A GLOBAL NGO NETWORK FOR PRINCIPLED AND EFFECTIVE HUMANITARIAN ACTION

UNHCR's nineteenth meeting with NGO partners on preparedness and response to Covid-19 in refugee situations

Theme: Mental health and psychosocial support in displacement contexts

29 July 2020
Online

Moderator & Panelists:

- Stella Ogunlade, Chief, NGO and Civil Society Section, Partnership, and Coordination Service
- Peter Ventevogel, Senior Mental Health Officer, UNHCR
- Fahmy Hanna, Technical Officer, WHO, Co-chair of the IASC Reference Group for Mental Health and Psychosocial Support in Emergencies
- Claire Whitney, Senior Global Mental Health & Psychosocial Support Advisor, International Medical Corps, Lebanon
- Grace Obalim, MHPSS Supervisor, local NGO TPO Uganda.

Participants:

- About 50+, mostly NGOs.

Stella Ogunlade

- Filippo Grandi said, quote, "COVID-19 is not just a physical health crisis but it is now also triggering a mental health crisis. While many refugees and internally displaced people are remarkably resilient and can move forward despite having experienced violence or persecution first-hand, their capacities to cope are now being stretched to the limit". It summarizes well the additional challenge t displaced population face during the pandemic.
- The UN call for action equally emphasizes the need for support and continuation of services for mental health and psychosocial needs for refugees and displaced persons and that services should be considered as essential and part of the national COVID-19 responses.
- Announce a break in the UNHCR-NGO weekly meetings in August and we will restart in September with one meeting during the month.

- Video of two Rohingyas refugees explaining the impact of COVID-19 on their emotional wellbeing.

Peter Ventevogel

- The video shows how the effect of COVID-19 pandemic are quite pervasive and not only directly through health impacts but also related to how assistance is being delivered and how persons of concern have a different outlook on the future, whether their idea about solutions is affected.
- Mental health and psychosocial well-being during the COVID-19 pandemic have become an important issue, it is not a luxury or an afterthought but an essential element of the humanitarian response that the HC already mentioned in his statement a while ago.
- Slide 2: The mental health situation of refugees is not good according to WHO, one in five of conflict-affected people already has significant mental health issues. The baseline is quite high and on the top, there are the COVID-19 issues now.
- It also has effects on how mental health and psychosocial programming is done.
- Slide 4: IASC Operational considerations for multisectoral mental health and psychosocial support programmes during the COVID-19 pandemic written by NGOs and UN agencies define how to adapt mental health and psychosocial services during the pandemic.
- Slide 3: The different stages of the pandemic in a country affect the actions that you need to take. Hardly any countries with no cases exist anymore.

