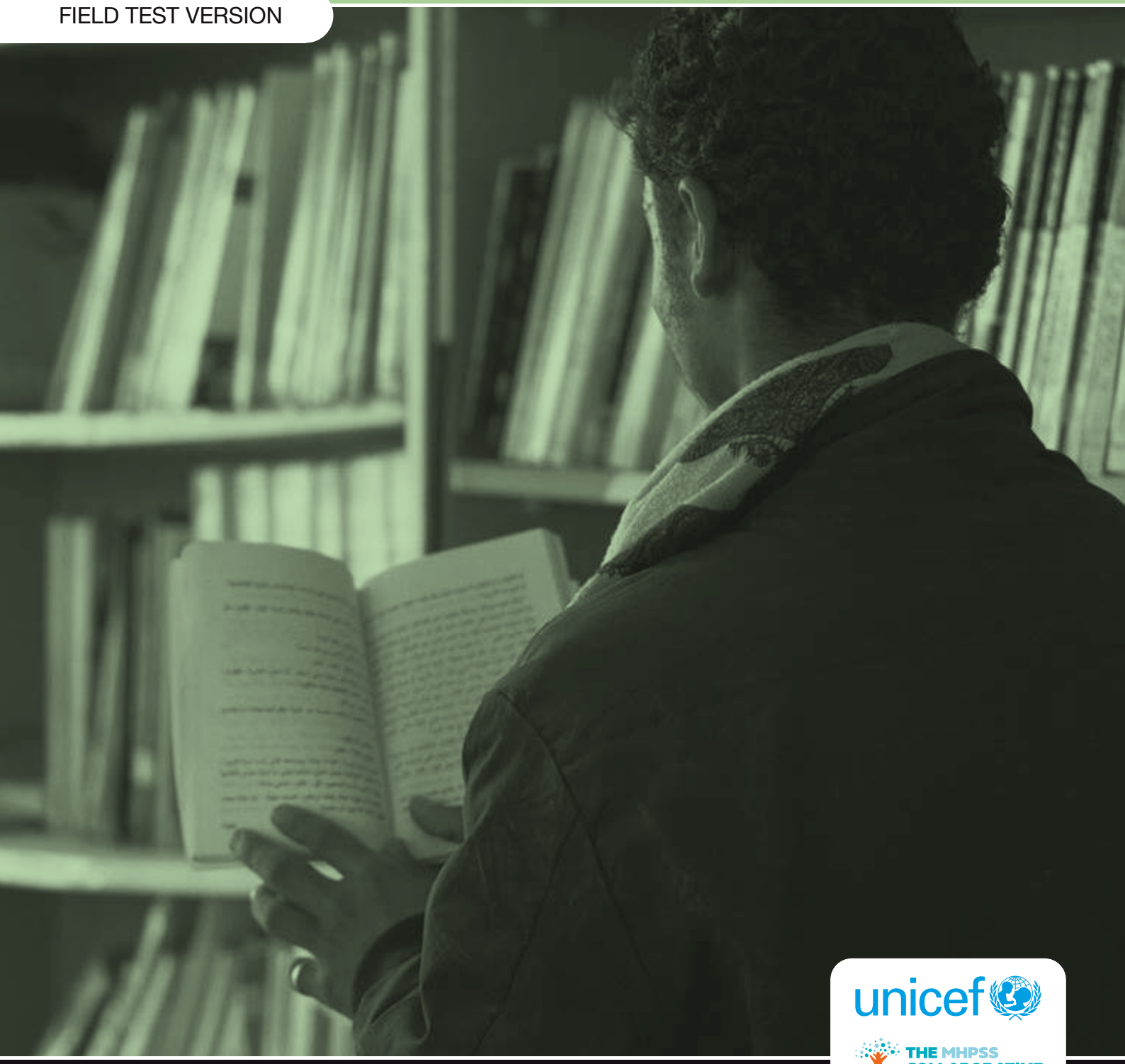
MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN CHILDREN ASSOCIATED WITH ARMED FORCES AND ARMED GROUPS PROGRAMMES

CONTEXTUALIZATION GUIDANCE

FIELD TEST VERSION



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THE MHPSS COLLABORATIVE
FOR CHILDREN & FAMILIES IN ADVERSITY

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Programme Division
3 United Nations Plaza
New York, NY 10017, USA

Email: childprotection@unicef.org

Website: www.unicef.org/protection

Twitter: @UnicefProtects

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Front cover photo: Ali (not his real name), 16, reads in a public library in Yemen. In order to support his family, Ali ran away from home to join an armed group. In early 2020, after five months fighting on the frontline, he was released along with 68 other child soldiers by UNICEF and other international organizations. Photo © UNICEF/UN0456829/Fuad

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1. Introduction

Contextualization is essential for effective mental health and psychosocial support (MHPSS) responses to support children associated with armed forces and armed groups (CAAFAG). It entails a process of "debating, determining, and agreeing on focus and scope of global guidance in a given local situation".[1]

Contextualizing the *MHPSS in CAAFAG Programmes Operational Guidance* will contribute to making it more relevant, appropriate, applicable and accessible across a variety of contexts, cultures and situations.[2] Contextualization of the MHPSS for CAAFAG Operational Framework presented in this guidance is encouraged.

Contextualization of the MHPSS for CAAFAG Operational Framework can serve to:

- ✓ Adapt the meaning of the framework for the context of a country (or region) to make it locally meaningful;[3]
- ✓ Improve CAAFAG programme feasibility, applicability and outcomes;[4]
- ✓ Improve the feasibility, applicability and efficacy of MHPSS approaches and interventions;[5]
- ✓ Inform the selection of MHPSS indicators and means of verification (MOV) that are relevant to the cultural context;[6]
- ✓ Help MHPSS practitioners and cross-sectoral actors to avoid causing unintended harm;[7]
- ✓ Prevent the exacerbation of stigma or distrust around MHPSS and CAAFAG issues;[8]
- ✓ Engage multiple sectors in a concrete dialogue about MHPSS for CAAFAG through outcomes across the levels of socioecological models and CAAFAG programming components (prevention of recruitment, and release and reintegration);
- ✓ Build a strong community of practitioners and policy makers who are invested in the development and delivery of high-quality, accountable MHPSS services equitably accessible to all CAAFAG and children at risk of recruitment;[9]
- ✓ Improve accountability, demonstrating responsiveness to affected populations and effectiveness to donors.[10]

1 Alliance for Child Protection in Humanitarian Action (ACPHA). (2013). *Rolling out the Minimum Standards for Child Protection in Humanitarian Action (CPMS)*.

2 Nemiro A., Hof E. V. & Constant S. (2021). 'After the Randomised Controlled Trial: Implementing Problem Management Plus Through Humanitarian Agencies: Three Case Studies from Ethiopia, Syria and Honduras'. *Intervention* 19:84-90.

3 INEE (2013) *Contextualising Global Standards to Local Settings: Challenges and Lessons Learned*.

4 Articolo12 and International Rescue Committee (2020). *Children associated with armed forces and armed groups – prevention and reintegration: Desk review to inform the "Growing Stronger Together!" parenting program*. Washington DC, IRC and USAID.

5 Brown, F. L., Aoun, M., Taha, K., Steen, F., Hansen P., Bird, M., Dawson, K. S. et al. (2020). 'The cultural and contextual adaptation process of an intervention to reduce psychological distress in young adolescents living in Lebanon'. *Frontiers in psychiatry* 11: 212.

6 United Nations Children's Fund (2018). *Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version)*, New York, UNICEF.

7 Ocampo, J. M. F., Audi, M. N. & Wessells, M. (2021). 'Culture bias and MHPSS'. *Forced Migration Review*, (66), 15-17.

8 Perera, C., Salamanca-Sanabria, A., Caballero-Bernal, J. et al. (2020). 'No implementation without cultural adaptation: a process for culturally adapting low-intensity psychological interventions in humanitarian settings'. *Confl Health* 14, 46.

9 ACPHA (2012). *Contextualization how-to guide*, CPMS.

10 VanRooyen, M. (2019). *Effective Aid: Ensuring Accountability in Humanitarian Assistance*.

Objectives of the MHPSS in CAAFAG Programmes Contextualization Guidance

Each conflict-affected community where CAAFAG programming is implemented has specific characteristics that will shape the delivery of MHPSS in prevention of recruitment, release and reintegration programmes. MHPSS programme effectiveness in addressing mental health and psychosocial needs is contingent on cultural, contextual and situational relevance to the local population.[11] Contextualizing MHPSS interventions helps to recognize and support people's dignity and identity in times of dire need, factors that are especially critical to promoting CAAFAG wellbeing.[12]

The *MHPSS in CAAFAG Programmes Contextualization Guidance* defines the key aspects of contextualization for CAAFAG MHPSS programmes and highlights key steps for contextualizing the MHPSS for CAAFAG Operational Framework. It supports stakeholders of multisectoral CAAFAG programmes to combine the guidance, information and tools provided in the *MHPSS in CAAFAG Programmes Operational Guidance* with contextual data on the local MHPSS situation of CAAFAG.[13] The guidance also offers information, tools and illustrative case studies to inform the adaptation of components of the MHPSS for CAAFAG Operational Framework to cultures, contexts and situations. The objectives of this guidance are to:

1. Contextualize the MHPSS for CAAFAG Operational Framework by outlining key steps in the contextualization process;

2. Provide information and resources for contextualizing and adapting MHPSS approaches, interventions and tools for addressing the needs of children associated with armed forces and armed groups;

3. Support delivery of MHPSS in CAAFAG programmes in a contextualized manner.

Brief overview of the MHPSS for CAAFAG Operational Framework

The *MHPSS in CAAFAG Programmes Operational Guidance* is a guidance tool designed to inform the planning process and decision making for the delivery of MHPSS to address the needs of CAAFAG. It is constructed around an operational framework that is applicable to a wide range of emergency, conflict-affected and other settings and includes a range of programmatic actions, not all of which will be appropriate to, or should be prioritized in, every setting or community. It sets parameters for flexible programme design to meet the MHPSS needs of CAAFAG across different cultures, contexts and situations.

