

# Mental Health & Psychosocial Support in Philippines



Final Report

## Minimal Response Matrix and Mapping



## Acknowledgements

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This project was implemented by Elizabeth Protacio-De Castro, Ph.D. who supervised and oversaw the completion of the project, Michael Quilala and Renata Reali who did the data gathering and collation of data and put together the relevant graphs and Dr. Emmanuel Streel who coordinated and guided the process.

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## Introduction

Typhoon Haiyan (Yolanda) struck the Philippines at approximately 5am, on 8<sup>th</sup> of November 2013 near Guiuan, Samar. This typhoon was classified as a “super” typhoon with strong winds and heavy rainfall. It lasted for 2 days (November 8 & 9) and affected many regions of the Central part of the Philippines and caused widespread flooding in coastal areas. As a result, 13 provinces in Central Philippines were placed under Public Storm Warning Signal (PSWS).

Mental health and psychosocial support (MHPSS) were identified as one of the immediate priorities by the national government as well as by the Department of Health (DOH) and other health sector partners following the Typhoon Haiyan (Yolanda). The present mapping was initiated in order to have a clear idea of who is doing what, when and where<sup>1</sup> (4Ws) in the area of MHPSS.

The following is a brief description of the steps undertaken to implement the mapping process:

1. The 4Ws questionnaires were pre-tested with some participants in a general meeting of CNetPSR to discuss the Haiyan (Yolanda) response.
2. The 4Ws questionnaires were sent out via email and via fax.
3. Phone calls and text messages were done to follow up on the submission of the questionnaires.
4. Several meetings were held with various interested and concerned individuals/organizations regarding the progress of the project.
5. Deadlines were set after which, completed forms were collected, collated, tabulated, formatted and analyzed.
6. Preliminary results were sent to advisers from WHO, MHPSS Network and Inter Agency Standing Committee for comments and suggestions.
7. Draft reports were submitted for comments and suggestions.
8. Report was finalized.

Inevitably, it has been difficult to capture the exact figures since majority of the government agencies and international and local non government organizations were busy with the disaster and relief response. It has also been difficult to get information from key actors considering the large area that was affected by the typhoon. Therefore the present report should be considered as an attempt to give an overview of the MHPSS response after the Typhoon Haiyan (Yolanda), rather than an exact assessment of all the MHPSS efforts conducted in the field by the many humanitarian actors<sup>2</sup>.

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<sup>1</sup>There is no indication in this report on the duration of activities listed.

<sup>2</sup>The report only covers agencies that are directly implementing. So UN agencies are not mentioned as they work through implementing partners.

# 1. Minimum Response Matrix in Philippines

## 1.1. Region 4B and Region 6

		Palawan	Aklan	Antique	Capiz	Guimaras	Iloilo	Negros Occidental
<b>Coordination</b>	Establish coordination of intersectoral mental health and psychosocial support	X	X	X	X	X	X	X
<b>Assessment</b>	Conduct assessment of mental health and psychosocial issues				X		X	
<b>Protection and human right standards</b>	Identify, monitor prevent and respond to protection threats and failures through social protection							
	Identify, monitor, prevent and respond to protection threats and abuses through legal protection							
<b>Human resources</b>	Organize orientation and training of aid workers in mental health and psychosocial support	X	X		X	X	X	X
<b>Community mobilization and support</b>	Facilitate condition for community mobilization	X	X	X			X	X
	Facilitate community self-help and social support	X	X	X	X	X	X	X
	Facilitate conditions for appropriate communal cultural, spiritual and religious healing practices							
	Facilitate support for young children (0-8 years) and their care-givers				X		X	
<b>Health services</b>	Include specific psychological and social considerations in provision of general health care	X			X		X	X

	Provide access to care for people with severe mental disorders				X			X
	Protect and care for people living in institutions				X		X	X
	Learn about and, where appropriate, collaborate with local, indigenous and traditional health systems							
	Minimize harm related to alcohol and other substance use							
<b>Education</b>	Strengthen access to safe and supportive education				X			
<b>Dissemination of information</b>	Provide information to the affected population on the emergency, relief efforts and their legal rights	X		X	X	X	X	X
	Provide access to information about positive coping methods	X		X	X		X	X
<b>Food security and nutrition</b>	Include specific social and psychological considerations (safe aid for all in dignity, considering cultural practices and household roles) in the provision of food and nutritional support							
<b>Shelter and site planning</b>	Include specific social considerations (safe, dignified, culturally and socially appropriate assistance) in site planning and shelter provision, in a coordinated manner							
<b>Water and sanitation</b>	Include specific social considerations in the provision of water and sanitation							

Legend: An empty case means that no associated activities were reported

## 1.2. Region 7 and Region 8

		Cebu	Bohol	Leyte	Samar	Biliran
<b>Coordination</b>	Establish coordination of intersectoral mental health and psychosocial support	X	X	X	X	X
<b>Assessment</b>	Conduct assessment of mental health and psychosocial issues			X	X	
<b>Protection and human right standards</b>	Identify, monitor prevent and respond to protection threats and failures through social protection			X	X	
	Identify, monitor, prevent and respond to protection threats and abuses through legal protection			X	X	
<b>Human resources</b>	Organize orientation and training of aid workers in mental health and psychosocial support	X	X	X	X	X
<b>Community mobilization and support</b>	Facilitate condition for community mobilization	X	X	X		X
	Facilitate community self-help and social support	X	X	X	X	X
	Facilitate conditions for appropriate communal cultural, spiritual and religious healing practices	X		X		
	Facilitate support for young children (0-8 years) and their care-givers	X		X	X	
<b>Health services</b>	Include specific psychological and social considerations in provision of general health care	X		X	X	

	Provide access to care for people with severe mental disorders			X	X	
	Protect and care for people living in institutions	X		X	X	
	Learn about and, where appropriate, collaborate with local, indigenous and traditional health systems					
	Minimize harm related to alcohol and other substance use					
<b>Education</b>	Strengthen access to safe and supportive education	X		X	X	
<b>Dissemination of information</b>	Provide information to the affected population on the emergency, relief efforts and their legal rights	X		X	X	
	Provide access to information about positive coping methods	X		X	X	
<b>Food security and nutrition</b>	Include specific social and psychological considerations (safe aid for all in dignity, considering cultural practices and household roles) in the provision of food and nutritional support			X	X	
<b>Shelter and site planning</b>	Include specific social considerations (safe, dignified, culturally and socially appropriate assistance) in site planning and shelter provision, in a coordinated manner					
<b>Water and sanitation</b>	Include specific social considerations in the provision of water and sanitation					

Legend: An empty case means that no associated activities were reported



### 1.3. National Capital Region & Outside Philippines

		National Capital Region	Hong Kong
<b>Coordination</b>	Establish coordination of intersectoral mental health and psychosocial support	X	X
<b>Assessment</b>	Conduct assessment of mental health and psychosocial issues	X	
<b>Protection and human right standards</b>	Identify, monitor prevent and respond to protection threats and failures through social protection		
	Identify, monitor, prevent and respond to protection threats and abuses through legal protection		
<b>Human resources</b>	Organize orientation and training of aid workers in mental health and psychosocial support	X	
<b>Community mobilization and support</b>	Facilitate condition for community mobilization	X	X
	Facilitate community self-help and social support	X	X
	Facilitate conditions for appropriate communal cultural, spiritual and religious healing practices	X	
	Facilitate support for young children (0-8 years) and their care-givers	X	
<b>Health services</b>	Include specific psychological and social considerations in provision of general health care	X	
	Provide access to care for people with severe mental disorders		
	Protect and care for people living in institutions	X	
	Learn about and, where appropriate, collaborate with local, indigenous and traditional health systems		
	Minimize harm related to alcohol and other substance use		
<b>Education</b>	Strengthen access to safe and supportive education		
	Provide information to the affected population on the emergency, relief efforts and their legal		

<b>Dissemination of information</b>	rights	X	X
	Provide access to information about positive coping methods	X	
<b>Food security and nutrition</b>	Include specific social and psychological considerations (safe aid for all in dignity, considering cultural practices and household roles) in the provision of food and nutritional support		
<b>Shelter and site planning</b>	Include specific social considerations (safe, dignified, culturally and socially appropriate assistance) in site planning and shelter provision, in a coordinated manner		
<b>Water and sanitation</b>	Include specific social considerations in the provision of water and sanitation		

Legend: An empty case means that no associated activities were reported

## 2. MHPSS Philippines. Who's doing what and where

### 2.1. Introduction

The data gathered in this report are from the 4Ws survey responses submitted by various organizations and also institutional reports coming from some organizations and agencies. A total of seventy-seven (77) organizations, agencies and networks responded to the 4Ws Survey. The organizations and networks are from various sectors including the following: government agencies, international non-government organization, local NGOs, faith based organizations, universities and professional organizations and networks. The regions of the Philippines that were included in the 4ws Survey with corresponding provinces are as follows: **Region 4B** (Palawan), **Region 6** (Aklan, Antique, Capiz, Guimaras, Iloilo, Negros Occidental), **Region 7**(Cebu and Bohol), **Region 8** (Biliran, Leyte, Samar). The **National Capital Region** or Metro Manila was also included since there were typhoon victims who were relocated there and were also given MHPSS support. It is positive to note that there were also initiatives done outside the Philippines, as in the case of **Hong Kong** where the Philippine Consulate offered MHPSS services to expatriate Filipino communities affected by the typhoon's impacts.