- Most countries are in yellow or in red which has severe impact on how services have been delivered and need to make major adaptations.
- Slide 5: The Emerging Practices: mental health and psychosocial support in refugee operations during the COVID-19 pandemic document showcases activities in refugee operations by UNHCR and partners in how to ensure mental health and psychosocial support (MHPSS) services continued to be delivered.
- MHPSS is not a separate sector, it is intersectoral and cross-sectoral and needs to be realized within health, education, protection programming.
- The document contains dozens of examples from different country operations implemented by UNHCR staff, through our partners and governments.
- The first activity is providing community messages about coping with distress. Many people are distressed, e.g. overburdened caregivers may become sick, stress levels increase due to movement restrictions, income and livelihood opportunities are threatened, there are increased protection risks including intimate partner violence and sexual abuse and exploitation. Important to reach out to the community in a way that speaks the language of the persons we work with.
- E.g. in Bangladesh in cooperation with the NGO Translators Without Borders, IASC made an audio version of the children's book "My Hero is you" because many Rohingya cannot read or write.
- E.g. train first responders on psychological first aid and basic psychosocial skills because people in stressful situations often have strong emotional reactions, fear, sadness. In Niger more than 300 staff from UNHCR and partners were trained in psychological first aid, a set of skills to provide support activities to people in distress and this needs to be trained and spread, through online sessions.
- In many countries, there are now helplines where refugees can talk to ask about services or discuss problems. Important that helplines integrate MHPSS. E.g. in Greece, an helpline was set up by refugees to provide services, they did that with their own initiative in Arabic, Farsi, English, and Greek languages.
- Some people need more than psychological first aid or information about coping mechanisms, and need psychotherapy but how to do it in times when the service providers cannot reach camps anymore? In Tanzania, Burundi, International Rescue Committee national staff, at a certain moment, could not enter the camps and so empowered community mental health workers.
- E.g. people with severe mental health conditions need to continue to have access to clinical services. COVID-19 is not a reason to disrupt those services but you have to organize it in a different way and sometimes that requires advocacy, home visits through community workers, or telephone consultations but you need to stay in touch.
- In Lebanon, the safety measures from the government led to stopping admission of mental health patients with severe symptoms. UNHCR Lebanon has strongly advocated with the government and major institutions and they finally agreed to admit refugees with severe mental health conditions with precautionary measures.
- Psychosocial support should be integrated into protection issues. In Colombia, there were safe spaces for survivors and during the pandemic, survivors continued to receive psychosocial support partially through telephone but sometimes also in person.
- Important to have attention for the well-being of people who provide services and many NGOs and the UN have good systems but not so adapted for refugee providers and outreach workers. In Iraq, psychosocial support sessions were organized in the camps by MHPSS community workers of our partner who supported other refugee support workers in WASH, Health, Nutrition, Shelter etc. and it is a good way to attend to the needs of providers.

Fahmy Hanna

- Will talk about the three main functions of the IASC reference group on mental health and psychosocial support in emergencies in relation to COVID-19 and talk about mental health and psychosocial support global mainstreaming and coordination.
- Slide 2: The reference group was established since 2007 to promote MHPSS guidelines and mainstream it in the humanitarian system. It is composed of NGOs, UN agencies, the Red Cross and Red Crescent societies. It is a 57 members group with a long-standing tradition of having teleconferences at the onset of every emergency to set up the MHPSS coordination, e.g. in Mozambique when the cyclone hit in 2019 or in 2017 with the Rohingyas crisis.
- The same happened with the outbreak of COVID-19 in China even before it spread, we set-up a global call and the reference group members agreed on developing an interim briefing note on addressing MHPSS aspects of COVID-19.
- By early February we had a global document used by many countries for MHPSS into the COVID-19 response. The group continued since February, having weekly calls for all the focal points from different member agencies.
- The UN SG released its Policy brief and the need for action on mental health and endorsed what was agreed by the IASC principals on addressing MHPSS as a cross-cutting issue.
- The UN SG Policy brief highlight the importance of inclusion of MHPSS in all humanitarian response plan and all humanitarian needs overview.
- One of the areas that the MHPSS reference group was very active on is providing global guidance. All the guidances were available early in the response.
- Many documents were translated into over 100 languages and adapted into numerous contexts.
- “My Hero is you” children storybook is using basic psychosocial skills with a comic book format and convey messages in images.
- None of the documents was done by a single agency, there was a very highly participative process by all agencies and a collaborative process in developing them.
- Another common factor in all these documents was the consultation during and after the finalization with the direct beneficiaries.
- For the basic psychosocial skills document, we reached out COVID-19 patients and responders. For the children’s book, we reached out to parents and children.
- Documents were adapted from what we needed with concrete recommendations for MHPSS activities. The interim briefing note focused on key messages to use and adapt for communities.
- The children’s storybook is addressed directly to children aged 6 to 11 and their parents on how to cope with COVID-19 stressors.
- We have over 35 humanitarian emergencies in an active MHPSS technical working group.
- Slide 3: one of the key activities launched was the activation of the support mechanism. The first picture is our first deployed person, Teresa, who served in the function as coordinator in Addis Ababa for the MHPSS technical working group through the support mechanism.
- The second picture is a technical working group in the Philippines, one of the regular remote meetings which allow the group members to participate in country-level MHPSS technical working groups and sometimes convey also capacity building activities.
- The two next pictures are from Syria, a MHPSS activity in a camp and the second one is a mobile team in Aleppo providing services for people with severe mental health conditions.
- The fifth picture is the reference group providing inputs to country-level plan MHPSS technical working groups.
- The next picture is a Burmese animation video of “My Hero is you” and it is also available in Swahili, Arabic, Portuguese, and more.
- The seventh picture is “My Hero is you” in Arabic adapted by NRC.

