

Notes on IASC MHPSS Reference Group MHPSS Response Nepal Earthquake Conference Call

4 May 2015

A. Abbreviations

ACF	Action contre la Faim
CBR	Community Based Rehabilitation
CFS	Child Friendly Spaces
CoS	Church of Sweden
CVICT	Center for Victims of Torture Nepal
DCA	Dan Church Aid
ECCD	Early Childhood Care and Development
FCA	Finn Church Aid
FELM	Finnish Evangelical Lutheran Mission
GBV	Gender Based Violence
IASC	Inter-Agency Standing Committee
IASC RG MHPSS	Inter-Agency Standing Committee Reference Group on Mental Health and psychosocial Support
IEC	Information, Education, and Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
IMC	International Medical Corps
IYCF	Infant and Young Children Feeding
JHU	Johns Hopkins University
LWF	Lutheran World Federation
mh-Gap IG	Mental Health Gap Intervention Guide
MHPSS	Mental Health and Psychosocial Support
PFA	Psychological First Aid
PHC	Primary Health Care
PLW	Pregnant or Lactating Women
PS	Psychosocial
PSS	Psychosocial Support
ToT	Training of Trainers
TRT	Teaching Recovery Techniques
UNICEF	United Nations Children's Fund
4 Ws	Who is doing What, Where and When
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

B. Participating Organisations & Contact Details

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Chair: Margriet Blaauw
Minutes: Marcio Gagliato and Margriet Blaauw

C. Agenda

1. Mental Health and Psychosocial Support (MHPSS) coordination & collaboration initiatives/existing coordination platforms: What is in place? How does it work? What are the needs? How can agencies become part of these initiatives? Update on the desk review
2. Update on the desk review
3. Immediate MHPSS-related needs and challenges
4. Brief updates on what organizations are doing/planning to do

D. Notes

1. MHPSS coordination & collaboration initiatives

There are several coordination and mapping initiatives:

- A Psychosocial Support (PSS) sub-cluster under the Protection cluster, chaired by UNICEF
 - The group had a daily meeting right after disaster. Currently it meets once in a week,
 - The next meeting will be in the Department of Women and children nearby UNICEF central office on 12th May at 9:30.
 - The focal point for organizing this meeting is Prakash Acharya, email address pracharya@unicef.org
- A Mental Health sub-cluster under the Health Cluster, chaired by WHO
 - The location and time of the mental health meeting is at 9:30 each day at UN House.
 - It starts 30 min before the Health Cluster meeting.
 - The focal point for organizing this meeting is Frank Paulin, email address paulinf@who.int of WHO Nepal.
- Coordination initiatives on district level
- Mapping: IMC and HealthNet/TPO Nepal have started mapping MHPSS initiatives. They are gathering the information from the different coordination platforms for a 'Who is doing What, Where and When' (4W's)
- The local authorities have started gathering information on relief initiatives and to share this on a platform <http://drrportal.gov.np/home>. The website is still very new.

Identified coordination challenges & suggestions

- It would be preferable to have one joint coordination platform on MHPSS, instead of separate sub-clusters on Mental Health and on Psychosocial Support (see also Annex 1: inter-sectorial coordination)
- Local actors have limited access to coordination platforms
 - Some organizations have no or little information about the coordination meetings, their purpose and when and where they are held.
 - The humanitarian terminology used during meetings and the use of English
- To facilitate the participation of local MHPSS actors it was suggested to prepare a 1-2 pager in which the coordination system is explained to local partners. Basic Needs Partner, LEADS, is working already on this.
- Collecting data on 'Who is doing What Where and When' (4Ws) is time consuming and costs human resources that are also needed in the field: It was suggested to use Google Docs for this purpose. With Google Docs all MHPSS actors can update their own plans and interventions, also on district level
- The government platform is still very new. The platform should ideally have information about the national as well as the international humanitarian efforts.