### 2.2. Results

#### 2.2.1. List of Institutions and groups that responded to the 4Ws Mapping Survey

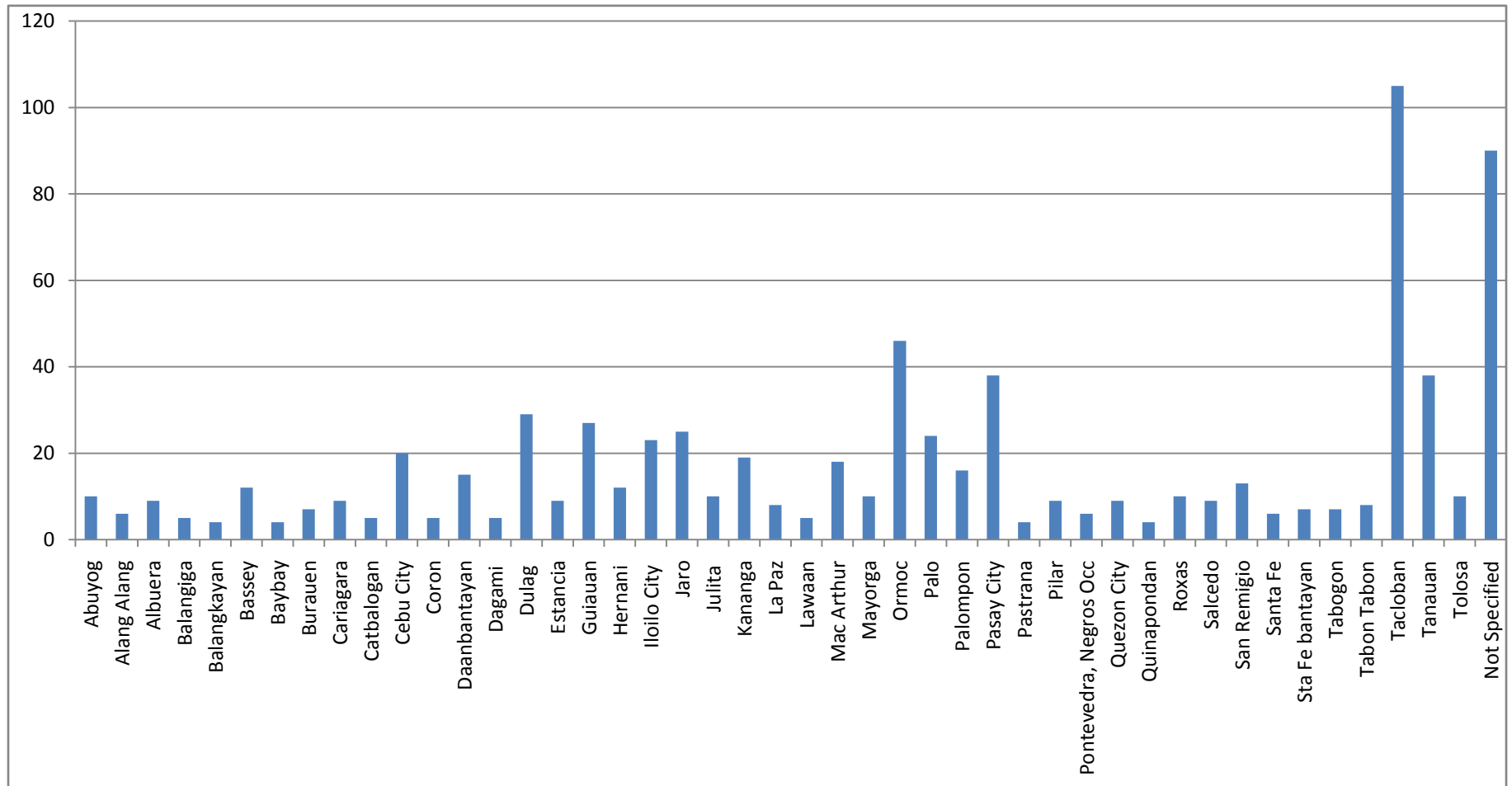
Action Contre la Faim (ACF International Philippine Mission), Art of Living Foundation, Association Compassion Asian Youth, Ateneo de Davao University, Ateneo de Manila University(Bulatao), Psychology Department- Ateneo de Manila University, Bago City College, Bidlisiw Foundation Inc., Birth Dev Inc., Brahma Kumaris, Care and Counsel Training, Center for Women Studies-University of the Philippines, Child Protection Unit- UP PGH, Citizen Network Psychosocial Response, Child Fund, Christian Blind Mission, College of Social Work & Community Development- University of the Philippines, Community & Family Services International, Consuelo Foundation, Core Group of Western Visayas, Department of Education, Department of Health- CHD Caraga, Department of Health- CHD 5, Department of Health- CHD 6, Department of Health-CHD 7, Department of Health-CHD 8, Department of Health-CHD 10, , Department of Health-CHD 12, Department of Social Welfare and Development, Department of Social Welfare and Development-Psychosocial Team Albay, Department of Psychology- University of the Philippines, Fortunate Blessings Foundation, Gualandi Volunteer Service Program Philippines, Handicap International, Hong Kong Red Cross, International Federation of Red Cross & Red Crescent Societies, International Medical Corps, International Organization for Migration, Israel Aid, Japanese Red Cross, Japanese Overseas Medical Fund, Kusog Tacloban, Magna Children at Risk, Medecins de Monde, Medical Action Group, Medecins Sans Frontieres, Medecins Sans Frontieres France, Medecins Sans Frontieres Switzerland, Medecins Sans Frontieres OCB, Museo Pambata, National Center for Mental Health-DOH, PHAP Cares Foundation, Inc, Plan Philippines, Philippine Medical Association, Philippine Red Cross, Polymedic General Hospital, Post Crisis Counseling Network, PREDA Foundation, Psychological Association of the Philippines, Psychology Department- De La Salle University, Psychosocial Support& Children's Rights Resource Center, Rural Health Unit-Abuyog, Rural Health Unit- Balangkayan, Rural Health Unit- La Paz, Rural Health Unit-Lawaan, Rural Health Unit-Llorente, Rural Health Unit-Mercedes, Rural Health Unit-Quinapondan, Save the Children US, Save the Children- Child Protection, Save the Children-Education, Save the Children- Health, SOS Village, United Church of Christ in the Philippines, University of San Carlos-Cebu City, Visayas State University, World Vision Foundation, Young Focus for Education & Development Foundation.

## 2.2.2. Type of activities and implementing organizations

MHPSS Activity	Organizations
1. Disseminating information to the community at large	ACF International, MSF OCB, DOH-CHD 10, DOH-CHD Caraga, DOH-CHD 8, PSTCRRC, PAP, NCMH, CNet PSR, CSWCD-UP, Core Group of Western Visayas, DSWD, HongKong Red Cross, Medecins San Frontieres, Save the Children_ Health, Save the Children-Child Protection
2. Facilitating conditions for community mobilization, community organization, community ownership	PSTCRRC, ACF International, Magna Children at Risk, MSF France, MSF Belgium, CWS UP, PMA, Medecins du Monde, Handicap International, JOMF, DSWD, PREDA, CPU, DOH-CHD 10, DOH-CHD Caraga, DSWD Albay Team, CSWCD-UP, Medical Action Group, PAP
3. Strengthening community & family support	CSWCD UP, PSTCRRC, World Vision, GSVP Philippines, CFSI, Dept of Psychology-UP, Fortunate Blessings, HK Red Cross, IFRC, Japanese Red Cross, Kusog Tacloban, Phil Red Cross, Phil. Medical Association, Association Compassion Asian Youth, Care and Counsel Wholeness Center
4. Safe Spaces	Save the Children US, World Vision, IFRC, Save the Children-Child Protection, SOS Village, Consuelo Foundation, Japanese Red Cross, Magna, Child Fund, Plan International, MSF
5. Psychosocial support in education	DepEd, Save the Children-Education, PREDA, PSTCRRC, Bago City College, Dept. of Psychology-UP, Admu-Bulatao, CFSI, HongKong Red Cross, MSF, MSF France, PAP, Save the Children US,
6. Supporting including social/psychosocial considerations in protection, health,	UP CSWCD, DSWD, DOH-CHD 8, NCMH, Save the Children US, IFRC, Save the Children –Child Protection, Japanese Red Cross, Save the Children-Health, Save the Children-Education, Hong Kong Red Cross, Youth Focus for Education & Development Foundation, Magna, BirthDev, ACF International, IOM
7. Person focused (Psychosocial work)	NCMH, PSTCRRC, PAP, CNetPSR, Plan International, World Vision, IOM, CSWCD, Rural Health of Abuyog, AdMU Bulatao, CSWCD-UP, Core Group of Western Visayas, CHD Caraga, CHD 6, CHD 8, CHD 10, CHD 12, DSWD, Dept of Psychology-UP, Handicap International, HongKong Red Cross, IOM, Japanese Red Cross, Medecins De Monde, MSF Belgium, MSF France, NCMH, PHAPCares, Phil. Red Cross, PMA, Psychology Dept- DLSU, VSU, Univ. of San Carlos, Association Compassion Asian Youth
8. Psychological Intervention	PAP, NCMH, PSTCRRC, CWS UP, RHU Balangkayan, RHU Llorente, RHU Lawaan, ACF International, ACAP, Ateneo, de Davao University, Bicol Medical Team, Birth Dev, Care and Counsel Wholeness Center, CSWCD-UP,

