IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings: An Implementation Case of Ukraine
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Context of the conflict: Timeline

**February 2014**
President Viktor Yanukovych flees following mass protests in Kyiv

**April 2014**
Armed groups take control of parts of the eastern Donbas region

**June 2014**
Ceasefire agreement reached, however, violence continued disproportionately affecting civilians in the area

**November 2013**
Protests commence in Kyiv

**March 2014**
Crimea crisis erupts

**May 2014**
Presidential elections. Self-proclamation of so-called ‘Donetsk people’s republic’ & ‘Luhansk people’s republic’

**August 2014**
Preliminary Response Plan launched
Conflict Effects in Numbers

**Breakdown of People in Need of Humanitarian Assistance**

<table>
<thead>
<tr>
<th>Areas along the ‘Contact Line’</th>
<th>Non-Government Controlled Areas (including CL)</th>
<th>Targeted IDPs in Government Controlled Areas</th>
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</thead>
<tbody>
<tr>
<td>0.8M</td>
<td>2.7M</td>
<td>0.2M**</td>
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<tr>
<td>0.2M GCAs</td>
<td></td>
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<tr>
<td>0.6M NGCAs</td>
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[Map of Ukraine showing different regions affected by conflict]
Factors influencing MHPSS

5 million internally displaced and conflict-affected people, including forced displacement

• Chronic stress associated with displacement
• Trauma associated with military actions: veterans and civilians.
• Increased vulnerability of population with pre-existing mental disorders
MHPSS effects

- These factors place them at increased risk of developing mental health difficulties which, if not identified and addressed as quickly as possible, could develop into more serious disorders requiring more intensive interventions and increasing the chances of longer term disability.

- The current conflict has also placed those with pre-existing mental disorders in an increasingly vulnerable situation as mental health facilities and services are stretched beyond capacity, disrupted or destroyed and specialist staff are displaced.
The Context of Ukraine’s existing MHPSS services

• Mental health infrastructure largely based on the soviet system
• No law on psychotherapy describing evidence – based interventions clearly
• No qualification standards: clinical psychology major is provided by medical universities
• No state funding for MHPSS non-drug interventions
• No health screening mechanisms for IDPS
• Lack of formal referral systems
• Existing human resources: school developmental psychologists, social workers, emergency response psychologists, pull of volunteers / psychologists; health system psychiatry, primary health care
Humanitarian response context

- Help focused on IDPs while neglecting the local population and active military
- Uneven aid distribution: concentrated in the east at the borderline causing beneficiary chase
- Difference in needs for each target group affected by the conflict by geographical areas: resilience & coping vs reintegration
- Cluster system not very operational
- "Helicopter" trainings by international community
- Disconnect between state, volunteer, INGO communities (lack of coordination)
- IASC MHPSS in Emergency Settings Guidelines project started 2 years after the conflict began
IASC Guidelines in Ukraine

• Important in current emergency context in provision of conflict-related humanitarian aid in the MHPSS domain (and other kinds of aid) - creating an emergency system that can work now and in the future.

• Also important because of opportunity “window” created by emergency for potential systems-level change – can impact reforms made to MHPSS system to persist long after conflict ends.
International Medical Corps: Dual-level approach

• Capacity-building of 5 local partner organizations serving conflict-affected populations in line with IASC Guidelines
  – Organizational assessment using IASC-informed “Capacity Assessment Tool” and implementation of tailored training/mentorship approach for each partner

• Influencing system-level change through “IASC Task Force” to operationalize IASC Guidelines in Ukraine
Task Force Composition

Bridging major stakeholders:

• Government: 4 key ministries: social policy, health, education, emergency, ministry of occupied territories
• International humanitarian aid: 4 INGOs
• Local Volunteer Organizations: Local NGOs
• Educational Institutions
Development Process

PROOFREAD & EDIT
(Aug-Sept, 2016)