2. Update on the desk review

Following the model that was used after the earthquake in Haiti a desk review has started. The purpose of the review is to summarize current knowledge with relevance to mental health and psychosocial wellbeing in Nepal, which hopefully will reduce burden of new data collection and make MHPSS responses more sensitive to local socio-cultural context.

The desk review is carried out with volunteers at three universities: Johns Hopkins, Duke, and Kings college Universities. The group has done systemic searches of relevant websites and databases and has asked Reference Group members for relevant resources. This resulted in a large number of articles and documents (more than 400 materials so far) that are currently being screened by volunteers. The documents that are screened as relevant will be reviewed and summarized. A rough draft is expected next weekend and a preliminary draft early next week.

3. Immediate MHPSS-related needs and challenges

Organizations participating in the conference call are all still in the process of carrying out a rapid assessment. The following immediate needs and challenges were identified:

- The aftershocks are very unnerving (an aftershock actually took place during the conference call)
- Most activities are currently in the Kathmandu area.
- It is a challenge to access remote locations. It may take up to three days walking to reach some of these areas.
- In several of the remote areas basic needs are still not being addressed.
- Several health facilities are destroyed and people have limited access to services, including limited access to MHPSS
- Many people in the hospitals have lost their home and relatives, and are in need of MHPSS
- There is a need for medical supplies in the districts that are difficult to reach
- Access to pharmaceuticals for people with mental health problems is under pressure. Basic Needs has identified this issue in the three provinces they are active, but it is feared that similar problems exists in other affected areas. It was mentioned that even before the crisis there was already a problem with the availability of pharmaceuticals.
- Groups of people are isolated from support. They are in areas where basic needs are not (yet) addressed. Some of these groups do not know where to find support and how to access it. They are often not connected to any organization or social support system.
- People are becoming upset because they do not receive support
- There are reports that some of the information provided to the affected population is causing anxiety, e.g. not giving clear recommendation on whether the home is livable or not *"it's ok to live here temporarily but you should sleep lightly because if there is aftershock, you should run out."*
- There are rumours of and concerns about Gender Based Violence (GBV) and trafficking
- There is not enough emphasis on traditional coping mechanisms, such as yoga, meditation and the art of living. There are several local organisations working on this.
- Human Resources
 - There are not enough human resources to deal with all needs
 - Staff, including volunteers, is dealing with stress themselves. They have their own issues and are also struggling with the after shocks.

Suggestions/plans

- There is a need to harmonise messaging and materials
- In addition to radio messaging: flyers/resources for people in the general public
- There is a need for guidance what MHPSS is appropriate
- Self care and staff support for staff and volunteers
- Mobile clinics reaching out to remote areas
- Focus on isolated and most vulnerable groups
- The importance of the integration of mental health in Primary Health Care (PHC)
- Focus on traditional coping mechanisms. Collaboration with organisations working on traditional coping mechanism such as yoga, meditation and the art of living

Updates from agencies

ACT Alliance and Church of Sweden

The following ACT Alliance members are currently responding to the Nepal earthquake: the Lutheran World Federation (LWF), Dan Church Aid (DCA), Norwegian Church Aid (NCA), Finnish Church Aid (FCA) and Lutheran World Relief (LWR), in collaboration with local partners and with technical support on PSS from Church of Sweden (CoS).

