



Childrens' drawings taken during a regional research exercise of mental health and social support needs by Save the Children (Lebanon)

Desk Study

Official development assistance to child and family focused Mental Health and Psychosocial Support (MHPSS)

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Methodology and limitations of the study

This report is a desk-based research, developed from April to June 2019, aiming at providing a **picture of official development assistance (ODA grants and grants from the private development finance) invested in child and family focused MHPSS over the course of 2015-2017, with a focus on 2017**. It is based on a desk review of literature on MHPSS and Child Protection, and data sourced from the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee's (DAC) Creditor Reporting System (CRS) database¹.

The CRS is the OECD DAC online database on individual aid activities. According to the OECD DAC, aid activities include projects and programmes, cash transfers, deliveries of goods, training courses, research projects, debt relief operations and contributions to non-governmental organisations, all of which are covered by the CRS database.² The DAC Secretariat collects aid statistics from all 29 DAC member countries³, 20 non-DAC countries, 37 Multinational Organisations and 26 Private donors and foundations.⁴

The present study only covers standard grants from i) ODA and ii) Private Development Finance flows. Thereby excluding ODA loans, equity investment, other official flows, debt forgiveness...

Official Development Assistance (ODA):⁵

Grants or loans to countries and territories on the DAC List of ODA Recipients (developing countries) and to multilateral agencies which are: (a) undertaken by the official sector; (b) with promotion of economic development and welfare as the main objective; (c) at concessional financial terms (if a loan, having a grant element of at least 25 per cent). In addition to financial flows, technical co-operation is included in aid. Grants, loans and credits for military purposes are excluded. Transfer payments to private individuals (e.g. pensions, reparations or insurance payouts) are in general not counted.

Note: Double counting is avoided in the CRS database, as the donors' core contributions to multilateral organisations are excluded from the dataset, and multilateral organisations report their outflows to the OECD DAC.

Private Development Finance is defined as financing by civil society organisations (NGOs, philanthropic foundations, etc.)



Study limitations:

- Limited to the data reported by DAC data submitters.
- Limited to 2015-2017 data and exclusively standards ODA grants and standard grants from the Private development finance.
- Limited to the selection of sectors presented in annex 1.
- The methodology relies on the use of keyword searches, which involves a certain level of subjectivity. The dataset compiled for this study is therefore dependent on the choice of keywords and selected criteria for data isolation and selection, but also on the project descriptions given by the donors. A description of the elaboration of the dataset and methodology is provided in annex 2, this will allow readers to place the various findings of this study in perspective. Data reflected in this report are estimate of ODA spending on MHPSS to children and families.

Mental Health and Psychosocial considerations and interventions are traditionally associated with the sectors of health and protection, but they are increasingly integrated into other sectors of humanitarian and development assistance such as education or even nutrition. Due to this multi-sectoral approach, the research team will look into a large selection of sectors of the CRS database and will attempt to isolate projects and activities supporting children's and families' mental health and psychosocial well-being – based on their description, using a set of keywords. Keywords were set to reflect the list of key MHPSS activities compiled for this study (see annex 3) and were translated to French and Spanish to consider activity flows reported under these languages. The list of keywords is available in annex 4. The research team assessed whether the project included a MHPSS intervention based on its title, and its short and long descriptions.

Definitions

Child: Every human being below the age of 18 years.

MHPSS: Mental Health and Psychosocial Support (MHPSS) describes any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.⁶

MHPSS to children and families: refers to a set of activities with the primary goal of improving the mental health and psychosocial well-being of children and their families.⁷

Psychosocial: Psychosocial refers to the two-way relation between psychological factors (the way a child feels, thinks and acts) and social factors (related to the environment or context in which the child lives: the family, the community, the state, religion, culture).⁸ Psychosocial support refers to the process of facilitating resilience within individuals, families and communities [enabling families to bounce back from the impact of crises and helping them to deal with such events in the future].⁹

Well-Being: refers to the condition of holistic health and the process of achieving this condition. Well-being has physical, cognitive, emotional, social and spiritual dimensions. The concept includes 'what is good for a child' such as developing emotional bonds with trusted adults, participating in meaningful social roles, feeling happy and hopeful, having positive social and learning experiences in a supportive environment, developing healthy coping mechanisms, having access to basic necessities and feeling safe.¹⁰

Introduction

The World Health Organization (WHO) reports that around **20% of the world's children and adolescents have mental disorders or problems**¹¹ and that **rates of mental disorder tend to double after emergencies**.¹²

Armed conflicts and humanitarian disasters shatter lives and cause psychological and social suffering to affected population; millions of people are affected and are in distress, and children are among the most vulnerable. UNICEF estimated that one in four children live in countries affected by conflict or disaster.¹³ An analysis from Save the Children indicates that **420 million children are living in conflict zone, among which 142 million in high-intensity conflict-zone**.¹⁴ Moreover, the number of people forcibly displaced continue to grow for the sixth consecutive year¹⁵ the needs for MHPSS in emergency setting are substantial and continue to increase.

In addition, just between 2005 and 2017, the average length of crises rose from four to seven years.¹⁶ Conflicts have become increasingly protracted and **needs for MHPSS are long-term needs**. As reflected in the report '*Rebuilding Lives: addressing needs, scaling up and increasing long-term structural MHPSS Interventions in Protracted and Post-conflict settings*' (2018) the contributions of the development sector are crucial in context of protracted and post-conflict settings. Indeed, **"while humanitarian assistance is indispensable for meeting immediate needs, especially in the context of MHPSS, actors of development cooperation are also responsible for supporting systems of care and thus are they able to effectively deliver psychosocial services in the medium and long term."**¹⁷ Needs for MHPSS are long-term and humanitarian and development actors need to ensure the sustainability of the interventions to allow rebuilding lives, stable societies and economies.

*'The topic of MHPSS is 'invisible' yet other humanitarian and development interventions will not yield results unless the mental health and psychosocial wellbeing of those affected by conflict is considered'*¹⁸

In an attempt to estimate funding invested in MHPSS to children and families in emergencies, protracted crisis and post-conflict settings, the present study will not only focus on humanitarian funding, but ODA. It will consider MHPSS in the Humanitarian/Development Nexus and aims at providing a picture of ODA grants and grants from the private development finance invested in child and family focused MHPSS over the period 2015-2017 based on data sourced from the OECD Creditor Reporting System (CRS) database.

1. Defining child and family focused mental health and psychosocial support (MHPSS CF)

Key considerations:

- The social ecology of the child:** The study focuses on funding directed towards MHPSS to children and adolescents (0-18 years old), but the role of parents and caregivers is crucial to the psycho-social wellbeing of the child. Caregivers are the first source of support for their children. As such the study will consider all child and family focused MHPSS activities, including activities to empower parents and support them to become strong resilient figures for their children.
- MHPSS is cross-sectoral:** although traditionally associated with the sectors of health and protection, MHPSS is increasingly integrated into other sectors such as health and nutrition, education and protection sectors. The study will therefore consider a wide range of sectors (list of sectors available in annex 1)
- However, **this study will not account for all interventions aiming at meeting the basic needs of children** (water, food, shelter, health services for physical recovery, and re-enrolment of children in schools and non-formal education) **nor all MHPSS activities at the level of the community.** We recognize that such services and support to the community as a whole benefit the children well-being by establishing a safe and stable foundation, that larger education and protection services highly contribute to the child well-being by putting children out of danger, restoring a sense of safety, or normalizing life after a crisis by returning to school. But the study will focus on specific MHPSS interventions directly helping children and/or their families/caregivers recovering and 'bouncing back' after a crisis has disrupted their lives.

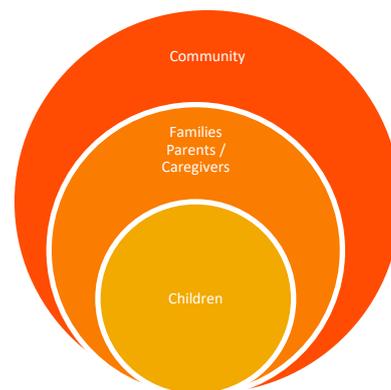
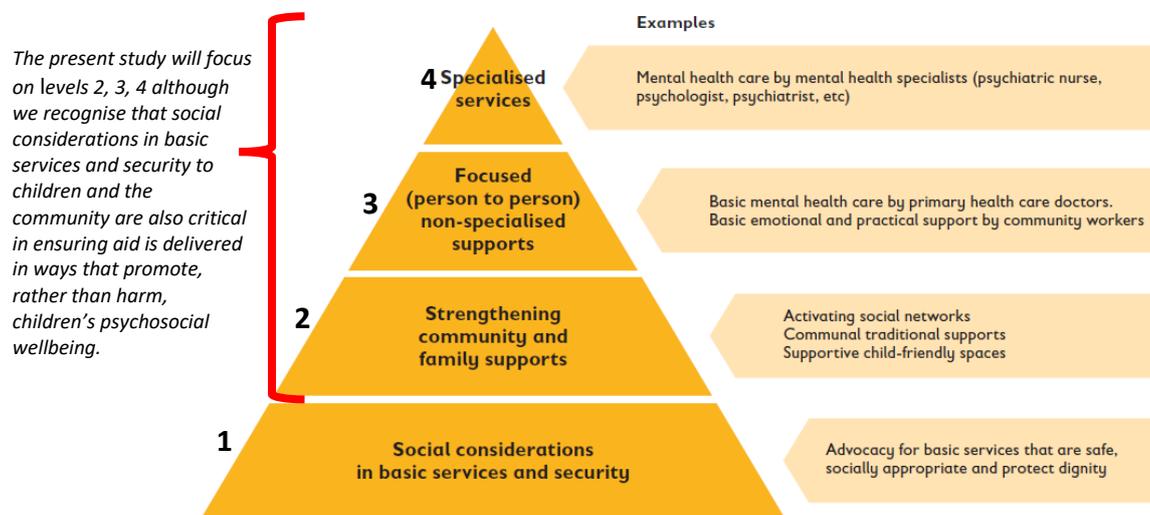


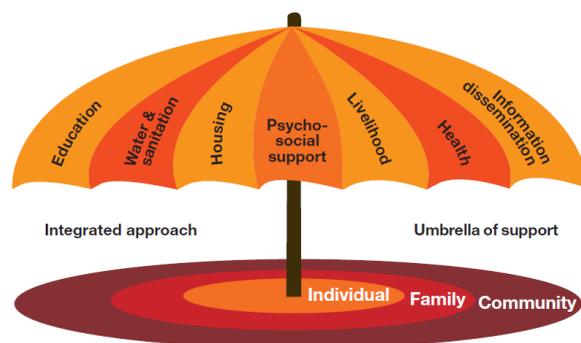
Figure 1- Social ecology of the child

Figure 2 – IASC Intervention pyramid for MHPSS in emergencies – sourced from Save the Children Report 'Healing the invisible wounds of war'



As such, based on the IASC intervention pyramid for MHPSS in emergencies, this study will focus on the levels 2, 3, and 4.

