

## TERMS OF REFERENCE

### *Section A*

#### **Work Assignment:**

Throughout the past year, the compounding crises affected about every aspect of children's lives, including education, nutrition, and mental health. Eighty per cent of children in Lebanon are worse off than they were at the beginning of 2020, according to the Child-Focused Rapid Assessment (CFRA) conducted by UNICEF in April 2021. The deterioration of the economic situation, the continuous political unrest, the consequences of the COVID-19 pandemic, as well as Beirut's August explosion in 2020 have vigilantly affected the wellbeing of children and their caregivers.

Tensions and anxiety among households have been increasingly on the rise, resulting in increased risks of violence with women and girls, where there is evidence that more families are marrying off their young daughters to reduce their economic burden. In addition, a growing number of parents are finding it impossible to provide for their children, resorting to desperate measures and negative coping mechanisms that often place children at risk<sup>1</sup>. And as Lebanon holds the highest proportion of refugees per capita in the world, hosting 1.5 million Syrians, poverty among the Lebanese almost doubled to 55 per cent in 2020, from 28 percent in 2018, while extreme poverty tripled from 8% [2]. For the Lebanese families, 9 per cent of families sent their child to work, 15 per cent stopped their children's education and 60 per cent had to buy food on credit or borrow money. The situation is even worse for Syrian households, at 22 per cent, 35 per cent and 100 per cent respectively. Over the years, the National Lifeline has been witnessing an increase in the number of calls received from children and adolescents (5 to 19 years old) with calls rising from 250 to 1518 among this age group with active thoughts of suicide increasing from 99 to 633 between 2018 and 2021<sup>2</sup>. The impact of the situation is further deteriorating the mental health and wellbeing of affected children, caregivers, communities, as well as frontline workers who have been on the forefront of the humanitarian response. For the overall promotion of mental health and psychosocial wellbeing, working together with caregivers and adolescents themselves needs to be a cross-cutting strategy.

UNICEF's approach to mental health and psychosocial support (MHPSS) builds on the strengths of children, caregivers, and communities.

To date, Lebanon has one of the most active and comprehensive MHPSS programs in the region. The MHPSS agenda is widely supported by government, as evidenced by the National Mental Health Plan, and the multi-sectoral MHPSS Task Force chaired by the MoH and co-chaired by UNICEF and WHO.

The UNICEF Strategic Plan 2018-2021 identifies MHPSS as a priority area, building upon existing programming through child protection, education, and health, shaped by actions and standards set out in the Child Protection Minimum Standards (CPMS), Core Commitments for Children in Humanitarian Action (CCCs) and the IASC Guidelines on Mental Health and Psychosocial Support in Emergencies. To advance on the strategic goal and the development of appropriate MHPSS interventions in Lebanon, UNICEF and the National Mental Health Program, with the endorsement of WHO, are seeking a consultant to support in the development of a national MHPSS Sub-strategy to focus on children, adolescents, and caregivers, which would fall under the framework of the overarching

<sup>1</sup> Lebanon: Children's Future on the line, UNICEF, June 2021.

## TERMS OF REFERENCE

national mental health strategy.

The purpose of this consultancy is to support in the development process of the sub-strategy, namely in the below steps:

- 1) **Reviewing guidelines and frameworks for evidence-based action in this area**
- 2) **Developing a situation analysis:** literature review, desk review, key informant interview, focus group discussion with main stakeholders...
- 3) **Support in holding national Consultations** with key stakeholders in the different stages of the development process
- 4) **Drafting** the strategy document: The strategy to include goals, objectives, Implementation plan (With timeline, roles, inputs, indicators...) and **Reviewing feedback from stakeholder in the review process of the draft strategy and integrating it.**
- 5) **Support the planning and preparation for a National consensus meeting:** To have the developed strategy endorsed.
- 6) **Develop a final National MHPSS Sub-Strategy** for Children, Youths, and Caregivers; based on feedback from stakeholders and national consensus meeting.

### Scope of the Work:

## Multisectoral National MHPSS Sub-strategy for children, youths, and caregivers

- Outline the main domains of action and guiding principles/approaches based on global recommendations and best practices, and national requirements based on evidence review. This includes the conduct of desk review of guidelines, frameworks and global action plans and recommendations related to MHPSS for children, youths, and caregivers related (including but not limited to those published by relevant UN agencies such as UNICEF and WHO).,
- Lead on and complete a Situation Analysis on MHPSS and children/youths/caregivers in the Lebanon context. The Situation Analysis aims to describe the situation when it comes to the mental health and psychosocial needs of children and youths in Lebanon while also providing an overview of in-country action from government, national and international agencies. The information presented in the Sit-An will further inform an understanding of the needs as well as the gaps and areas for strengthening at national system-level to improve the protection and promotion of the mental health of the target group. The methodology will include conducting a literature review, key informant interviews and focus group discussion with key stakeholders
- Draft the strategy in a reflective process with the NMHP, UNICEF and WHO, building on the results of the latter steps. The Strategy will, at a minimum, define the country's vision, mission, goals and strategic objectives for improving mental health of the target group. The strategy will include an implementation plan that includes inputs needed, responsible stakeholders, implementation considerations, etc. and an M&E framework. Support the preparations for the various consultative phases of the strategy development process (i.e., national consultation meetings and reviews of the strategy draft by stakeholders). This will include adapting feedback forms, compiling feedback received, drafting