- The Church of Sweden has deployed one psychosocial specialist to participate in a rapid assessment by ACT members. The rapid assessment will provide a basis for further programmatic considerations and advice on psychosocial support activities for inclusion in the ACT emergency response, including stand-alone activities and mainstreaming of community based psychosocial support into basic services.
- The Lutheran World Federation (LWF) is planning on providing psychosocial support to affected populations in 8 districts (Kathmandu, Lalitpur, Bhaktapur, Sindupalchowk, Dhading, Lamjung, Kabre, and Gorkha) and to strengthen local networks to enable protection, care & psychosocial wellbeing.
- Finn Church Aid (FCA) is planning to address psychosocial needs of children in collaboration with Church of Sweden (CoS) and Finnish Evangelical Lutheran Mission (FELM), as well as training teachers on Psychosocial Support. Their response will take place in the same 8 districts as LWF.
- Church of Sweden (CoS) is preparing for the deployment of two psychosocial (PS) specialists for approx. 3 months to support the ACT members and local partners in mainstreaming community based psychosocial support into various sectors (Water, Sanitation and Hygiene-WASH, food security/livelihoods, shelter, education etc.). The role of PS specialists will be to build capacity of ACT Alliance members, support PSS programming and mainstreaming, create synergies and facilitate coordination with other MHPSS actors, and to a lesser extent address staff care needs. We will ensure that the deployed staff members will contact the PSS sub-cluster and coordinate with other MHPSS actors in Nepal.

Action contre la Faim

- Rapid psychosocial and mental health assessment with the purpose to better detect and identify needs and tailor intervention of MHPSS.
- Trainings and promotion of Psychological First Aid (PFA).
- Psychological support provided to people in distress. Psychosocial individual evaluations to detect most vulnerable people and psychological consultations to provide support to people suffering from traumatic experiences, high level of stress, psychosomatic symptoms
- Baby friendly spaces (number will be defined according to needs) to offer a protected and safe place for Pregnant or Lactating Women (PLW) and children under two to be supported psychologically and to receive specific care practices support, in particular breastfeeding and Infant and Young Children Feeding (IYCF) counseling sessions according to needs. A mobile system of psychosocial and IYCF support could be planned to reach more isolated rural areas. Those mothers who were not breastfeeding prior to the earthquake and those who have a medical acceptable reason not to breastfeed would be provided with safe alternative options in close coordination with the nutrition cluster.

Basic Needs

Basic Needs was already present in Nepal before the earthquake (Pokhara and surrounding districts). They collaborate closely with LEADS Nepal <http://www.leadsnepal.org/> and with Carers Worldwide. They are a mental health focused NGO. The short-term plan is to support people that were already in treatment. They are currently trying to comprehend the long-term psychosocial consequences of the population we serve.

Bibhav Acharya

Bibhav is a Nepali clinician currently in his final months of residency training in psychiatry at University of California San Francisco. He joined the conference call on recommendation of Wietse Tol. He is co-founder of Shared Minds and Possible (www.possiblehealth.org). They are creating and testing mental health training modules (video lecture + case-based role-playing exercises) in Nepali using mhGAP. These materials will be sent to WHO Mark van Ommeren. Furthermore, he is in contact with people working supporting the Nepali government's portal (see above MHPSS coordination).

Brandon Kort (Duke University), Mark Jordans (HealthNet TPO/King's College London) and Wietse Tol (Johns Hopkins University)

See update on the review above. Findings from the review will be shared via the dedicated group on mhps.net: <http://mhps.net/groups/current-mhps-emergency-responses/nepal-2015-earthquake-response/>

Care

In the past Care has trained staff, partners and stakeholders on psychological first aid and psychosocial support. CARE Nepal is planning to do assessments in Gorkha, Lumjung and Dhading, team will include a psychosocial specialist from CARE.

CBM

CBM's emergency team is completing it's needs assessment in Nepal and confirming plans for their response. Most likely their MHPSS response will include:

- PFA training and support for the community-based rehabilitation workers/social mobilizers of CBM partners active in emergency response. These partners are located in: Kavre, Dhading, Sindhupal Chowk and Bakhtpur.
- Support KOSHISH (a national level mental health self help group) to identify and support people in distress in Bhaktpur district (PFA, referrals for specialized care etc.)
- And engage in mental health advocacy within the Protection Cluster.