Figure 3 – Umbrella of support to the individual, family and community – sourced from the Handbook on Psychosocial interventions, Reference centre for psychosocial support and International Federation of Red Cross and Red Crescent Societies



Source: Dr. Subhasis, American Red Cross and Indian Red Cross Society

To provide a picture of humanitarian and development aid invested in MHPSS to children and families, it was important to agree on specific activities to be considered as such in the study. This entailed setting definitional boundaries and drawing lines mainly between:

- MHPSS to children and families vs MHPSS
- MHPSS to children and families vs Child Protection;

On a side note, CP AoR Coordinators estimate that approximately 80% of child protection programming includes MHPSS, meaning that MHPSS is a specific objective within a project.

As the report *Reclaiming dreams*¹⁹ states: ‘Children’s wellbeing is re-established by creating a sense of normality and routine as quickly as possible. In practice this means keeping families together, re-enrolling children in school, and providing safe spaces where children can process their thoughts, concerns and emotions about the conflict with additional, tailored support provided when it is needed.’ But this study, needed clearer definitional boundaries to attempt distinguishing MHPSS to children activities from general child protection activities for instance. It doesn’t aim at including all programs aiming at re-enrolling children in schools nor activities to strengthen general MHPSS capacity and workforce for the whole population, the direct and specific focus on children and families is important.

For the purpose of the study, **a list of typical activities and interventions considered as child and family focused MHPSS** was compiled (see annex 3). This was done with support from colleagues from Save the Children Denmark and United Kingdom, the MHPSS Collaborative for Children and Families in Adversity and the Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings.

2. ODA funding for child and family focused MHPSS: First analysis 2015-2017

While the research team conferred with MHPSS specialists across the Save the Children movement, the MHPSS Collaborative for Children and Families in Adversity and the IASC Reference Group on MHPSS on compiling the list of activities considered as MHPSS to children and families, a first segregation of data was done focusing on a limited set of keywords (called MHPSS1 and Child1). All keywords were translated in English, French and Spanish.

Keywords MHPSS 1: MHPSS, PSS, psycho-*, psychia-*, mental health

* "psycho" was used as a root to include the following keywords: psychological, psycho-social, psychosocial support/interventions, psychotropic medications, psychological clinical support, psychosis/ses... Likewise for "psychia" used as a root to includes words like psychiatry, psychiatrists..

The complete list, with French and Spanish translation, is available in annex 5.

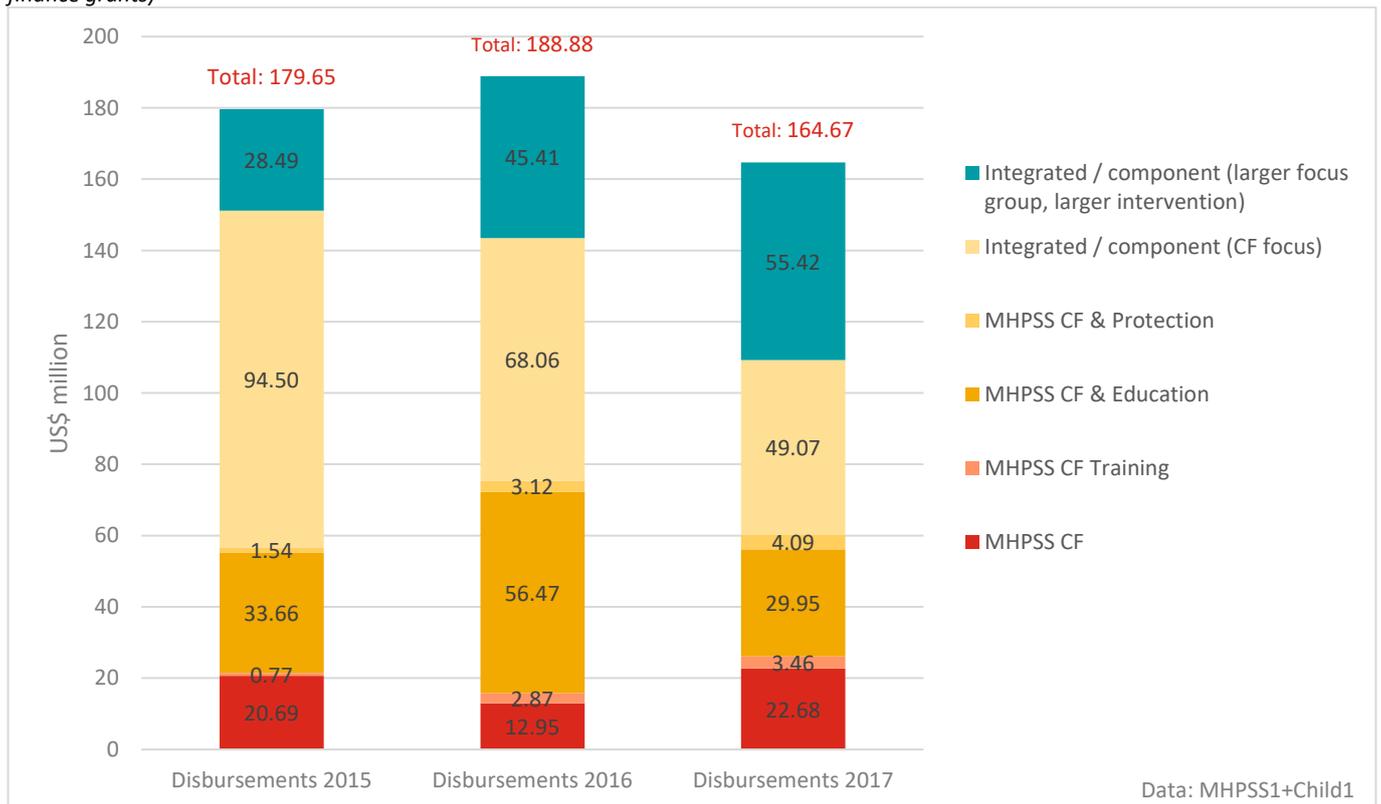
Keywords Child 1: child**, youth, young, infant, adolescent/ce, girl, boy, minor, newborn, baby/ies, orphan, family/ies, parent/ing, caregiver, kid, mother, father, pregrant, UASC, CWD, CAAFAG, CLWS, OVC, teacher, CFS, pupils

*Roots were used to include a larger selection of keywords. For instance 'child' include the following keywords: childhood, children, separated and unaccompanied children, child soldiers...

The complete list is available in annex 5.

The results of this first analysis on data for 2015, 2016 and 2017 are presented here below.

Figure 4 – Funding disbursed for child and family focused MHPSS (US\$ millions – current prices; ODA grants and private development finance grants)



Finding 1: MHPSS is widely integrated and paired with other activities; funding for stand-alone MHPSS CF is limited

Related to the integrated nature of MHPSS interventions, for the vast majority of funding flows identified as funding for MHPSS to children and families, the MHPSS activity is actually only part of a larger intervention. MHPSS being a

cross-cutting issue and widely integrated or combined with other activities, it's difficult – if not impossible – to extract data on the funding for a pure stand-alone child and family focused MHPSS activity. Based on their descriptions, some projects seemed to be stand-alone MHPSS activities and were tagged as 'MHPSS CF', this category represent from US\$ 12 to 21 million annually over the period.

When controlling each funding flow, the research team was able to sub-categorize funding according to whether they were (according to their descriptions):

1) stand-alone MHPSS to children and families

2) MHPSS CF training for teachers or key community caregivers

3) MHPSS CF combined with clear education activities focusing on children and adolescents

4) MHPSS CF combined with clear Child Protection activities

The remaining consisted in programs where **MHPSS to children and families were integrated/combined with other activities** such as health, nutrition, shelter provision, WASH... We attempted to distinguish this type of funding (where MHPSS to CF is integrated or is one component of a larger activity) in two categories:

5) the first one gathering all funding where the focus is clearly and specifically on children and families,

6) the second one where the MHPSS activity seems to be a smaller component and the scope of the intervention is larger or when the activity focuses on a larger group of individuals for instance “children and youth” or “children and women” “girls and women”.

- Integrated / component (larger focus group, larger intervention)
- Integrated / component (CF focus)
- MHPSS CF & Protection
- MHPSS CF & Education
- MHPSS CF Training
- MHPSS CF

From this first analysis (MHPSS1+Child1), it is estimated that combined, US\$ 179,65 million of ODA and Private Development Finance grants in 2015 went to project addressing in some aspects MHPSS specifically to children and family, US\$ 188,8 million in 2016 and 164,67 million in 2017.

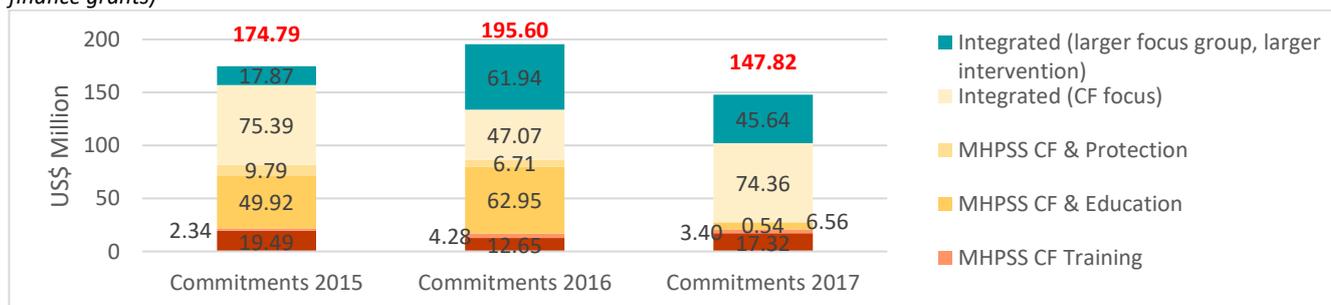
- ⇒ It is incredibly difficult to estimate the exact amount of funding directed to pure stand-alone MHPSS to children and families, where funding is directed at 100% to MHPSS activities. Funding identified is therefore funding in whole or part for MHPSS CF.
- ⇒ But this analysis allows us to investigate how integrated is MHPSS across sectors. It provides also information on the donors, recipients, geographies and contexts where funding is concentrated.