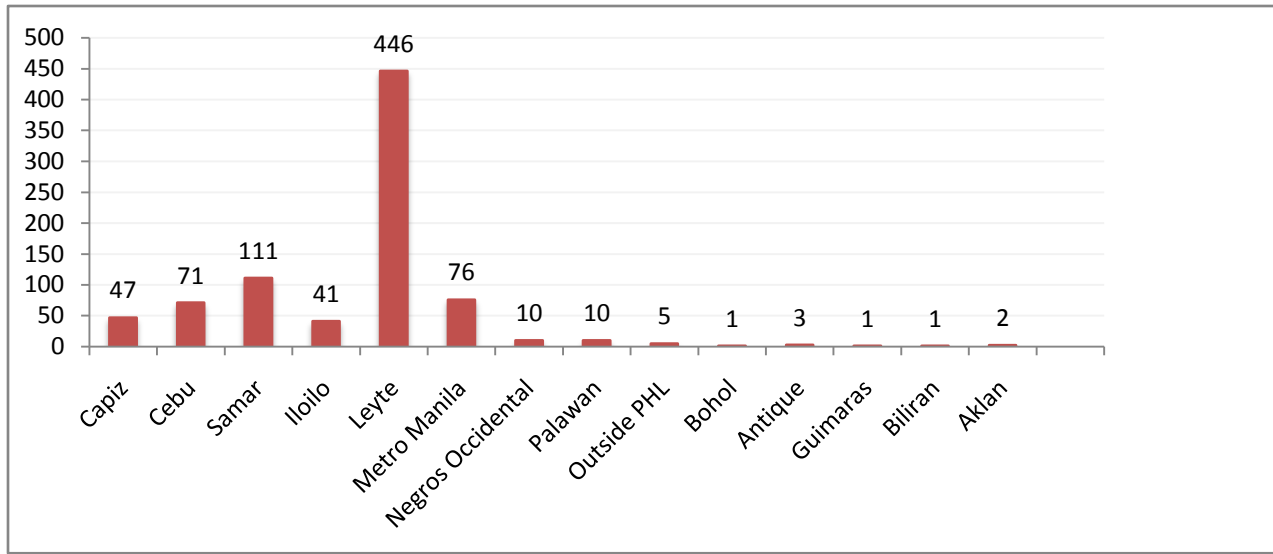
	GVSP Philippines, YFEDF, CHD 8, CHD 10, DSWD, Dept of Psychology-UP, Handicap International, IOM, Magna Children, MSF Belgium, MSF France, Polymedic Gen Hospital, UCCP, VSU, Psychology Dept.-AdMU, Association Compassion Asian Youth, Japanese Overseas Medical Fund
9. Clinical management of mental disorders by non-specialized health care providers	IMC, IOM, MSF
10. Clinical management of mental disorders by specialized mental health care providers(e.g. psychiatrists, psychiatric nurses & psychologists working at PHC/general health facilities/mental health facilities	IOM, Dept. of Psychology, NCMH, PAP, CnetPSR, Bicol Medical Team, CHD 5, CHD 12, CHD 10, DSWD, Medical Action Group, Polymedic Gen. Hospital
11. General activities to support MHPSS	CNet PSR, PAP, Care & Counsel Wholeness Center, Dept. of Psychology-UP, PSTCRRRC, Psychological Association of the Philippines, Save the Children-Health, Israel Aid, NCMH, IOM, MAG, Bago City College, MuseoPambata, PMA, IOM Health Unit, Medecins du Monde, IMC, CFSI, ACAP, MSF OCB, CPU-PGH, Post Crisis Counseling Network, DOH-CHD 8, DOH- CHD 12, DSWD Albay Team, Art of Living Foundation, Brahma Kumaris, CSWCD-UP, RHU Quinapondan, RHU La Paz, RHU Mercedes, Bidlisiw, Child Blind Mission, Child Fund, Center for Women Studies-UP, Consuelo Foundation, DepEd ,IFRC, Japanese Red Cross, Magna Children, MSF, NCMH, Philippine Red Cross, World Vision, University of San Carlos,

### 2.2.3. Number of MHPSS Activities by Municipality/City



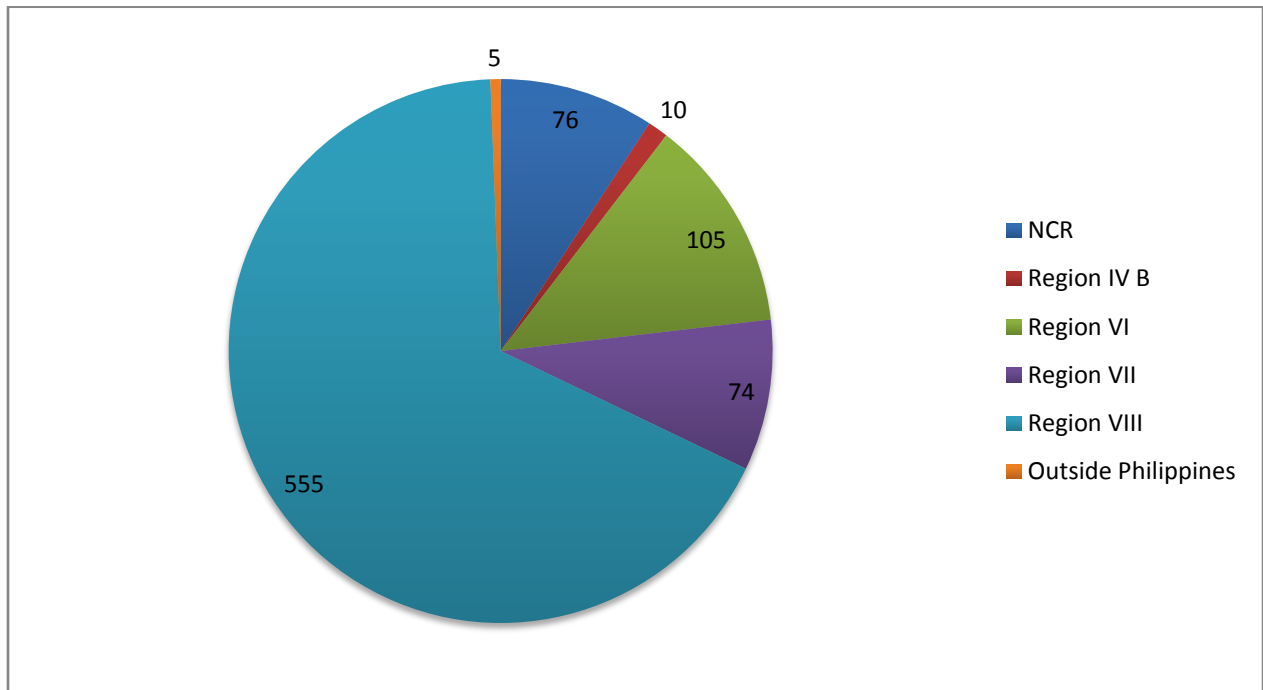
This figure represents the number of MHPSS activities implemented in the different locations. As we can see there is a concentration of activities in Tacloban. However, we also observe that a large number of locations benefited from MHPSS activities. There were municipalities/cities that had one or three MHPSS activities, these were not included in the figure because of the large number of areas covered.

