Development and Implementation of a Minimum Services Package (MSP) for Mental Health and Psychosocial Support (MHPSS) in Humanitarian Settings

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Background

September 7, 2018: The Dutch government hosted a meeting of international experts on MHPSS in conflict and emergency settings.

Objective: To identify actions the Dutch Government could develop and lead globally in three areas:

1- field level programme delivery;
2- global and national advocacy; and
3- international financing for MHPSS in emergencies.

Outputs of the Meeting: Identification of key problems in each of the three areas and explored potential solutions.
One of the key problems identified:

While standards and guidelines exist, there is an absence of a package to assist humanitarian actors working across these sectors to operationalise these various standards and guidance.

A need to innovatively bring together a clear set of practical actions (or activities) for:

1- emergency preparedness,
2- the prevention of MHPSS problems, and
3- initial response to MHPSS needs;

... and to do so with approaches that optimise the potential for sustainable MHPSS and care across the health, child protection, and other sectors.
What is the MSP?

A Minimum Services Package (MSP) will operationalise:

- The globally accepted IASC Guidelines on MHPSS in Emergency Settings, as well as;
- Other established guidance that includes MHPSS action, including:
  - Sphere Standards
  - CP Minimum Standards

... to offer predictable, costed and clear direction for optimal MHPSS programs.
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<th>A Minimum Services Package <strong>IS:</strong></th>
<th>A Minimum Services Package is <strong>NOT:</strong></th>
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<tr>
<td>▪ A <strong>costed and essential package of SMART actions</strong> by humanitarian actors in emergency settings;</td>
<td>▪ A set of kits, supplies or isolated activities without preparedness training or coordination;</td>
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<td>▪ <strong>Minimum actions</strong> implemented as a starting point for MHPSS and services;</td>
<td>▪ A complete MHPSS program <strong>implemented alone, without transition to broader services over time;</strong></td>
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<td>▪ <strong>Based in evidence</strong> for effectively promoting MHPSS in emergencies and accurately pricing cost-effective activities;</td>
<td>▪ A ‘blindly’ implemented set of activities that are <strong>not based in evidence or without cost projections;</strong></td>
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<td>▪ Developed to <strong>operationalise existing standards</strong>, such as Sphere and <strong>recommended actions of the IASC Guidelines for MHPSS in Emergency Settings</strong>;</td>
<td>▪ <strong>Highly specialized or secondary activities</strong> implemented only after recovery has begun;</td>
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<td>▪ Stringently <strong>demonstrated with detailed protocols for implementation</strong> and an <strong>evaluation</strong> of that process;</td>
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<td>▪ <strong>Built collaboratively</strong> with multiple stakeholders, experts and groups, and informed by learnings from others (including UNFPAs reproductive health team)</td>
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What topics will the MSP focus on?

**MHPSS crosses over many sectors**

As outlined in the IASC MHPSS Guidelines: **MHPSS needs to be a consideration in all aspects of emergency response.**

However, MHPSS interventions are most commonly needed, integrated and programmed in the following sectors: **health, community mobilization, nutrition, protection (including child protection) and education.**

Establishing a MSP for **all sectors** is necessary in the long term

→ The **first chapters of the MSP** will focus on two key humanitarian response sectors: **Health and [child] protection, with other topics to follow.**
What will the process for MSP development look like?
Consultations & Design

**Ongoing consultation** throughout phases of development & demonstration of the MSP

The design phase will:

- **Ensure all non-sectoral aspects of the guidelines** *including coordination, prevention, community mobilization, dissemination of information, human resources, human rights*, *are incorporated to the recommended and costed actions.*

- Safeguard the cross-over nature of MHPSS
  - Making sure the MSP structure, design, interventions and approaches *do not separate the concept of mental health* (such as by only being managed via health and focused predominantly on adults) and *psychosocial support* (such as by only being akin to child protection and not linked to health, education, or adult needs).
Considerations for Development

The idea of a minimum services package is **not new in humanitarian work**. Some of UNFPA’s key learnings, shared with WHO and relevant to this proposed work, include:

- Ensuring **multi-agency and organisation inclusion in development**, review, testing and finalisation of materials; and including local partners and member states in field level planning and implementation.

- **Including all phases of an emergency in the key actions of the MSP**, including emergency preparedness, preventative and curative-responsive actions;

- **Including multi-faceted approaches to training**, such as traditional, class-based, online, video, and other interactive resources;

- **Planning at the outset for systematic dissemination** of materials at national, regional and global levels, including in collaboration with clusters, working groups, donors, and member states.
WHO and UNICEF will jointly develop and demonstrate implementation of the MSP for MHPSS by employing a strategy that:

- engages and involves the relevant health and protection groups and clusters and their member organisations;
- builds consensus throughout the MSP development phases;
- disseminates learnings from implementation sites; and
- encourages the final MHPSS MSP to be endorsed (and therefore used) by the majority of humanitarian response organisations in ongoing and future emergencies.
Demonstration Sites

*Five countries* affected by humanitarian crises will be selected in different regions.

- **5 countries per chapter**
  (sites may overlap with joint demonstration of developed chapters)
Who is Involved? (Ideal Scenario- what we will work towards)

Various actors are involved to ensure that the MSP chapters are reviewed, demonstrated, shared and widely disseminated:

**Project Steering Committee**

Provide oversight and assurance of inter-sectoral representation of MSP development and implementation.

- Other partners (e.g., UNFPA, NGOs, iNGOs, experts in cross-cutting issues)

[Involved throughout project timeline]

**Engagement of Key Humanitarian Actors & Consultation Groups**

- IASC MHPSS RG
- Health Cluster
- Protection Cluster

+ Key Humanitarian Actors involved in Demonstrating use of the MSP in the field
Any questions?