Finding 2: Funding trend – disbursements and commitments for MHPSS to children and families

As this study focuses on 2015-2017, it's not possible to inform long trends in spending for MHPSS to children and families. However, over the period studied, total disbursements – funding in whole or part MHPSS CF activities – increased from US\$ 179,65 in 2015 to 188,88 million in 2016, and decreased to 164,67 million in 2017.

Commitments (see figure 5) reflect the same trend, 2016 is the year with the highest amount of funds disbursed and committed for MHPSS to children and families; but is also the year where funding for MHPSS CF seems the most “integrated” and paired with other activities.

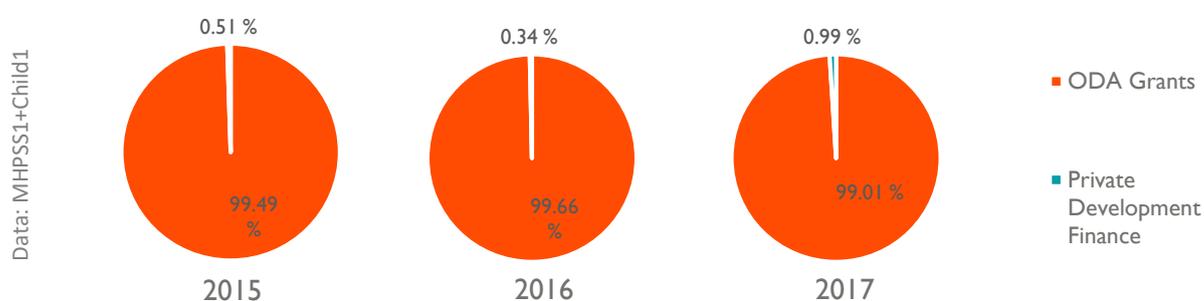
Figure 5 – Funding committed for child and family focused MHPSS (US\$ millions – current prices; ODA grants and private development finance grants)



Finding 3: Very limited share of private development finance grants in spending for MHPSS CF

The study accounts for standard grants from ODA and private development finance, in view of funding of MHPSS CF the share of grants from private development finance is very limited (less than 1%).

Figure 6 – Funding disbursed for child and family focused MHPSS; by type of funding flows



Finding 4: Share of ODA grants allocated to MHPSS CF Total spending on MHPSS CF compared to global ODA

In comparison to the total annual volume of ODA grants, spending in MHPSS CF is almost inexistent, with a share of 0,13% to 0,15% over the period (excluding grants from private development finance).

Figure 7 – Share of ODA grants invested in MHPSS CF in comparison to total ODA grants (%)

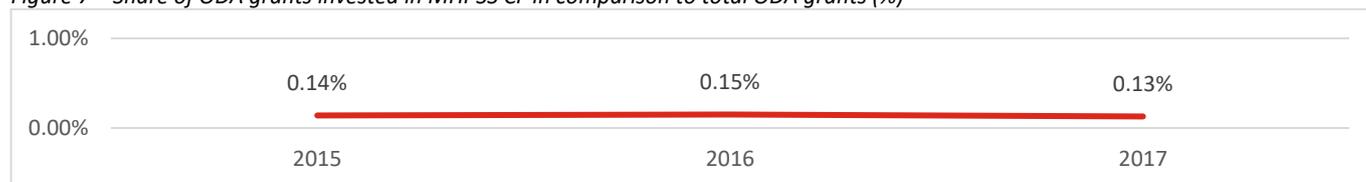


Table 1 – ODA grants invested in MHPSS CF in comparison to total ODA grants

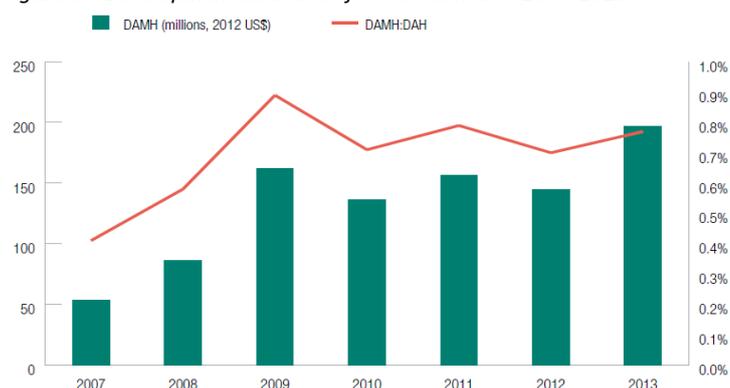
Disbursements (Current prices / US\$ million)	2015	2016	2017
ODA grants	127363.7564	124480.8102	126314.8291
ODA grants invested in MHPSS CF	178.7362105	188.2316281	163.0408722
Share of ODA grants invested in MHPSS CF (%)	0.14 %	0.15 %	0.13 %

War Child's report *Reclaiming dreams*²⁰ calls for prioritizing MHPSS in humanitarian funding and crisis response, and states that in a sector where funding is short-term (sometimes only six months), commitment to ring-fencing even 1% of aid for MHPSS would make a significant difference.

Share of ODA funding for MHPSS / 2007-2013:

The report *Mental health funding and the SDGs: What now and who pays?* from the Overseas Development Institute (2016)²¹ and Gilbert et al. study (2015) *Assessing Development Assistance for Mental Health in Developing Countries: 2007–2013*²² investigates ODA funding for mental health. Gilbert et al., based on OECD DAC CRS data found that although funding had tripled between 2007 and, it still accounted for less than 1% of total health spending. The same study calculated the mean expenditure on development assistance for mental health in developing countries during the period 2007-2013 to be US\$133.57 million, increasing from US\$53.67 million in 2007 to a peak of US\$196.62 million in 2013.

Figure 8 – Development assistance for mental health 2007-2013²³



Source: Gilbert et al. (2015).

Finding 5: Funding disbursed and committed to MHPSS to children and families is mainly humanitarian aid

Table 2 – Funding disbursed and committed to MHPSS CF by OECD sectors

Disbursements / by sectors (US\$ million - current prices)	2015	2016	2017	Total	% of Total over 2015-2017
VIII.1. Emergency Response	96.57	84.70	44.47	225.74	42 %
I.3. Population Policies/Programmes & Reproductive Health	19.97	23.38	45.27	88.62	17 %
I.1.b. Basic Education	18.19	18.06	13.49	49.75	9 %
I.1.a. Education, Level Unspecified	17.22	12.48	11.25	40.95	8 %
I.5.a. Government & Civil Society-general	5.85	13.51	15.76	35.13	7 %
VIII.2. Reconstruction Relief & Rehabilitation	4.64	16.60	10.00	31.24	6 %
I.6. Other Social Infrastructure & Services	6.84	7.83	9.11	23.78	4 %
I.5.b. Conflict, Peace & Security	1.22	4.39	4.92	10.54	2 %
I.2.b. Basic Health	4.31	2.88	2.04	9.23	2 %
I.2.a. Health, General	2.51	3.52	2.27	8.31	2 %
I.1.c. Secondary Education	1.94	1.42	3.35	6.71	1 %
IV.2. Other Multisector	0.39	0.10	2.53	3.02	1 %
Refugees in Donor Countries			0.20	0.20	0 %
VIII.3. Disaster Prevention & Preparedness			0.00	0.00	0 %
Total	179.65	188.88	164.67	533.20	100 %

Commitments / by sectors	2015	2016	2017	Total	% of Total over 2015-2017
VIII.1. Emergency Response	66.77	101.21	21.03	189.01	36 %
I.3. Population Policies/Programmes & Reproductive Health	27.99	15.67	85.55	129.20	25 %
I.5.a. Government & Civil Society-general	12.74	17.53	21.52	51.79	10 %
I.1.a. Education, Level Unspecified	38.09	3.57	2.12	43.78	8 %
I.1.b. Basic Education	15.52	16.08	4.10	35.71	7 %
VIII.2. Reconstruction Relief & Rehabilitation	0.19	29.29	1.23	30.70	6 %
I.6. Other Social Infrastructure & Services	8.89	5.89	3.84	18.62	4 %
I.5.b. Conflict, Peace & Security	0.52	0.19	5.07	5.77	1 %
I.2.b. Basic Health	0.96	3.08	1.60	5.64	1 %
I.2.a. Health, General	1.86	1.96	1.00	4.82	1 %
I.1.c. Secondary Education	0.98	1.04	0.30	2.32	0 %
IV.2. Other Multisector	0.29	0.09	0.02	0.40	0 %
VIII.3. Disaster Prevention & Preparedness			0.25	0.25	0 %
Refugees in Donor Countries			0.20	0.20	0 %
Total	174.79	195.60	147.82	518.21	100 %

The repartition, across sectors, of funding disbursed and committed for MHPSS CF gives us a clear indication that funding is mainly concentrated under the sector “Emergency response” and “Population Policies / Programmes and reproductive health”. Over the period 59% of funding disbursed and 61% of funding committed come are reported under these sectors.

Funding for MHPSS to children and families are mainly concentrated under humanitarian aid. Based on OECD sectors categorization, humanitarian funds consist of funding reported under 1) Emergency response, 2) Reconstruction Relief & Rehabilitation and 3) Disaster prevention & preparedness. In 2015 and 2016 more than 50% of disbursements identified as for MHPSS to children and families were humanitarian funding, it dropped to a share of 33% in 2017. Regarding commitments, 2016 also demonstrates that funding for MHPSS CF is mainly humanitarian funding (67%), the share dropped down to 15% in 2017.

