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# COMPENDIUM OF RESOURCES

A SUPPORTING DOCUMENT TO UNICEF'S OPERATIONAL GUIDANCE:  
COMMUNITY BASED CHILD PROTECTION

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## INTRODUCTION

UNICEF has developed a global guidance on community-based Mental Health and Psychosocial Support (CB-MHPSS), including a framework that clearly shows the shift away from a Child Friendly Space (CFS) focused approach to a more community-based approach. The compendium of resources supplements the global guidance through providing a set of resources that can be used in different field settings.

### Purpose of Compendium

For applying the new operational guidance on CB-MHPSS in the field, UNICEF country offices and partners will need ready access to tools and resources that can be used to implement the programs. By bringing together resources from different contexts, the compendium makes options available to country offices and partners for programming.

The compendium aims to strengthen UNICEF capacity for MHPSS programming consistent with the IASC Guidelines for MHPSS in Emergencies and described by the 9 circles of support in the UNICEF operational framework.

The compendium is a compiled set of resources, already being used by UNICEF and partners, both national and international, in diverse settings.

## SCOPE OF COMPENDIUM

In July 2015, UNICEF conducted a review of evidence and best practice around MHPSS for children in humanitarian settings. The report considered the following categories of evidence and practice:

Three categories of **evidence** were considered:

1. Epidemiologic studies - studies exploring associations between risk and protective factors related to mental health and psychosocial wellbeing.
2. Impact evaluations – peer reviewed studies of intervention impacts.
3. Program Evaluation – program evaluations conducted by implementing agencies

Two categories of **practice** were considered:

1. Case Studies
2. Program Descriptions

The resources in this compendium have been selected in line with evidence and practice documented in UNICEF's July 2015 compilation report and additional resources identified since then until August 2016.

The compendium provides valuable information about available resources, including guidelines, training manuals and tools. The description of each resource includes a detailed overview of its features, and information about how to access documentation, training or publications supporting each resource. The compendium is intended to be used as a reference document to identify available resources for implementing CB-MHPSS in humanitarian settings.

The compendium does not describe how to implement particular interventions, but rather provides resources to inspire program development across a broad spectrum of approaches within the frame of the IASC Guidelines for MHPSS in Emergencies, and a map to point users to additional sources of information.

This compendium reflects an ongoing process of resource development within the CB-MHPSS field, and should be considered a living working document that reflects the state of MHPSS knowledge on available resources at the time it was compiled. As the resources it describes are used and field tested, they will be steadily improved and their application refined. Furthermore, the compendium is meant to be a structure that will accommodate the addition of other tools and resources, as well as new evidence-based approaches developed in the future.

## Selection of Resources

UNICEF recognizes that there is still insufficient evidence for various MHPSS interventions and application of resources, and more studies are needed to discover what works best, especially in low resource settings. Selected Resources also support and are presented in line with the CB-MHPSS intervention strategies described in the accompanying UNICEF operational guidance

### **Resources suggested in this compendium are included in accordance with the following inclusion checklist:**

- ✓ Developed in line with the IASC MHPSS Guidelines in Emergency Settings.
- ✓ Developed by agencies/individuals who are members of the IASC MHPSS RG and/or CPWG.
- ✓ Identified through **systematic review**<sup>1</sup> ; OR Identified through **literature review and consultations** with IASC MHPSS RG members for CB-MHPSS resources that meet the following criteria for effectiveness, adaptability and feasibility and use by non-clinicians:
  - Effective in RCTs, effective based on agency-led MHPSS program evaluation, and/or developed as part of an Interagency process built on field evidence and consultation.
  - Feasible as evidenced in field level project narrative reports
  - Adaptable to different cultures and contexts with examples of use in more than one cultural setting.
  - Can be used by non-specialized staff without extensive clinical background and training

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<sup>1</sup> **Systematic review:** Cochrane Database of Systematic Reviews- evidence based reviews (current summaries from literature leading to recommendations) <http://www.cochrane.org/evidence>



## ORGANIZATION OF THE COMPENDIUM

Resources within this compendium have been described within the frame of the 4 layers of intervention in the IASC Guidelines for MHPSS in Emergencies, with detailed reference to the 9 circles of support.