## TERMS OF REFERENCE

consultation meeting tools, etc.). Finalize the Multisectoral National MHPSS Sub-strategy for children, youths, and caregivers.

### Section B

Work Assignment Expected Results (40 days)		
Tasks/Milestone:	Deliverables/Outputs:	Timeline
<b>1. Complete a situation analysis:</b>		
Develop Situation Analysis data collection methodology and tools	Situation Analysis report to include: <ul style="list-style-type: none"> <li>Section on the mental health situation of children and adolescents and caregivers</li> <li>Overview of the current system in place to support MH of the target group</li> <li>A highlight of areas of good practice and strengths in existing MHPSS programming (including gathering repository of documentation of evaluation and practices) to share as part of knowledge management.</li> <li>SWOT analysis</li> <li>A set of recommendations.</li> </ul>	10 days
Carry out the needed data collection / assessment needed for the Sit-An		
Carry out a desk review of available resources and existing programming for the Mental Health and Psychosocial Support interventions for children, youths, and caregivers.		
Conduct KII and focus group discussion with stakeholders	<ul style="list-style-type: none"> <li>At least four Focus Group discussions with caregivers, youths and children as feasible.</li> <li>Around 20 Key Informant Interviews with relevant stakeholders.</li> <li>All FGD's and interviews to be transcribed.</li> </ul>	
Triangulate information collected through the various data sources and write the situation analysis	<ul style="list-style-type: none"> <li>Draft situation analysis</li> <li>Revise drafts based on feedback from NMHP, UNICEF and WHO.</li> </ul>	

### TERMS OF REFERENCE

Support in preparation of agenda and tools for the meeting	<ul style="list-style-type: none"><li>• Draft the agenda and PowerPoint presentation for the one day National Consultation Meeting, based on the situation analysis and desk review.</li><li>• Lead and present in the national consultation meeting.</li></ul>	4 days
Develop a report of the consultation meeting		
<b>3. Draft the strategy document:</b> The strategy to include: goals, objectives, Implementation plan, timeline, who does what, indicators for monitoring.		
Develop the strategy based on evidence review, situation analysis results (including FGDs and KII) and results from the stakeholder consultation meeting.	Zero draft of strategy  Strategy sections to include, but not limited to: <ul style="list-style-type: none"><li>1) MHPSS Situation Analysis</li><li>2) Mission</li><li>3) Goals and Objectives by domain of action</li><li>4) Implementation plan</li><li>5) Indicators for monitoring purposes</li></ul>	15 days
<b>4. Support in the stakeholder review of the draft strategy</b>		
Coordinate with stakeholders and collect feedback on the draft strategy	<ul style="list-style-type: none"><li>• Develop a feedback form to be sent to stakeholders, to collect feedback.</li><li>• Contact and follow up with stakeholders, to ensure their feedback is integrated. <i>(Collecting feedback from stakeholders could be done through email or conference calls – TBC)</i></li></ul>	10 days
Revise strategy draft based on	<ul style="list-style-type: none"><li>• Compile feedback</li></ul>	

### TERMS OF REFERENCE

stakeholder review	<ul style="list-style-type: none"> <li>Review feedback with NMHP, UNICEF and WHO focal points</li> <li>Revise strategy draft in accordance with feedback received.</li> </ul>	
<b>5. National consensus meeting:</b>		
<b>Support in the preparation for the National Consensus Meeting and present the Draft national sub-strategy to key stakeholders</b>	<ul style="list-style-type: none"> <li>Develop PPT of the drafted strategy to be presented to stakeholders</li> <li>Develop PPT summarizing feedback received from stakeholders.</li> <li>Develop report of the consultation meeting (that includes notes/minutes, recommendations, and way forward)</li> </ul>	4 days
<b>6. Finalization of MHPSS Sub-Strategy for children, young people, and caregivers</b>		
<b>Finalize sub-strategy according to national consensus meeting feedback</b>	Final draft of the costed strategy inclusive of all feedback received.	5 days
<b>7. Support in finalizing strategy document</b>		
Coordinate with Translator, Review and approve translation of Sub-strategy document	One costed Sub-Strategy document translated in Arabic	4 days