Table 3 – Humanitarian funding for MHPSS to children and families

Humanitarian funding for MHPSS CF		2015	2016	2017
Disbursements				
Humanitarian funding disbursed for MHPSS CF (US\$ million)		101.21	101.30	54.48
% over total funding disbursed for MHPSS CF		56 %	54 %	33 %
Commitments				
Humanitarian funding committed for MHPSS CF (US\$ million)		66.96	130.50	22.51
% over total funding committed for MHPSS CF		38 %	67 %	15 %

Data: MHPSS1+Child1

Finding 6: Donors

Focusing on ODA grants, the main donors over the period are Canada and the United States of America, representing accordingly 32% and 21% of funding identified in this first analysis.

Table 4 – Largest 10 donors of ODA grants for MHPSS to children and families

#	Donors	2015	2016	2017	Total	% of Total
1	Canada	69.64	59.63	40.96	170.22	32 %
2	United States	24.02	34.17	54.14	112.33	21 %
3	Saudi Arabia	30.09	16.27		46.36	9 %
4	United Kingdom	11.18	12.40	14.14	37.72	7 %
5	Germany	7.10	18.57	9.51	35.19	7 %
6	EU Institutions	10.06	11.37	9.99	31.42	6 %
7	Finland	1.84	8.07	3.09	13.00	2 %
8	Norway	3.29	5.61	3.67	12.57	2 %
9	Switzerland	2.81	2.28	4.97	10.07	2 %
10	Italy	0.99	3.32	4.94	9.25	2 %
...
	Total	178.74	188.23	163.04	530.01	100 %

Data: MHPSS1+Child1

Note: EU Institutions include the European Commission and the European Development Fund.

Looking at grants from the private development finance, the main donor is Charity Projects Ltd.

Table 5 – Largest private donors of grants for MHPSS to children and families

#	Private donors: grants from the private development finance (US\$ million)	2015	2016	2017	Total
1	Charity Projects Ltd (Comic Relief)	0.92	0.65	0.61	2.17
2	Oak Foundation			0.72	0.72
3	Children's Investment Fund Foundation			0.30	0.30
	Total	0.92	0.65	1.63	3.20

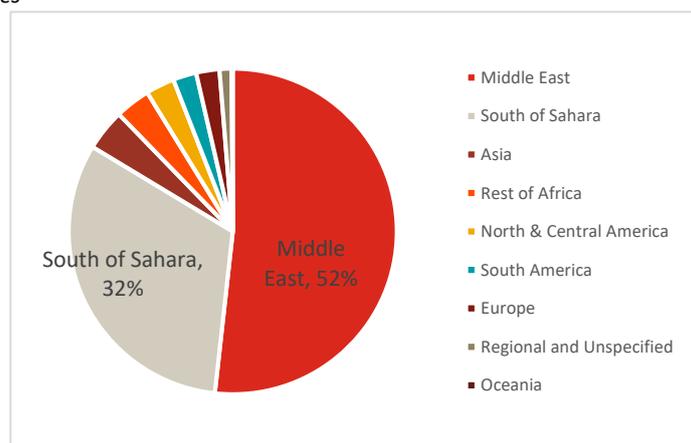
Finding 6: Recipients

Data: MHPSS1+Child1

Funding for MHPSS to children and families goes to all regions of the world. But two regions received the vast majority of funding: Middle East (52%) and Sub-Saharan Africa (32%). Funding for MHPSS CF in Sub-Saharan Africa is in line with the overall regional distribution of ODA. But Middle East share of funding for MHPSS CF is a lot higher than it's overall ODA share (estimated at 9%).

Table 6 – Regional distribution of funding for MHPSS to children and families

Funding for MHPSS CF by Region 2015-17	Disbursements (US\$ millions)	Share of total
Middle East	275.93	52 %
South of Sahara	170.31	32 %
North of Sahara	18.55	3 %
South & Central Asia	18.14	3 %
North & Central America	14.90	3 %
South America	12.29	2 %
Europe	12.22	2 %
Regional and Unspecified	6.35	1 %
Far East Asia	3.31	1 %
Oceania	0.57	0 %
Asia	0.39	0 %
America	0.23	0 %
Africa	0.01	0 %
Total	533.20	100 %



Data: MHPSS1+Child1

The largest 10 recipients are also countries from the two regions receiving most of the funding for MHPSS CF, and countries affected by conflicts or hosting refugees from those countries. With Syrian and Jordan as the main recipients. Surprisingly, no funding for MHPSS CF in Yemen has been identified for 2017 in this first analysis.

Table 7 – Largest 10 recipients of funding for MHPSS to children and families

#	Recipients	2015	2016	2017	Total	% of Total
1	Syrian Arab Republic	19.52452	36.96587	21.03387	77.52425178	15 %
2	Jordan	26.94285	24.02142	11.33229	62.29656438	12 %
3	Yemen	30.09472	16.2667		46.36142	9 %
4	Lebanon	11.37864	8.779323	14.6368	34.79476239	7 %
5	Uganda	6.416884	9.160995	14.00145	29.57932436	6 %
6	West Bank and Gaza Strip	8.402145	10.90755	6.351438	25.66112918	5 %
7	Tanzania		4.009233	21.08674	25.0959751	5 %
8	Iraq	2.800516	9.883587	8.546796	21.23089881	4 %
9	South Sudan	13.2363	1.10474	3.027312	17.36835166	3 %
10	Democratic Republic of the Congo	2.089114	7.893187	2.611926	12.59422638	2 %
...
	Total	179.6522	188.8785	164.6743	533.2049435	100 %

Data: MHPSS1+Child1

When focusing on the largest 10 recipients over the period, and examining the distribution of funding across sectors, it appears that in 6 countries funding for MHPSS to CF is in majority humanitarian funding; namely: Syria (82%), Jordan (55%), Yemen (100%), Lebanon (80%), West Bank and Gaza Strip (54%), Iraq (89%). In Uganda and Tanzania the majority of funding for MHPSS CF is reported under the sector “Population Policies / Programmes and reproductive health”; in South Sudan it is the Basic Education sector and in DRC the sector titled “Government and Civil Society”.

OECD Sectors	Syrian Arab		Jordan	Yemen	Lebanon	Uganda	West Bank		Iraq	South Sudan	DRC	Total
	Republic	Strip					Tanzania	and Gaza				
VIII.1. Emergency Response	64.10%	54.53%	100.00%	79.05%	1.24%	27.33%	1.67%	63.54%	15.49%	11.73%	51.91%	
I.3. Population Policies/Programmes & Reproductive Health	0.56%	0.00%	0.00%	0.00%	91.37%	1.48%	97.48%	0.00%	0.00%	0.88%	14.87%	
I.1.a. Education, Level Unspecified	0.02%	41.96%	0.00%	0.49%	0.00%	0.00%	0.00%	3.16%	4.99%	0.00%	7.91%	
VIII.2. Reconstruction Relief & Rehabilitation	17.86%	0.28%	0.00%	1.05%	0.00%	26.22%	0.00%	25.54%	1.19%	0.00%	7.59%	
I.1.b. Basic Education	9.07%	3.06%	0.00%	4.51%	1.69%	2.46%	0.00%	3.96%	77.93%	0.05%	7.38%	
I.5.a. Government & Civil Society-general	0.44%	0.05%	0.00%	5.51%	0.88%	10.91%	0.85%	2.80%	0.00%	48.92%	3.50%	
I.6. Other Social Infrastructure & Services	0.00%	0.08%	0.00%	5.05%	3.84%	17.97%	0.00%	0.00%	0.00%	0.76%	2.17%	
I.2.a. Health, General	0.00%	0.03%	0.00%	3.78%	0.82%	8.71%	0.00%	1.00%	0.00%	16.17%	1.72%	
I.2.b. Basic Health	5.09%	0.00%	0.00%	0.00%	0.00%	4.30%	0.00%	0.00%	0.41%	0.00%	1.45%	
I.5.b. Conflict, Peace & Security	0.44%	0.00%	0.00%	0.00%	0.00%	0.14%	0.00%	0.00%	0.00%	20.96%	0.86%	
I.1.c. Secondary Education	2.41%	0.00%	0.00%	0.54%	0.17%	0.41%	0.00%	0.00%	0.00%	0.50%	0.64%	
IV.2. Other Multisector	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%	0.00%	0.00%	0.03%	0.01%	
Total	100.00%											
Share of Humanitarian funding	81.96%	54.82%	100.00%	80.10%	1.24%	53.55%	1.67%	89.08%	16.67%	11.73%	59.50%	

Finding 7 : Who delivers the ODA funding for MHPSS to children and families?

Over the period investigated, 45,5% of funding for MHPSS CF are channelled by multilateral organisations, and 41% by NGOs and Civil Society.

Among the multilateral organisations, UNICEF is main channel of delivery of MHPSS CF funding (73,5% of funding channelled by multilaterals).

Among NGOs and Civil Society, 64% of funding for MHPSS CF are channelled by NGOs based in donors' countries, 26% by International NGOs and 7% from NGOs based in development countries.

Table 8 - Channels of delivery of MHPSS CF funding

Channels of delivery	Disbursements (US\$ million)	
	2015-2017	Share of total (%)
Multilateral organisations	242.79	45.53 %
United Nations Children's Fund	178.57	73.55 %
United Nations Population Fund	29.70	12.23 %
International Organisation for Migration	13.44	5.54 %
United Nations Relief and Works Agency for Palestine Refugees in the Near East	9.35	3.85 %
United Nations Development Programme	6.79	2.80 %
United Nations Entity for Gender Equality and the Empowerment of Women	1.89	0.78 %
International Labour Organisation - Regular Budget Supplementary Account	1.67	0.69 %
Organisation of American States	0.84	0.35 %
United Nations (UN) agency, fund or commission	0.54	0.22 %
NGOs and Civil Society	219.00	41.07 %
Donor country-based NGO	140.88	64.33 %
International NGO	57.37	26.19 %
Developing country-based NGO	15.02	6.86 %
Population Services International	3.16	1.44 %
International Committee of the Red Cross	1.13	0.51 %
Non-Governmental Organisation (NGO) and Civil Society	0.69	0.32 %
ITF Enhancing Human Security	0.38	0.17 %
International Federation of Red Cross and Red Crescent Societies	0.38	0.17 %
Public sector institutions	42.30	7.93 %
Private sector institutions	14.19	2.66 %
University, teaching or research institutions or think-tank	11.55	2.17 %
Other and not identified	3.07	0.58 %
Public private partnerships and networks	0.30	0.06 %
Grand Total	533.20	100.0

3. ODA funding for child and family focused MHPSS: Second analysis 2017

A second list of keywords related to MHPSS was compiled based on a detailed list of activities considered as MHPSS to children and families. This second list of keywords, titled MHPSS2 (see annex 4) is comprehensive and substantially larger but involves a more time-consuming review phase. All keywords were translated in English, French and Spanish (see complete list of keywords in annex 5).