### Resource Layout and Description

Each resource is summarized in a table describing its key features and potential applications across a range of settings. With these tables as a reference, users should carefully consider the appropriateness and relevance of each resource to their own local context and culture, the identified needs of their target group and of their MHPSS project. See [Annex 1](#) for guidance on contextual and cultural adaptation of MHPSS resources.

**Each table provides an overview of a single resource according to the following topics:**

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**Description.** Type of resource (e.g., training material, guidance note, assessment tool) and overview of its use.

**Appropriate use.** Programs and activities in which this resource can be used, including the corresponding stage of the program cycle (planning, implementation, evaluation, etc.).

**Scope.** Areas (9 circles of support) and layers (IASC MHPSS Layers of Intervention) of support to which the resource relates.

**Key input.** Information or materials needed to use resource.

**Key tools.** Complementary tools that play an important role in using the resource.

**Training required.** Level of expertise and any specific skills required to use the resource effectively.

**Documentation.** Links to the resource in multiple languages (as applicable) and any associated tools. Generally, this is a user's manual or similar document.

**Applications & References.** Citations for documents, articles, etc., that have critically discussed use of the resource, and briefly describes actual cases and projects where the resource has been used.

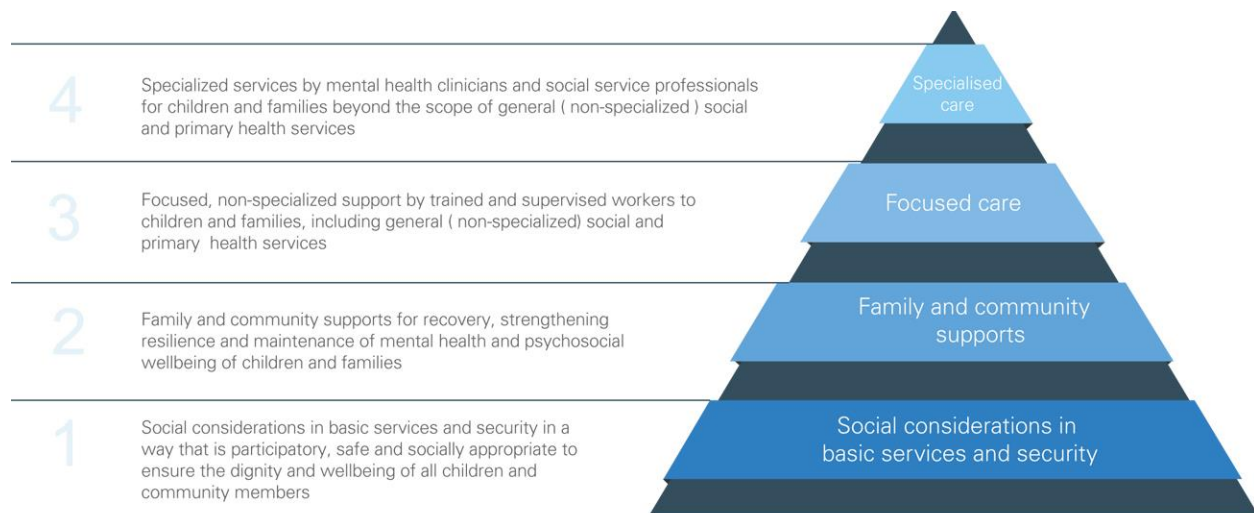
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### Scope of Resources

Keeping with the CB-MHPSS Framework's description of the circles of support within the child and family/caregiver tiers, and corresponding to levels of the IASC MHPSS intervention pyramid (shown in [figure 1](#) below), the scope of each resource has been linked to one or multiple support strategies relative to a single layer of the pyramid, or across different layers of intervention.