The Center of Crisis Psychology

Is planning to provide the following through the Children and War Foundation:

- Training of Trainers (ToT) based on the Teaching Recovery Techniques (TRT) for around 30 doctors/psychologists at TRIBHUVAN Teaching University Hospital (educates clinical psychologists in Nepal) in Kathmandu around the 22 June. They already have contact and cooperation with these from before.
- Translation of the TRT Manual – has been sent to the TRIBHUVAN Teaching University Hospital already

HealthNet/TPO Nepal

HealthNet/TPO Nepal has an MHPSS response team present and they are involved in disaster preparedness project. They are currently trying to provide psychosocial education to normalize some of the population's experience. They are active in the coordination sub-clusters and in the mapping process of 'Who is doing What, Where and When'.

- Conducting assessment and mapping exercises in several communities
- Deployed counsellors to emergency areas
- Providing PFA, counselling
- Community sensitization programs through Radio Programs
- Planning a training of trainers on mhGAP (possibly using the mhGAP for humanitarian settings)

IFRC/Nepal Red Cross Society

The Nepal Red Cross is working in several districts

- Conduct PSS Training of Trainers (ToT)
- Conduct detailed assessments for communities
- Adaptation and Translation of PS training materials into relevant local language

- Conduct PFA training in 20 target communities
- Organized Psychosocial support in emergency training
- Community based PSS activities
- Child Friendly Spaces
- Production and reproduction Information, Education, and Communication (IEC) materials on psychosocial support
- Staff and volunteers activities

IMC

The initial assessment will likely focus on Kathmandu, Dhading, & Gorkha. Once the rapid needs assessment is completed, IMC will be happy to share it. IMC is involved in mapping 'Who is doing What, Where and When' in close collaboration with HealthNet/TPO Nepal

MHPSS.net

Has started a group on mhps.net to facilitate the sharing of resources and getting in contact with colleagues: mhps.net: <http://mhps.net/groups/current-mhps-emergency-responses/nepal-2015-earthquake-response/>

They are not on the ground, but would be very keen to share materials from responding organizations. They can share materials via mhps.net, but also via social media, targeting the broader humanitarian field. They are planning to produce short blogs on needs and responses in the field. You can contact Marcio Gagliato (marcio@mhps.net) in case you would like to post materials.

Plan International

Overall response:

Distribution of food and non-food items including shelter, cash programming, Water Sanitation and Hygiene (WASH), emergency education, child protection and Gender Based Violence (GBV), health and nutrition

Target areas overall response

Dolakha, Kavrepalanchok (Kavre), Sindhuli as priority areas. Limited, targeted response in Plan's long-term programming areas in Makwanpur and Kathmandu valley

Psychosocial support

Plan works currently with a consultant from India. They collaborate with the Center for Victims of Torture Nepal (CVICT)

- Plan participates in Protection cluster Psychosocial working group.
- In partnership with local NGOs such as CVICT, provide PFA training to teachers and key community- and district level service providers in target districts;
- Establishment of Child Friendly Spaces in conjunction with temporary learning spaces (integrated education and child protection programme);
- Child Friendly Spaces (CFS) services will include regular and structured psychosocial and life skills sessions for children 6-18 years, GBV and women's group activities, Early Childhood Care and Development (ECCD) for children 3-5.
- Self-care and psychosocial sessions for parents and caregivers at community level.

Strengthening community-based protection mechanisms and safety nets – training of community facilitators, supporting existing community groups in supporting vulnerable children and families and providing basic psychosocial support. On district level, contribute to strengthening referral mechanisms for child protection, Gender Based Violence (GBV) and MHPSS, in coordination with the government and cluster.

Save the Children

Is currently doing a needs-assessment. Their work will probably focus on PFA for Children and Child Protection.

UNICEF

Is coordination the Psychosocial Working Group in Nepal

WHO

WHO is chairing the sub-cluster on Mental Health (see above). It was also announced that 'Clinical Management of Mental, Neurological and Substance Use Conditions in Humanitarian Emergencies, mhGAP Humanitarian Intervention Guide (mhGAP-HIG)' is now available at:

http://apps.who.int/iris/bitstream/10665/162960/1/9789241548922_eng.pdf?ua=1