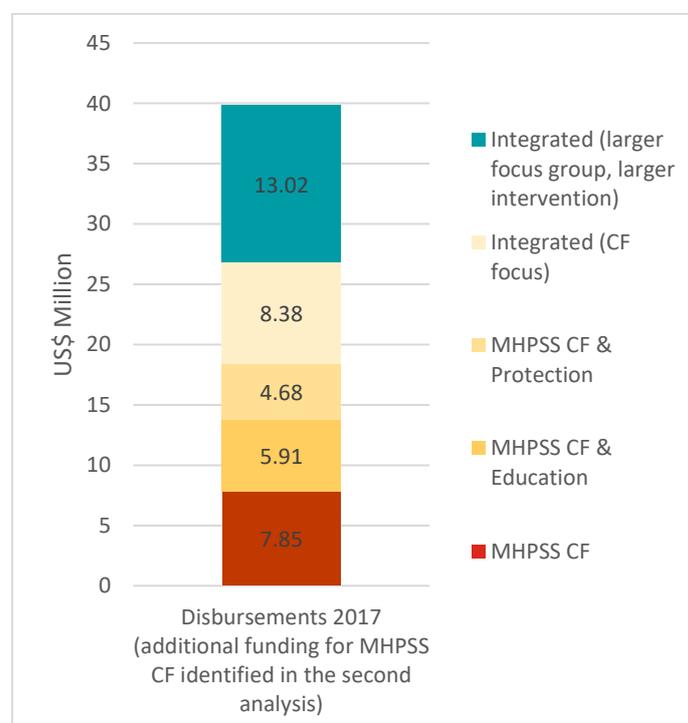
At the moment (June 2019), only one third of the data isolated through the keywords search (MHPSS2 and Child 1) was controlled.

Table 9 – MHPSS2 on 2017 data - Ongoing analysis

Result of Keyword Search n*2	Number of funding flows	%
MHPSS 2+Child Total to control	6418	100 %
Controlled	2112	33 %
<i>To Delete (Not MHPSS)</i>	1875	89 %
<i>MHPSS CF</i>	28	1 %
<i>MHPSS</i>	28	1 %
<i>Integrated (CF focus)</i>	59	3 %
<i>Integrated (larger focus group, larger intervention)</i>	41	2 %
<i>MHPSS CF & Education</i>	44	2 %
<i>MHPSS CF & Protection</i>	1	0 %
<i>Infrastructure</i>	2	0 %
<i>Youth</i>	34	2 %

Among the funding already reviewed, an additional US\$ 40 million of funding disbursed in part or total for MHPSS CF was identified; distributed as follows:

Figure 9 – Additional funding for MHPSS CF identified through the second analysis



Data: MHPSS2+Child1 (excluding funding identified in the first analysis)

4. Funding for MHPSS to children and families in view of actual needs

As highlighted in 'Healing The Invisible Wounds Of War' a Report on the Wilton Park Dialogue by Save the Children²⁴, donor interest in MHPSS to children has risen and a growing number of agencies are delivering MHPSS interventions, however it has been recognized that far greater investment is required to match the magnitude of needs. In addition to increasing emergency funding, funding for long-term mental health and psychosocial programming is needed, recognizing the medium- and long-term consequences of a conflict setting and that MHPSS is a core component not only of the emergency response, but of the stabilisation and recovery phases as well.

Reflecting on funding in view of needs would provide useful information on how funding is allocated compared to actual needs and review the level of funding not only in terms of volume but the average investment per child.

Some information on MHPSS needs in emergencies:

Afghanistan	<ul style="list-style-type: none"> - More than a third of children in Afghanistan have been exposed to psychological distress due to the loss of family and community members, and the constant risk of death and injury - 28% of children are psychologically distressed due to conflict - Conflict and displacement has exacerbated the need for psychosocial support but the availability of these services only exist in 4 percent of schools. <p>(Afghanistan HNO 2018)</p>
South Sudan	<ul style="list-style-type: none"> - 900,000 children estimated to suffer from psychosocial distress <p>(UNICEF Childhood Under Attack: The staggering impact of South Sudan's crisis on children – Dec. 2017)</p>
Syria	<p>"THIS IS MORE THAN VIOLENCE": AN OVERVIEW OF CHILDREN'S PROTECTION NEEDS IN SYRIA 2018 – CP AoR SCI's report 'Invisible Wounds'.</p> <ul style="list-style-type: none"> - in 2019 73% of teachers had no training on how to provide psychosocial support <p>(2019 Global Education Monitoring Report)</p>
Jordan:	<ul style="list-style-type: none"> - 50% of displaced Syrian children (in Jordan) suffer from symptoms of severe distress that they have been exposed to since the onset of the crisis, such as nightmares, various forms of sleep disorder and bedwetting.²⁵
Iraq	<ul style="list-style-type: none"> - Almost 80% of adolescents in Mosul who were interviewed in a survey said that they felt physically or mentally insecure.²⁶ - Children said they were experiencing intense sorrow and extreme sadness, with nearly 43 per cent reporting feeling grief always or a lot of the time. More than a quarter of adolescents reported never liking who they are and 12 per cent said they only like themselves a little. Only 9 per cent could think of something happy relating to their present and future, such as a school achievement. <p>(Report: Picking up the pieces – Save the Children)</p>
Rohingya Refugee Crisis	<ul style="list-style-type: none"> - Children have told staff working in Cox's Bazar (CXB) of the horrific violence they witnessed in Myanmar, including seeing family members killed and their homes burnt down. Parents repeatedly explain that their children are suffering night terrors and are afraid that they will be attacked again. Children are suffering the traumatic loss of loved ones and anxiety due to acute fear and the unknown whereabouts of their parents and siblings. Others have also been the victims of abuse and torture themselves and forced to watch family members tortured. CP AoR - 348,000 Rohingya children need psychosocial support and protection service (UNICEF HAC for children 2017-2018)

Occupied Palestinian territory	- 265,000 children in need of psychosocial support and child protection intervention (HNO Occupied Palestinian Territory 2017)
Nigeria	- At least 1.75 million conflict-affected children and 490,000 caregivers are estimated to be in need of psycho-social care due to the protracted conflict, displacement, hardship and accumulated distress. (HNO Nigeria 2018)
CAR	- The conflict in Central African Republic has decimated communities, and seen an estimated 10,000 children associated with armed forces and groups. (<i>Child Soldiers International</i>)
World population with mental disorders	- Depression and anxiety disorders cost the global economy US\$1 trillion each year. Every US\$ 1 invested in scaling up treatment for depression and anxiety leads to a return of US\$ 4 in better health and ability to work. Common mental disorders are increasing worldwide. Between 1990 and 2013, the number of people suffering from depression and/or anxiety increased by nearly 50%, from 416 million to 615 million. Close to 10% of the world's population is affected, and mental disorders account for 30% of the global non-fatal disease burden. Humanitarian emergencies and ongoing conflict add further to the need for scale-up of treatment options. WHO estimates that, during emergencies, as many as 1 in 5 people are affected by depression and anxiety. (<i>Out of the Shadows: Making Mental Health a Global Development Priority</i> ²⁷) - Around 20% of the world's children and adolescents have mental disorders or problems. And rates of mental disorder tend to double after emergencies. (WHO 10 facts on mental health)

As a thought experiment and attempt to look at how funding for MHPSS to children and families addresses the needs:

- According to PRIO's and Save the children's research, 142 million children are living in high-intensity conflict-zone in 2017. (in 10 countries: Afghanistan, CAR, DRC, Iraq, Myanmar, Nigeria, Philippines, Somalia, South Sudan, Yemen)
- WHO estimates that 20% of the world's children have mental disorders and that figure tend to double after emergencies.
- Taking this as a hypothesis, we can estimate that over the 142 million children living in high-intensity conflict-zone, around 56 million need psychosocial support (40%).
- Funding (disbursed and committed) identified in 2017 for MHPSS CF in these ten countries amount to US\$ 58,53 million.
- This suggest that in these 10 countries, US\$2,11 was allocated per child/per year for MHPSS activities.

Looking at Humanitarian response plans, various cost estimations of different MHPSS activities were found for Ethiopia, Yemen and Iraq. Naturally MHPSS consist in a number of activities, and the cost of implementing MHPSS activities would vary according to contexts and geographies. Nonetheless this helps us put in perspective the funding allocated to child and family focused MHPSS.