Safe, nurturing environments at home, school and in the community Safe, nurturing environments at home, school and in the community Safe, nurturing environments at home, school and in the community Safe, nurturing environments at home, school and in the community Safe, nurturing environments at home, school and in the community Safe, nurturing environments at home, school and in the community This highlights the importance of **multi-layered supports** represented in the 9 circles of support. Multi-layered supports comprehensively address the various needs of children, adolescents and families for wellbeing and safety in their context – from basic needs, to strengthening social networks and focused or specialized care when needed.





Intervention strategies are most effective when designed **across layers of the pyramid**, with **referrals between layers** according to the needs of children and families. A multi-layered, community-based MHPSS system helps to create the conditions for **child and family wellbeing and protection** described in the **9 circles of support**.

Figure 1. Multi-Layered Supports Represented in the 9 Circles of Support

### Nine Circles of Support

Child Tier	C1. Safe, nurturing environments at home, school, and in the community
	C2. Positive Relationships that promote inclusion, belonging, and agency
	C3. Opportunities for stimulation, learning, and skills development
Family/ Caregiver Tier	C4. Support for parent/caregiver wellbeing coping and recovery
	C5. Skills for parenting and supporting children in distress
	C6. Access to family and community support networks
Community Tier	C7. Awareness of child and family wellbeing and protection needs
	C8. Activated natural community supports for child and family wellbeing
	C9. Strengthened care systems for children and families

## MHPSS RESOURCES

### Layer I. Social Considerations in Basic Services and Security

#### **Fulfillment of basic needs, safety and dignity**

Psychosocial interventions at the first layer of the IASC MHPSS pyramid are meant to ensure that conditions are met for the minimum standards of health, safety and dignity of children and families. All people need access to basic services and security as fundamental to recovering and maintaining their health and wellbeing. Ensuring these conditions are met in ways that promote human rights, dignity and equality can have a broad impact on mitigating the impacts of emergencies, preventing further harm and promoting the wellbeing of children, families and communities.

Community-based psychosocial interventions do not typically involve direct provision of basic services or security, but rather advocate for and work together with protection and other sector services to ensure:

- Basic needs (shelter, food, WASH) are provided in ways that respect the culture, dignity and agency of children and families and are sensitive to children's developmental needs.
- Vulnerable children and families, who may be less visible in emergency contexts, are assessed and included in provision of basic needs.
- Overall safety for the community is promoted, and protection risks for children and families are identified and addressed.
- Children and families are safeguarded from abuse, neglect and exploitation.
- Family unity is promoted through prevention of family separation, identification and care of separated children and family tracing and reunification.
- Children and families have access to critical information about basic services, loved ones, legal rights and positive coping strategies.

Community-based psychosocial interventions at this layer often work to advocate for service delivery that 1) fosters inclusive, participatory processes in community mobilization, 2) gives attention to special considerations in the socio-cultural context (e.g., cultural beliefs, existing power structures, gender relationships, help seeking behaviors, the role of traditional healers), and 3) ensures appropriate services reach the most vulnerable children and families.

**→ See UNICEF framework for more detailed description about support strategies and specific activities for each IASC MHPSS pyramid layer**

**RESOURCE 1.1 SIX ORIENTATION SEMINARS TO DISSEMINATE AND IMPLEMENT THE IASC GUIDELINES ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCY SETTINGS**