### 2.2.4. Number of MHPSS Activities by Province



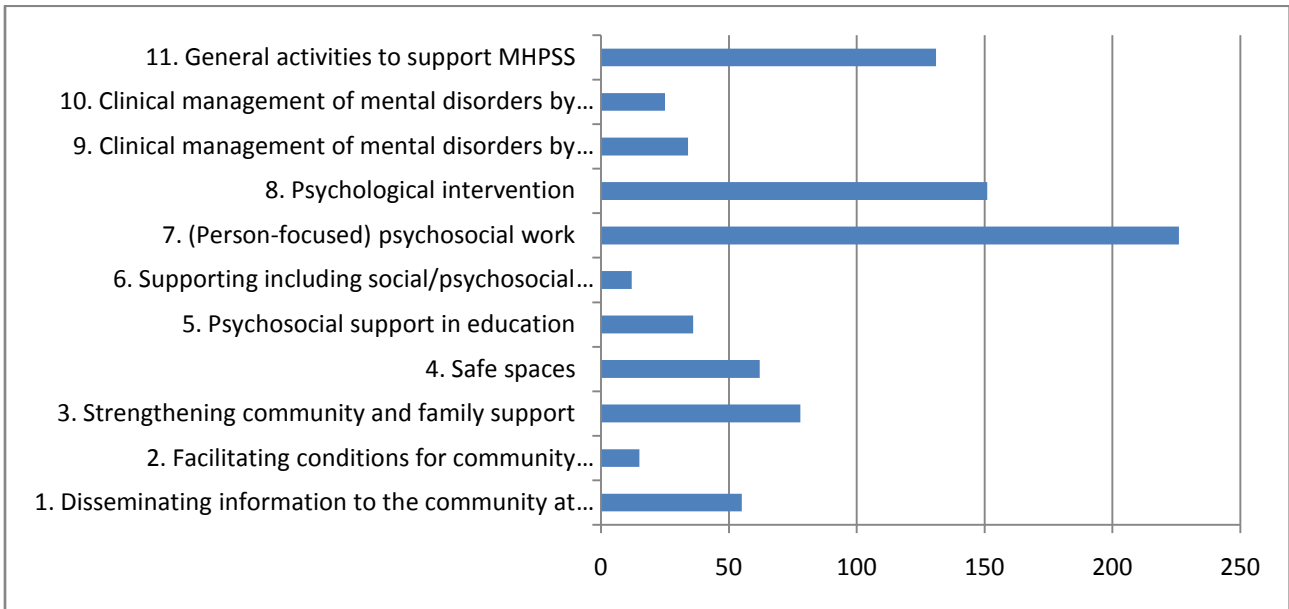
We observe a significant variability in the number of activities being implemented in the provinces, with a minimum of one activity (e.g. Bohol, Biliran, ...) up to 446 activities (Leyte) reported (e.g. Leyte)

### 2.2.5. Number of MHPSS Activities by Region



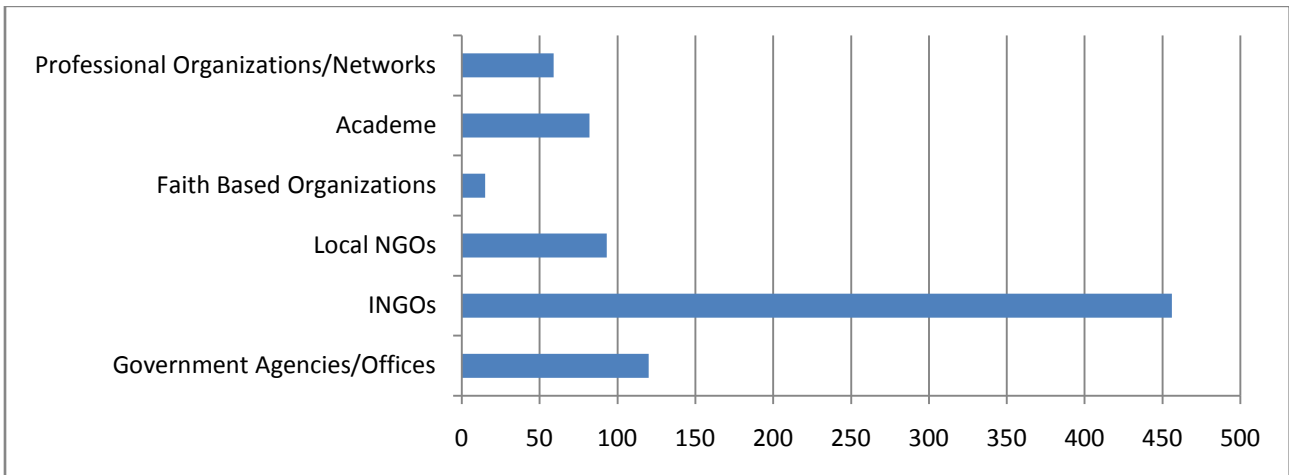
The differences regarding the implementation of activities are demonstrated strongly when looking at the regional distribution, with Region VIII clearly better served than all other regions combined. Also note that MHPSS activities carried out outside of the country have been considered as some activities were targeting overseas relatives of affected families.

### 2.2.6. Distribution of MHPSS Activities



The graph shows that the 3 dominant activities implemented are (no. 7) psychosocial work (person-focused), (no. 8) psychological interventions and (no. 11) general activities to support MHPSS. The two activities that are least represented are (no. 2) facilitating conditions for community mobilization, community organization, community ownership or community control over emergency relief in general, and (no. 6) supporting including social/psychosocial considerations in protection, health services, nutrition, food aid, shelter, site planning or water and sanitation.

### 2.2.7. Reported MHPSS Activities implemented by Sector

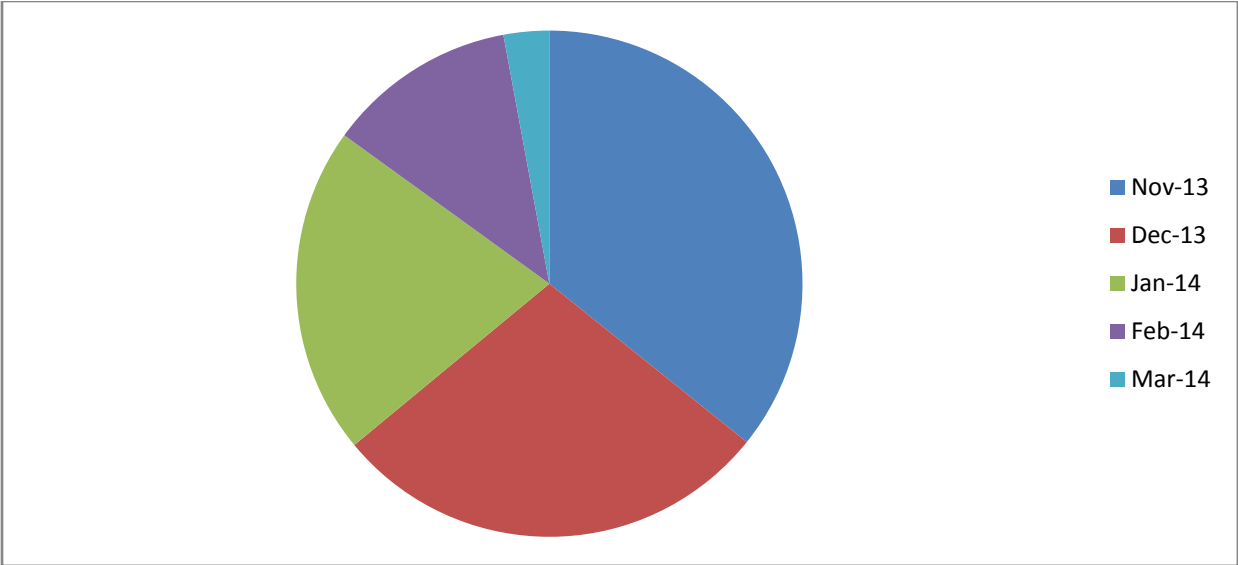


When looking at the various implementing stakeholders, it appears that there is a significant representation of INGOs. However this graph may not be a reliable descriptor of the scale of work on the ground. Indeed, it does not take into account the number of personnel involved nor the amount of money invested in the operations. Therefore it has to be considered with caution. The report only



