Agenda:

- Welcome – William Chemaly, GPC Coordinator/ Nancy Polutan-Teulieres, Deputy Coordinator GPC
- Introduction of speakers
- Presentation on the MHPSS MSP by Inka Weissbecker, WHO and Caoimhe Nic a Bhaird, UNICEF
- Overview on MHPSS MSP engagement, Pieter Ventevogel, UNHCR
- Questions and Answers
- Closing

MHPSS MSP ORIENTATION
Webinars for Field Protection Clusters
February 2022
Introduction of Speakers

Inka Weissbecker, WHO
Caoimhe Nic a Bhaird, UNICEF
Pieter Ventevogel, UNHCR
Mental Health & Psychosocial Support

MINIMUM SERVICE PACKAGE
MSP overview
Funding, leadership and technical areas

- Health
- Child protection
- Education
- Protection
- Gender based violence
Who is the MHPSS MSP for?

- Program planners
- Coordinators
- Donors
- Implementing partners
- Technical advisors
Video: MSP background and purpose
MSP format

• Interactive, accessible digital platform and PDF formats
• Links to relevant guidance and implementation tools

mhpssmslp.org
MSP development
MSP content
The MHPSS MSP includes:

- 22 activities
- Costing Tool
- Gap Analysis Tool
Activities are organized into four sections

Section 1:
Inter-agency coordination and assessment

Section 2:
Essential components of all MHPSS Programs (Design, M&E, workforce wellbeing, competencies)

Section 3:
MHPSS Program Activities

Section 4:
Activities & considerations for specific settings
MHPSS MSP
Activities

Section 1. Inter-Agency Coordination and Assessment for the MHPSS Response

1.1 Coordinate MHPSS within and across sectors
1.2 Assess MHPSS needs and resources to guide programming

Section 2. Essential Components of all MHPSS Programs

2.1 Design, plan and coordinate MHPSS Programmes
2.2 Develop and implement an M&E System
2.3 Care for staff and volunteers providing MHPSS
2.4 Support MHPSS competencies of staff and volunteers

Section 4. Activities and considerations for specific types of emergency settings

4.1 Integrate MHPSS considerations and support in clinical case management for infectious diseases
4.2 Provide MHPSS to persons deprived of their liberty

Section 3. MHPSS Program Activities

ORIENT HUMANITARIAN ACTORS AND COMMUNITY MEMBERS ON MHPSS
3.1 Orient humanitarian actors and community members on MHPSS and advocate for MHPSS considerations and actions
3.2 Orient frontline workers and community leaders in basic psychosocial support skills

STRENGTHEN SELF-HELP AND PROVIDE SUPPORT TO COMMUNITIES
3.3 Disseminate key messages to promote mental health and psychosocial well-being
3.4 Support community-led MHPSS activities
3.5 Provide early childhood development (ECD) activities
3.6 Provide group activities for children’s mental health and psychosocial well-being
3.7 Support caregivers to promote the mental health and psychosocial well-being of children
3.8 Support education personnel to promote the mental health and psychosocial well-being of children
3.9 Provide MHPSS through safe spaces for women and girls

PROVIDE FOCUSED SUPPORT FOR PEOPLE IMPAIRED BY DISTRESS OR MENTAL HEALTH CONDITIONS
3.10 Provide mental health care as part of general health services
3.11 Provide MHPSS as part of clinical care for survivors of sexual violence and intimate partner violence
3.12 Initiate or strengthen the provision of psychological interventions
3.13 Provide MHPSS through protection case management services
3.14 Protect and care for people in psychiatric hospitals and other institutions
Each activity is presented with:

- A brief introduction
- A checklist of actions
- Additional actions for consideration
- Key guidelines, standards and tools
- List of budget items

Click here to access relevant guidelines, standards and tools.
Video: Using the Online MSP

3.7 Support caregivers to promote the mental health and psychosocial well-being of children

Activity introduction

Children who grow up in a safe, loving, responsive caregiving environment tend to be more emotionally secure, socially competent and better able to cope with adversity.

Emergencies can severely disrupt caregivers' abilities to provide nurturing care and undermine caregivers' well-being by introducing risk factors such as economic insecurity, social upheaval and extreme stress.26,39

Integrated activities can support caregivers to look after their own mental health.
3.14 Protect and care for people in psychiatric hospitals and other institutions

During humanitarian crises, people with mental, neurological and substance use (MNS) disorders may seek psychiatric hospitals and medicinal care at a high risk of human rights violations such as physical and sexual violence, punishment, neglect, abandonment and lack of shelter, food or medical care.

Although community-based mental health care is recommended, many countries affected by humanitarian crises rely mainly on institutional care (e.g., psychiatric hospitals, social care homes, residential homes, state-run rehabilitation centers).

These institutions are typically located in major cities and are often not accessible to those affected by violence. The care in such institutions is often grossly inadequate even before the start of a crisis.

Humanitarian emergencies can damage physical structures and diminish staff numbers. People in psychiatric hospitals and institutions may be abandoned by staff and left unprotected from the effects of sexual abuse or sexual violence. Living in these institutions also exposes people to potential family protection and support, which may be essential for survival and protection.

Furthermore, sudden discontinuation of psychiatric medications can be harmful and even life-threatening.