**Inter-Agency Resource: MHPSS Reference Group**

<b>Description</b>	These orientation seminars were developed to help orient targeted actors to the IASC MHPSS Guidelines. The seminars provided are samples that should be appropriately adapted to context and culture as needed.
<b>Appropriate Use</b>	Can be used at the pre-planning, planning, implementation levels, in any setting. Targeted to actors in: Food security, Water, sanitation and hygiene staff (WASH), Education staff, Donors, Media, General aid workers.
<b>Scope</b>	<b>IASC MHPSS Layer 1:</b> Fulfillment of basic needs, safety and dignity  <b>Tier(s):</b> Child, Family and Community  <b>Ages:</b> All
<b>Key Inputs</b>	<ul style="list-style-type: none"> <li>- Trainer to provide and evaluate seminars</li> <li>- Adapted materials, PowerPoint can be used but not necessary</li> <li>- Handouts included in packet</li> </ul>
<b>Key Tools</b>	<ul style="list-style-type: none"> <li>- IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007)</li> <li>- Checklist for field use of IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2008)</li> </ul>
<b>Training Required</b>	Orientation seminars ideally delivered by humanitarian mental health or psychosocial professionals with clear understanding of guidelines and preferably experience in applying them.
<b>Documentation</b>	Available in <a href="#">English</a> .
<b>Applications &amp; References</b>	Baron, Nancy. (2010). Six Orientation Seminars to Disseminate and Implement the IASC Guidelines On Mental Health and Psychosocial Support In Emergency Settings. IASC Reference Group

**RESOURCE 1.2. IASC MHPSS GUIDELINES ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT  
ADVOCACY PACKAGE**



**Inter-agency Resource: MHPSS Reference Group**

<b>Description</b>	The advocacy package is part of a campaign to encourage all humanitarian actors and UN Member States affected by, or at risk of, emergencies to embrace and implement the IASC MHPSS Guidelines. It also highlights the progress made by countries that have already implemented them.
<b>Appropriate Use</b>	Appropriate for use with/by all MHPSS and non MHPSS actors
<b>Scope</b>	<b>IASC MHPSS Layer 1:</b> Fulfillment of basic needs, safety and dignity  <b>Tier(s):</b> Child, Family and Community  <b>Ages:</b> all
<b>Key Input</b>	Identification of key advocacy partners, including those currently using IASC guidelines, and those not.
<b>Key Tools</b>	<ul style="list-style-type: none"> <li>- IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings</li> <li>- List of additional Key Tools provided in document annex.</li> </ul>
<b>Training Required</b>	Training in MHPSS not required to use these guidelines
<b>Documentation</b>	Available in <a href="#">English</a> and <a href="#">French</a> .
<b>Applications &amp; References</b>	No application reports available.  IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings. (2011). Advocacy Package: IASC Guidelines On Mental Health and Psychosocial Support In Emergency Settings. Geneva.

**RESOURCE 1.3. THE IASC MHPSS IN EMERGENCY SETTINGS SERIES OF BOOKLETS ON “WHAT SHOULD ‘HUMANITARIAN HEALTH ACTORS’, ‘PROTECTION PROGRAM MANAGERS’, AND ‘CAMP COORDINATORS & CAMP MANAGER ACTORS’ KNOW?”**



**Inter-Agency Resource: MHPSS Reference Group**

<b>Description</b>	Based on the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (IASC, 2007), these booklets provide overview of essential knowledge on mental health and psychosocial support (MHPSS) in humanitarian emergencies, through three separate documents, specific to ‘Humanitarian Health Actors’, ‘Protection Program Managers’, and ‘Camp Coordinators & Camp Manager Actors’.
<b>Appropriate Use</b>	Appropriate for Health, Protection and Camp Management Cluster partners.
<b>Scope</b>	<b>IASC MHPSS Layer 1:</b> Fulfillment of basic needs, safety and dignity  <b>Tier(s):</b> Child, Family and Community  <b>Ages:</b> all
<b>Key Input</b>	Identification of key advocacy partners, including those currently using IASC guidelines, and those not.
<b>Key Tools</b>	<ul style="list-style-type: none"> <li>- IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings</li> <li>- List of additional Key Tools and Resources provided in booklet annexes.</li> </ul>
<b>Training Required</b>	Training in MHPSS not required to use these guidelines
<b>Documentation</b>	<ul style="list-style-type: none"> <li>- What Should Humanitarian Health Actors Know, booklet. Available in <a href="#">Arabic</a>, <a href="#">Chinese</a>, <a href="#">English</a>, <a href="#">French</a>, <a href="#">Japanese</a>, <a href="#">Russian</a>, <a href="#">Spanish</a></li> <li>- What Should Protection Program Managers Know, booklet. Available in <a href="#">English</a></li> <li>- What Should Camp Coordinators &amp; Camp Actors Know, booklet. Available in <a href="#">English</a></li> </ul>
<b>Applications &amp; References</b>	<p>No applications available.</p> <p>IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings. (2010). Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Humanitarian Health Actors Know? Geneva.</p> <p>IASC Global Protection Cluster Working Group and IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings. (2010). Mental Health and Psychosocial Support in Humanitarian Emergencies: What should Protection Programme Managers Know? Geneva.</p> <p>IASC Global Camp Coordination and Camp Management sector and IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings (2012). Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Camp Coordinators and Camp Manager Actors Know? Geneva.</p>