Developing local understandings of the MHPSS for CAAFAG Operational Framework components – key terms, approaches, outcomes, interventions, tools, indicators, means of verification (MOV) and key competencies (see Table 1 on page 4) – improves the likelihood that MHPSS in CAAFAG programmes will result in outcomes that are meaningful to children, families and communities.

The **Definitions of Key Terms** in the *MHPSS in CAAFAG Programmes Operational Guidance* should be reviewed through participatory dialogue among stakeholders. Decide which terms need to be redefined for the local context:

- Decide if any new terms need to be added to the guidance to support MHPSS delivery;

- Prioritize the terms that need to be defined or redefined;

- Draft new definitions as needed for the guidance.

11 Mukdarut B., Chiumento A., Dickson K. and Felix L. (2017). *The Impact of Mental Health and Psychosocial Support Interventions on People Affected by Humanitarian Emergencies: A systematic review*.

12 Ocampo, J. M. F., Audi, M. N. & Wessells, M. (2021). 'Culture bias and MHPSS'. *Forced Migration Review*, (66), 15-17.

13 Alvarez, E. et al. (2019). 'Developing evidence briefs for policy: a qualitative case study comparing the process of using a guidance-contextualization workbook in Peru and Uganda'. *Health Research Policy and Systems* vol. 17,1 89. 21.

All four **Approaches** comprised of the MHPSS for CAAFAG Operational Framework in the *MHPSS in CAAFAG Programmes Operational Guidance* are recommended for use across all programme contexts. These approaches align with implementation approaches recommended by both the CAAFAG Programme Development Toolkit Guide and the UNICEF Community-based MHPSS Operational Guidelines.

The Outcomes and Intermediary Outcomes presented in the framework are recommended for use across all programme contexts. These outcomes align with the goals and outcomes in the IASC Common M&E Framework for MHPSS in Emergencies: With Means of Verification (Version 2.0) as well as the suggested log frames in the CAAFAG Programme Development Toolkit Guide. Three outcomes are defined for each level of the socioecological model (i.e., child/adolescent, caregiver/family, community). Nine intermediary outcomes are additionally defined by intersecting each level of the socioecological model with the three domains of CAAFAG programming (eg., prevention of recruitment and use, release and reintegration).

CAAFAG programmes that focus on only one or two of these domains can adjust the number of MHPSS intermediary outcomes they use to three or six, respectively.

A menu of evidence-based **Interventions** is provided in the intervention table for each intermediary outcome in the Framework (see the nine intervention tables in the *MHPSS in CAAFAG Programmes Operational Guidance*). The interventions are aligned with the IASC MHPSS Intervention Pyramid as well as the core activities in the field-test version of the Minimum Services Package (MSP) for Mental Health and Psychosocial Support in Humanitarian Settings (MHPSS MSP). These menus of interventions can be contextualized. CAAFAG programmes can review and select interventions from these tables that are most relevant, feasible and appropriate to their context.

Programme designs for each intermediary outcome should include at least one intervention from each of the four layers of the IASC MHPSS Intervention Pyramid.

A list of evidence-based **Resources/Tools** are provided to support the implementation of interventions for each intermediary outcome. Resources/tools have been drawn from the UNICEF Compendium of Community Based MHPSS Resources and the *MHPSS in CAAFAG Programmes Evidence Review*. Interventions should be carried out using evidence-based resources and tools where possible.

The Framework offers a menu of **Indicators** for each outcome. The indicators align with the IASC Common M&E Framework for MHPSS in Emergencies and the UNICEF Global Multisectoral Operational Framework for MHPSS of Children, Adolescents and Families across Settings. Programme designs for each intermediary outcome should include:

- At least one indicator that aligns with the goal indicators in the IASC Common M&E Framework for MHPSS in Emergencies;
- At least one indicator that aligns with the outcome indicators in the IASC Common M&E Framework for MHPSS in Emergencies.

Options for selecting **Means of Verification (MOV)** are provided to support the measurement of indicators. These suggested examples have been drawn from the MOV tables of the IASC Common M&E Framework for MHPSS in Emergencies: With Means of Verification (Version 2.0) and the *MHPSS in CAAFAG Programmes Evidence Review*. Programme designs should include at least one MOV for each indicator.

The Framework recommends **Key Competencies** for staff and volunteers based on their roles and the types of interventions they are implementing. The key competencies align with WHO EQUIP Competency Assessment tool.

Programmes should ensure staff and volunteers involved in implementing MHPSS in CAAFAG Programmes activities receive the training and supervision necessary to develop the recommended level and set of competencies relevant to their MHPSS work.

Table 1 MHPSS for CAAFAG Operational Framework detailed components

Operational Framework components	Best practice guidance alignment
Key terms adverse childhood experiences agency caregiver child child development child wellbeing child-first language community coping culture daily stressors do no harm domains of wellbeing evidence-based practice and practice-based evidence family and kinship gender-sensitive approach intersectionality life course lived experience mental health and psychosocial conditions mental health and psychosocial support potentially traumatic events prosocial behaviour reintegration resilience sense of belonging stigma structural violence successful reintegration suffering trauma wellbeing	MHPSS in CAAFAG Programmes Operational Guidance
Approaches Community-based, Life course, Non-targeted, Multisectoral and Multilayer	CAAFAG Programme Development Toolkit Guide; UNICEF Global Multisectoral Operational Framework for MHPSS of Children, Adolescents and Families across Settings
Outcomes 1. Improved child/adolescent mental health and psychosocial wellbeing 2. Improved caregiver mental health and psychosocial wellbeing 3. Improved community MHPSS capacity and strengthened systems ***Intermediary outcomes*** 1.1 Children have access to safe and nurturing environments at home, at school and in the community and to high-quality services that improve their mental health and wellbeing, reducing their risk of (re-)recruitment by armed forces and armed groups 1.2 Release processes are responsive to the mental health and psychosocial wellbeing needs of girls and boys 1.3 Reintegration is responsive to the mental health and psychosocial needs of girls and boys, strengthens and builds positive relationships, and supports learning and skills development 2.1 Support for parent and caregiver mental health and coping that reinforces CAAFAG (re-)recruitment prevention efforts 2.2 Release processes support CAAFAG caregiver mental health and psychosocial wellbeing and positive parenting 2.3 Reintegration processes are responsive to the mental health psychosocial wellbeing needs of parents and caregivers 3.1 Strengthen community awareness of the mental health, psychosocial wellbeing and protection needs of all conflict-affected children, including CAAFAG, and their families in ways that reduce stigma and discrimination 3.2 Release processes activate natural community supports and care systems to promote CAAFAG mental health and psychosocial wellbeing. 3.3 Care systems are responsive to the MHPSS needs of children and families during the reintegration process, including utilization/leveraging of family-friendly policies	CAAFAG Programme Development Toolkit Guide; Inter-Agency Standing Committee (IASC) Common M&E Framework for MHPSS in Emergencies; UNICEF Global Multisectoral Operational Framework for MHPSS of Children, Adolescents and Families across Settings

continued on next page

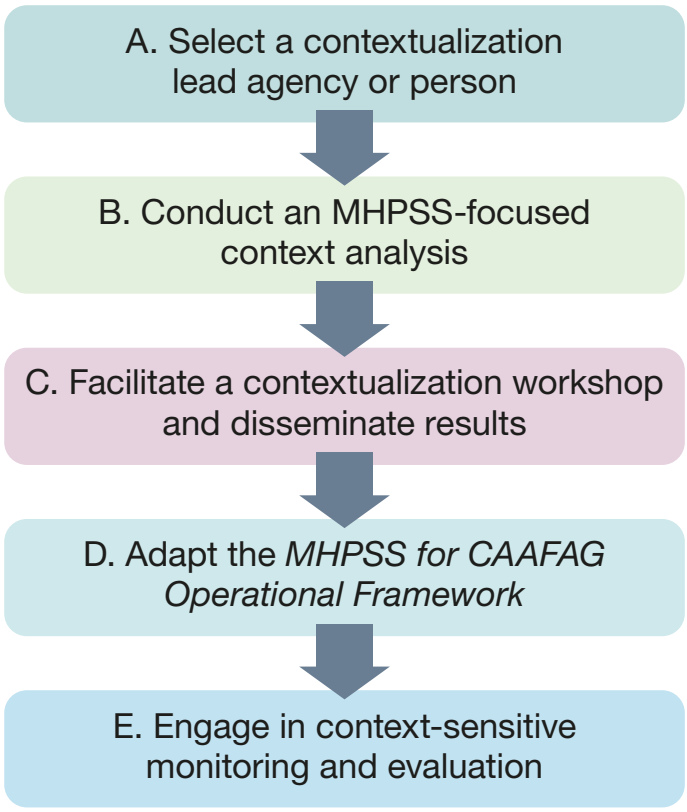
Table 1 MHPSS for CAAFAG Operational Framework detailed components *continued*

