

Contingency Plan Mental Health and Psychosocial Support

Developed by: MHPS Working Group

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Acronyms

BNMT	British Nepal Medical Trust
BPKIHS	B. P. Koirala Institute of Health Science
CARE Nepal	Coordination Association of Reliance Everywhere Nepal
CBO	Community Based Organizations
CMC Nepal	Center for Mental Health Care Nepal
CMHSC	Community Mental Health Service center
CVICT	Center for Victim of Torture
DP Net Nepal	Disaster Preparedness Network Nepal
ES	Emergency Setting
GBV	Gender Based Violence
Health Net TPO	Health Net Transcultural Psychosocial Organization
IASC	Inter-Agency Standing Committee
IOM	International Organization for Migration
IRC	International Rescue Committee
KOSHISH	Koshish Mental Health
LWF Nepal	Lutheran World Federation Nepal
MHPSS	Mental Health and Psychosocial Support
MoH GN	Ministry of Home Affairs, Government of Nepal
NADEM Center	Nepal Disaster and Emergency Medicine Center
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office for the High Commissioner of Human Rights
SC USA	Save the Children United State of America
TDH Nepal	Terres des hommes in Nepal
NRCS	Nepal Red Cross Society
TDH	Terres des hommes
TPO Nepal	Transcultural Psychosocial Organization Nepal
UNFPA	United Nation Food and Population Fund
UNICEF	United Nation Fund for Children
WDO	Women Development Office
WHO	World Health Organization
WOREC Nepal	Women's Rehabilitation Center Nepal

Introduction and Key Definitions

“IASC Guidelines on MHPSS in ES”: “The Inter-Agency Standing Committee (IASC) issues these Guidelines to enable humanitarian actors to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people’s mental health and psychosocial well-being in the midst of an emergency. Populations affected by emergencies frequently experience enormous suffering. Humanitarian actors are increasingly active to protect and improve people’s mental health and psychosocial well-being during and after emergencies. A significant gap, however, has been the absence of a multi-sectoral, inter-agency framework that enables effective coordination, identifies useful practices, flags potentially harmful practices and clarifies how different approaches to mental health and psychosocial support complement one another. The Guidelines offer essential advice on how to facilitate an integrated approach to address the most urgent mental health and psychosocial issues in emergency situations.”

“Mental Health and Psychosocial Support”: Mental health and psychosocial support (MHPSS) is a composite term used in these guidelines to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.

“Contingency Planning”: Contingency Planning is a process that includes:

- Analyzing potential emergencies;
- Analyzing the potential humanitarian impact and consequences of identified emergencies;
- Establishing clear objectives, strategies, policies and procedures and articulating critical actions that must be taken to respond to an emergency, and;
- Ensuring that agreements are recorded and necessary actions are taken in order to enhance preparedness.

This contingency plan is based, and aims to be an operationalization of the IASC Guidelines Mental Health and Psychosocial Support in Emergency Settings (2007).

The current draft does not yet cover all Action Sheets of the Guidelines. Future versions will work towards incorporating all Action Sheets.

In the current draft version no distinction has been made yet between preparedness and response.

We focused on feasibility, thereby emphasizing parts of the guidelines that were considered feasible and compatible within the Nepal context and should be considered as minimum requirements for the emergency response.

General

1. Overall Objective

- To provide local or outside support that aims to protect or promote psychosocial wellbeing and / or prevent or treat mental disorder on the basis of the UN IASC Guidelines that will enable humanitarian actors and communities plan, establish and coordinate a set of minimum multi sectoral responses to protect and improve people's mental health and psychosocial well-being in the midst of an emergency.