**Resource 1.4.** The Journey of Life: Community Workshops to Support Children**Regional Psychosocial Support Initiative (REPSSI) Resource**

<b>Description</b>	A series of workshops designed for community mobilization to support children and their caregivers in resource-poor settings. The package contains two workshop manuals focusing on Awareness and Action, along with picture codes for visual reference and accessibility. Facilitators guide is included.
<b>Appropriate Use</b>	Can be used at the pre-planning, planning and implementation levels of a community mobilization effort. Any community member having an impact on children may participate.
<b>Scope</b>	<b>IASC MHPSS Layer 1:</b> Fulfillment of basic needs, safety and dignity  <b>Tier(s):</b> Child, Family and Community  <b>Ages:</b> all
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- 1 ½ days for Awareness workshop, 1 day for each additional action workshop</li> <li>- Identification of participants</li> <li>- Manuals and minimal office supplies</li> <li>- Advance knowledge of how the community understands and experiences caring for children.</li> </ul>
<b>Key Tools</b>	Picture codes
<b>Training Required</b>	<p>Training is targeted to anyone who interacts with children.</p> <p>Special training or education to implement or lead workshops is not required. Facilitators should have a Form two, or Grade 7 level education, or be talented group facilitators.</p>
<b>Documentation</b>	Available in <a href="#">English</a>
<b>Applications &amp; References</b>	<p>No application available.</p> <p>Brakarsh, J (2005). The Journey of Life: Community Workshops to Support Children-REPSSI.</p>

## RESOURCE 1.5. REPSSI MAINSTREAMING PSYCHOSOCIAL CARE AND SUPPORT SERIES



REPSSI Resource	
<b>Description</b>	<p>This series is divided into 10 guides for humanitarian staff working in emergencies, which include a collection of strategically selected materials that can be used to guide staff in the integration of psychosocial and mental health support into across sector programming.</p> <p>Throughout these guidelines, the emphasis is on creating nurturing and caring schools. This may take place at many different levels including: • the model of care that the school embraces • the school policies in relation to psychosocial support • the focus on educators as primary sources of psychosocial support • drawing upon the resources of learners and parents to promote psychosocial wellbeing • facilitating special projects to address specific psychosocial issues • making use of the rich diversity of tools available to facilitate psychosocial wellbeing.</p>
<b>Appropriate Use</b>	<p>Within the series, different publications are aimed at different levels of audience or user. This audience includes: 1) community workers, 2) a variety of social actors whose work is not explicitly psychosocial in nature, but in which it is felt to be crucial to raise awareness around psychosocial issues, 3) caregivers, parents, youth and children, 4) specialized psychosocial and mental health practitioners.</p>
<b>Scope</b>	<p><b>IASC MHPSS Layer 1:</b> Fulfillment of basic needs, safety and dignity</p> <p><b>Tier(s):</b> Child, Family and Community</p> <p><b>Ages:</b> all</p>
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- Practical steps are outlined in sections of the guides to support implementation of guidance through training, advocacy or activities.</li> </ul>
<b>Key Tools</b>	<p>A specific guide provides an overview of REPSSI's approach to Psychosocial Care and Support Mainstreaming across sectors.</p> <p>Key Tools and Materials recommended at the end of each guide, relevant to the application of the guidance.</p>
<b>Training Required</b>	<p>Training requirements are guide-specific.</p>
<b>Documentation</b>	<p>The REPSSI Mainstreaming Psychosocial Care and Support series includes:</p> <ul style="list-style-type: none"> <li>- <b>Guide 1.</b> Psychosocial Care and Support Mainstreaming Guidelines</li> <li>- <b>Guide 2.</b> Mainstreaming Psychosocial Care and Support Trainer's Guide for Training Health Workers in Emergency Settings</li> <li>- <b>Guide 3.</b> Mainstreaming Psychosocial Care and Support Facilitating Community Support Structures: Lessons Learned in Uganda About Community Based</li> </ul>