Operational Framework components	Best practice guidance alignment
Interventions Menus covering universal preventive interventions and social considerations in basic services and security; family and community supports; focused care; specialized care – all tailored to meet the needs of children at risk of recruitment and CAAFAG and their caregivers, families and communities. **Resources/tools** UNICEF Compendium of Community Based MHPSS Resources; MHPSS in CAAFAG Programmes Evidence Review.	IASC Guidelines for MHPSS in Emergencies, MHPSS Intervention Pyramid; MHPSS MSP; UNICEF Global Multisectoral Operational Framework for MHPSS of Children, Adolescents and Families across Settings
Indicators Individual child and caregiver mental health and psychosocial wellbeing; MHPSS capacity of communities and systems **MOVs** IASC Common M&E Framework for MHPSS in Emergencies; MHPSS in CAAFAG Programmes Evidence Review.	IASC Common M&E Framework for MHPSS in Emergencies; UNICEF Global Multisectoral Operational Framework for MHPSS of Children, Adolescents and Families across Settings
Key competencies Helping skills for working with adults, helping skills for working with children, helping skills for working with groups, and other skill sets needed for specific scalable psychological or psychosocial interventions, or mhGAP (Mental Health Gap Action Programme).	WHO EQUIP MHPSS Competency assessment tool

Key steps to contextualize the MHPSS for CAAFAG Operational Framework

Contextualization is an ongoing process throughout the life cycle of any programme. It entails iteratively revisiting and reconsidering the local relevance and meaning of global standards and guidance among various actors throughout the duration of an MHPSS in CAAFAG project. This recurrent review is particularly important because complex conflict-affected environments can change quickly. However, to ensure that the MHPSS for CAAFAG Operational Framework is robustly contextualized, a series of structured steps should be taken (See Figure 1).

Figure 1 Key steps for MHPSS in CAAFAG programmes contextualization



When to carry out contextualization

It is recommended that the key steps in contextualizing MHPSS in CAAFAG programmes are synchronized with specific phases of the CAAFAG project cycle depicted in the *CAAFAG Programme Development Toolkit Guide* (see Annex A: CAAFAG project cycle). Table 2 shows which CAAFAG project cycle phase corresponds to each key step for contextualization.

Table 2 MHPSS contextualization synchronization with project cycle

Key steps for contextualization	Corresponding CAAFAG project cycle phase
A. Select lead agency/person	1. Context analysis – planning
B. Conduct context analysis	1. Context analysis – planning, getting ready and implementation
C. Facilitate contextualization workshop & disseminate	2. Programme design & strategic planning – programme design, monitoring
D. Adapt the *MHPSS for CAAFAG Operational Framework*	2. Programme design & strategic planning – programme design, monitoring
E. Engage in context-sensitive monitoring and evaluation	3. Implementation & monitoring – monitoring 4. Learning & evaluation – generating & documenting learning, evaluation

The **CAAFAG Programme Development Toolkit Guide** includes contextualization tools. The first phase of the CAAFAG project cycle is context analysis, which is the largest content area of the guide. It outlines a comprehensive context analysis process of planning, getting ready and implementation. The process includes:

- Defining the goal and scope of the context analysis
- Data collection plan
- Timeline
- Budget for implementation
- Selecting and adapting data-collection tools
- Training data collectors
- Collecting data
- Coding and analysing data.

Child participation is central in the context analysis process for developing CAAFAG programmes. Every data-collection tool in the toolkit is designed to include the participation of all children, including all CAAFAG. **Use this CAAFAG-specific contextualization guidance and the context analysis activities as resources for contextualizing the MHPSS for CAAFAG Operational Framework and delivering contextualized MHPSS in CAAFAG programmes.**

2. MHPSS for CAAFAG Operational Framework contextualization

Stakeholders in multisectoral MHPSS in CAAFAG programming should be facilitated to engage in a participatory review of the framework components. The vision for this engagement is to arrive at a contextually appropriate, common understanding of the framework itself, prioritize adaptations that need to be made, and decide how to use the contextualized guidance to carry out MHPSS programmes that build on the resources and meet the needs of CAAFAG and all conflict-affected children in the context.

Select a contextualization lead agency or person

Appoint an agency or person to lead the contextualization process, coordinate input from stakeholders and assume overall responsibility. Identify this agency or person early on in the MHPSS in CAAFAG project cycle, during the context analysis – planning phase. Ideally, the agency or person selected to lead the MHPSS in CAAFAG Programmes contextualization process should have:

- Sufficient resources and time to see the process through effectively;
- Connections with relevant stakeholders (e.g., government, civil society, community leaders);
- The skills and willingness to connect diverse people in the process;
- Relevant experience in MHPSS and emergency response or humanitarian programmes.

Conduct an MHPSS-informed context analysis

Context analysis is a method that can be used for contextualizing the mental health and psychosocial wellbeing of children in their environment, including in relation to their safety, access to MHPSS services, family relationships, community connections, and reintegration needs for education and economic security.[14] An MHPSS-informed context analysis to inform CAAFAG programme design should occur throughout the context analysis phase of the CAAFAG project cycle, with planning, getting ready, and implementation. During the research questions and scope phase of context analysis planning, begin the context analysis process by generating data to inform the contextualization of the global *MHPSS in CAAFAG Programmes Operational Guidance* and to drive key decisions about MHPSS programme planning and design.

MHPSS mapping

An MHPSS context analysis should include a mapping of existing MHPSS programming, services and gaps using the IASC, Who is Where, When, doing What in Mental Health and Psychosocial Support (4W Tool) (2014, IASC (interagencystandingcommittee.org)). Consult with a country or regional MHPSS Technical Working Group to find out if a current mapping already exists and whether it needs to be updated.

MHPSS context analysis

Integrate MHPSS into the context analysis phase of the CAAFAG programme development cycle. The CAAFAG Programme Toolkit Guide context analysis guidance (pp. 38–49) includes multiple methodologies.

14 See O'Connor, R., Betancourt, T. S. & Enelamah, N. V. (2021). 'Safeguarding the lives of children affected by Boko Haram: application of the SAFE model of child protection to a rights-based situation analysis'. *Health and Human Rights*, 23(1), 27.

The CAAFAG Programme Toolkit offers a variety of data-collection tools including key informant interviews and focus group discussions with adults and children and consultation with former CAAFAG.

Developing and defining context analysis questions specific to MHPSS is the first step towards gathering and analysing information required for contextualization. The evidence gathered from context analysis questions or research questions will provide important information for the contextualization of the MHPSS for CAAFAG Operational Framework components. It will be a key information resource to contextualize the approaches, interventions, strategies and indicators to design safe, high-quality, gender-sensitive MHPSS in CAAFAG programmes that meet the needs of children throughout their developmental stages.

Page 37 of the CAAFAG Programme Development Toolkit Guide suggests 18 research questions for the CAAFAG programme context analysis. Review this list of 18 questions, then consider adding questions that will generate information needed for MHPSS programmes (see Box 1 for recommended questions). At this stage, the research questions should generally cover the different types and topics of information that will be needed to design the MHPSS programming.

At a later data-collection planning stage of the context analysis, as outlined in the CAAFAG Programme Development Toolkit Guide, decisions will be made about which groups of people (e.g., adults, children, CAAFAG) to ask which of these questions using which types of methods (e.g., key informant interviews, focus group discussions, consultation workshop). This will require coordination across sectors.

Box 1. MHPSS research questions for context analysis

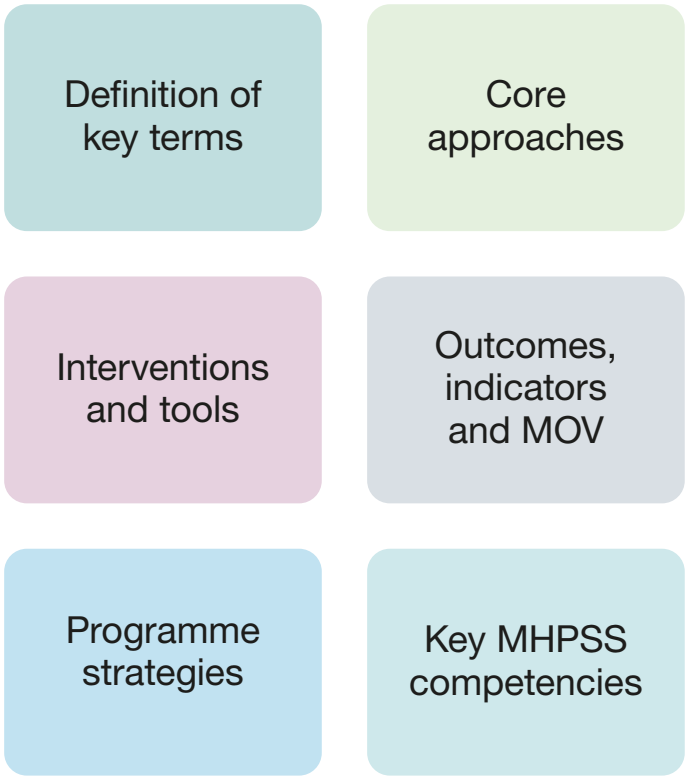
1. What are the potential risks children might face when implementing MHPSS interventions in this location? Are any faced particularly by girls? By boys?
    - For former CAAFAG and children at risk of recruitment, what potential risks might they face when implementing MHPSS interventions in this location? Are any faced particularly by girls? By boys?
    - What are the measures to mitigate these risks?
2. What are the stigmas related to mental health and psychosocial distress/conditions among children? How are those stigmas different for boys? For girls?
3. What is the risk, and what are the promotive and protective factors to mental health and psychosocial wellbeing for boys and girls? Are there differences according to their age and gender? Differences according to their experiences with war?
4. How can the humanitarian community support existing positive practices of families and communities?
    - Prevent mental health and psychosocial distress among boys and girls?
    - Promote mental health and psychosocial wellbeing among boys and girls?
    - Provide appropriate MHPSS care for boys and girls?
5. What are the children's perspectives and recommendations on programmatic interventions to support their mental health and psychosocial wellbeing and how they can participate in the programmes?
6. How do social and cultural norms for girls and boys affect the mental health and psychosocial wellbeing of girls and boys?
    - What cultural practices affect the mental health and psychosocial wellbeing of CAAFAG? Are those impacts positive or negative?
7. What is the relationship between successful reintegration and mental health and psychosocial wellbeing for boys and girls? Are there differences and commonalities?
8. What is needed to achieve mental health and psychosocial wellbeing among CAAFAG? How accessible and available are such services and supports?