Country	Unit	Unit based cost (\$)	CP Activity	Year	Source	Notes
Ethiopia	individual	0.5	Establish linkages with Psychosocial services	2019	HRP Ethiopia 2019	Establish linkages with psychosocial services
Yemen	individual	12	Provide PSS	2018	HRP Yemen 2018	Provide Psychosocial support
Yemen	child	13	Provide PSS to children	2018	HRP Yemen 2018	Provide Psychosocial support for children
Ethiopia	individual	13	Support MHPSS services in Health Facilities	2019	HRP Ethiopia 2019	Support MHPSS services in health facilities

Ethiopia	child	40	MHPSS (Child Friendly Spaces)	2019	<u>HRP Ethiopia 2019</u> Confirmed by CP Coordinators Karin Heissler and Victoria Clancy	Children are provided with psychosocial support services through Child Friendly Spaces.
Ethiopia	individual (women and adolescent girls)	40	PSS through Women friendly spaces	2019	HRP Ethiopia 2019	Women and adolescent girls are provided with psychosocial support services through Women Friendly Spaces.
Iraq	child	40-50	Structured PSS	2018	Iraq Child Protection Operational Framework with costing - 30 December 2018 (CP AoR - Child Protection Coordinator in Iraq)	Structured PSS 40 - 50USD per child, using structured module such as DEALs or Child/ Youth Resilience, or equivalent evidence based PSS modules
Ethiopia	individual (teacher)	70	Capacity building on psycho social support for teachers teaching in IDP sites	2018	Ethiopia 2018 Humanitarian and Disaster Resilience Plan	
Ethiopia	child	83	Vulnerable children are provided with psychosocial support services through child friendly spaces	2018	Ethiopia 2018 Humanitarian and Disaster Resilience Plan	Vulnerable woman and children are provided with psychosocial support services through child and women friendly spaces 60000 beneficiaries (50% GBV, 50% CP) / requirement: 2,4 million GBV 2,5 million CP
Ethiopia	individual	100	Caregivers: Well-being and protection of children	2019	<u>HRP Ethiopia 2019</u> Confirmed by CP Coordinators Karin Heissler and Victoria Clancy	Caregivers are engaged in activities to promote wellbeing and protection of children
Ethiopia	individual (teacher)	200	PSS training to teacher	2019	HRP Ethiopia 2019	Provide psychosocial training for teachers.
Ethiopia	child	500	Structured community-based PSS interventions	2019	<u>HRP Ethiopia 2019</u> Confirmed by CP Coordinators Karin Heissler and Victoria Clancy	Children access structured community-based psychosocial support interventions

5. Recommendations for follow up studies:

- **Finalize the second analysis on 2017, using MHPSS2 and Child1 keyword lists.** This will allow a finer and more detailed view of funding for MHPSS CF over a period of one year.
- **Comparing funding for MHPSS CF tracked on the OECD DAC CRS with UNOCHA FTS** would be interesting to compare the databases as well as for a funding vs needs analysis within humanitarian response plans.
- **Review data with markers such as MHPSS in link with HIV, MHPSS for children in conflicts, MHPSS for children with disabilities.**
- **For a selection of countries, identify the needs and reflect on funding in view of needs and cost of MHPSS interventions.**
- For future research and detailed analysis of 2015 and 2016, it is recommended to **fine tune the list of keywords (MHPSS2)**. This list of keywords is more complete, and designed to include a vast selection of MHPSS activities. It is quite comprehensive and allows a detailed review of the data without the risk of excluding MHPSS activities that could have been formulated differently, but it makes the data review process difficult and time consuming.
- To ensure tracking all funding directed to MHPSS CF, **keywords would ideally need to be translated in other languages such as German**. For information, based on the OECD guidelines the title and short descriptions are reported in English or French and are limited to 150 characters. The long description is the project summary and has no length limitation, it's mostly reported in English or French but sometimes reported in other languages such as: Spanish, German, Dutch, Czech. The research team reviewed (with the help of online translating tools) all projects sorted after the keywords search, including those with a long description in other foreign languages.

Focusing on UNOCHA-FTS data and having an HRP focused view could also give us more information on the spending per child in MHPSS. Here are some information on the ten worst conflict-affected countries to be a child²⁸: Afghanistan, Central African Republic, Democratic Republic of Congo, Iraq, Mali, Nigeria, Somalia, South Sudan, Syria, Yemen.

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Annexes

Annex I – OECD sectors

OECD DAC CRS SECTORS			
SELECTED		REMOVED	
110	<i>Education</i>	140	<i>Water Supply & Sanitation</i>
111	<i>Education, Level Unspecified</i>	210	<i>Transport & Storage</i>
112	<i>Basic Education</i>	220	<i>Communications</i>
120	<i>Health</i>	230	<i>Energy</i>
121	<i>Health, General</i>	231	<i>Energy Policy</i>
122	<i>Basic Health</i>	232	<i>Energy generation, renewable sources</i>
123	<i>Non-communicable diseases (NCDs)</i>	233	<i>Energy generation, non-renewable sources</i>
130	<i>Population Policies/Programmes & Reproductive Health</i>	234	<i>Hybrid energy plants</i>
150	<i>Government & Civil Society</i>	235	<i>Nuclear energy plants</i>
151	<i>Government & Civil Society-general</i>	236	<i>Energy distribution</i>
152	<i>Conflict, Peace & Security</i>	240	<i>Banking & Financial Services</i>
160	<i>Other Social Infrastructure & Services</i>	250	<i>Business & Other Services</i>
430	<i>Other Multisector</i>	310	<i>Agriculture, Forestry, Fishing</i>
520	<i>Developmental Food Aid/Food Security Assistance</i>	311	<i>Agriculture</i>
720	<i>Emergency Response</i>	312	<i>Forestry</i>
730	<i>Reconstruction Relief & Rehabilitation</i>	313	<i>Fishing</i>
740	<i>Disaster Prevention & Preparedness</i>	320	<i>Industry, Mining, Construction</i>
113	<i>Secondary Education</i>	321	<i>Industry</i>
114	<i>Post-Secondary Education</i>	322	<i>Mineral Resources & Mining</i>
530	<i>Other Commodity Assistance</i>	323	<i>Construction</i>
930	<i>Refugees in Donor Countries</i>	330	<i>Trade Policies & Regulations</i>
		331	<i>Trade Policies & Regulations</i>
		332	<i>Tourism</i>
		410	<i>General Environment Protection</i>
		510	<i>General Budget Support</i>
		600	<i>Action Relating to Debt</i>
		910	<i>Administrative Costs of Donors</i>
		998	<i>Unallocated / Unspecified</i>

Annex 2 – Methodology and elaboration of the dataset

Focusing on ODA standard grants and grants from private development finance reported on the OECD DAC CRS database for 2015-2017, and a selection of sectors (see annex 1); this study **identified funding allocated, in whole or part, to child and family focused MHPSS via keywords searches based on the title and descriptions of the projects and activities.**

The methodology can be summarized as follows:

1. Database preparation
 - a. Data from 2015, 2016, and 2017 were downloaded from the OECD DAC CRS (format: text/CSV)
 - b. For each year only funding reported as ODA grants and Private development finance were kept – thereby excluding equity investment and OOF for instance
 - c. Within these, only standard grants were kept – thereby excluding funding in form of interest subsidy and debt relief.
 - d. The database was then restricted to a selection of sectors, presented in annex 1.
2. Elaboration of a dataset specific to funding for ‘MHPSS to children and families’
 - a. A first analysis was done by running a keyword search on 2015, 2016 and 2017 data to isolate funding for child and family focused MHPSS. More specifically the keyword list MHPSS1 was run on the database, and if one project included in its title or description at least one of the keyword, it was kept for further analysis. A second keyword search was done based on the list Child1. All projects and interventions who had in their descriptions or title at least one of the keywords present in the list MHPSS1 and one in the list Child1 was kept for a review phase. This review phase aims at controlling whether the funding is actually for MHPSS to children and families, and to assess to what extent it funds an MHPSS activity for children and families: whether MHPSS is only one component among others or the main focus of the activity.
 - b. A second analysis was initiated based on a more comprehensive list of keywords, namely MHPSS2. This list was formulated after a definition work on what MHPSS to children and families consists in, in terms of specific activities. A second keyword search based on the list Child 1 was then ran, and the control phase begun. Due to time constraint, as of June 2019 the review phase is not finalized and only 30% of funding has been checked.
3. Data analysis

The data controlled and identified as funding in whole or part for MHPSS CF are then gathered in a final database for data analysis.

Annex 3 – List of activities considered as MHPSS to children and family

Considered as MHPSS to children and families in this study?	YES	NO
Layer 1: BASIC SERVICES AND SECURITY		
Access to/Provision of basic services: food, shelter, water, hygiene, health care + education		X
Provision of material supplies		X
Establishment of security measures		X
Protection of children from violence, abuse and exploitation (protection mainstreaming)		X
Access to specialised services needed by at-risk children: justice for children in conflict with the law, children associated with fighting forces in post-conflict tribunals		X
Promotion of family self-sufficiency through income generation and economic reintegration		X
Re-establishment of formal and non-formal education opportunities for all children / re-enrolment of children in schools		X
Rehabilitation of infrastructures (schools, clinics and hospitals)		X
Layer 2: COMMUNITY AND FAMILY SUPPORTS		
Awareness raising about psychosocial well-being: <i>only when specific to children and families</i>	X	
Establishment of child-friendly spaces and safe spaces for children (+ youth clubs, youth-friendly spaces)	X	
Establishment of safe learning spaces: <i>considered as an activity under Education</i>		X
Family tracking and reunification (FTR): <i>FTR is a protection activity, of which one component is MHPSS</i>		X
Family responsibility activities/enhancing parental competence/parenting education	X	
Promotion of Social Support network such as mothers or parents groups (bringing parents and care givers together to share experiences, challenges and solutions), and self-help groups for children and families	X	
Women's spaces, centres and groups: Only when specifically for pregnant women, mothers, children and older adolescents. Acknowledging that a proportion of the activities conducted in these spaces cover women's rights, protection activities, livelihoods..	X	
Family visits carried out by social service providers or community volunteers / offering supportive listening and referral to needed resources	X	
Activation of community support mechanisms: community-based child protection committees, para-health workers, support to traditional structure for healing	X	
Facilitate supportive activities /group activities for children: recreational, art, cultural, sport activities	X	
Promoting child and youth participation		X
Training for key community care givers: <i>specific to MHPSS and their protection and/or wellbeing</i>	X	
Communication on constructive coping methods: Life skills for adolescents for example	X	
Layer 3: FOCUSED (NON-SPECIALISED) SUPPORTS to children and their families		
Non-specialised mental health care and emotional support provided by trained and supervised staff	X	
Psycho-social support and referral for counselling, or mental health care available in schools	X	
Psychological first aid (PFA)	X	
Structured support groups: children and youth, caregivers (include activities to help deal with the effects of particularly distressing events: survivors of violence, victims of rape, torture, child soldiers...)	X	
Counselling activities	X	
Hotlines: <i>Only if specific to children MH and PS wellbeing</i>	X	
Referral mechanisms	X	
Case management: <i>although case management is a protection activity, MHPSS is woven in all forms of case managements for CAFAAG, UASC, child protection case management, child survivors of sexual abuse, children with disabilities... The study will therefore account for this activity and track it separately when possible</i>	X	
Rehabilitation and reintegration of children (survivors of sexual violence, children recruited or used by armed forces). <i>Many rehabilitation activities are paired with vocational programs, livelihood support and economic support; in this study these activities will be tagged as 'MHPSS integrated/component'. Rehabilitation of infrastructure will not be included as such.</i>	X	
Layer 4: SPECIALISED SERVICES provided by professional mental health workers		
Specialized psychological interventions for children and families: individual and group counselling, interventions for alcohol/substance use problems, psychotherapy, psychological debriefing	X	
Clinical management of mental disorders: non-pharmacological and pharmacological management of mental disorders (<i>keywords: Psychological or psychiatric clinical support, clinical social workers neurologic, depression, anxiety or psychotic disorders, post-traumatic stress disorder, psychosis, Developmental delay, intellectual disability, autism, epilepsy, schizophrenia, oppositional defiant disorder, ADHD</i>)	X	
OTHER		
Interventions described as enhancing the well-being of children and their families	X	
MHPSS in Health and Nutrition: Mental Health Gap Action Programme (mhGAP), Mother-baby friendly spaces, stimulation programmes (ECD), nurturing care, attachment, counselling for mothers, children-mothers relationships, post-natal depression, perinatal depression, mother-baby (stimulation) groups, mother-child bonds and relations.	X	
Emotional and psychological recovery, positive coping mechanisms, Resilience, life-skills	X	
Training for key community care givers: teachers, community leaders, health workers (+CBR/CBID) <i>Only when the training focuses on MHPSS to children.</i>	X	
System and capacity building activities: <i>Only when child and family specific, and building MHPSS integrated within health, protection or educational systems, and/or building specific child and adolescent MHPSS expertise (degree programs)</i>	X	
Coordination activities: <i>Only if it relates to MHPSS in-country working groups, yes</i>	X	
Problem Management Plus (PM+)	X	
Thinking healthy	X	