	<p>Psychosocial and Mental Health Interventions</p> <ul style="list-style-type: none"> <li>- <b>Guide 4.</b> Trainer’s Guide for Training Teachers in Conflict and Emergency Settings: An Edited Anthology of Global Teacher Training Materials to Facilitate the Integration of Mental Health and Psychosocial Support into Education</li> <li>- <b>Guide 5.</b> Mainstreaming Psychosocial Care and Support Through Child Participation: For Programmes Working with Children and Families Affected by HIV and AIDS, Poverty and Conflict</li> <li>- <b>Guide 6.</b> Mainstreaming Psychosocial Care and Support Within Early Childhood Development: For ECD Practitioners Working with Children and Families Affected by HIV and AIDS, poverty and conflict</li> <li>- <b>Guide 7.</b> Mainstreaming Psychosocial Care and Support into Economic Strengthening Programmes: For Practitioners Working with Children and Families Affected by HIV and AIDS, Conflict and Poverty</li> <li>- <b>Guide 8.</b> Mainstreaming Psychosocial Care and Support Within the Education Sector: For School Communities Working with Children and Families Affected by HIV and AIDS, Poverty and Conflict</li> <li>- <b>Guide 9.</b> Mainstreaming Psychosocial Care and Support Within Food and Nutrition Programmes: For Practitioners Working with Children and Families Affected by HIV and AIDS, Poverty and Conflict</li> <li>- <b>Guide 10.</b> Mainstreaming Psychosocial Care and Support Into Home-Based Care Programmes: For Practitioners Working with Children and Families Affected by HIV and AIDS</li> </ul>
<p><b>Applications &amp; References</b></p>	<p>Morgan, J. (2009). Mainstreaming Psychosocial Care and Support through Child Participation: For programmes working with children and families affected by HIV and AIDS, poverty and conflict. REPSSI: Johannesburg.</p> <p>Matikanya, R., James, V., &amp; Maksud, N. (2006). End of programme support evaluation of Regional Psychosocial Support Initiative (REPSSI). Sida.</p> <p>TPO &amp; Regional Psychosocial Support Initiative. (2010). Mainstreaming Psychosocial Care and Support: Trainer’s Guide For Training Health Workers in Emergency Settings. In Psychosocial Wellbeing. REPSSI.</p>

## Layer II. Family and Community Supports

### **Enabling environments for positive social relationships and learning**

Community-based MHPSS interventions at this layer of the IASC MHPSS intervention pyramid focus on strengthening family and community supports – enabling environments for child and family safety and wellbeing. Emergencies can disrupt family and community routines, social networks and community structures through, for example, displacement, poverty and loss of or separation from key family and community members. In transformed or new environments, the recovery and psychosocial wellbeing of children is enhanced by strengthening the ability of families and communities to re-establish routines and normalcy, supportive social connections and opportunities for learning, growth and coping with new challenges. It is important that interventions work to mobilize existing community supports (parents, teachers, health and social service workers, religious leaders) or re-establish community structures, while ensuring that they are inclusive and work toward the best interests of all children.