Facilitate contextualization workshop and disseminate results

Contextualization of global guidance and frameworks is an iterative process based on continuous input, revision and agreement among stakeholders. Cultural meanings are central to determining priorities, available resources and preferred ways of addressing challenges.[15] Facilitation of a workshop to contextualize the MHPSS in CAAFAG Programmes Operational Guidance should focus on specific components of the Framework and should be organized in the context analysis phase of the CAAFAG project cycle throughout planning, getting ready and implementation.

The key to effective contextualization of this guidance is to engage stakeholders in a multisectoral participatory review of the MHPSS for CAAFAG Operational Framework while considering the findings of the MHPSS-informed context analysis. Figure 2 shows the six components of the programming framework that can be contextualized.

Figure 2 MHPSS for CAAFAG Operational Framework visual components



15 Bragin, M. (2014). 'Clinical social work with survivors of disaster and terrorism: A social ecological approach'. In: *Essentials of Clinical Social Work* (2nd ed.) (J. Brandell, ed.). Sage, Thousand Oaks, CA, pp. 366-401.

Steps to implement the contextualization workshop

Consult with government colleagues

The lead agency should engage in dialogue with government colleagues about how the MHPSS CAAFAG Guidance complements any existing government mental health, social welfare, wellbeing or other policies or frameworks. To prepare for the dialogue, clarify what MHPSS in CAAFAG programmes are and are not. The main objectives of these dialogues should be to determine what the national legal framework is for MHPSS in CAAFAG programming and to garner support for and/or engagement in contextualization of the guidance.

Identify clear objectives and outputs of the contextualization workshop

It is a good idea to identify clear objectives and outputs in order for the contextualization workshop to be effective. Outputs of the *MHPSS in CAAFAG Programmes Operational Guidance* process can include one or more of the following:

- Documentation of a common understanding of the MHPSS for CAAFAG Operational Framework according to the reality of the context;
- Determination of key approaches and interventions to support boys and girls associated with armed forces or armed groups who are at risk of recruitment in the context;
- Initial gathering of contextually relevant MHPSS concepts, emotions and signs of distress and wellbeing to contribute to informing potential future translation and adaptation of the *MHPSS in CAAFAG Programmes Operational Guidance* to achieve a conceptually equivalent version in the country/culture/context;
- A revised version of the *MHPSS in CAAFAG Programmes Operational Guidance* document;
- A report describing the key objectives, activities and results of the contextualization workshop;
- A plan to disseminate the outputs of the contextualization process.

Decide on the language of the workshop

If the contextualization workshop/consultations are in a language(s) other than English, do an initial draft translation of the *MHPSS in CAAFAG Programmes Operational Guidance*. Engage a professional translator with experience of translating medical or psychosocial texts, or someone with knowledge of MHPSS terms, so that the draft translation will be as close to the original text as possible.

Consider organizing a pre-workshop session on MHPSS

Provide an MHPSS orientation session, prior to the actual contextualization workshop, for newcomers to the MHPSS field. Make sure to include an introduction to the *IASC Guidelines for MHPSS in Emergencies*.

Invite a broad array of actors and resource people

Participation among diverse actors is central to the success of a contextualization workshop for MHPSS in CAAFAG programming. Keep in mind that contextualization will require both deep knowledge of CAAFAG and MHPSS concerns, and potential resources and support in the community/country to address these concerns; organization/project managers, coordinators from across sectors and community leaders will play pivotal roles. Ownership of the contextualization process must reside with local child protection and MHPSS actors, as well as the government. Key invitees could include:

- Government departments
- National/local MHPSS organizations
- International humanitarian/development organizations working in MHPSS
- Faith groups that focus on child protection or MHPSS
- MHPSS technical working groups
- Donors
- Community-based organizations working in MHPSS, including youth and women's groups
- Youth groups
- Women's groups
- Opinion leaders or community leaders.

Consider involving people who:

- Will use the information in the guidance in their daily work;
- May be able to orient others in MHPSS and activate natural supports for CAAFAG and their families;
- Are willing to give time and energy to achieving a high-quality outcome.

Develop the contextualization workshop agenda & consider engaging an external consultant

Sample agenda items:

- Presentation of the MHPSS mapping and MHPSS context analysis findings;
- Reflection on global contexts (see Annex B. MHPSS Considerations of Global Contexts);
- Familiarization with the MHPSS in CAAFAG Programmes Operational Guidance;
- Facilitation of small group exercises (see Annexes C to J Worksheets) to review and contextualize the Operational Framework components:
  - Definition of key terms
  - Core approaches
  - Multilayer MHPSS interventions and tools
  - MHPSS outcomes, indicators and MOV;
- Plenary presentation by groups on results of small group contextualization exercises;
- Consensus decision making on a draft contextualized MHPSS for CAAFAG Operational Framework that is responsive to the contextual situation of CAAFAG and children at risk of recruitment.

The lead agency might consider engaging an external consultant to facilitate the workshop if:

- Significant pre-workshop MHPSS capacity building is needed;
- It can boost government interest and support;
- Support is needed to carry out the contextualization process and complete the outputs.

Identify group leaders

Group leaders can help to guide the small group exercises. They should be pre-identified, possess good facilitation and child protection or MHPSS experience, be active listeners and be familiar with both the local context and the IASC Guidelines for MHPSS in Emergencies. They should be able to lead.

Organize a short meeting before the workshop to orient group leaders to the draft workshop agenda and materials in Annexes C to J and have them meet with any external facilitator.

Facilitate the workshop

- Create an atmosphere for participation;
- Implement the agenda, including framing the contextualization process;
- Form small groups of participants with varying skills, experience, knowledge, position/status and organizational representation;
- Facilitate the:
  - Small group work to review and contextualize the Operational Framework components (see Annexes C to J)
  - Plenary presentations
  - Consensus decision making on a draft contextualized MHPSS for CAAFAG Operational Framework;
- Review the workshop achievements and plan for completing outputs.

Hold a finalization session

The lead agency should hold a finalization session aimed at clarifying and closing any remaining gaps in the contextualized guidance and following up on completing any outputs. Group leaders should be invited to the session.

Adapt the MHPSS for CAAFAG Operational Framework

The lead agency should adapt the MHPSS in CAAFAG Programme Guidance based on the outputs of the contextualization workshop and finalization session, and disseminate the results of the workshop, including any revision of the guidance document, to stakeholders.

Explore the safety, meaningfulness and feasibility of consulting with former CAAFAG on the contextualization process and output(s) to get a deeper understanding of the needs of female and male CAAFAG. This would give them an opportunity to express themselves and contribute to the design of programmes for CAAFAG, leading to better projects that respond to their needs.

If the intended output of the workshop was a translated and adapted *MHPSS in CAAFAG Programmes Operational Guidance* document, be aware that this could take a significant amount of time. Use the procedure in the 2018 *Brief on Translating and Adapting the Psychological First Aid: Guide for Field Workers*[16] to achieve an accurate and user-friendly equivalent version of the guidance in the particular context of your country or culture.

Engage in context-sensitive monitoring and evaluation

During the implementation & monitoring phase of the CAAFAG programme cycle, the lead agency should engage in the child-friendly feedback mechanism to **listen to the voices of children**; **consider their feedback in relation to the context**; monitor the implementation of MHPSS approaches, interventions and strategies; and correct the overall MHPSS in CAAFAG programme design as needed.

Interpret evaluation results in context. During the evaluation & learning phase of the CAAFAG programme cycle, the lead agency should champion the importance of MHPSS evaluation activities being responsive to contextual factors. Context – especially change in context along the timeline of a programme – is often ignored in MHPSS evaluations. Yet in order to interpret MHPSS outcomes, it is critically important to take account of changes in context during an emergency, crisis or conflict.[17] Ensure that programme goals and outcomes are interpreted in context. For example:

- There may be changes in social support or levels of collective wellbeing in different stages of an event (e.g., increase (honeymoon) and decrease (disillusionment)) that should be considered when comparing baseline and end line measures.
- Attacks on schools and abductions in the community can initiate new waves of fear and loss of safe access to education.

16 Snider, L. & Schafer, A. (2018) *Brief on Translating and Adapting the Psychological First Aid: Guide for Field Workers*. Peace in Practice and World Health Organization. https://pscentre.org/wp-content/uploads/2018/12/2018-PFA-Translation-and-Adaptation-Guidance.pdf

17 Duckers, M. (2021). 'Capturing Intervention in Its Context: The Next Frontier in Disaster Response Evaluation and Scale-Up Planning'. *Intervention*, 19(1), 4.