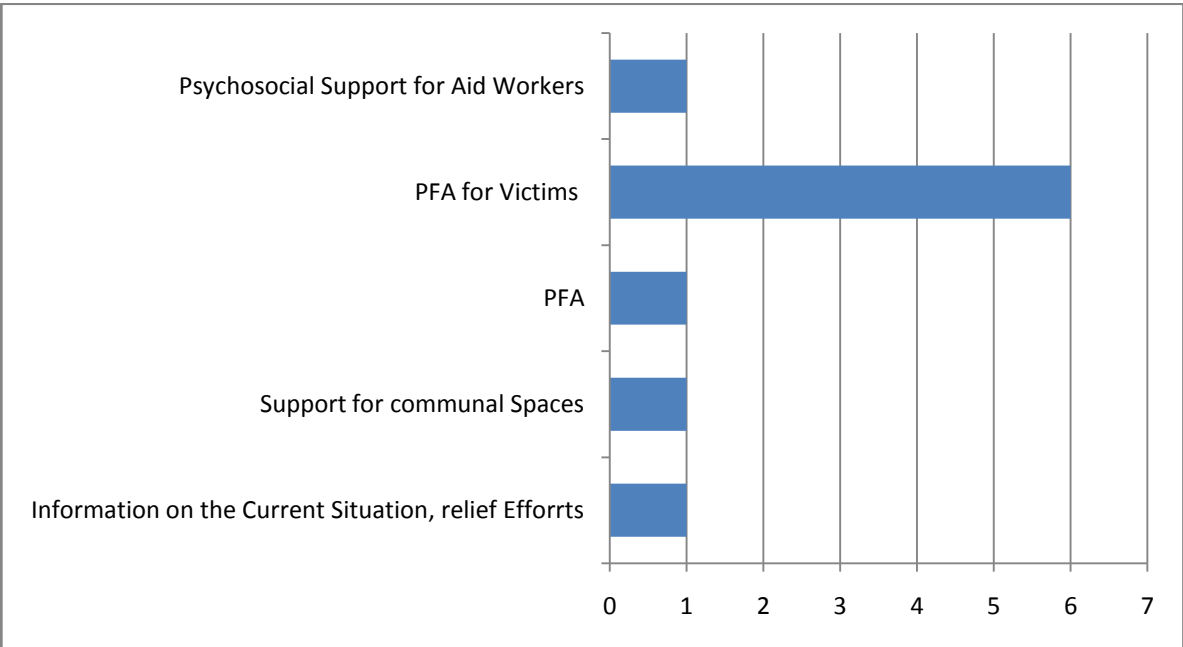
covers agencies that are directly implementing. UN agencies are not mentioned as they work through implementing partners.

**2.2.8 Quantity of MHPSS Activities implemented month by month.**



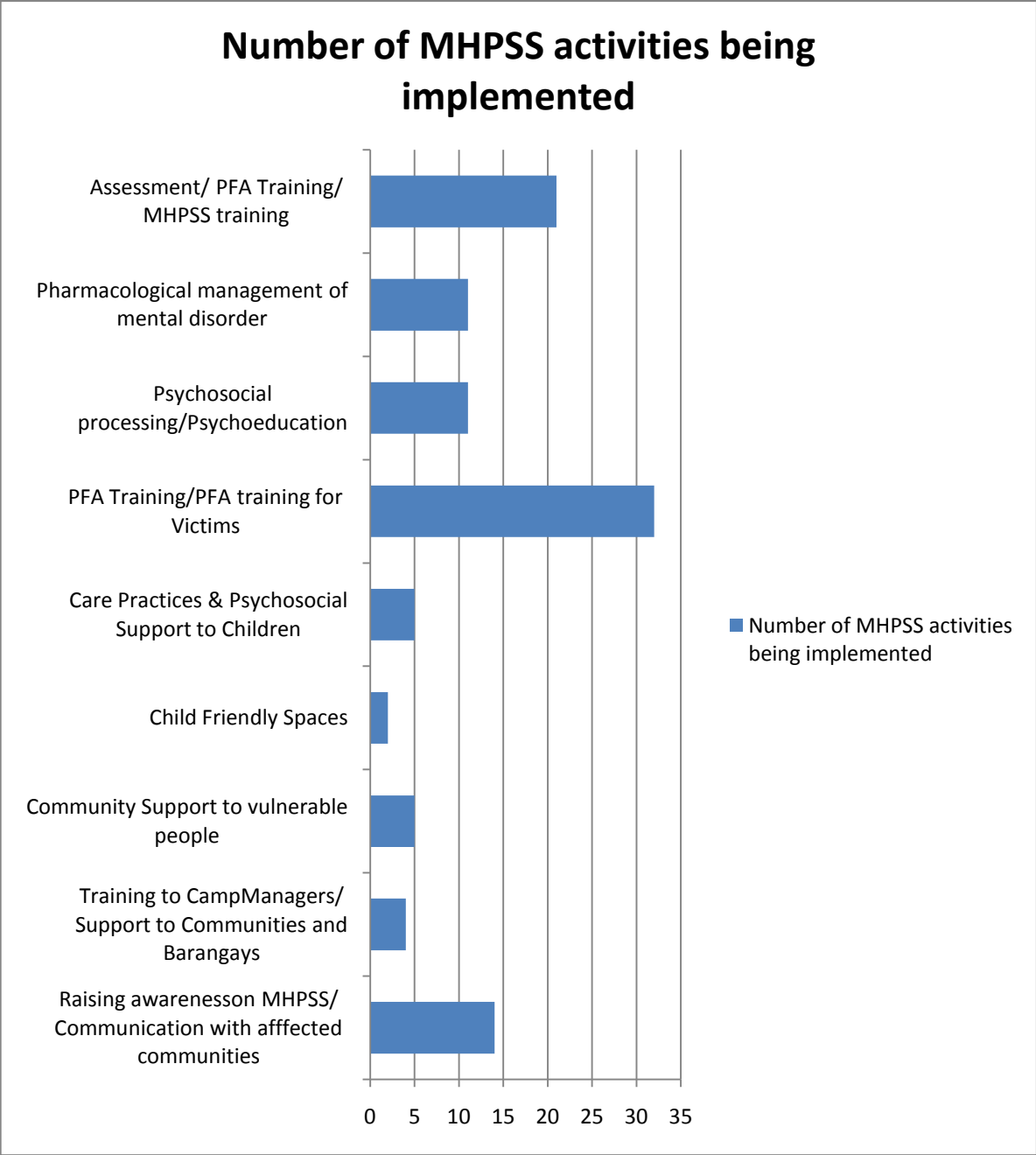
The graph shows a progressive decline in the number of MHPSS activities implemented since November 2013. This corresponds to the progressive transition from emergency to reconstruction phase.

**2.2.9. MHPSS Activities Implemented in Region 4B**



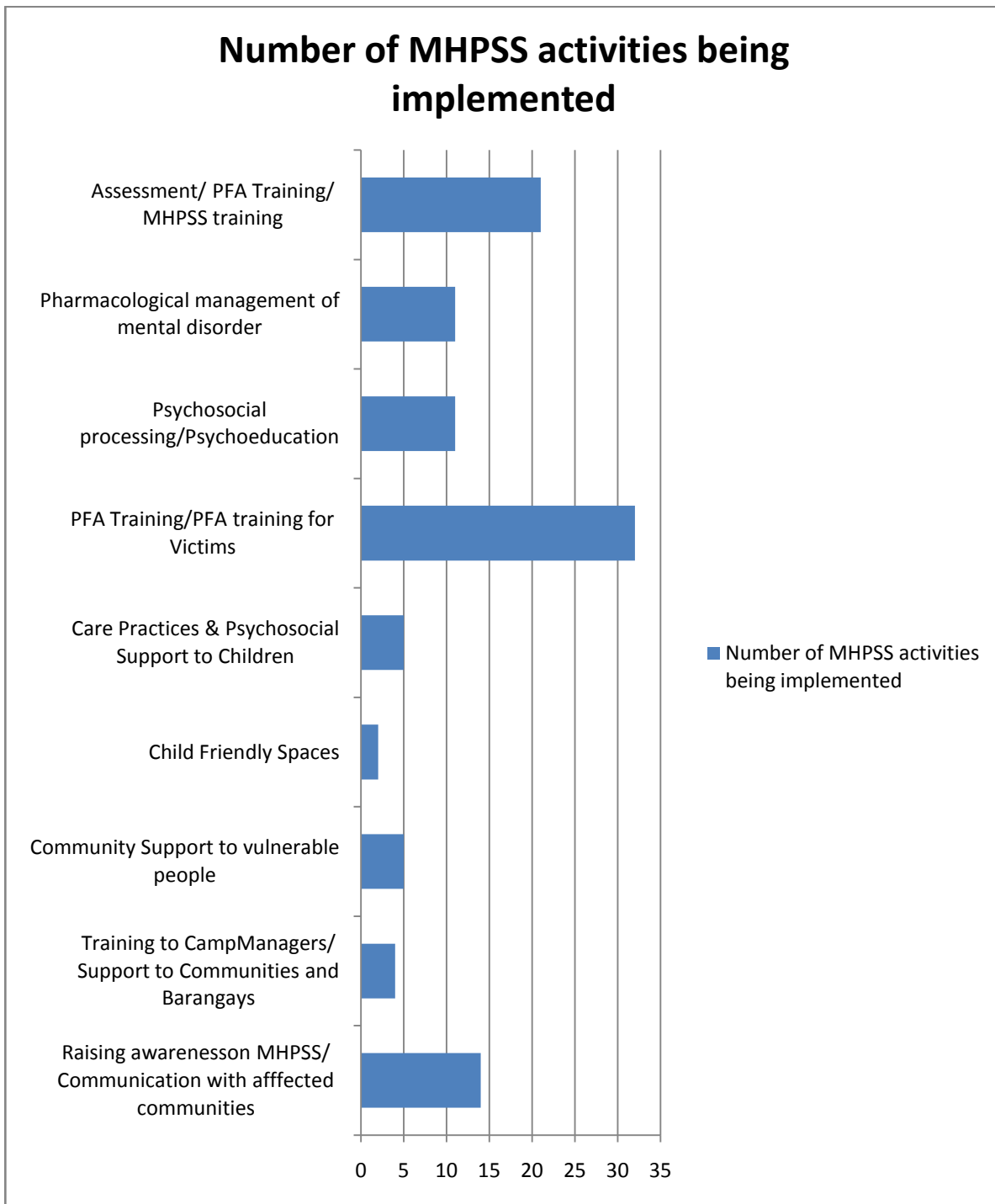
In Region IVB, a total of 10 activities have been identified, with an important representation of PFA activities directly targeting survivors. However other activities such as “support for communal spaces”, “psychosocial support for aid workers” were also present.