2. Specific Objectives

- Work closely with the Government of Nepal and local level stakeholders to ensure the mental health and psychosocial support to the all people suffering from a result of the emergency.
- Ensure effective coordination, monitoring and information sharing among cluster members especially with Health and Protection cluster to facilitate effective emergency response.
- Ensure that a rapid and ongoing mental health and psychosocial assessment is conducted, findings disseminated and appropriate response delivered.
- Ensure Mental Health and Psychosocial Cluster members and their district level partners are trained and adhere to provide effective basic to optimal mental health and psychosocial support for those in need.
- Monitor, report and advocate for mental health and psychosocial support, in collaboration with Health Cluster and Protection Cluster.
- Establish and strengthen strategic partnerships and linkages with other partner/clusters in order to respond effectively to emergency

3. Standard Guiding Response

- IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (English and Nepali version).
- IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings - Check List for Field Use (English and Nepali version).

4. Cross-Cutting Issues

- Mental Health and Psychosocial Support in emergencies (especially floods).
- Need of assessment, planning and implementation of different level of mental health and psychosocial support in any sort of emergencies in Nepal.
- Provision of mental health and psychosocial support with other basic needs of human life from the beginning of emergency.
- Mental Health and Psychosocial support to children, women, adult and elderly people are real needs of emergencies.
- Mental Health and Psychosocial Support Cluster works with Health and Protection Cluster.

Cluster Members and Collaborative Partners:

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Overview: Standard Operating Procedures (SOPs) on MHPSS:

SOPs Sections	Focal Organization	Page No.
1. Coordination	UNICEF, TPO	9
2. Assessment, monitoring and evaluation	TPO	12
3. Protection and human rights standards	OHCHR, CMC Nepal	13
4. Human resources	TPO, DPHO, DISTRICT HOSPITAL, UNICEF, WHO, CMC, WOREC, CVICT	14
5. Community mobilization and support	TPO Nepal	15
6. Health services	WHO	16
7. Education	UNICEF, SC Alliance, IRC	17
8. Dissemination of information	DPNet, Media Channels, Red Cross Circle, FCHW, Youth Group	18
9. Food security and nutrition	WFP, TDH	19
10. Shelter and site planning	Ministry of Home affairs, Ministry of Peace and Reconstruction, DDC, CDO, LWF, CARITAS, IOM	20
11. Water and sanitation	DPHO, Ministry of Health, WHO, UNICEF	21

1. Emergency Procedure MHPS 1: Coordination

Name of procedure: Establish coordination of inter-sectoral mental health and psychosocial support.

[IASC MHPSS Guidelines: Action Sheet 1.1]

Number: Version 1, 20/04/09

Objective: To determine coordination mechanisms, roles and responsibilities at local, regional, national and international levels in term of MHPSS in emergency.

Key Actions:

1. Activate or establish an inter-sectoral MHPSS coordination group.
 2. Coordinate program planning and implementation.
 3. Develop and disseminate guidelines and coordinate advocacy.
 4. Mobilize resources
- Check for details in IASC Guidelines on MHPSS in ES, Page 33-37

Responsible Agencies:

- UNICEF
- TPO Nepal

Steps:

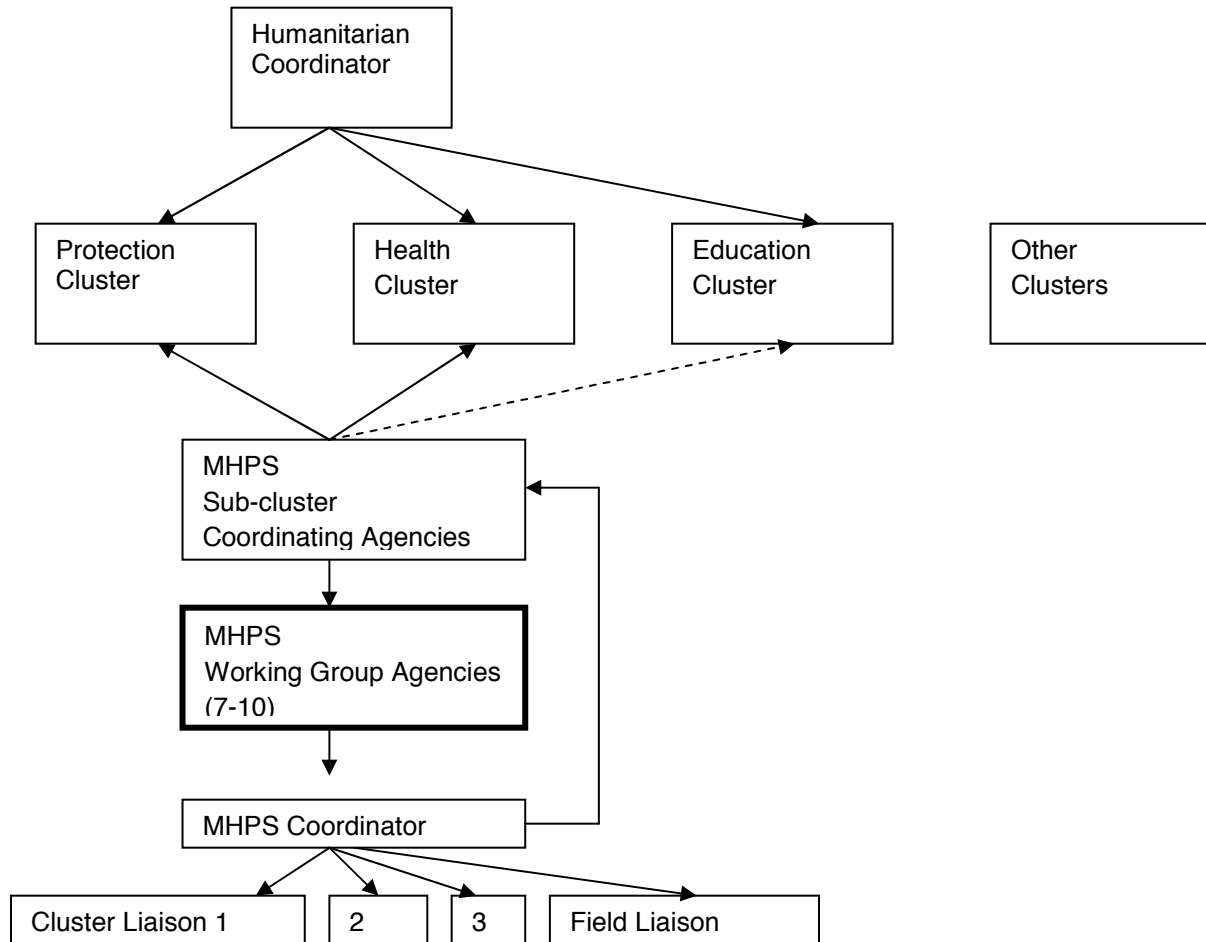
1. Start collecting and verifying information on disaster situation
2. Communicate with WG and hold ongoing regular meetings
 - a. UNICEF (chair)
 - b. TPO (chair)
 - c. WHO
 - d. TdH
 - e. CMC
 - f. Mental Health Hospital
 - g. IRC
 - h. BP Koirala
 - i. TUTH
 - j. Nat Red Cross Soc
 - k. Disaster Unit/ ECDC (gov. focal point)
3. Establish 24-hour land-line accessibility of WG members on rotation basis
4. Ensure WG assigns a MHPS Coordinator (person), who reports back to Sub-Cluster Coordinators:
 - a. Assign liaison person for field, who reports to MHPS coordinator
 - b. Assign liaison person for combined sectors, who report to MHPS coordinator
 - One person for Health, Protection, HR
 - One person for Education, WASH, Food& Nutrition
 - One person for Assessment, Community Mobilization, Shelter, Information
5. Activate sectors with (using the) MHPS contingency plan