3. MHPSS in CAAFAG programmes in context: illustrative case studies

The following case studies showcase emerging MHPSS practices in CAAFAG programmes and illustrate how interventions to support the mental health and psychosocial wellbeing of CAAFAG, as well as their caregivers and communities, approach contextualization and cultural adaptation. The case studies also highlight MHPSS outcomes and lessons learned to inspire and guide the development of MHPSS in CAAFAG programmes across different contexts.

'Growing Stronger Together!': Case study of a family-based intervention in Iraq

Context

Since the liberation of Iraq in 2017, there has been limited work with children associated with ISIL (Islamic State in Iraq and the Levant) due to the fragile security and political situation in the country.[18] By 2021, the scale of recruitment of children to armed forces and armed groups had reduced compared with previous years, yet the impact of their former association or their family's perceived association with ISIS (Islamic State of Iraq and Syria) remains. For instance, many children who were born or lived in areas controlled by ISIS between 2014 and 2017 lack civil documentation,[19] and have limited access to social services. They do not have access to schooling, with reports of officials instructing school principals and aid groups to bar the enrolment of undocumented children in government schools.

Former CAAFAG also face stigma from community members, who can be reluctant to use or attend the same services as them. Exclusion from social activities and social rejection puts CAAFAG at a higher risk of isolation, aggression, delinquent behaviour, sexual exploitation, and child labour. Adding to these challenges, the COVID-19 pandemic has led to restrictions on face-to-face programming. These restrictions have required organizations to adapt MHPSS programmes in order to provide them safely in the global pandemic context.

Intervention

In response to a gap in parenting interventions for caregivers of CAAFAG, a family-based intervention was developed to help parents support their children in their homes. To guide the development of the intervention, formative research was conducted in the Central African Republic (CAR) and Democratic Republic of the Congo (DRC) to gain greater understanding on the drivers of recruitment, as well as the barriers to and facilitators for reintegration.[20] A desk review was conducted to inform the curriculum design.[21]

18 Langer, P. & Ahmed A-N. (2019). *Psychosocial Needs of Former ISIS Child Soldiers in Northern Iraq*. Berlin: International Psychoanalytic University

19 Human Rights Watch (2019). Iraq: School Doors Barred to Many Children. https://www.hrw.org/news/2019/08/28/iraq-school-doors-barred-many-children

20 IRC (2021) Perspectives of Families in Central African Republic on adolescents' involvement in armed groups | Research Brief | February 2021 https://childprotectionpractitioners.org/wp-content/uploads/2021/02/IRC-Research-Brief-CAR-Perspectives-of-families-on-adolescents-involvement-in-armed-groups.pdf Findings from DRC forthcoming.

21 SPARC (2021) Children Associated with Armed Forces and Armed Groups (CAAFAG) – Prevention and Reintegration Desk Review to inform the 'Growing Stronger Together!' parenting programme https://childprotectionpractitioners.org/wp-content/uploads/2021/08/Strengthening-Prevention-and-Reintegration-of-Children_SPARC_DESK-REVIEW.pdf

The intervention aimed primarily to provide effective tools for parent–child engagement, improve self-esteem in children, and support positive parenting skills among parents and caregivers. It is designed to reach children and young people aged 8–21 years and includes 20 parenting sessions for caregivers of CAAFAG and life skills sessions for adolescents themselves, led by facilitators within the community. A community engagement approach guides the implementation, starting with a community mobilization and risk analysis to inform participant selection to minimize stigmatization. The expected outcome of the intervention is improved protection for children, reduction in recruitment and improved MHPSS of caregivers.

While this intervention is designed for caregivers of CAAFAG, participation is open to all caregivers of children and young people in the community, whether they were formerly recruited or are at risk of recruitment. However, a context analysis informs the implementation modality. In some contexts, it can be safe to have mixed groups of caregivers of CAAFAG and those whose children have not been recruited. In others, separate groups might provide the safe space required for caregivers to discuss their challenges and solutions, and to support each other. In Iraq, a mixed approach was used and adapted for the COVID-19 pandemic context.

Given that CAAFAG sometimes face family rejection, consideration was given to whether a non-targeted approach to the implementation of a family-based intervention to support the mental health and wellbeing of CAAFAG would be feasible and effective. It was recognized that in the Iraq context, many former CAAFAG became associated with ISIS through their parents' association, which would not necessarily pose a barrier for family-based interventions. Yet it was also recognized that former CAAFAG from the Yezidi religious and minority ethnic group who were more likely to have been abducted and separated from their families for long periods and who face signification family reintegration challenges might be more difficult to reach. It was acknowledged that this could be the case particularly for young Yezidi women with children born of sexual violence perpetrated by armed forces and armed groups members; they may have experienced deep family and community rejection and stigma upon return.

Outcomes

Baseline and endline surveys with caregivers and adolescents have been developed to evaluate this intervention in the CAR, DRC and Nigeria, and finalization and dissemination is forthcoming. In Iraq, the implementation of this intervention was set up quickly in response to the pandemic – baseline data has been gathered and IRC staff held qualitative follow-up sessions with parents and caregivers. Findings from the qualitative process evaluation activities suggest that parents and caregivers perceived the activities as instrumental in alleviating both stress and parent–child conflict.[22]

Lessons learned

Parent- and family-focused interventions may be beneficial to CAAFAG and their families, although the success of such interventions will depend on parent–child relationships. With respect to reaching CAAFAG and conflict-affected families, an assessment must be made of the feasibility, acceptability and usefulness of such interventions in context.

Family-based interventions have a strong evidence base and can be effective in many contexts. However, a major gap in implementation is that these interventions seldom involve both parents, engaging mothers disproportionately. More evidence is needed to illustrate the effects, if any, of engaging multiple or diverse caregivers, especially when working with CAAFAG.

Social and Therapeutic Horticulture (STH): Case study of using nature to improve mental health in the Central African Republic

Context

Although conflict in the Central African Republic (CAR) has been on the decline since 2016, 60 per cent of the country is still controlled by armed forces and armed groups, with 1.1 million people displaced by conflict.[23] Difficulties in returning home, separation from families and traumatic experiences of violence have led to acute mental and psychosocial distress among many children. Children who are unable to return home or access education are at a higher risk of being recruited by armed forces and armed groups.

Intervention

Social and Therapeutic Horticulture (STH, also known as Horticultural Therapy) is 'the process of using plants and gardens to improve physical and mental health, as well

22 Contact the IRC for further information on data and outcomes.

23 War Child UK (2021). Central African Republic (Overview). https://www.warchild.org.uk/what-we-do/projects/car

as communication and thinking skills'. This intervention has been employed in some countries (e.g., the UK, USA, Japan, Korea, Hong Kong, Germany, Italy and Sweden) and found to increase wellbeing associated with exposure to nature among children and adults with specific mental health problems. STH provides a safe space for social interactions, which can benefit cognitive, social and emotional development.

Aspiring to diversify approaches to psychosocial support in countries affected by war, War Child UK recently piloted this intervention in the CAR, with the aim of promoting wellbeing among conflict-affected children through exposure to nature and social interaction. To localize the intervention, the War Child UK team travelled to rural locations in the CAR, to co-develop the intervention with the community. This involved an assessment to understand the community's affinity with nature, since natural settings can sometimes be reminders of violence and abuse in war-affected regions, particularly for CAAFAG. The assessment also looked at the availability of land and water, and land ownership and safety concerns. Post-adaptation, the intervention was implemented by local staff, who had experience in horticulture and received additional training in child protection, safeguarding and STH. The staff had previously worked with CAAFAG, spoke the same language as them, and understood their culture.

The intervention included 12 weekly sessions of three to four hours each, with small groups of children aged 12 to 17 years. After the first few sessions, which were more directive (meaning requiring a lot of facilitation to encourage children to engage in the activities and interact with each other), the participating children increasingly experienced more comfort with teamwork as well as a sense of independence in completing small tasks in the garden. In addition to gardening, they also used social and emotional skills to develop trust with one another as well as practical life skills such as counting and problem-solving (e.g., learning the best way to deal with pests in the garden).

Outcomes

In weeks 1 to 3 of the intervention, the War Child UK staff used a standardized tool developed with a technical partner that focused on social, emotional and cognitive skills, as well as dietary habits of the children. The tool was used again at the end of the intervention. In addition to the data collected through the standardized tool, the staff also relied on observations (qualitative data) of children throughout the intervention. In addition, feedback was sought from community members; many felt that the children who took part in the intervention were more receptive and respectful in their relationships with adults in the community. This change was considered significant and desirable by the community, as respect for elders was a cherished community value, and one that might be particularly challenging for CAAFAG, as their views and experiences of authority might have negatively shifted during their association with armed forces and armed groups. In terms of acceptability, there was openness towards the intervention from both children and the wider community.

End-line assessment data indicated that the majority of children involved in the activity demonstrated improvement in terms of cognitive, learning, social and emotional skills. Evidence from the final external assessment documented how STH is an appropriate and relevant approach and improved children's interpersonal relationships while developing their potential (in writing, reading, counting and measuring distances, etc.). The evaluation also highlighted some additional strengths of the approach: the training of staff on the methodology and tools and ongoing technical support; the involvement of local leaders in the targeting and choice of sites, the adaptation of the guidelines and tools to the Central African context, and the clarification of the roles of War Child UK.