**2.2.10. MHPSS Activities Implemented in Region 6**



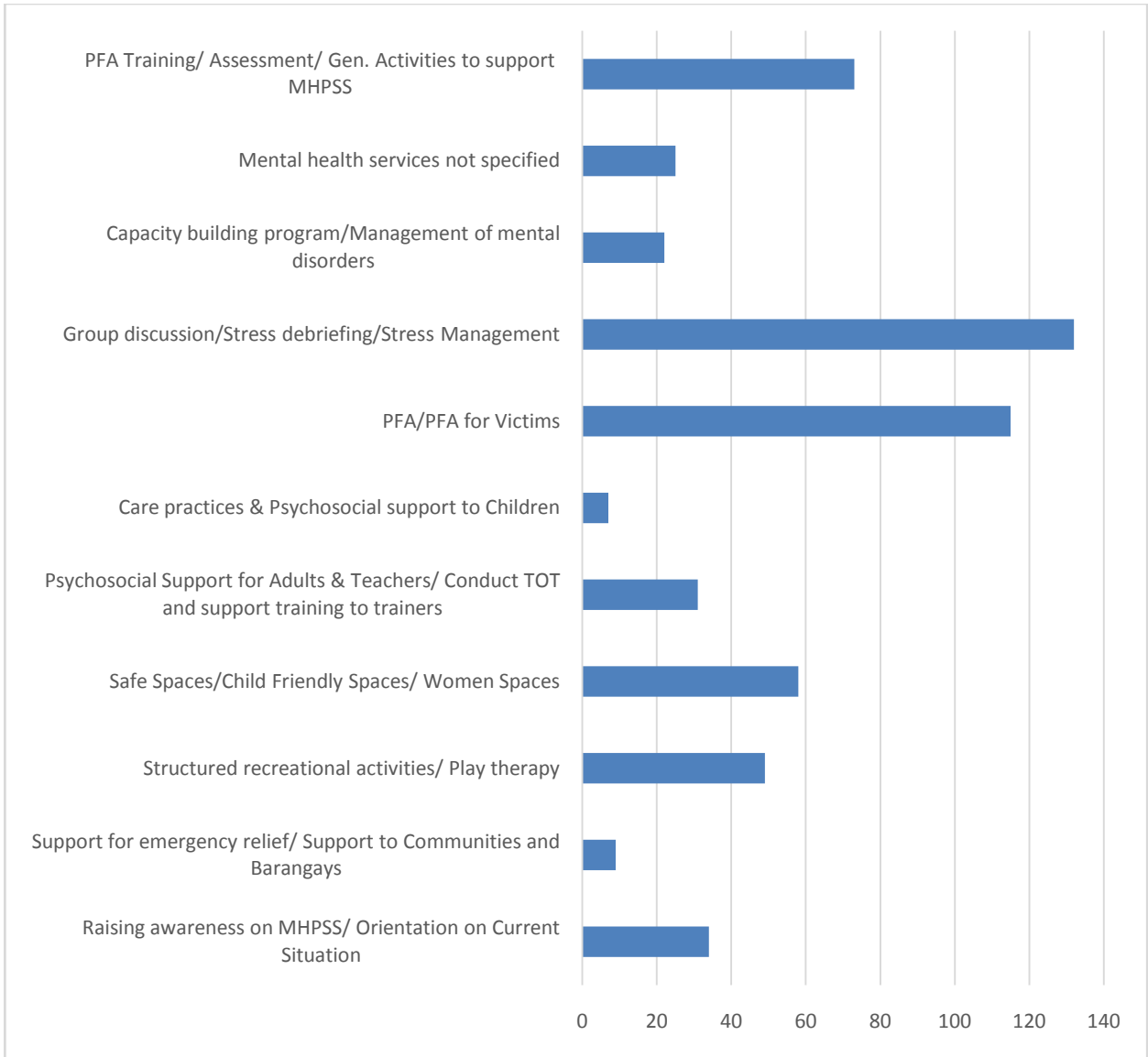
In Region 6, a total of 105 MHPSS activities have been identified. PFA together with Community support for vulnerable people and Child Friendly Spaces represent a large proportion of these activities.

### 2.2.11. MHPSS Activities Implemented in Region 7



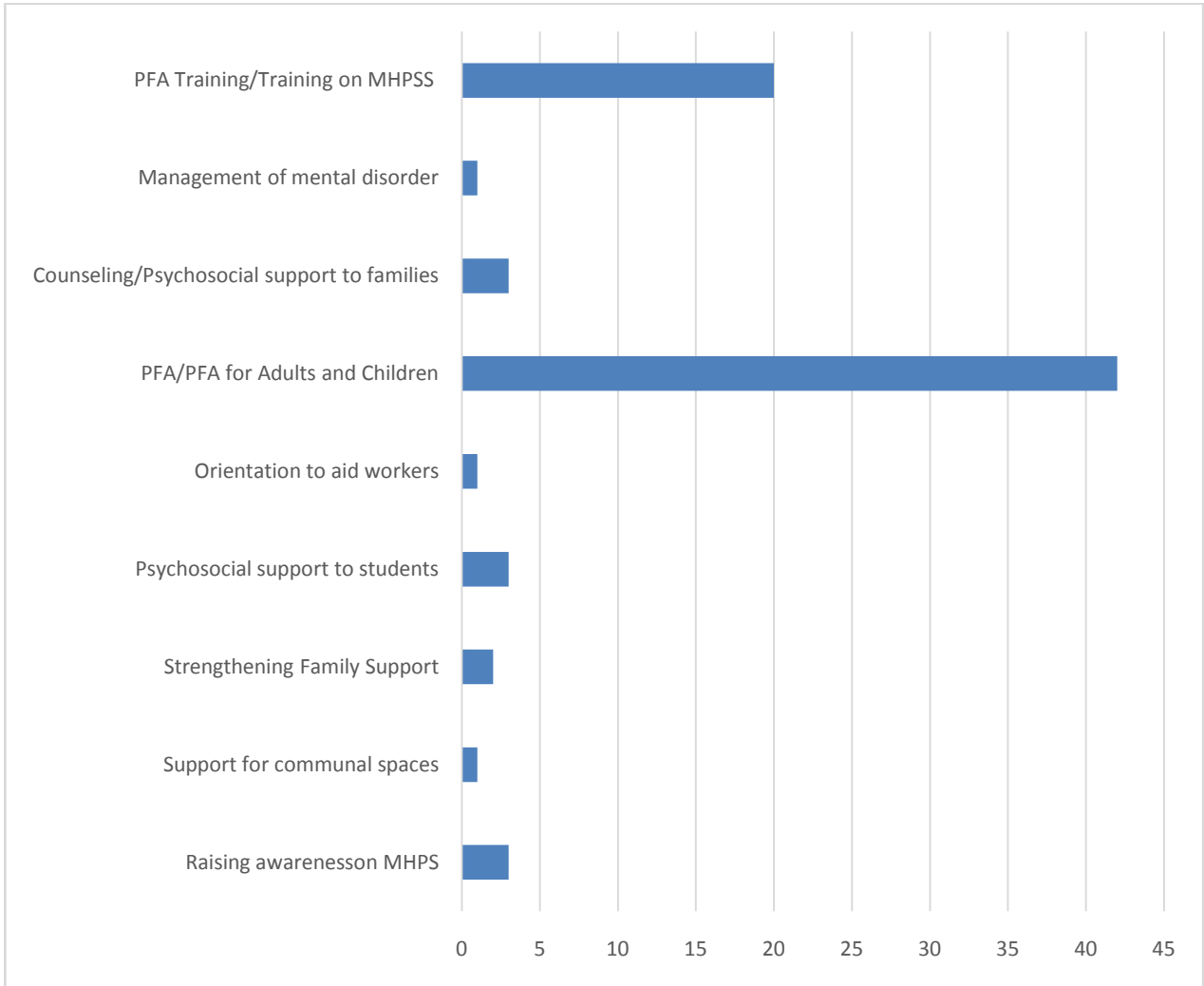
For Region 7, seventy four MHPSS activities have been identified. PFA together with MHPSS training and Early Childhood Development represent a large proportion of these activities.