- a. Coordinators communicate with Cluster Liaison for communication response
 - b. Coordinators communicate with OHCHR for HR & protection
 - c. Coordinator communicate with TdH for Nutrition
 - d. Coordinators communicate with TPO for Assessment
 - e. Coordinators communicate with CMC for Health
 - f. Coordinators communicate with TPO for human resources
 - g. Coordinators communicate with UNICEF/DEO for education
 - h. Coordinators communicate with Min of Construction for shelter
 - i. Coordinators communicate with DDC for WASH
 - j. Coordinators communicate with NRCS for community mobilization
6. Activation of external agencies:
- a. The Coordinator will deploy/ensure BP Koirala Institute of Health Science go to or contacts DHO for the coordination in MHPSS issues during emergency.
 - b. CMC Nepal will ensure coordination with DEO.
7. Collect information about the on going coordination.
8. Ensure Working Group prepares common MHPSS appeal for funding, send through clusters and follow-up.
9. Monitor implementation of IASC guidelines by each sector
- a.
 - b. Coordinators communicate with Cluster Liaison for HR & protection
 - c. Coordinators communicate with Cluster Liaison for Nutrition
 - d. Coordinators communicate with Cluster Liaison for Assessment
 - e. Coordinators communicate with Cluster Liaison for Health
 - f. Coordinators communicate with Cluster Liaison for human resources
 - g. Coordinators communicate with Cluster Liaison for education
 - h. Coordinators communicate with Cluster Liaison for shelter
 - i. Coordinators communicate with Cluster Liaison for WASH
 - j. Coordinators communicate with Cluster Liaison for community mobilization
10. Coordinators call WG meeting to report back on implementation progress/monitoring.
11. Coordinators share progress with cluster heads.
12. Coordinators convene WG meeting: Based on assessment and immediate response activities to develop recommendations for further implementation
- a. Decide on need for international technical support
 - b. Overview of minimum responses according to IASC Guidelines

List of attachments:

- IASC MHPSS Guidelines & Check list for Field Use MHPSS

Figure 1:



2. Emergency Procedure MPHS 2: Assessment, monitoring and evaluation

Name of procedure: Assessment of mental health and psychosocial issues.
[IASC MHPSS Guidelines: Action Sheet 2.1]

Number: Version 1, 20/04/09

Objective: To conduct assessment and provide recommendations to program

Key Actions:

1. Ensure that assessments are coordinated.
 2. Collect and analyze key information relevant to mental health and psychosocial support.
 3. Conduct assessments in an ethical and appropriately participatory manner.
 4. Collate and disseminate assessment results.
- Check for details in IASC Guidelines on MHPSS in ES, Page 38-45

Responsible Agencies:

- TPO, in close collaboration with DPHO, CDO

Steps:

1. Coordinate with MHPS WG to identify organizations that are assessing psychosocial and mental health issues
2. Develop a matrix with ongoing or planned assessments, specifying areas, target populations and MHPS indicators
3. Coordinate with cluster heads to identify what general assessments are ongoing or planned and inform the coordination group of ongoing and planned MHPS assessments
4. Review ongoing or planned assessments (both general and MHPS-specific) on compatibility and ensure that both needs and available resources are covered
5. MHPS WG decides the necessity for further more detailed assessments
6. Organize a meeting for all agencies planning to conduct MHPS assessments to prepare and harmonize assessment still to be conducted
 - Selection / design of interview guides
 - Selection of target group
 - Training of assessment
 - Logistic preparation
7. Responsible agency reviews content of assessment against IASC Guidelines Assessment Table on pages 40-41.
8. Schedule on-site data collection through MHPS Field Liaison, and in turn with the MHPS Field Liaison persons.
9. Prepare reports with specific attention to developing recommendations. The responsible agency will collate MHPS findings from different assessment reports and submit to the MHPS Coordinator.
10. Organize information sharing and feedback to the MHPS WG and subsequently to the cluster heads
11. Based on continued information the MHPS WG decides on the timing and need of any additional (comprehensive) assessments [go through steps 5-10 anew]

12. Review by the MHPS coordinator on translation of assessment findings into program development and ongoing service provision.

List of attachments:

- IASC MHPSS Guidelines & Check list for Field Use MHPSS
- Draft Assessment Format developed for the IASC MHPSS Guidelines Reference Group

3. Emergency Procedure MHPS 3: Protection and human rights standards

Name of procedure: Apply a human rights framework through mental health and psychosocial support.