- A theater group in Germany is now making a number of audio plays using the script from the book and engaging children from different nationalities worldwide in acting in the play.
- The last picture is the version of a group of Zimbabwean blind mothers' volunteers from The Zimbabwean Blind Women Trust who adapted the children story book in braille.
- One of the key achievements around the book is the development of many inclusive versions, e.g. sign language version, numerous languages, animation versions.
- The IASC reference group on MHPSS developed a dedicated webpage for COVID-19.

- Video of MHPSS activities in Jordan.

Claire Whitney

- In the video, we saw International Medical Corps (IMC) MHPSS support programming in Jordan for Syrian refugees and how much the pandemic exacerbates emotional mental health conditions.
- Slide 2: IMC immediately started addressing MHPPS considerations of the pandemic. Efforts were made to identify what guidance was needed so that operationally our teams on the ground could start anticipating what types of modifications might be needed to ensure the transition to remote support for the continuity of clinical care for those with chronic, severe, or moderate mental health.
- We determine how best to support this transition, especially since remote MHPSS is new to humanitarian contexts, and how existing guidance took a lot of work to help teams in operationalizing and responding in a good way.
- The first steps IMC took was to develop concrete guidance for a field test version to help teams to determine how they can start adapting their services and how to explain to existing clients the changes, what that might mean for confidentiality, for accessibility, to help mitigate any risks.
- We worked to train staff to understand how to use the different modalities, depending on the types of settings where they are working and based on what staff and clients, were comfortable with, via telephone, video or messaging.
- Understanding how to address risks through remote support, how to ensure pathways for emergency cases, ensuring safety of beneficiaries, were paramount to the work we did.
- The guidelines are available on IMC mental health integration toolkit dedicated webpage and we are welcoming others who are interested in the field to test the guidance.
- Slide 3: operationalization in the Middle East was where we saw an immediate transition to promote MHPSS. E.g. in Jordan and Lebanon with video consultations.
- The Jordan Ministry of Health and IMC launched a helpline available for free 24/7 and did broad social messaging awareness-raising on common reactions of stress and distress coming out of the pandemic.
- Beneficiaries, with sentiments of emotional distress and other stressors related to the pandemic, could call and receive an assessment and referral for psycho-social care or advanced psychiatric support by utilizing various modalities via phone, apps, video.
- Slide 4: in lower resource context, the different ways that services could continue were limited and challenging. There was a dramatic reduction of the number of clients being seen and those with more chronic and severe conditions were prioritized.
- IMC is ensuring face-to-face consultation for those with severe conditions and remote MHPSS for those with less severe conditions.
- In certain contexts, we are using megaphones for basic messaging around taking care of yourself. In Central African Republic, we are also figuring out a way to deliver WHO psychological interventions called "problem management plus" by phone. It is still an ongoing learning and adaptation process for us.

- Slide 5: Highlight the well-being of staff especially frontline responders. They have a lot of stress and distress related to the pandemic. Important to ensure that these considerations are prioritized. The IASC briefing note highlights the need to look at staff well-being especially with healthcare and helping professions who have exposure risks and additional fears and stress.