Community-based psychosocial activities at this layer aim primarily to foster enabling environments for children that promote:

1) Positive social relationships with parents and caregivers, peers and the larger community: These are fundamental to children's wellbeing, protection and optimal development, and include:

- Support to families (parents and caregivers)
- Building capacity of parents and caregivers in supporting children
- Rebuilding community structures and restoring communal events

2) Social-emotional and cognitive learning: Age-appropriate opportunities for learning and stimulation help children develop problem-solving skills and social-emotional intelligence to master those challenges. Those opportunities come through supportive social interactions with positive role models; safe and supportive learning environments (formal and non-formal schools); and inclusion and participation in play, sports, creative activities and cultural and spiritual life within their communities.

**→ See UNICEF framework for more detailed description about support strategies and specific activities for each IASC MHPSS pyramid layer**

## RESOURCE 2.1. PSYCHOSOCIAL TRAINING MANUAL FOR TEACHERS



AVSI Resource	
<b>Description</b>	<p>This material was developed to help teachers who are already helping children in their roles to further support student psychosocial health and wellbeing where children have faced conflict and traumatic experiences.</p> <p>The Training for Teachers manual is for facilitators training teachers how to use the Handbook for Teachers. Theoretical background is included, along with practical exercises for learning the topics in the Handbook for Teachers, and additional resources for the facilitator.</p>
<b>Appropriate Use</b>	Appropriate for planning and implementation in conflict and post conflict settings where education is provided.
<b>Scope</b>	<p><b>IASC MHPSS Layer 2:</b> Environments that enable: positive social relationships and learning</p> <p><b>Tier(s):</b> Child, Family and Community</p> <p><b>Ages:</b> All</p>
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- 4 days for training</li> <li>- Office supplies for training</li> <li>- Printing of teacher handbooks</li> </ul>
<b>Key Tools</b>	<a href="#">AVSI Handbook for Teachers</a>
<b>Training Required</b>	Facilitators need to go through the teacher training, a facilitator training, and be able to work with more experienced trainers. A master trainer is recommended to train facilitators, or someone with psychosocial background, or experience in teaching adults.
<b>Documentation</b>	Available in <a href="#">English</a>
<b>Applications &amp; References</b>	<p>Annan, J., Castelli, L., Devreux, A., Locatelli, E. (2003) Training Manual for Teachers. AVSI. Kampala.</p> <p>Bragin, Martha. "Education for all in the conflict zones of Uganda: Opportunities, Challenges and a Way Forward." Kampala: Ministry of Education and Sports (2004).</p>

## RESOURCE 2.2. RESOURCE TRAINING PACKAGE ON CHILD FRIENDLY SPACES



### Inter-agency Resource: Child Protection Working Group

<b>Description</b>	A training package to be delivered to child workers and NGOs with no experience running a child safe space, enabling them to establish a quality program in an emergency setting. Participants learn the theory behind CFSS, how to set up and run them, and what kind of resources are needed to support the psychosocial wellbeing and protection of children in emergencies.
<b>Appropriate Use</b>	Can be used at the preplanning, planning, implementation, and evaluation levels in conjunction with other community-based programs.
<b>Scope</b>	<p><b>IASC MHPSS Layer 2:</b> Environments that enable and positive social relationships</p> <p><b>Tier(s):</b> Child, Family and Community</p> <p><b>Ages:</b> 0 – 18 (possibly over 18)</p>
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- 4 full days, minimum</li> <li>- 2 Trainers/Facilitators</li> <li>- Space and materials for group</li> </ul>
<b>Key Tools</b>	<ul style="list-style-type: none"> <li>- Child Protection Working Group, Global Education Cluster, INEE, and IASC, Guidelines for child friendly spaces in emergencies, 2011</li> <li>- IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007</li> <li>- Child Protection Working Group (CPWG) Minimum Standards for Child Protection in Humanitarian Action, 2012</li> </ul>
<b>Training Required</b>	<p>Yes, Program Manager should have Child Protection experience and expertise.</p> <p>No, Trainer for the package does not need to be a mental health professional or social worker, but must have appropriate relevant experience in topics and teaching methods.</p>
<b>Documentation</b>	Available in <b>English</b> only.
<b>Applications &amp; References</b>	<p>No application available.</p> <p>Child Protection Working Group. (2014). Child Protection Training Package. CPWG.</p>