[IASC MHPSS Guidelines: Action Sheet 3.1]

Number: Version 1, 20/04/09

Objective: To ensure the delivery of mental health and psychosocial well being from RBA.

Key Actions:

1. Advocate for compliance with international human rights standards in all forms of mental health and psychosocial support in emergencies.
 2. Implement mental health and psychosocial supports that promote and protect human rights.
 3. Include a focus on human rights and protection in the training of all relevant workers.
 4. Establish – within the context of humanitarian and pre-existing services – mechanisms for the monitoring and reporting of abuse and exploitation.
 5. Advocate and provide specific advice to states on bringing relevant national legislation, policies and programs into line with international standards and on enhancing compliance with these standards by government bodies (institutions, police, army, etc.).
- Check for details in IASC Guidelines on MHPSS in ES, Page 50-55

Responsible Agencies:

- OHCHR
- CMC

Steps:

1. Incorporate psychosocial issues in the orientation sessions organized by the Protection cluster, Child Protection sub cluster and Gender-based Violence sub cluster.
2. Work with the Protection cluster in finalizing the content and preparing draft training package which is adapted to the cultural context.
3. Undertake rapid resources mapping in the local/ district and national level in psychosocial and mental health and prepare the team of trainers who will later be mobilized for the Emergency Training.
4. Conduct ToT for the trainer and refresher as part of the preparedness phase.
5. Train Human Right workers on psychosocial and mental health issues
6. Coordinate with Protection cluster on the training of security personnel and incorporate psychosocial topics in the training
7. Provide orientation to the pre-existing social structure such as child clubs, women's groups, youth groups and other community stakeholders in order to lessen risk of stigmatization of survivors of human rights violations.

8. Include mental health and psychosocial issues in the code of conduct issued by the Protection cluster so the humanitarian action will not cause problems and create problems to the community people.
9. Undertake advocacy against the protection threats to the affected population and the humanitarian actors in the field (e.g. frequent strikes, threats to the staff)
10. Advocate to address psychosocial needs of the humanitarian workers in sector planning
11. Respond to the needs of violence survivors and provide psychosocial support through the Community Psychosocial Worker and Psychosocial Counsellor

List of attachments:

- IASC MHPSS Guidelines & Check list for Field Use MHPSS

4. Emergency Procedure MHPS 4: Human resources

Name of procedure: Organize orientation and training of aid workers in mental health and psychosocial support.

[IASC MHPSS Guidelines: Action Sheet 4.3]

Number: Version 1, 20/04/09

Objectives:

- To raise awareness on MHPSS
- To screen for different levels of mental health needs

Key Actions:

1. Prepare a strategic, comprehensive, timely and realistic plan for training.
2. Select competent, motivated trainers.
3. Utilize learning methodologies that facilitate the immediate and practical application of learning.
4. Match trainees' learning needs with appropriate modes of learning.
5. Prepare orientation and training seminar content directly related to the expected emergency response.
6. Consider establishing Training of Trainers (ToT) programs to prepare trainers prior to training.
7. After any training, establish a follow-up system for monitoring, support, feedback and supervision of all trainees, as appropriate to the situation.
8. Document and evaluate orientation and training to identify lessons learned, to be shared with partners and to enhance future responses.

➤ Check for details in IASC Guidelines on MHPSS in ES, Page 81-86

Responsible Agencies:

- UNICEF
- WHO

Steps:

1. Consult all MHPS actors to create an overview of agencies able to engage in capacity building trajectories for aid workers
2. Develop a joint plan for training within the MHPS WG to be submitted to MHPS Coordinator
3. Coordinate with cluster heads about the scheduling of ongoing and planned training courses for aid workers and arrange for inclusion of MHPS component
4. Define common selection criteria for trainers within the MHPS WG
5. Contact the MHPS Field Liaison to arrange selection of trainers from the affected areas
6. Decide on common framework and content of training course, based on existing tool-kit for training courses developed by the Reference Group for IASC MHPS Guidelines.