**2.2.12. MHPSS Activities Implemented in Region 8**



In Region 8, five hundred fifty five MHPSS activities have been identified. PFA as well as stress debriefing/discussion and assessment /general activities to support MHPSS represent the largest part of these activities.

**2.2.13. MHPSS Activities Implemented in National Capital Region**

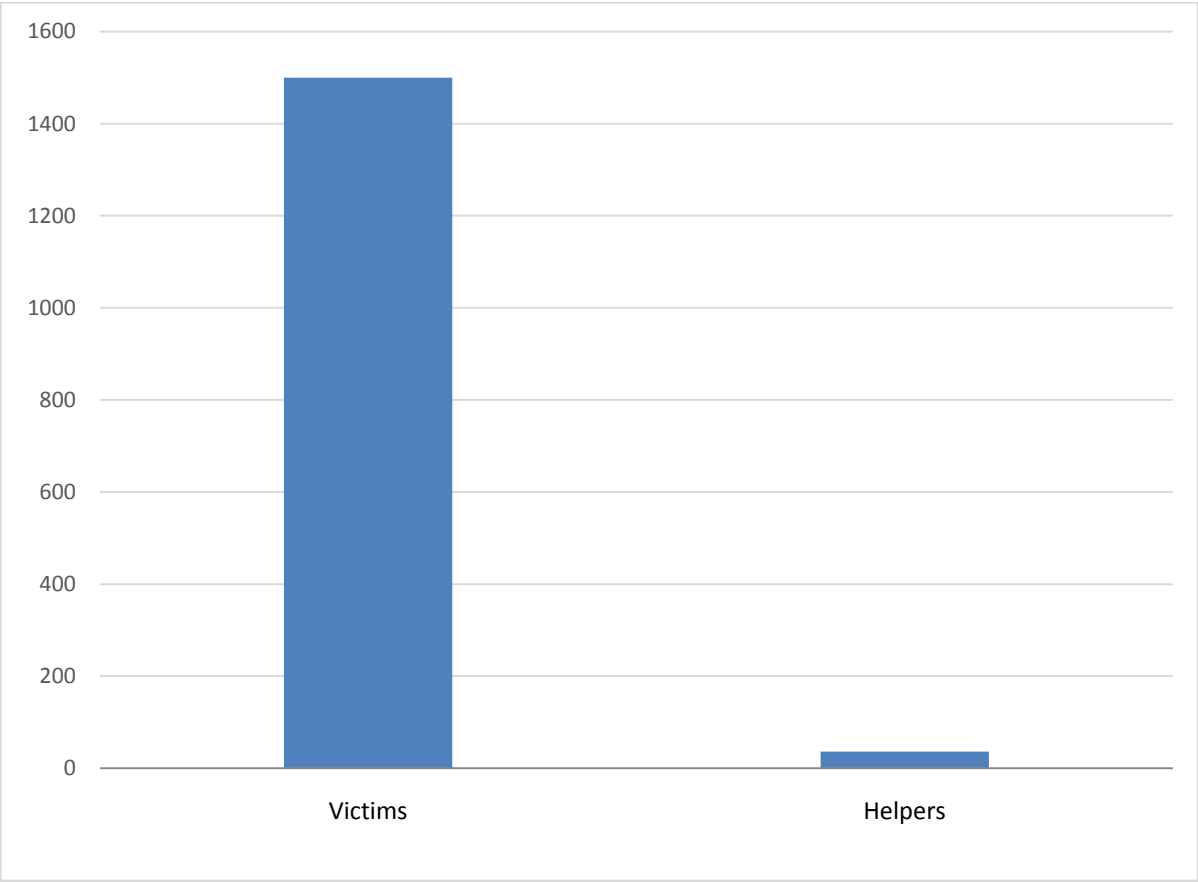


In the national capital region 76 MHPSS activities have been identified with PFA (for adults and children) as well as PFA and MHPSS training well represented.

**2.2.14. MHPSS Activities Implemented Outside Philippines (Hong Kong)**

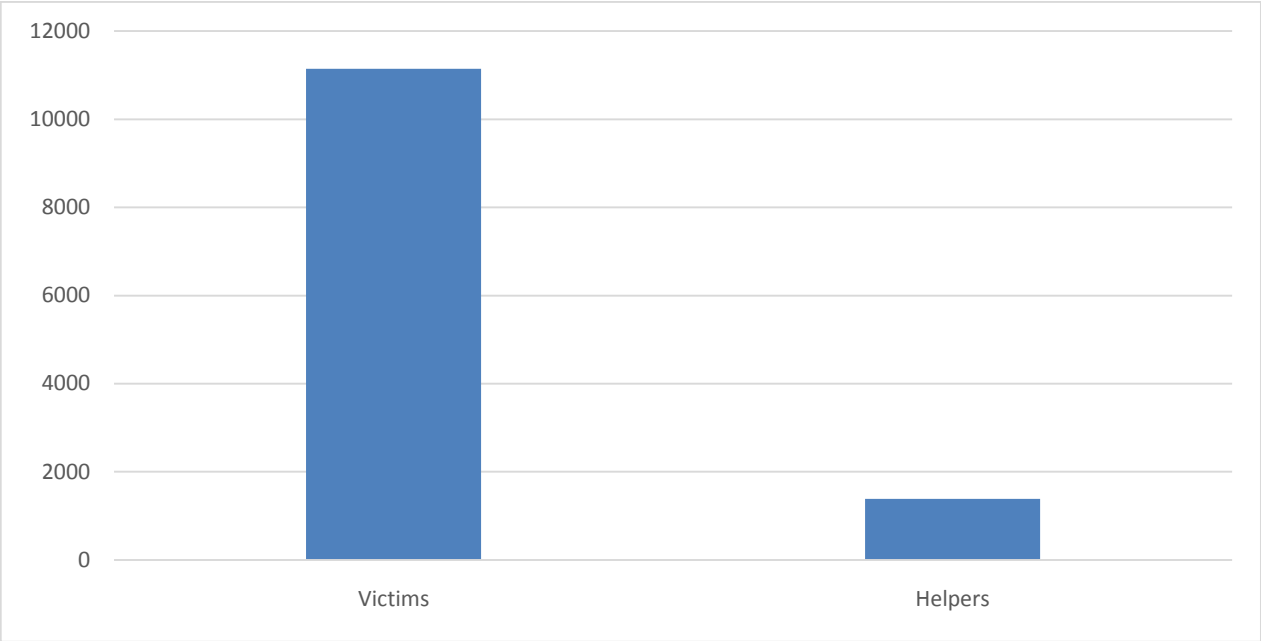
Outside of the country (Hong Kong) 5 MHPSS activities have been identified. It is interesting to mention these overseas activities as many relatives of the victims were living/working abroad at the time of the emergency. There was only one initiative identified and it included the following topics: PFA, psychological support through hotline, psycho-education session, emergency tracing services, and distribution of pamphlets on self-care.