Challenges

One of the challenges faced during implementation of the STH intervention in the CAR was the fact that there were few MHPSS-trained staff. The national education system has a limited focus on mental health and consequently the country, especially in rural areas, has very few MHPSS specialists, few MHPSS services, and weak referral systems. This is problematic for an intervention like STH, which can benefit from facilitators skilled in both horticulture and MHPSS, and would be better positioned as one intervention in a multi-layered MHPSS package of services. Other challenges identified during implementation and through the final evaluation include the need to consider longer STH cycles of at least four months and the importance of providing continuous training to STH staff.

Considerations for contextualization

While adapting STH to the CAR, several factors were considered important:

- Being present in the rural context for contextualization: Adaptation of STH may not have been possible remotely. This is especially meaningful given that this pilot was implemented during the COIVD-19 pandemic, which necessitated developing remote programme delivery methods. Project development staff travelled to a rural site in the CAR, spent time with local staff and observed local cultivation practices.

- Taking steps to understand cultural, social contextual, and situational factors related to views of and relationships to the natural world. Working with local traditions of land ownership among CAAFAG and their communities was critical to implementing this project.

- Language variation and translation: Most of the staff spoke French and Sango (one of the CAR's official national languages, along with French, which is widely spoken in rural areas where only a minority of people are fluent in French). However, some staff members came from other regions of the country with a different dialect. Project tools were provided in French, and it was unexpectedly challenging for staff to translate them.

Lessons learned

The main lesson learned from the adapted STH intervention in the CAR is that STH can be re-designed to sensitively address the specific needs of CAAFAGs. This case study also shows the importance of mapping existing services and available resources during context analysis in order to plan adequately for referral and multi-layer supports. In addition, translation and adaption of tools requires planning, budgeting, time and human resources.

The need to allocate funds for refreshments and snacks, especially in contexts of food insecurity and for activities like gardening that demand intensive effort, was another important lesson from this pilot intervention. Although the children were keen to participate in the intervention, they had an understandable expectation of receiving something to eat during the sessions (particularly something from the garden), which did not always happen due to budget constraints.

Stigma Reduction Approach (STRETCH): Case study in the Democratic Republic of the Congo

Context

Stigmatization is an ongoing issue for children formerly associated with armed forces and armed groups in the Democratic Republic of the Congo (DRC). Academic studies, although limited, have consistently found that children in the DRC often face social rejection from their community, including from peers and family, through name calling and prejudicial treatment. Stigmatization restricts opportunities for CAAFAG and negatively affects their mental health[24] and psychosocial wellbeing.

Evidence-based stigma-reduction programming is nascent and cultural adaptation of stigma-reduction programmes is rare. To address this, Hartog and colleagues (2020) examined stigma experienced by CAAFAG in the DRC to inform innovative stigma-reduction programming.[25] Given the applied nature of this context-dependent study, the research methods are likely to be transferrable to stigma-reduction efforts in other contexts.

Intervention

The investigators took the position that contextual information is required to ensure that stigma-reduction interventions are effective, and that children, particularly CAAFAG, are at a higher risk of stigmatization because of their lower social status. Conducted in a village in Kalehe Territory, South Kivu, the investigators interviewed the entire village population, including three stigmatized groups (unmarried mothers, indigenous people and CAAFAG) and the general population.

Key findings

The general population reported perceiving CAAFAG as dangerous. Even when they did not pose an immediate threat, CAAFAG were considered unpredictable, and there was a general expectation that they would behave aggressively. CAAFAG were stereotyped as 'bandits' or 'delinquents', and it was believed that they do not contribute to the community and that they engage in behaviours perceived to be unhelpful (e.g., drinking and 'smoking pot'). However, not everyone in the community

24 Betancourt, T. S., Agnew-Blais, J., Gilman, S. E., Williams, D. R. & Ellis, B. H. (2010). 'Past horrors, present struggles: The role of stigma in the association between war experiences and psychosocial adjustment among former child soldiers in Sierra Leone'. *Social Science & Medicine*, 70(1), 17-26. https://doi.org/10.1016/j.socscimed.2009.09.038.

25 Hartog, K., Peters, R. M. & Jordans, M. J. (2020). 'Understanding Stigmatisation: Results of a Qualitative Formative Study with Adolescents and Adults in DR Congo'. *Foundations of Science*, 1-24.

was opposed to the reintegration of CAAFAG – some community members expressed openness towards inclusion of CAAFAG but felt it would take time for CAAFAG to rebuild trust and demonstrate their willingness to contribute to the community.

All three stigmatized groups included in the study reported difficulties accessing health and legal support, as well as in securing employment. They also reported feeling devalued and discriminated against; examples of associated experiences included receiving higher bills for the same services and feeling neglected by others. They reported that such experiences forced them to stay at home and discouraged them from seeking help. At the same time, organizations working to reduce stigma against CAAFAG made them feel welcomed and supported.

This novel method for understanding stigmatization inside communities while accounting for children's experiences has evolved into the innovative evidence-based STRETCH approach for stigma reduction. **Contextualization of STRETCH takes place through implementation.** STRETCH uses a refinement of the method described above as an integral part of the stigma-reduction intervention itself, which is being piloted in Uganda.[26]

Lessons learned

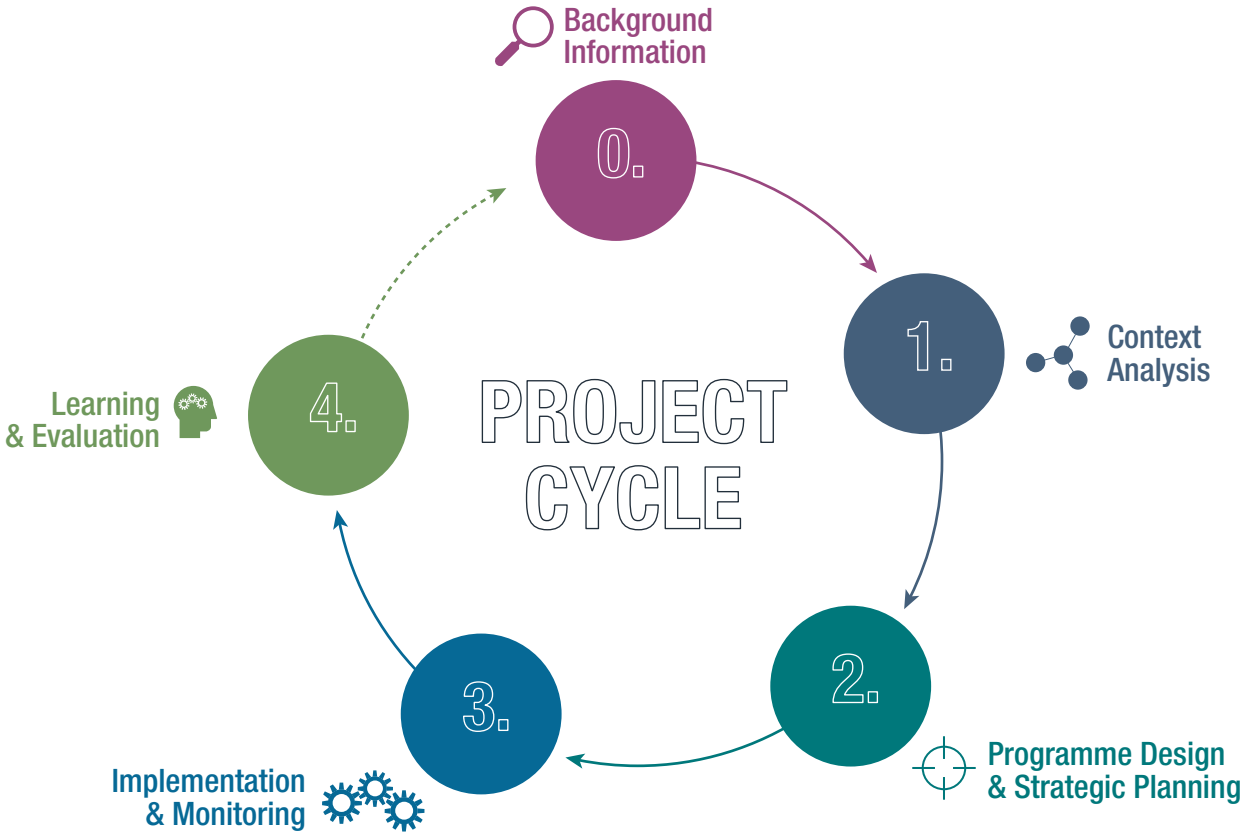
Even though the study did not specifically focus on mental health outcomes associated with stigma, investigators found that, consistent with previous studies, stigmatization was associated with psychological distress, depression, anxiety, embarrassment and sadness. Importantly, they found that the anticipation of stigma can on its own be a sufficient trigger for distress. As such, the study highlighted the need for stigma-reduction interventions to focus on empowerment strategies, which are aimed at building confidence and seeking support. Findings from this case study also suggest that stigma can be a risk factor for compromised wellbeing, isolation and help-seeking among CAAFAG. Also, stigma-reduction interventions should target not only CAAFAG but also the wider community, including service providers.

Although support for strong relationships between CAAFAG and community leaders has been recognized as a useful strategy for stigma reduction, this study found that there can be some resistance from the community to the use of this strategy. This highlights the need for regular discussions with community members to understand and address concerns and fears with respect to such interventions. In the present study, it was found that while some in the community believed that community leaders can model positive behaviour for CAAFAG, others were concerned that CAAFAG might exploit their close relationship with community leaders.