Annex 4 – Keywords (English)

Projects and funding related to child and family focused MHPSS are identified via keywords search based on their 1) title 2) short description 3) long description. The list of keywords reflects the list MHPSS activities considered in the study.

It's worth noting that by inserting a keyword in its singular form, the plural of the same word or derived word with same root will be included; for instance, the keyword 'child' will include description containing words like 'children' and 'childhood'. Based on the OECD guidelines the title and short descriptions are reported in English or French and are limited to 150 characters. The long description is the project summary and has no length limitation, it's mostly reported in English or French but sometimes reported in other languages such as: Spanish, German, Dutch, Czech. Due to time limitation the keywords were only translated in English, French and Spanish but the research team reviewed (with the help of online translating tools) all projects sorted after the keywords search, including those with a long description in other foreign languages.

MHPSS1 - English

Keywords	Includes
MHPSS	<i>(mental health and psychosocial support)</i>
PSS	<i>(psychosocial support)</i>
Psycho-	<i>psychological, psycho-social, psychosocial support/interventions, psychotropic medications, psychological clinical support, psychosis/ses</i>
Psychia-	<i>psychiatry/ist, psychiatric drugs and institutions, neuropsychiatric disorders...</i>
Mental health	<i>mental health care, support, interventions..</i>

Child 1 - English

Keywords (english)	Includes
child	<i>Childhood, children, separated children, unaccompanied children, street children, refugee and migrant children, child soldiers, child caregivers, child-headed households</i>
youth	
young	<i>young people</i>
infant	<i>(s)</i>
adolescen	<i>adolescent(s), adolescence</i>
girl	<i>(s)</i>
boy	<i>(s)</i>
minor	<i>(s), unaccompanied minors..</i>
newborn	<i>(s)</i>
new-born	<i>(s)</i>
baby	
babies	
orphan	<i>(s), orphanage(s)</i>
family	
families	
parent	<i>(s), parenting, parental</i>
caregiver	
care-giver	
kid	<i>(s)</i>

mother	<i>(s)</i>
father	<i>(s)</i>
pregnant	<i>(s)</i>
UASC	<i>(unaccompanied and separated children, unaccompanied asylum seeking children)</i>
CWD	<i>(children with disabilities)</i>
CAAFAG	<i>(children associated with armed forces and armed groups)</i>
CLWS	<i>(children living and working on the streets)</i>
OVC	<i>(orphans and vulnerable children)</i>
teacher	
CFS	<i>CFS + CFS facilitators</i>
pupils	

MHPSS2 - English

Keywords (english)	Includes (english)
MHPSS	<i>(mental health and psychosocial support)</i>
PSS	<i>(psychosocial support)</i>
psycho	<i>psychological, psycho-social, psychosocial support/interventions, psychotropic medications, psychological clinical support, psychosis/ses</i>
psychia	<i>psychiatry/ist, psychiatric drugs and institutions, neuropsychiatric disorders...</i>
mental health	<i>mental health care, support, interventions..</i>
wellbeing	
well-being	
emotional support	
counsell	<i>counsellor, counselling; counselling activities</i>
treatment	
therap	<i>therapy(ies), therapeutic, psychotherapy,</i>
PFA	<i>(Psychological first aid)</i>
stress	<i>distress, toxic stress, chronic stress, traumatic stress</i>
anxiety	<i>anxiety, anxiety disorders</i>
trauma	<i>trauma(s), traumatic experiences...</i>
PTSD	<i>(post-traumatic stress disorder)</i>
depress	<i>post-natal depression, depression, depressed, anti-depressant</i>
disorders	<i>psychotic disorders, post-traumatic disorder, oppositional defiant disorder, mental disorders, severe mental disorders, anxiety disorders, mood disorders, neuropsychiatric</i>
safe space	<i>(s)</i>
friendly spaces	<i>child friendly spaces, mother-baby friendly spaces, youth friendly spaces..</i>
CFS	<i>(child friendly spaces)</i>
social support	<i>social support network</i>
support group	<i>structured support group, support group for mothers, caregivers, children, adolescents, victims of...</i>
club	<i>youth clubs, mothers clubs..</i>
self-help	<i>self-help groups</i>
self help	
women's groups	
youth groups	
mother-child	<i>mother-child groups, mother-child bond,</i>
children-mothers	<i>children-mothers relationship</i>
parent	<i>parental competence / parenting education</i>
family responsibility activities	
visit	<i>family visits</i>
recreational activities	

after-school	<i>After-school activities</i>
group activities	<i>structured group activities</i>
supportive activities	
sport	
play	
to cope	
copng	<i>positive/ constructive coping methods or mechanisms, coping skills / strategies</i>
life skills	
recover	<i>recover, recovery, emotional / psychological recovery</i>
habilita	<i>(re)habilitate, (re)habilitation, (re)habilitating</i>
reintegr	<i>reintegrate, reintegration</i>
re-integr	<i>re-integrate, re-integration</i>
r?adapt	<i>readapt, readaptation</i>
r?-adapt	<i>re-adapt, re-adaptation</i>
resilien	<i>resilient, resilience,</i>
case management	
referral	<i>referral mechanisms and systems</i>
autism	
epileps	<i>epilepsy</i>
schizophreni	<i>schizophrenia</i>
ADHD	
insomni	<i>insomnia</i>
developmental delay	
developmental disabilit	<i>developmental disability/ies</i>
intellectual disabilit	<i>intellectual disability/ies</i>
intellectual impairment	
intellectual handicap	
neurolo	<i>neurologic</i>
substance abuse	
adversity	
child development	
early childhood development	
ECD	<i>(early childhood development)</i>
stimulation	<i>stimulation programs</i>
mhGAP	
problem management plus	
PM+	<i>(problem management plus)</i>
CAAFAG	<i>(children associated with armed forces and armed groups)</i>
child soldier	
anxiolytic	

Annex 5 – Complete set of keywords: English, French, Spanish

Child 1 – English, French, Spanish

Keywords - English	Includes (english)	Keywords - French	Includes (french)	Keywords - Spanish	Includes (spanish)
child	<i>Childhood, children, separated children, unaccompanied children, street children, refugee and migrant children, child soldiers, child caregivers, child-headed households</i>	enfant	<i>Enfants, enfance, petite enfance, enfants non-accompagnés ou séparés, enfants des rues, enfants réfugiés ou migrants, enfants soldats...</i>	niño	<i>niños no acompañados,</i>
-		-		niña	
youth		jeune	<i>(s), jeunesse</i>	jóvenes	
-		-		juventud	
young	<i>young people</i>	-		joven	
infant	<i>(s)</i>	-	<i>infantile,</i>	-	<i>infantil, infant</i>
-		-		infancia	
adolescen	<i>adolescent(s), adolescence</i>	-	<i>adolescent (e) (s), adolescence</i>	-	<i>adolescente (s), adolescencia</i>
girl	<i>(s)</i>	fille	<i>(s)</i>	-	
boy	<i>(s)</i>	garçon	<i>(s)</i>	-	
-		garçon	<i>(s)</i>	-	
minor	<i>(s), unaccompanied minors..</i>	Mineur	<i>(s)</i>	menor	<i>menores, menor de edad</i>
newborn	<i>(s)</i>	nouveau-né		recién nacid	<i>recién nacido(a)</i>
new-born	<i>(s)</i>	nouveaux-né		-	
-		nourisson	<i>(s)</i>	-	
-		neonat	<i>neonatal</i>	-	<i>neonato/a</i>
baby		Bébé		bebé	<i>bebés</i>
babies		bebe		-	
orphan	<i>(s), orphanage(s)</i>	orphelin		huérfan	<i>huérfano(s), huérfana(s)</i>
family		famille	<i>(s), famille d'accueil</i>	-	<i>familia (s)</i>
families		familia	<i>familial</i>	-	
parent	<i>(s), parenting, parental</i>	-	<i>parent(s), parentalité</i>	paternidad	<i>+ padres + parentalidad</i>
caregiver		tuteur	<i>(s)</i>	cuidador	<i>cuidadores</i>
care-giver		gardien	<i>(s)</i>	guardián	<i>guardianes</i>
kid	<i>(s)</i>	-		-	
mother	<i>(s)</i>	mere	<i>(s)</i>	madre	<i>(s)</i>
-		mère	<i>(s)</i>	-	
father	<i>(s)</i>	pere	<i>(s)</i>	padre	<i>(s)</i>
-		père	<i>(s)</i>	-	
pregnant	<i>(s)</i>	enceinte	<i>(s)</i>	embarazada	<i>(s)</i>
UASC	<i>(unaccompanied and separated children, unaccompanied asylum seeking children)</i>	ENAS	<i>(enfants non accompagnés et séparés)</i>		
CWD	<i>(children with disabilities)</i>	ESH	<i>(enfants souffrant de handicaps)</i>	-	
-		-		NNA	<i>Niños, niñas, y adolescentes; NNA no acompañados/as</i>
CAAFAG	<i>(children associated with armed forces and armed groups)</i>	EAFGA	<i>(enfants associés aux forces armées ou à des groupes armés)</i>	NAFAGA	<i>Los Niños y Niñas Asociados con Fuerzas Armadas y Grupos Armado</i>
-		EAFAGA	<i>(enfants associés aux forces armées ou aux groupes armés)</i>	-	
CLWS	<i>(children living and working on the streets)</i>	-		-	
OVC	<i>(orphans and vulnerable children)</i>	OEV	<i>(Orphelins et Enfants Vulnérables)</i>	NHV	<i>niños huérfanos y vulnerables</i>
teacher		enseignant		maestro	
-		-		maestra	
CFS	<i>CFS + CFS facilitators</i>	EAE		-	
pupils		eleves		alumnos	
-		élèves		-	