APPLICATION TO UKRAINIAN SETTING
(Sept-Nov, 2016)

RAISE AWARENESS
DISSEMINATE
(Jan-Apr, 2017)

- GLOSSARY Proofread
- IASC Guidelines Proofread
- CASE STUDIES incorporated
- GUIDANCE NOTES Addendum

GLOSSARY
IASC Guidelines
PARTS
CASE STUDIES
GUIDANCE NOTES

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

IASC
Керівництво МПК з психічного здоров'я та психосоціальної підтримки в умовах кінцевої ситуації
Operational Contextualization

• Guidance Notes

Structure: **Summary; Background; Recommended actions; Key messages; Key terminology; Example/case study; Resources**

• Multilayers support pyramid regional mapping
Operational Contextualization

- Case – examples: from 5 partner organizations
Procedural Requirements & Recommendations

Request for IMC Support

- TF Member
- Organization/Institution
- Date of Meeting/Event
- Place
- Agenda
- Participants number

Supporting Documents

- Agenda
- List of Participants
- Minutes

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Note:
- PPP on IASC from TF meeting # 1 can be used for APPLICATION TO UKRAINIAN SETTING.
- PPP on IASC (extended version) can be used for RAISE AWARENESS / DISSEMINATE.
Visual contextualization

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings
Dissemination Strategy

• A package (hard copy and electronic version):
  1. Translation of Guidelines. Links updated
  2. Guidance notes on Ukrainian settings
  3. Referral list based on a pyramid specific to the region
  4. Training Manual

• Training TOT
  1. Training manual
Dissemination Plan

STATE

• Meetings of the Task Force Members (April – May)

• Presentations to the relative Ministers, organized by the TF members, conducted jointly with the IMC and IASC Consultant (May)
Dissemination Plan

INGOS:

• Mailing through the IASC RG – support needed
• Meetings with the key INGOs in Ukraine to present the packages
• MHPSS sub-cluster
Challenges and Successes

- The pre-existing divide of MHPSS providers at state\civil society\ingo levels
- Lack of support from local INGO representatives of MHPSS programing.
- The pre-existing dominance of MH in the realm of psychiatry. No PSS as such before the conflict
- Guidelines are NOT Standards
- Implementation mistakes: no selection criteria for the translation agency, edited 3 times.
- Language : Ukrainian OR Russian

- Provided clear links between Guidelines and how they can be and communicated the benefits for each stakeholder
- Identified and communicated the value for each TF member, built partnerships
- Positioned the guidelines as a common frames of reference\common language
- Choose a local academic partner for translation and editing. You will benefit from the quality and have another venue for dissemination
- Listened, were flexible, prioritized the local MHPSS development
- Language : Ukrainian AND Russian
Available Resources of IASC-RELATED DOCUMENTS available in Ukrainian and Russian

UKR/RUS: IASC Guidelines on MHPSS in Emergency Settings. Checklist for Field Use
UKR: Recommendations for Conducting Ethical Mental Health and Psychosocial Research in Emergency Settings
UKR: Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support. Manual with Activity Codes

Please, encourage your programs in Ukraine to contact IMC Ukraine – for coordination, information exchange, access to the MHPSS Guidelines IASC materials in Ukrainian and/or Russian, MHPSS sub-cluster participation!

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Recommendations

• Start disseminating guidelines (Check-list) at the very early stage of response: INGOs are the carriers of benchmarking standards

• Develop a training package on MHPSS IASC guidelines: teach your staff, include into induction for the local partners, EG: “do-no” harm through clusters’ meetings, any other coordination networks

• Identify active and operational members of the community and do “Buy-in” with them

• Start contextualization early: consider the system of case collection for your own organizational practices from the fields, to use for follow-up \ revision of guidelines

• Link it to the context: design local cover; engage with a local academia into translation\editing process

• Update the links: nearly 50% of the resources are no longer available and have to be updated
Tack !