Grace Obalim

- Slide 2: update from Uganda, to date 1135 COVID-19 cases, 2 deaths, 990 recoveries, 27 health workers tested positive.
- Slide 3: adaptation activities are being taken, we are testing people, we have institutional quarantine centers, 17 treatment centers that are spread all over the country. The Minister of Health launched a campaign called "Tonsemberera" meaning physical distance.
- Call centers spread all over the country and is receiving calls.
- The Minister of Health set up task forces both at national and local levels.
- Slide 4: MHPSS adaptation. The first adaptation is tele-psychology which was initially launched by TPO Uganda and War Child Holland. 5 partners joined. We have been able to respond to 2500 calls through the helpline. Recurrent issues are related to food shortages.
- We adopted the remote psychological first aid during the pandemic.
- Other activity that partners are doing in Uganda is case management through the use of mobile protection response team.
- Another activity is public awareness and information related to preventive measures, trying to let the community know the psychosocial issues associated with COVID-19 and how they can deal with it. This is being done using community-based structures, door-to-door awareness-raising. Some partners have adopted the use of megaphones, radio talk shows focusing on adjusting and how to cope with MHPSS issues that have shifted with COVID-19.
- There is also a social media campaign, e.g. "Strong Minds" that helps with visual media sharing, and debate focused on addressing MHPSS issues associated with COVID-19.
- Building capacity of a task force was initiated through the national task force on MHPSS and the Ministry of Health.
- We have built capacities for 11 district task forces. We adopted the basic psychosocial skills document developed by IASC.
- Other activity is the dissemination of MHPSS materials, adopted by the Ministry of Health in Uganda but we also adopted WHO and IASC materials.
- Slide 5: Also home-based care adopted by Humanity & Inclusion and War Child Holland. E.g. use of "the Tree of Life" and "Team up" for children in Southwest and West Nile.
- There is also MHPSS clinics, we are delivering MHPSS services to the community or the different health centers. TPO provides therapy and medications.
- We are working in shifts, half the staff work for a week and others work the other week.
- We also follow-up with patients from the treatment in quarantine centers. TPO follows-up patients in Southwest and West Nile. We support and provide them problem-solving skills.
- Coordination meeting: For 2 months, we had biweekly coordination meetings where partners sharing practices, learnings, and discussing ways of adaptation.
- Training frontliners and health workers to the use of MHPSS toolkit.
- Promoting self-care during the pandemic taken up by the national working group for MHPSS in Uganda where we have prepared a talk for all MHPSS partners on how to support staff and encourage self-care during the pandemic.
- Slide 6: experiences and shortcomings since the beginning of the pandemic. We observed the increase of teenage pregnancies and child marriages, violence against children and women, neglect by parents and caregivers due to lack of economic activities, limited livelihood activities, substance abuse, suicidal cases have increased.

- Slide 7: case management through direct interventions. We are using community-based structure and para-social counselors, tele-psychology, mainstreaming of PSS with WASH sector, awareness-raising, introduction of caseworkers, coordination meetings, support to community structures and local and national sharing and learning.

Q&A
ICVA

- The presentations give a sense of how MHPSS services have been able to adapt to the current challenges and you tackled some of the questions we raised previously on the recent technical guidance and guideline.
- To all the speakers, how the MHPSS programming takes into consideration the specific needs of certain groups, particularly vulnerable groups and I am thinking about children in particular. Could you further elaborate?
- MHPSS needs of displaced people across different settings in camp, in non-camp settings or in urban areas might differ. Is it something you look at? If so, how do you address that?
- And to all the speakers, could you further elaborate on how case management is maintained? It was mentioned the use of the helplines for instance, could you elaborate?

Project HOPE

- Could you elaborate on projects targeting health care workers in host communities?

CARE

- Are there any discernible differences of MHPSS needs between men, women, boys and girls and is programming being adapted accordingly?