**GROUP ACTIVITY**

Protect and care for people in psychiatric hospitals and other institutions

**Activity**

- Visit psychiatric hospitals and other institutions on a regular basis and the highest authorities in a state
- Coordinate with support government authorities
- Support efforts to enhance the physical security of patients in institutions and staff as needed (e.g., prevention of critical and health facilities as per international humanitarian law, centers for those affected, displaced people)

**Additional actions**

- Conduct a comprehensive assessment of the facility’s capacity to ensure patient care (e.g., use of technical expertise and technological support)
- Engage in comprehensive awareness raising and education to reduce discrimination and stigma and promote community support, social inclusion and community activity (including people with disabilities) as well as support for mental health and psychological needs
- Support the development of institutional and community response plans and infrastructure
- Support and ensure access to a wide range of services and support (e.g., rehabilitation, integration and spiritual services)
- Provide additional training and supervision to staff based on the training needs assessment
- Support and enable people in psychiatric hospitals and other institutions to participate in social and community life

**Assessment, standards and tools**

- Use tools to record relevant guidelines, standards and tools.
Additional tools
## Gap analysis Tool

### Purpose:
To provide information on **MSP activity coverage** and **gaps** in MSP activities (and change over time)

### 24% Implemented

**Country:** Switzerland  
**Geographical Region:** Geneva  
**Analysis conducted:** 09/2021

### Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section 1: Inter-Agency Coordination and Assessment</strong></td>
<td></td>
</tr>
<tr>
<td>1.1 Coordinate MHPSS within and across sectors</td>
<td><strong>Implemented</strong></td>
</tr>
<tr>
<td>1.2 Assess MHPSS needs and resources to guide programming</td>
<td><strong>Not implemented</strong></td>
</tr>
<tr>
<td><strong>Section 3: MHPSS Programme Activities</strong></td>
<td></td>
</tr>
<tr>
<td>3.1 Orient humanitarian actors and community members on MHPSS</td>
<td><strong>Not implemented</strong></td>
</tr>
<tr>
<td>3.2 Orient frontline workers and community leaders in basic psychosocial support skills</td>
<td><strong>Partly implemented</strong></td>
</tr>
<tr>
<td>3.3 Disseminate key messages to promote mental health and psychosocial well-being</td>
<td><strong>Partly implemented</strong></td>
</tr>
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</table>
Costing tool (under development)

- To calculate the costs of MHPSS MSP activities
- Useful for coordinators, implementing partners and donors
- User inputs basic information (e.g. country and affected population numbers)
- Cost estimates are automatically generated based on available data
Costing Tool

MSP Activity Budget Tables

Section 1. Inter-agency coordination and assessment for the MHPSS response

1.1. Coordinate MHPSS within and between sectors

<table>
<thead>
<tr>
<th>Human resources and materials needed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time (100%) MHPSS Technical Working Group Co-Chair [Staff experienced in MHPSS in emergencies, international staff, P4 level]*</td>
<td>May be provided and budgeted by agencies as additional tasks of staff members (e.g. 2-3 part time staff co-chairs) or may need to be budgeted for as full-time staff position or as part of surge capacity mechanism</td>
</tr>
<tr>
<td>Copies and printing of relevant MHPSS materials and guidelines</td>
<td></td>
</tr>
<tr>
<td>Possible additional resources needed</td>
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</tr>
<tr>
<td>Computer and email to send out announcements and resources to group members</td>
<td></td>
</tr>
<tr>
<td>Translation during meetings/meeting documents/guidelines</td>
<td>If there is a significant language barrier to local actors/organizations participating</td>
</tr>
</tbody>
</table>

*If at least 1.5 actors are present who are planning or implementing MHPSS programs: 50% (of Full Time Equivalent/FTE) if there are fewer actors

<table>
<thead>
<tr>
<th>Program personnel</th>
<th>Annual salary</th>
<th>Number of full time equivalent</th>
<th>Fringe benefit rate</th>
<th>% of resource used to Coordinate MHPSS Within and Between Sectors</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>International: MHPSS TWG co-</td>
<td>100,000.00</td>
<td>1.0</td>
<td>28.0%</td>
<td>100.0%</td>
<td>128,000</td>
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<tr>
<td>International: Staff with MHPSS</td>
<td>70,000.00</td>
<td>0.0</td>
<td>28.0%</td>
<td>100.0%</td>
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<tr>
<td>International: MHPSS consult</td>
<td>70,000.00</td>
<td>0.0</td>
<td>28.0%</td>
<td>100.0%</td>
<td>-</td>
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<tr>
<td>National: Staff with MHPSS</td>
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<td>16.0%</td>
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<tr>
<td>National: MHPSS officer/coast</td>
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<td>16.0%</td>
<td>100.0%</td>
<td>-</td>
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<tr>
<td>National: Outreach/incentive</td>
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<td>16.0%</td>
<td>100.0%</td>
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<tr>
<td>Personnel lumpsum</td>
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<td>1.0</td>
<td>0.0%</td>
<td>100.0%</td>
<td>128,000</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>128,000</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Capital Items</th>
<th>Unit cost</th>
<th>Quantity</th>
<th>% of resource used to Coordinate MHPSS Within and Between Sectors</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building construction (per sq</td>
<td>300.00</td>
<td>-</td>
<td>100.0%</td>
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</table>
The MSP & Protection
Why protection actors need to engage with MHPSS

- Equity: not only GBV survivors or children are ‘at risk’ for MHPSS issues
- Enhancing protection outcomes through MHPSS
- Empowering effects on conflict-affected populations
UNHCR involvement in MSP

- Protection
  - Fostering integration of MHPSS within protection
  - Protection mainstreaming within MSP.
  - Making MSP optimally useful for refugee settings

Protection consultant through GPC to be part of MSP team
- Consultations with protection actors
- Engagement of AoRs (GBV, MA)

Results:
- Protection considerations & survivor-centred approaches mainstreamed
- Protection specific aspects:
  - women and girls' safe spaces
  - protection case management
  - People deprived of their liberty
Questions or comments
Thank you!

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