoted in US$.

Academic Requirements:
- Master’s degree with a qualification in librarianship, information science, public policy, international development, social research methods or other related fields to the work of UNICEF and the role of an Information Specialist.

Professional Experience Requirements:
- 6 plus years’ plus experience as an Information Specialist on evidence synthesis products, such as Systematic Reviews, Rapid Evidence Assessments or Evidence Gap Maps.
- Advanced literature searching expertise in academic journal databases such as MEDLINE, EBSCOHost, and the Cochrane Library.
- Experience of designing complex search strategies.
- Reference management skills and experience of reference management software, such as EndNote and Zotero.
- Experience of using dedicated systematic review software (e.g. EPPI-Reviewer and RevMan).
- Excellent computing skills and the ability to pick up and apply new software quickly.
- Good attention to detail and the ability to manage multiple projects simultaneously.
- Citation Management Software (e.g. Zotero, EndNote)

Other Requirements:
- Access to academic journal databases
- Demonstrated ability to organize own work and to work according to deadlines.
- Ability to work collaboratively in a team environment with staff with differing experience and skills and with staff in different geographic locations
• A strong ability to manage, negotiate and collaborate with external and internal experts.
• Demonstrated ability to set high standards for quality of work and consistently achieve project goals.
• Solid writing, analytical, problem-solving, writing and presentation skills, particularly in the context of international work settings.
• Knowledge and experience of researching on mental health-related themes, particularly regarding children and adolescents is an advantage but not necessary.
• Fluency in English and knowledge of other UN official languages is an advantage.
• Good knowledge of UNICEF’s internal organization is an advantage.

Core Values and Competencies
Core Values: Commitment, Diversity and Inclusion, Integrity
Core Competencies: Communication, Working with People, Drive for Results