Additionally, CAAFAG themselves might not always feel they have benefited from their engagement with community leaders. Although some felt more supported by the community leaders than by their own family, others felt that leaders were discriminatory and unsupportive towards them. This feedback suggests it is important to consider the perspective of CAAFAG on approaches and behaviours that community leaders can utilize to make CAAFAG feel supported and empowered.

26 War Child Care System - STRETCH for Stigma | War Child (warchildholland.org)

Annex A. CAAFAG project cycle



0.

A. Legal Framework
B. Children Affected by Recruitment

1.

A. Research Questions and Scope
B. Methodology Selection
C. Timeline
D. Human Resources
E. Budget

A. Data Collection Plan
B. Workplan
C. Contextualizing the Tools
D. Setting up a Referral Pathway
E. Training of Data Collectors

A. Data Collection
B. Data Coding
C. Data Analysis

2.

A. Programme Design
B. Monitoring
C. Human Resources
D. Budget

3.

A. Child Safeguarding
B. Data Protection
C. Monitoring
D. Human Resources
E. Coordination

4.

A. Generating & Documenting Learning
B. Evaluation

Annex B. CAAFAG MHPSS considerations of global contexts

Which of these global contexts affect safe and equitable access to MHPSS programming among conflict-affected girls and boys in your context? How so?

COVID-19 pandemic

In 2020, the UN documented that at least 7,000 children were recruited by armed forces and armed groups, mainly in the DRC, Somalia, Syria and Myanmar, with suspected increases in recruitment trends linked to the impacts of the COVID-19 pandemic.[27] Impacts of the COVID-19 pandemic have increased risks to mental health and psychosocial problems – especially for children, adolescents and caregivers. It presents daily challenges and distress for children and families in the lowest-income neighbourhoods, and for those in already disadvantaged situations or living in areas affected by protracted crisis or other emergencies. To make matters worse, the impact of the global COVID-19 pandemic took an additional toll on children in situations of armed conflict and increased the vulnerability of children to abduction, recruitment and use by armed forces and armed groups. Losing family members, particularly a caregiver, puts children at risk of recruitment by armed forces or armed groups, and children who have lost family members due to the pandemic are not an exception. While measures have been put in place to end the pandemic, it has also complicated the work of national and international organizations – especially those working on child protection monitors and experts.[28]

- Resource: ACPHA (2020) Key Messages and Considerations for Programming for CAAFAG During the COVID-19 Pandemic
- Resource: IASC (2020) My Hero is You, Storybook for Children on COVID 19

Counter-terrorism

A growing number of armed forces and armed groups commit terrorist acts, and the media often highlights the situation of children involved with these groups. New terminology has emerged; notably, the term 'violent extremism' is widely used, as is 'deradicalization'. These terms are politically charged, and often involve programming based on unproven methods, or methods that may actually cause harm. Narratives using this terminology often treat children as threats, which dehumanizes children associated with armed forces or armed groups, putting them at serious risk of physical, developmental, emotional, mental and spiritual harm. Evidence-based CAAFAG reintegration programming that aims to protect and promote mental health and psychosocial wellbeing is an effective, proven alternative to approaches that purport to 'deradicalize' or address an individual's ideologies.

- Resource: UNICEF (2019) Issue Brief: Evidence Based Reintegration Programming for Children in the Context of Counter-Terrorism

Culture and religion

Mobilization of non-violent religious leaders, particularly in locations where they are highly respected, can lead to improved community acceptance of male and female CAAFAG. For example, in Iraq, the Yazidi Spiritual Council religious leaders welcomed back women and girls who had been kidnapped by ISIS. They issued a fatwa that preserved the dignity and the protection of women and girl survivors of rape. They declared that girls could be 'religiously purified' as they had been raped and enslaved. And in Nigeria, religious leaders used verses from the Quran to advocate for the acceptance and reintegration of female CAAFAG and their children who had been born while the women were associated with armed forces or armed groups.[29]

- Resource: A Faith-Sensitive Approach in Humanitarian Response: Guidance on Mental Health and Psychosocial Programming, 2018

27 UN (2021). Children and Armed Conflict Report *A Stolen Childhood and a Future to Repair: Vulnerability of Girls & Boys in Armed Conflict Exacerbated by COVID-19 Pandemic*.

28 Office of the Special Representative of the Secretary-General (2021). *A Stolen Childhood and a Future to Repair: Vulnerability of Girls & Boys in Armed Conflict Exacerbated by COVID-19 Pandemic*.

29 ACPHA (2020). *Girls associated with armed forces and armed groups, Lessons learnt and good practices on prevention of recruitment and use, release and reintegration.*

Migration and displacement

Situations of displacement make children more vulnerable to recruitment. Armed groups, such as the ISIL and Boko Haram in Nigeria continue to recruit and use children on a large scale, including across borders. There is a particularly concerning emerging trend of transnational recruitment whereby children are enlisted and trained in Syria by armed groups before being trafficked to Libya to participate in hostilities.[30] Some children have been forcibly coerced or abducted, others have been pushed towards recruitment due to economic, social or security pressures.[31] Family displacement due to conflict is a factor in children's social ecology that can affect the mental health and psychosocial wellbeing of CAAFAG.[32]

- Resource: MHPSS for people on the move during COVID-19: Release of a revised multiagency guidance note – Psychosocial Support IFRC (pscentre.org)

Climate change

Climate change places children at risk of deleterious mental health and psychosocial consequences.[33] Conflict, climate change, and water and food insecurity pose a triple threat to children's rights in countries experiencing protracted humanitarian crisis.[34] Forced displacement, extreme weather events, loss of livelihood, living in a state of perpetual uncertainty, and fear and grief over lost ecosystems, cultural heritage, homes and homelands could affect the mental health and psychological wellbeing of CAAFAG.[35]

- Resource: Technical Note, Linking Disaster Risk Reduction (DRR) and Mental Health and Psychosocial Support (MHPSS): Practical Tools, Approaches and Case Studies | IASC (interagencystandingcommittee.org)

30 Syria: Prolonged violence, violation and abuse 'bound to affect generations to come' | UN News

31 Ward, J. & Stone, L. (2018). *Children associated with armed forces and armed groups and GBViE programming.* UNICEF Knowledge Product: CAAFAG and GBViE Programming. London: UNICEF GBViE Helpdesk

32 Blattman, C. (2006). *The consequences of child soldiering*. Brighton, UK: Institute of Development Studies at the University of Sussex

33 Burke S. E. L., Sanson A. V. and Van Hoorn J. (2018). 'The Psychological Effects of Climate Change on Children'. *Curr Psychiatry Rep*. Apr 11;20(5):35. doi: 10.1007/s11920-018-0896-9. PMID: 29637319.

34 Save the Children (2021). *Children Cannot Wait: Humanitarian Plan 2021*.

35 IFRC (2021). 'Responding to Compounding Crises: Climate Change, COVID-19 & MHPSS', event

Annex C. Worksheet 1: Priority populations for MHPSS in CAAFAG programmes

Based on the findings of the context analysis and your understanding of the context:	**Priority group 1**	**Priority group 2**	**Priority group 3**	**Priority group 4**
What are the priority populations and groups? Consider: Female and male CAAFAG; infants, young children, middle children and adolescents; CAAFAG living with disabilities, including psychosocial and cognitive disabilities; child survivors of sexual violence; and other groups.				
How can they be reached in safe, non-targeted ways?				
What are their specific needs?				

Annex D. Worksheet 2: Implementation approaches for MHPSS in CAAFAG programmes

Review the implementation approaches in the MHPSS for CAAFAG Operational Framework. Decide if each is already present and working well in existing child protection or MHPSS programming in your context or whether it could be strengthened. Provide comments to explain your decisions.

Implementation approaches	Present and working well?	Could be strengthened?
Community-based approach Builds on existing individual and community resources, capacities and resilience. Strengthens natural supports and systems, makes use of community knowledge and capacities, engages the community in all phases of the programming, and supports and develops a local MHPSS workforce.		
Life course approach Builds upon the social-ecological model by interweaving the child's and adolescent's developmental stage, which is connected to their relationships with others and their interactions at home, at school and in the community. Recognizes the child's evolving capacities related to their developmental stage.		
Non-targeted approach Ensure that services are not over-targeting sensitive groups, such as CAAFAG or survivors of gender-based violence (GBV) because that might lead to an increase in social stigma, further discrimination and exclusion, or divisions within a community. Works towards broad support and advocacy to promote the inclusion and wellbeing of all children, while ensuring that all actors are aware of critical referral pathways for sensitive groups.		
Multisectoral approach across the Intervention Pyramid Recognizes and builds a continuity of services, coordination and communication mechanisms across sectors to avoid gaps in service provision. Coordinate the layering of MHPSS services across the IASC Intervention Pyramid. Ensures functional referrals up and down the layers of the pyramid.		

Annex E. Worksheet 3: Multilayer interventions for MHPSS in CAAFAG programmes

Select the outcome and intermediary outcome that your group is contextualizing. Review the intervention table for the assigned intermediary outcome. Considering the MHPSS mapping and context analysis findings, which of the interventions are likely to be most beneficial in this context? Based on your assessment, list two to three interventions per layer of the Intervention Pyramid that should be prioritized in the MHPSS in CAAFAG programme strategy. Provide comments on the key considerations for implementing these interventions based on children's age/developmental stage, gender and community environment.

