

**2021 Economic and Social Committee
Humanitarian Affairs Segment
Side-event report**

Title of Event: A multisectoral approach towards mental health and psychosocial support in humanitarian settings; needs, achievements and gaps

Sponsors and Organizers:

UNFPA, UNICEF, UNHCR, WHO and the Ministry of Foreign Affairs of the Netherlands

Tuesday 22 June 2021 from 10:00 AM to 11.30 AM - Geneva time

Objective:

Mental health and psychosocial support (MHPSS) is a cross-cutting area in humanitarian work, with services and activities in multiple sectors such as health, protection, nutrition, education and others. The Inter-Agency Standing Committee released Guidelines on MHPSS in Emergency Settings in 2007 to assist organizations with a set of minimum responses to protect, support and improve mental health and psychosocial wellbeing of people in emergencies.

In the last decade, country-level MHPSS working groups (WGs) were established in many humanitarian emergencies, as a technical cross-sectoral space to coordinate MHPSS service provision, facilitate MHPSS assessments, conduct service mappings, support inter-agency capacity building, develop country-level action plans and advocate for MHPSS services within humanitarian relief efforts. Country level MHPSS WGs receive support and technical guidance from the global IASC Reference Group on MHPSS in Emergency Settings.

In January 2020, there were MHPSS WGs in 22 countries covering clusterized emergencies, refugee and migration contexts. In December 2020, this number had grown to 52, largely as a result of the prioritization of mental health as integral part of the response to the COVID-19 pandemic, as exemplified in the integration of MHPSS throughout the Global Humanitarian Response Plan (GHRP) for COVID-19. The objective of the session is to learn how MHPSS Technical Working Group Coordinators from five different humanitarian emergencies are responding to emerging needs in their respective countries and we will learn from international organizations, standby partners and donors on global initiatives to support country work in this area.

Panel Members:

Chair and Facilitator of the Session: Ms. Renet van der Waals, MHPSS Coordinator, Ministry of Foreign Affairs, The Netherlands.

Introduction Remarks by the Co-Chairs of the IASC MHPSS Reference Group

Fahmy Hanna, WHO, co-Chair IASC MHPSS Reference Group, Switzerland

Carmen Valle, IFRC, co-Chair IASC MHPSS Reference Group, Denmark

Panel composition

1. Deborah Magdalena, Maiduguri MHPSS Technical Working Group Coordinator, IOM, **Nigeria**.
2. Ibrahim Abou Khalil, Sanaa MHPSS Technical Working Group Coordinator, WHO, **Yemen**.
3. Maya Tucker, MHPSS Technical Working Group Coordinator, UNFPA, **Myanmar**
4. Matthew Schojan, MHPSS Technical Working Group Coordinator, Johns Hopkins University, Myanmar
5. Nikos Gionakis, Athens MHPSS Technical Working Group Coordinator, Babel Migrants' Center, **Greece**
6. Sanem Ozen, UNHCR, Cox's Bazar MHPSS Technical Working Group Coordinator, **Bangladesh**
7. Carmen Valle, MHPSS Technical Advisor, IFRC Psychosocial Center, **Denmark**.
8. Sandra Cats, Project Manager- MHPSS Surge, Dutch Surge Support, **The Netherlands**.

Main points:

- Overview on the ongoing interagency MHPSS programmes in Yemen, Nigeria, Myanmar, Bangladesh, and Greece and MHPSS Coordinators from frontline providers
- Global initiatives from IASC, Standby Partners, Red Cross and Red Crescent Movement and the Ministry of Foreign Affairs of the Netherlands
- An overview was provided on Dutch Surge Support by Sandra Cats
- An overview on Red Cross Resolution on MHPSS and its implementation by Carmen Valle

Panelists presented country level experiences from humanitarian emergencies in Myanmar, Nigeria, Bangladesh, experience and presented the different MHPSS technical working group that coordinates across sectors, including health, education and protection sector in emergencies. The protection sector, which is really a facilitating factor for close coordination with protection actors. To ensure integration and a complimentary response as many protection activities and services serve as an entry point for MHPSS interventions.

- **In March in Myanmar there was limited availability of mental health service providers so it was crucial for cross sectoral coordination and capacity building particularly for child protection and gender based violence actors and case managers in order to have a wider coverage of MHPSS support.**
- **Through cross-sectoral coordination, resource sharing, mapping of referral services and training, colleagues in the field were able to strengthen MHPSS capacity of frontline workers and to enhance psychosocial support for crisis affected populations.**

- **And the identification of people in need to ensure their safeguarding well being and referral to mental health services.**
- It is important to strengthen cross-sectoral referral mapping at a local level and local ownership. And this is a critical component of comprehensive protection, for example, a gender-based violence survivor is often in need of MHPSS services.
- Cross sectoral coordination is critical because the needs of people are across sectoral. Coordination and meaningful collaboration strengthen the ability to address the range of needs that people face in a humanitarian emergency. The protection sector needs to mainstream MHPSS as an integrated aspect of humanitarian and protection services.
- MHPSS technical working group has developed many tools and resources to support all humanitarian actors, one example of the impact of this integrated approach was in the onset of COVID-19. While the field activities were restricted to essential services, the MHPSS technical working group developed COVID-19 MHPSS supportive material. That was mainstreamed into the distribution of hygiene kits, food distributions and it helped people in quarantine centers. There is a need to adapt working approaches and ensure that MHPSS still reaches people in times of lockdown and quarantine.
- The MHPSS technical working group coordinated with many sectoral technical working groups and local partners to distribute over 300,000 MHPSS supportive materials related to COVID-19 in Myanmar as an example. Resources include six local language versions of picture-based booklets addressing coping with crises for parents and adults, as well as a coloring book for children with key messages on health, hygiene and COVID-19

Key messages of the side event:

- 1. Integration of MHPSS in all humanitarian emergencies as an essential component of humanitarian programme cycles.**
- 2. MHPSS is cross cutting and relevant to different sectors and clusters and multi-sectoral approach will be required to address the needs of affected population.**
- 3. IASC MHPS Reference Group within the IASC is the reference point for technical support in this area of work with members from 60 different humanitarian organizations.**
- 4. A rapid deployment mechanism for MHPSS Coordinators exists and is available to support countries in humanitarian situations.**
- 5. It is of critical importance to continue in building the capacity of local actors on MHPSS to ensure sustainability and create local ownership.**
- 6. The importance of developing MHPSS tools in local languages and in accessible forms for people with special needs.**

7. **Address the need for MHPSS at the onset of the emergency and integrate MHPSS in all humanitarian coordination mechanisms.**
8. **MHPSS is needed similarly by humanitarian and service providers**

Outcomes of the side event:

MHPSS needs are on the increase globally as evident during the COVID-19 pandemic. Concerted efforts are needed in order to prioritize mental health as an integral part of the humanitarian response across all humanitarian emergencies. It is critical that MHPSS multisectoral coordination be strengthened and supported in humanitarian settings which requires human, technical, and financial resources. The joint inter-agency MHPSS call to action needs to continue coupled with global advocacy

You can watch the recording [here](#).