MHPSS1 and MHPSS2 – English, French, Spanish

Keywords (english)	Includes (english)	French	Includes (french)	Spanish	Includes (spanish)
MHPSS	<i>(mental health and psychosocial support)</i>	SMSPS	<i>(sante mentale et soutien psychosocial)</i>	SMAP	<i>(salud mental y apoyo psicossocial)</i>
PSS	<i>(psychosocial support)</i>	-	-	-	-
psycho	<i>psychological, psycho-social, psychosocial support/interventions, psychotropic medications, psychological clinical support, psychosis/ses</i>	-	<i>soutien psychosocial, psychologues, psychologique, psychosocial, psycho-social</i>	psico	<i>psicosocial, psicológico, ...</i>
psychia	<i>psychiatry/ist, psychiatric drugs and institutions, neuropsychiatric disorders...</i>	-	<i>psychiatrique, psychiatre,</i>	psiquia	<i>psiquiátrica, neuropsiquiátricos..</i>
mental health	<i>mental health care, support, interventions..</i>	santé mentale		salud mental	
wellbeing		bien ?tre	<i>bien etre, bien être</i>	bienestar	
well-being		bien-?tre	<i>bien-etre, bien-être</i>	bien estar	
emotional support		soutien émotionnel		apoyo emocional	
counsell	<i>counsellor, counselling; counselling activities</i>	consulta	<i>consultation(s)</i>	-	<i>consultar, consulta</i>
		consulter		consultore	consultores
treatment		traitement		tratamiento	
therap	<i>therapy(ies), therapeutic, psychotherapy,</i>	thérap	<i>therapie, thérapeutique, psychothérapie,</i>	terap	<i>terapéuticos, psicoterapia, terapia</i>
PFA	<i>(Psychological first aid)</i>	PSP	<i>(Premiers secours psychologiques)</i>	PAS	<i>(primeros auxilios psicológicos)</i>
stress	<i>distress, toxic stress, chronic stress, traumatic stress</i>	-	<i>stress, stress toxis, stress chronique</i>	estrés	<i>estrés tóxico, estrés cronico, estrés postraumático</i>
-		d?tresse		-	
-		angoisse		angustia	
anxiety	<i>anxiety, anxiety disorders</i>	anxi?t?	anxiété, anxiete	ansiedad	
trauma	<i>trauma(s), traumatic experiences...</i>	-	<i>traumatisme</i>	-	<i>traumatizados, estrés postraumático, traumáticos</i>
PTSD	<i>(post-traumatic stress disorder)</i>	SSPT	<i>syndrome de stress post-traumatique</i>	TEPT	<i>(trastorno de estrés postraumático)</i>
depress	<i>post-natal depression, depression, depressed, anti-depressant</i>	dépress	<i>dépression, antidépresseur</i>	depresi	<i>depresión, antidepresivo, depresiones</i>
-		déprim	<i>déprimé.e.s</i>	deprim	<i>deprimidos</i>
disorders	<i>psychotic disorders, post-traumatic disorder, oppositional defiant disorder, mental disorders, severe mental disorders, anxiety disorders, mood disorders, neuropsychiatric</i>	trouble	<i>(s)</i>	trastorno	<i>(s)</i>
safe space	<i>(s)</i>	espaces sûrs		espacios seguros	
-		-		espacios protegidos	
friendly spaces	<i>child friendly spaces, mother-baby friendly spaces, youth friendly spaces..</i>	espaces amis		espacios acogedores	<i>Espacios Acogedores para los Niños y jóvenes</i>
-		-		espacios de acogida	
-		espaces adaptés		espaces adaptados	<i>los espacios adaptados a los niños</i>
-		espaces pour enfants		-	
CFS	<i>(child friendly spaces)</i>	EAE	<i>(espaces adaptes aux enfants / espaces amis des enfants)</i>	-	
-		centre d'animation		centros de animación	
-		centres d'animation		-	
social support	<i>social support network</i>	soutien social		apoyo social	
support group	<i>structured support group, support group for mothers, caregivers, children, adolescents, victims of...</i>	groupes de soutien		grupos de apoyo	
-		groupes de discussion		-	
club	<i>youth clubs, mothers clubs..</i>	-	<i>clubs de jeunes,</i>	-	<i>clubes de juventud, clubes de juvenes..</i>

self-help	<i>self-help groups</i>	entraide	<i>groupe d'entraide</i>	autoayuda	
self help		-		-	
women's groups		groupes de femmes		grupos de mujeres	
youth groups		groupes de jeunes		grupos de jóvenes	
mother-child	<i>mother-child groups, mother-child bond,</i>	mères et enfants		madres e hijos	<i>grupos de madres e hijos</i>
children-mothers	<i>children-mothers relationship</i>	mères-enfants		madres-hijos	
-		mère-enfant		madre-hijo	
-		mère et l'enfant		madre y el niño	
-		mere-enfant		madre y el hijo	
parent	<i>parental competence / parenting education</i>	-	<i>programmes consacrés au rôle des parents, formation des parents</i>	padres	<i>+parentalidad</i>
family responsibility activities		-		-	
visit	<i>family visits</i>	-	<i>visites a domicile</i>	-	<i>Visitas domiciliarias</i>
recreational activities		activités récréatives		actividades recreativas	
after-school	<i>After-school activities</i>	peri-scolaires	<i>activites peri-scolaires</i>	extraescolares	
-		para-scolaires		-	
group activities	<i>structured group activities</i>	activités de groupe	<i>activités de groupe(s) structurées</i>	actividades en grupos	
supportive activities		activités de soutien		actividades de ayuda	
sport		-	<i>sport, sportif/sportive(s)</i>	deporte	
play		jeu		jugar	
-		jeux		-	
to cope		mécanismes de survie		hacer frente	
coping	<i>positive/ constructive coping methods or mechanisms, coping skills / strategies</i>	capacités d'adaptation		-	
life skills		compétences de la vie		aptitudes para la vida	
-		apprentissage de la vie		competencias para la vida	
recover	<i>recover, recovery, emotional / psychological recovery</i>	rétabli	<i>rétablissement</i>	recuper	<i>recuperacion, recuperar, recuperando, capacidad de recuperacion</i>
-		retabli		-	
habilita	<i>(re)habilitate, (re)habilitation, (re)habilitating</i>	relèvement	<i>+ réhabilitation</i>	-	<i>rehabilitación</i>
reintegr	<i>reintegrate, reintegration</i>	réintégr	<i>réintégration</i>	-	<i>reintegración</i>
re-integr	<i>re-integrate, re-integration</i>	réinser		-	
r?adapt	<i>readapt, readaptation</i>	-	<i>réadaptation</i>	adaptación	<i>adaptación</i>
r?-adapt	<i>re-adapt, re-adaptation</i>	méthodes positives d'adaptation			
resilien	<i>resilient, resilience,</i>	résilien	<i>résilience, mécanismes de résilience</i>	-	<i>resiliencia</i>
case management		gestion de cas		manejo de casos	
referral	<i>referral mechanisms and systems</i>	référencement		referencia	
autism		-	<i>autisme</i>	-	<i>autismo</i>
epileps	<i>epilepsy</i>	-	<i>épilepsie</i>	-	<i>epilepsia</i>
schizophreni	<i>schizophrenia</i>	-	<i>schizophrenie</i>	esquizofrenia	
ADHD		TDA	<i>ou TDAH</i>	-	<i>TDAH</i>
insomni	<i>insomnia</i>	-	<i>insomnie</i>	-	<i>insomnio</i>
developmental delay		retard de développement		retraso del desarrollo	

		retard du développement		retraso en el desarrollo
developmental disabilit	<i>developmental disability/ies</i>	-		-
intellectual disabilit	<i>intellectual disability/ies</i>	déficience intellectuelle		deficiencia intelectual <i>deficiencia intelectua</i>
intellectual impairment		handicap intellectuel		discapacidad intelectual
intellectual handicap		incapacité intellectuelle		incapacidad intelectual
neurolo	<i>neurologic</i>	-	<i>neurologique</i>	neuroló <i>neurológico</i>
substance abuse		abus de		abuso de sustancias
adversity		adversité		adversidad
child development		développement de l'enfant		desarrollo del niño
		-		desarrollo infantil
early childhood development		développement de la petite enfance		desarrollo de la primera infancia
ECD	<i>(early childhood development)</i>	DPE	<i>(développement de la petite enfance)</i>	DPI <i>(desarrollo de la primera infancia)</i>
stimulation	<i>stimulation programs</i>	-		estímulo
mhGAP		-		-
problem management plus		-		-
PM+	<i>(problem management plus)</i>	-		-
CAAFAG	<i>(children associated with armed forces and armed groups)</i>	EAFGA	<i>(enfants associés aux forces armées ou à des groupes armés)</i>	NAFAGA <i>Los Niños y Niñas Asociados con Fuerzas Armadas y Grupos Armado</i>
child soldier		enfants soldat		niño soldado
anxiolytic		anxiolytique		ansiolítico

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<http://www.oecd.org/dac/financing-sustainable-development/development-finance-data/dac-glossary.htm#CRS>
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- ²⁰ See note 22.
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