Interventions for which outcome?	1. Improved child/adolescent mental health & psychosocial wellbeing	2. Improved caregiver mental health & psychosocial wellbeing	3. Improved community MHPSS capacity & strengthened systems
For which intermediary outcome? *Select one*	1.1. Children have access to safe & nurturing environments at home, at school and in the community and to high-quality services that improve their mental health and wellbeing, reducing their risk of (re-)recruitment by armed forces and armed groups. 1.2. Release processes are responsive to the mental health and psychosocial wellbeing needs of girls and boys. 1.3. Reintegration is responsive to the mental health and psychosocial needs of girls and boys, strengthens and builds positive relationships, and supports learning and skills development.	2.1. Support for parent and caregiver mental health and coping that reinforces CAAFAG (re-)recruitment prevention efforts. 2.2. Release processes support CAAFAG caregiver mental health and psychosocial wellbeing and positive parenting. 2.3. Reintegration processes are responsive to the mental health psychosocial wellbeing needs of parents and caregivers.	3.1. Strengthen community awareness of the mental health, psychosocial wellbeing and protection needs of all conflict-affected children, including CAAFAG, and their families in ways that reduce stigma and discrimination. 3.2. Release Processes activate natural community supports and care systems to promote CAAFAG mental health and psychosocial wellbeing. 3.3. Care systems are responsive to the MHPSS needs of children and families during the reintegration process, including utilization/ leveraging of family-friendly policies
			Age/developmental stage considerations Gender considerations Community environment considerations

Annex F. Worksheet 4: Outcome indicators and MOV for MHPSS in CAAFAG programmes

Review the sample log frame for the outcome for the interventions your group contextualized in Worksheet 3: Multilayer interventions for MHPSS in CAAFAG Programmes and Annex I. Outcomes Multi-agency Log Frame for MHPSS for CAAFAG Operational Framework from the MHPSS in CAAFAG Programmes Operational Guidance. Based on the interventions your group prioritized for the related intermediary outcome, select the outcome indicators and Means of Verification (MOV) that are most applicable to the context? Comment on: *Why are these indicators meaningful and feasible to measure in this context?*

Outcome	**Outcome indicators**	**Means of verification (MOV)**	**Comments on meaningfulness and feasibility**

Refer to the *IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings* (p. 37) for further guidance on the use of promising, culturally specific measures or MOV as well as developing and using participatory indicators and MOV. Also refer to the MHPSS in CAAFAG Programmes Evidence Review for a list of assessment tools that have been used to develop the evidence base for MHPSS in CAAFAG Programmes.

Each MHPSS programme is unique to its context. Each requires its own M&E framework depending on the specific activities and envisaged outcomes and goal. This worksheet can be used as inspiration for designing an M&E Framework relevant to programme approaches you have selected in this workshop. MoV tools that could be implemented to measure the indicators suggested in both the IASC Common M&E Framework for MHPSS in Emergency Settings and the MHPSS in CAAFAG Evidence Review are yet variable in their cross-cultural appropriateness and psychometric properties (markers of validity and reliability) and yet need to be adapted and piloted across different cultures and contexts to ensure they are locally and globally acceptable.

Annex G. Worksheet 5: Key MHPSS competencies

To contextualize the key competencies, draw a large sketch of the key competency framework figure below on a board, wall, etc. Read the descriptions of the skill sets and ask participants to use sticky notes to indicate which skill set and competency level they think should be recommended for each layer and role. Facilitate a plenary presentation by groups on the results of small group contextualization exercises. Compare these to the guidance in the Operational Guidance.

Pyramid layer	**MHPSS staff and volunteer roles/activities**
4 3 2 1	Any staff in helping roles engaging directly with children
	Any staff in helping roles engaging directly with adults
	Any staff in helping roles engaging facilitating groups
4	Providers of MHPSS to CAAFAG and children at risk of (re-)recruitment
	Providers of MHPSS to caregivers of CAAFAG and children at risk of (re-)recruitment
3	Providers of MHPSS to CAAFAG and children at risk of (re-)recruitment
	Providers of MHPSS to caregivers of CAAFAG and children at risk of (re-)recruitment
2	Providers, supporters and mobilizers of MHPSS, early childhood development, social cohesion and other activities that engage children
	Supporters and mobilizers of MHPSS and other activities that engage adults
1	Any staff in helping roles engaging directly with children
	Any staff in helping roles engaging directly with adults
	Any staff in helping roles engaging facilitating groups

Level 1 – Risk of Harm
Level 2 – Basic Helping Skills (Any or None)
Level 3 – Basic Helping Skills (All)
Level 4 – Advanced Helping Skills

continued on next page

Competency assessment tool	Skills assessed
ENACT (foundational helping skills for working with adults)	Non-verbal communication
	Verbal communication
	Explain and promote confidentiality
	Rapport building and self-disclosure
	Exploration & normalization of feelings
	Demonstrate empathy, warmth & genuineness
	Assessment of harm & developing response plan
	Connect to social functioning & impact on life
	Explore client's explanation of problem
	Involvement of family and significant others
	Collaborative goal setting
	Promote realistic hope for change
	Incorporate coping mechanisms & prior solutions
	Psychoeducation with local terminology
	Eliciting of feedback
WeACT *Same as ENACT, adapted for children and adolescents*	Non-verbal communication
	Verbal communication (active listening)
	Rapport and (ongoing) relationship building
	Empathy, warmth and genuineness
	Supporting the reframing of the child's thoughts and feelings (put a new positive frame)
	Manages and facilitates group work effectively (group management skills)
	Ensure children's meaningful participation
	Behaviour management – demonstrates behaviour management skills
	Problem solving – applies problem-solving techniques for the child's problem
	Ability to identify and understand child's needs
	Safe identification of child abuse, exploitation, neglect, violence and self-harm
	Ability to be inclusive
	Giving, eliciting and receiving feedback
GroupACT	Group guidelines and/or ground rules
	Group participation
	Fostering empathy among group members
	Collaborative problem solving
	Addressing logistical barriers to participation
	Group confidentiality
	Time management: appropriate breaks, energizers and pacing

Annex H. Worksheet 6: MHPSS concepts, emotions, symptoms, signs

Record the contextually relevant MHPSS concepts, emotions, signs of distress and wellbeing that emerge.

Concept, emotion, symptom, sign, idiom/expression	**Definition**

Annex I. Worksheet 7: MHPSS for CAAFAG Operational Framework template

Operational Framework components	Best practice guidance alignment
Key terms:	
National/local standards, principles and policies:	
Core approaches:	
Outcomes 1. 2. 3. **Intermediary outcomes** 1.1. 1.2. 1.3. 2.1. 2.2. 2.3. 3.1. 3.2. 3.3.	
Interventions: Universal preventive interventions & social considerations in basic services and security: Family and community supports: Focused care: Specialized care: **Resources/tools:**	
Indicators: Child mental health and psychosocial wellbeing: Caregiver mental health and psychosocial wellbeing: MHPSS capacity of communities and systems: **MOVs:**	
Key competencies:	

Annex J. Supplemental CAAFAG MHPSS contextualization experiential exercises

1. Reflect on the following questions in pairs, small groups, or a large group.[36] Record responses as well as any contextually relevant MHPSS terms, concepts, emotions, signs of distress and wellbeing that emerge during your discussion.
   - What does it mean for a person to be really well psychologically and socially in this context?
   - Do you know a child who is really well? How do you know that child is well?
   - If former CAAFAG successfully reintegrate and grow up to be your age, and they are really well at heart, what will their life be like?

2. Practise individual free listing interviews on CAAFAG MHPSS topics. Free listing is a technique often useful at the beginning of a community MHPSS assessment to get an overview of the types of problems and resources in a community.[37] It involves asking people to provide as many answers to a single question as possible. For instance, you can ask people:
   - *What kind of mental health and psychosocial strengths, assets and resources do CAAFAG have due to reintegrating in this context? Please list as many strengths, assets and resources that you can think of.*
   - *What kind of mental health and psychosocial needs and conditions do CAAFAG have due to reintegrating in this context? Please list as many strengths, assets and resources that you can think of.*

   You can follow free listing by asking participants to prioritize or categorize their answers.

3. Build team contextualization capacity by applying the contextualization guidance, including lessons learned from illustrative case studies to the scenario below.

   You are about to design an MHPSS project in Northwest Syria. Your goal is to deliver culturally relevant, gender- and development-sensitive, evidence-based MHPSS interventions across the continuum of care to address the needs of female and male CAAFAG who were associated with ISIL or other state militias. Given the complexity of the conflict and the COVID-19 situation, you started your consultation online.

   Using the MHPSS in CAAFAG Programmes Contextualization Guidance tool, including lessons learned from the illustrative case studies, draft a response to the following:

   1. How can you ensure the MHPSS approaches and interventions are meaningful and appropriate to the current context? What approaches might you use for the MHPSS in CAAFAG programming? (Use Annex C)
   2. What entry points, strategies and tools will best work in this context?
   3. What sectors and local NGOs can be engaged?
   4. Who is doing which MHPSS activities and services currently? And what are they doing?
   5. How can you operationalize the socioecological model and promote participation at all levels?
   6. Using the project cycle (Figure 1), consider how to plan the CAAFAG programme development.
   7. Using Worksheet 3, list one or two interventions per layer, ensuring they are gender and age specific. What short- and long-term outcomes are you expecting?
   8. How will you evaluate the proposed MHPSS intervention? What evaluation and learning tools will you use?

36 Bragin, M., Onta, K., Janepher, T., Nzeyimana, G. & Eibs, T. (2014). 'To be well at heart: women's perceptions of psychosocial wellbeing in three conflict affected countries'. *Intervention*, 12(2), 187-209.

37 World Health Organization & United Nations High Commissioner for Refugees (2012). *Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings*. Geneva: WHO.