7. Adapt content and language, including materials, of the training course based on the context of the emergency
8. Arrange and conduct training courses, to be coordinated by MHPS Field Liaison in close collaboration with aid agencies active in the emergency
9. Ensure technical backstopping to trainers by member organizations of the MHPS WG

List of attachments:

- IASC MHPSS Guidelines & Check list for Field Use MHPSS
- Tool-kit for MHPS training courses during emergencies [Draft]

5. Emergency Procedure MHPS 5: Community mobilization and support

Name of Procedure: Facilitate conditions for appropriate communal, cultural, spiritual and religious healing practice.

[IASC MHPSS Guidelines: Action Sheet 5.3]

Number: Version 1, 20/04/09

Objective: To identify and promote positive healing practices

Key Actions:

1. Approach local religious and spiritual leaders and other cultural guides to learn their views on how people have been affected and on practices that would support the affected population.
 2. Exercise ethical sensitivity.
 3. Learn about cultural, religious and spiritual supports and coping mechanisms.
 4. Disseminate the information collected among humanitarian actors at sector and coordination meetings.
 5. Facilitate conditions for appropriate healing practices.
- Check for details in IASC Guidelines on MHPSS in ES, Page 106-107

Responsible for procedure:

- TPO Nepal

Steps:

1. Rapid mapping of the community based organizations and the resources in the emergency setting through free listing with the community members
2. Develop guideline on working strategies with the other clusters in order to incorporate psychosocial services/activities while working with the community stakeholders within different clusters
- ~~2-3.~~ Recommend on how to address the spiritual healing to other cluster members
- ~~3-4.~~ Coordinate all efforts with the “watch group” formed by the Protection cluster, IDPs group, Camp management committee, volunteers and health and nutrition workers in the camp areas
- ~~4-5.~~ Advocate to use different methodologies for the awareness purpose and for the involvement of the community members in different response programs and make recommendation as per the IASC guideline on mental health and psychosocial page 102-103
- ~~5-6.~~ Coordinate with safe space facilitators, Early Child Hood Development Centre, Temporary Learning Centre for the peer support group for facilitators and make the environment of sharing with the psychosocial counsellor.
- ~~6-7.~~ Advocate for the information sharing mechanism through cluster updates and within other relief efforts of the Protection cluster.

7.8. Advocate involvement of mothers and elderly women as safe space facilitators, CPSWs and watch group members, who can better contribute on the child development, in relation to local child rearing practices, and identify hidden protection threats in their own community.

List of attachments:

- IASC MHPSS Guidelines & Check list for Field Use MHPSS
- Assessment and monitoring tools

6. Emergency Procedure MHPS 6: Health services

Name of procedure: Include specific psychological and social considerations in provision of general health care.

[IASC MHPSS Guidelines: Action Sheet 6.1]

Number: Version 1, 20/04/09

Objective: To incorporate MHPSS into health services (Cluster) during emergency.

Key Actions:

1. Include specific social considerations in providing general health care.
2. Provide birth and death certificates (if needed).
3. Facilitate referral to key resources outside the health system.
4. Orient general health staff and mental health staff in psychological components of emergency health care.
5. Make available psychological support for survivors of extreme stressors.
6. Collect data on mental health in PHC settings.

➤ Check for details in IASC Guidelines on MHPSS in ES, Page 116-122

Responsible Agencies:

- WHO
- BPKH

Steps:

1. Strengthen the national capacity of health systems through DHOs for providing MHPSS in emergencies
2. Develop emergency preparedness plans for institutions
3. Map existing formal and non-formal resources and practices
4. Promote gender- and age-disaggregated health information systems that cover essential mental health data
5. Train staff in culturally appropriate clinical care of survivors of gender-based and other violence, linking with the GBV Sub-cluster
6. Orient health staff in psychological first aid
7. Bring the national essential drug list in line with the WHO
8. Develop a model Essential Drug List and prepare emergency stocks of essential psychotropic medications
9. Implement strategies for reducing discrimination and stigma of people with mental illness and/or mental disability
10. Develop capacity to prevent and address harm related to alcohol and other substance use

List of attachments:

- IASC MHPSS Guidelines & Check list for Field Use MHPSS

7. Emergency Procedure MHPS 7: Education

Name of procedure: Strengthen access to safe and supportive education.
[IASC MHPSS Guidelines: Action Sheet 7.1]

Number: Version 1, 20/04/09

Objective: To strengthen access to safe and supportive education in terms of MHPSS issues.