**2.2.15. Number of Beneficiaries in Region 4B**



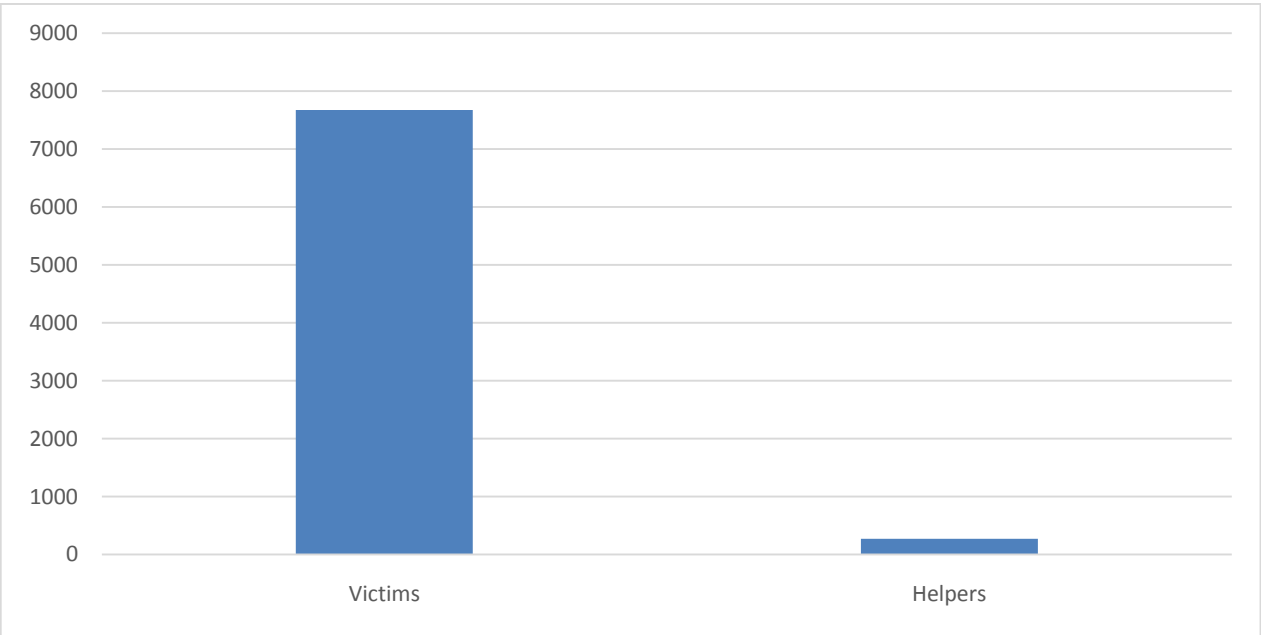
The data collected indicates that 1,500 survivors and 36 helpers benefited from various types of psychosocial support.

**2.2.16 Number of Beneficiaries in Region 6**



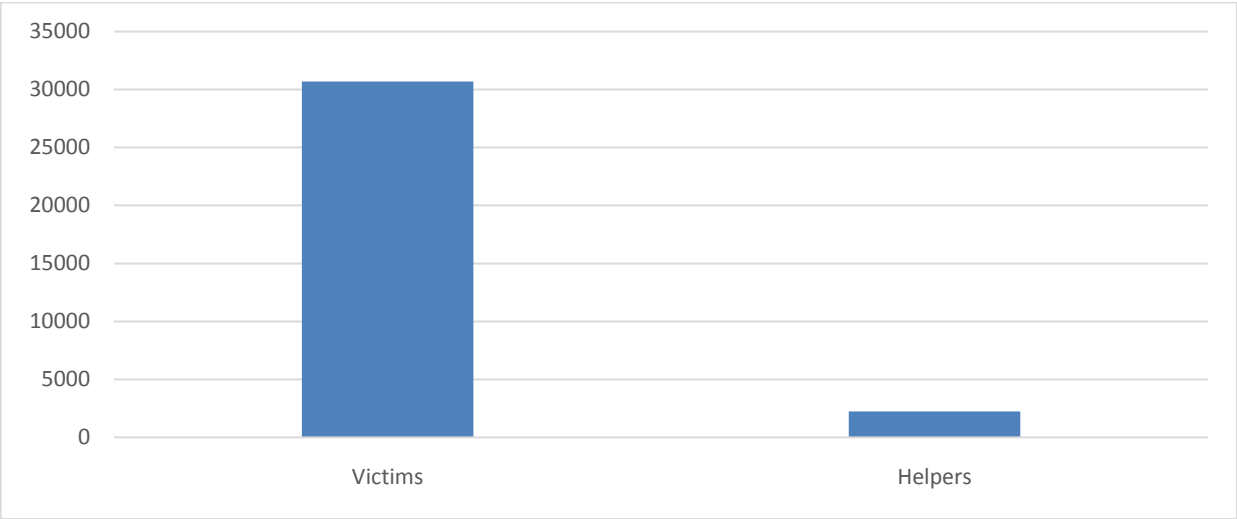
Data collected indicates that 11, 242 victims and 1,386 Helpers benefited from various types of psychosocial support.

**2.2.17 Number of Beneficiaries in Region 7**



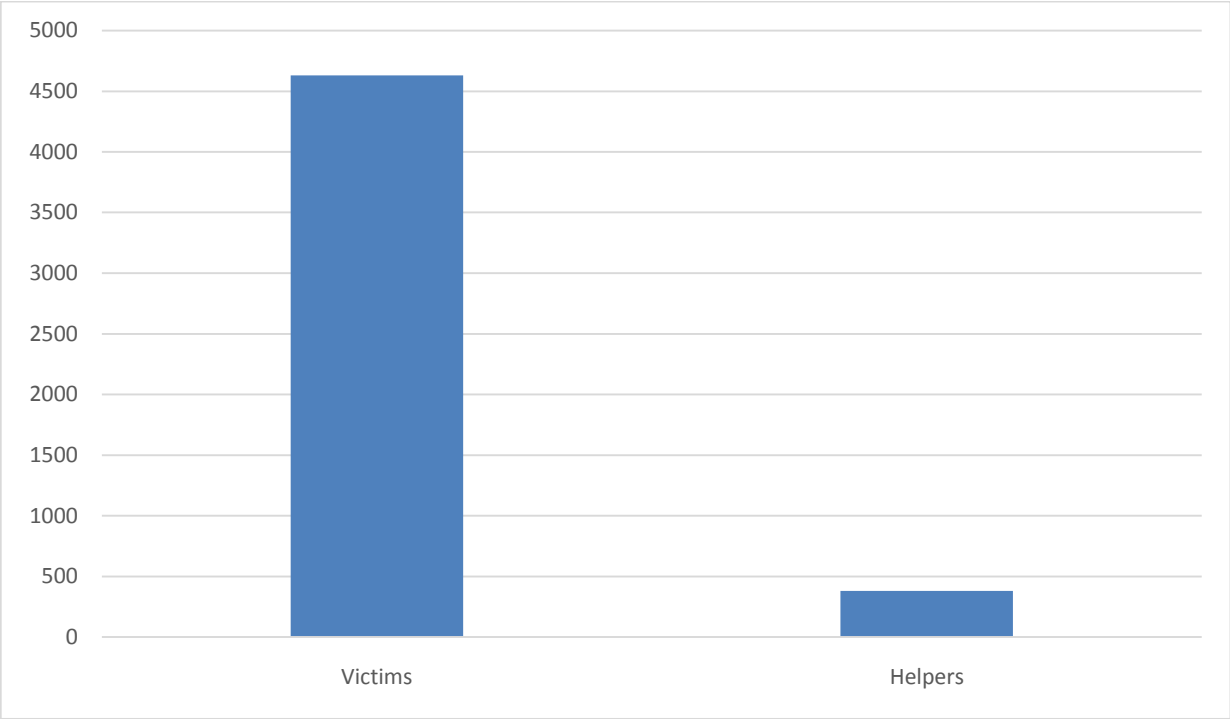
Data collected indicates that 7,676 victims and 272 helpers benefited from various types of psychosocial support.

**2.2.18 Number of Beneficiaries in Region 8**



Data collected indicates that 30, 703 victims and 2, 245 helpers benefited from various types of psychosocial support.

**2.2.19 Number of Beneficiaries in National Capital Region**



Data collected indicates that 4, 630 victims and 379 helpers benefited from various types of psychosocial support.



### 3. Main observations

Based on the 4Ws MHPSS mapping information collected and analyzed by the Philippines team, during the emergency operation in the aftermath of the Typhoon Haiyan (Yolanda), we can highlight the following observations.

- More than 60,000 (60, 069) individuals benefited from various types of psychosocial support, this include children, adults, elderly people, disabled individuals as well as teachers, medical professionals, volunteers and other types of helpers. It must be noted however that the helpers benefited the least.
- The main activities proposed to the beneficiaries were psychosocial work (person-focused)”, “psychological interventions” and “general activities to support MHPSS”.
- Psychological first aid (PFA) was very well represented in every region targeted.
- Tacloban is one of the places where the largest number of MHPSS activities were carried-out.
- As there are many Philippine nationals working outside the country, communication support has been provided abroad to provide information and facilitate the virtual reunion of families; therefore the mapping also included activities conducted abroad (e.g. Hong-Kong).
- The following activities were not reported by any agency:
  - Learn about and, where appropriate, collaborate with local, indigenous and traditional health systems.
  - Minimize harm related to alcohol and other substance use.
  - Include specific social considerations (safe, dignified, culturally and socially appropriate assistance) in site planning and shelter provision, in a coordinated manner.
  - Include specific social considerations in the provision of water and sanitation.
- The following activities were reported by only one region:
  - Identify, monitor prevent and respond to protection threats and failures and through social protection.
  - Identify, monitor prevent and respond to protection threats and abuses and through legal protection.
  - Include specific social & psychological considerations (safe aid for all in dignity, considering cultural practices & household roles) in the provision of food & nutritional support.

## 4. List of MHPSS Key Players in Philippines

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## 5. List of Members of the Collaborative Partners

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