Fahmy Hanna

- On the vulnerable group question, there are many in this response. For children, IASC has been very active with several products and one of our most widely distributed products was the children storybook.
- We distributed a survey filled by more than 1800 children in more than 90 countries. Based on it we developed the children storybook which explored not only the stressors but also how families and children around the world can cope.
- It is available in more than 120 languages and adapted to more than 35 derivative products, used widely in humanitarian settings all around the world. The book has various activities for teachers but also for parents staying with children at home.
- The mentioned IASC operational consideration includes a dedicated chapter for children and adolescent programming, which is in line with UNICEF operational programming.
- For older adults, we have a dedicated working group within the IASC reference group currently working on a specific product for older adults and their caregivers. It is challenging to develop a product for this age group because in many countries of the world, this group is illiterate more than 50% in places like India, Egypt, and many other places around the world. We need to use more images. We expect the release of this product within the coming 4 to 6 weeks focusing mainly on older adults.
- WHO released last week a support platform focus on caregivers for people with dementia and it has been used and tested in humanitarian settings.
- Adolescents have their own specific needs and concerns. IASC reference group has been active in developing key messages for adolescents. The key messages are available, and we are working on the design. We are raising a call for young designers to engage in designing the key messages.

Claire Whitney

- On case management, for IMC and many agencies across different settings, we have been doing updated mapping so where we would normally have a service mapping for referrals to different community-based services and needs, there have been systematic efforts to update those mappings of what services are still available, if there are any different specifications about how those services are accessed, if any of the different referral points might have availability online or by telephone, etc.
- We are making sure we are able to continue to give updated information on where people can access different services that they might need.
- Within IMC, part of our transition to remote operation, has been ensuring that case management is part of our model. Whether it is a case manager, psychotherapist, psychiatrist, doctors, we continue to have multi-disciplinary case consultations. We are still doing everything we can to ensure the different care providers are talking to each other so we can sustain a more holistic approach to a mental health case management model.
- We have also noticed an increase in intimate partner violence and there have been a lot of efforts to make sure that when those concerns are raised through MHPSS service providers, linkage is made with protection actors.
- The pandemic and the existing challenges were underlying with existing gender, age, economic, and power dynamics. It needs to be understood at contextual and cultural levels. It speaks to the need for having in-depth understandings at the very local level of what the specific challenges are, what the best ways of engaging are, and how to adapt.

Peter Ventevogel

- About vulnerable children and old people, it is important to realize that MHPSS support is not a separate sector. It is a matter also of integrating psychosocial approaches within the work with those vulnerable groups like in child protection, with older people, with LGBTQI. It is about the integration of PSS approaches within the work that is already being done.
- Important to ensure that the more dedicated services talked about specialized counseling services are also adapted to the needs of those people, which means that sometimes you have to adapt your services regarding accessibility.
- Engaging national providers in support when it comes to specific activities in refugee settings is a good point to raise, e.g. in Bangladesh, the MHPSS working group in Cox's Bazaar has organized activities that target national staff both working for the refugee population as well as for vulnerable people in national communities. Important to make sure there is no sharp distinction between refugees and nationals.
- When it comes to working with national workers, a good practice example is from Tanzania. Within the humanitarian context for the Burundian and Congolese refugees, a lot of MHPSS programs had been developed and when COVID-19 started there was already a strong body of professionals. The Ministry of Health in Tanzania asked humanitarian partners to also train staff in Kigoma district and to provide support to them so this is a good example of how the humanitarian world locally was prepared through the long years of experience and that can then contribute to supporting the national system. Usually, we wait for national systems to support us but sometimes in crisis situations it can be the other way around.
- About differences between specific groups particularly men and women, young and old which we always have within MHPSS work, some groups are hard to reach, particularly men. Depressed women will often find a health worker or a counselor. For men, it is difficult to express their problems, something we have not completely solved but it is high on our radar and we need to find different methodologies to work with men. E.g. we shifted psycho-social program opening hours in Istanbul, to organize the services in the evening hours, which we usually do not but our opening hours were during men's work in urban settings.

Grace Obalim

- In addressing the needs of vulnerable group, the best way we have seen case management working during the pandemic is by having close coordination with other partners, using community-based structures, and empowering them.
- The needs of children, men, women during the pandemic varied from one place to another.
- “My Hero is you” book has been highly adopted in Uganda, some partners are adding “Team up” and “the Three of life”. The Swahili version of the book has been used in the Southwest and in Arabic in West Nile.