Key Actions:

1. Promote safe learning environments.
2. Make formal and non-formal education more supportive and relevant.
3. Strengthen access to education for all.
4. Prepare and encourage educators to support learners' psychosocial well-being.
5. Strengthen the capacity of the education system to support learners experiencing psychosocial and mental health difficulties.

➤ Check for details in IASC Guidelines on MHPSS in ES, Page 148-156

Responsible Agencies:

- UNICEF
- Save the Children
- IRC

Steps:

1. Appoint psychosocial focal point in Education cluster in collaboration with the Education cluster head.
2. Collect information on the educational system and resources in the community.
3. Meet with education coordination group – focal point identification.
4. Identify psychosocial gaps within the education sector
5. Share information with education stakeholders
6. Preparation for filling the gap – training content, selection of trainers, logistic preparations
7. Provide training on psychosocial issues for teacher of Temporary Learning Centres, safe space facilitators, ECD facilitators etc.
8. Prepare guidelines on how education workers can provide psychosocial support (PFA) to school children in Emergency
9. Share the guideline with the Education cluster
10. Prepare the referral channels for those children who are having psychosocial problems
11. Coordinate psychosocial activities with the Education cluster and vice versa

List of attachments:

- IASC MHPSS Guidelines & Check list for Field Use MHPSS

8. Emergency Procedure MHPS 8: Dissemination of information

Name of procedure: Provide information to the affected population on the emergency, relief efforts and their legal rights.

[IASC MHPSS Guidelines: Action Sheet 8.1]

Number: Version 1, 20/04/09

Objectives: To ensure accurate and timely information dissemination to all concerned.

Key Actions:

1. Facilitate the formation of an information and communication team.
 2. Assess the situation regularly and identify key information gaps and key information for dissemination.
 3. Develop a communication and campaign plan.
 4. Create channels to access and disseminate credible information to the affected population.
 5. Ensure coordination between communication personnel working in different agencies.
- Check for details in IASC Guidelines on MHPSS in ES, Page 157-162

Responsible Agencies:

- DP Net

Steps:

1. Develop a small communication team, consisting of responsible agency, members of the MHPS WH, media and/or other agencies
2. Collate an overview of information about the emergency situation, integrating information from conducted assessments
3. Assess the gaps in information at the field level, via the MHPS Field Liaison, and coordinate with cluster heads about needs for further assessments to bridge gaps in information
4. Coordinate with MHPS Coordinator and Cluster heads about new information
5. Share information with all actors in emergency settings through local information centre
6. Collect, produce and disseminate IEC Materials to all concerned

List of attachments:

- IASC MHPSS Guidelines & Check list for Field Use MHPSS

9. Emergency Procedure MHPS 9: Food security and nutrition

Name of procedure: Include specific social and psychological considerations (safe aid for all in dignity, considering cultural practices and house hold roles) in the provision of food and nutritional support.

[IASC MHPSS Guidelines: Action Sheet 9.1]

Number: Version 1, 20/04/09

Objectives: To ensure mental health and psychosocial support is considered in nutrition.

Key Actions:

1. Assess psychosocial factors related to food security, nutrition and food aid.
 2. Maximize participation in the planning, distribution and follow-up of food aid.
 3. Maximize security and protection in the implementation of food aid.
 4. Implement food aid in a culturally appropriate manner that protects the identity, integrity and dignity of primary stakeholders.
 5. Collaborate with health facilities and other support structures for referral.
 6. Stimulate community discussion for long-term food security planning.
- Check for details in IASC Guidelines on MHPSS in ES, Page 168-173

Responsible Agencies:

- WFP for food
- TDH for nutrition

Steps:

1. Map food and nutrition workers in the field
2. Orient the field workers on psychosocial issues
3. Contact key organizations experienced in nutrition: collect, collate and disseminate information to all concerned on the food habit of the emergency affected population
4. Advocate for consideration of MHPSS issues in food and nutrition
5. Coordinate with existing local Government agencies.
6. Coordinate with the health cluster and set up the referrals among the health and MHPSS support cluster

List of attachments:

- IASC MHPSS Guidelines & Check list for Field Use MHPSS

10. Emergency Procedure MHPS 10: Shelter and site planning

Name of procedure: Include specific social considerations (safe, dignified culturally and socially appropriate assistance) in site planning and shelter provision in coordinated manner.
[IASC MHPSS Guidelines: Action Sheet 10.1]

Number: Version 1, 20/04/09

Objective: Site planning and shelter provision is available, agreed by stakeholders in terms of MHPSS

Key Actions:

1. Use a participatory approach that engages women and people at risk in assessment, planning and implementation.
2. Select sites that protect security and minimize conflict with permanent residents.
3. Include communal safe spaces in site design and implementation.
4. Develop and use an effective system of documentation and registration.
5. Distribute shelter and allocate land in a non-discriminatory manner.
6. Maximize privacy, ease of movement and social support.
7. Balance flexibility and protection in organizing shelter and site arrangements.
8. Avoid creating a culture of dependency among displaced people and promote durable solutions.

➤ Check for details in IASC Guidelines on MHPSS in ES, Page 174-178

Responsible Agencies:

- LWF
- CARITAS
- IOM

(in close collaboration with Ministry of Home and DDC and CDO)

Steps:

1. Arrange for participatory assessment in emergency affected areas, in collaboration with MHPS Field Liaison and Field-Based Cluster head responsible for shelter and site planning
2. Discuss with the community members on the previous practice on personal hygiene so the material would be distributed as according to the needs of the community
3. List cultural requirements for shelter for affected populations as a result of assessment
4. Advocate to implement program for the host community so that the conflict between host community and the camp community would be minimized
5. Develop recommendations for solutions and/or improvements of current procedures to the Cluster responsible for shelter and site planning, through the MHPS coordinator
6. Conduct ongoing assessment and supervision of the socio-cultural needs related to shelter, and update cluster head about progress

List of attachments:

- IASC MHPSS Guidelines & Check list for Field Use MHPSS

11. Emergency Procedure MHPS 11: Water and sanitation

Name of Procedure: Include specific social consideration (Safe and culturally appropriate access for all in dignity) in the provision of water and sanitation.

[IASC MHPSS Guidelines: Action Sheet 11.1]

Number: Version 1, 20/04/09

Objectives:

- To ensure equal access to safe drinking water and water for washing.
- To ensure culturally acceptable equal access to sanitation.

Key Actions:

1. Include social and cultural issues in water and sanitation and hygiene promotion assessments.
2. Enable participation in assessment, planning and implementation, especially engaging women and other people at risk.
3. Promote safety and protection in all water and sanitation activities.
4. Prevent and manage conflict in a constructive manner.
5. Promote personal and community hygiene.
6. Facilitate community monitoring of, and feedback on, water and sanitation facilities.

➤ Check for details in IASC Guidelines on MHPSS in ES, Page 179-182

Responsible Agencies:

- WHO
- UNICEF

(in close collaboration with Ministry of Health and DPHO)

Steps:

1. Communicate with the WASH Cluster head on mainstreaming psychosocial component
2. Plan psychosocial component in training plans
3. Discuss within emergency affected area the cultural norms related to the usage of latrines, to be coordinated by MHPS Field Liaison
4. Ensure there are Separate sanitation facilities for men and women.

List of attachments:

- IASC MHPSS Guidelines & Check list for Field Use MHPSS