## RESOURCE 2.3. CHILDREN'S RESILIENCE PROGRAM



<b>International Federation of Red Cross and Red Crescent Societies (IFRC) and Save the Children (SC)</b>	
<b>Description</b>	A child protection and resilience program designed to engage the whole community by providing workshops for children, meetings for parents and caregivers, and creating activities to foster community coherence, in and out of school settings. The aim of engaging each tier is to activate the child's positive coping and psychosocial wellbeing, and strengthen their ability to return to daily activities, and potentially reduce long-term negative psychosocial impacts.
<b>Appropriate Use</b>	Can be used at the preplanning, planning, implementation, and evaluation levels in conjunction with education, child protection, and psychosocial support programs
<b>Scope</b>	<b>IASC MHPSS Layer 2:</b> Environments that enable and positive social relationships <b>Tier(s):</b> Child, Family and Community <b>Ages:</b> 10 – 14
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- Staff: Program Manager, Psychosocial support officer (if necessary), Field Coordinators, Facilitator volunteers</li> <li>- Space for workshops and activities</li> <li>- Referral pathways to school counselors or outside services</li> <li>- 3-day Training on referral process, child protection, and facilitation skills, 1-day training on data collection, 1-day training on supervision and monitoring</li> <li>- Mechanism for provide support needed by volunteers (staff care)</li> </ul>
<b>Key Tools</b>	<b>Children's Resilience Programme – Monitoring and Evaluation Package</b> , including the Pre and Post Interview-based Analysis (PIA).  <b>Child Resilience Worksheets</b>
<b>Training Required</b>	Training may be facilitated by teachers or by other mentors or volunteers who work with children regularly. Psychosocial expertise is not required; however, a psychosocial specialist may be required for management or supervision of program. A program manager or psychosocial support officer can provide training to facilitators.
<b>Documentation</b>	<ul style="list-style-type: none"> <li>- Booklet 1: Understanding children's wellbeing</li> <li>- Booklet 2: Programme manager's handbook</li> <li>- Facilitator handbook 1: Getting started,</li> <li>- Facilitator handbook 2: Workshop tracks.</li> </ul> <p>Available in <b>English</b> and <b>French</b></p> <p>All Available at: <a href="http://pscentre.org/topics/childrens-resilience-programme/">http://pscentre.org/topics/childrens-resilience-programme/</a></p>
<b>Applications &amp; References</b>	Armenia (2014) Syrian and Armenian Children Resilience Program  IFRC Reference Center for Psychosocial Support and Save the Children Denmark. (2012) The Children's Resilience Programme: Psychosocial support in and out of schools. IFRC Reference Center: Copenhagen.

**RESOURCE 2.4. PSYCHOSOCIAL SUPPORT FOR YOUTH IN POST-CONFLICT SITUATIONS: A TRAINER'S HANDBOOK**

**International Federation of Red Cross and Crescent Societies (IFRC) Resource**

<b>Description</b>	<p>Education for staff and volunteers with information on the impact of conflict on youth, and training for providing psychosocial support to vulnerable youth. Six modules cover the following topics: principles of psychosocial support; youth and youth psychosocial support programs post-conflict settings; facilitation techniques; communication; self-care of for facilitators and volunteers; planning a training that will address the specific needs of the local youth and community.</p>
<b>Appropriate Use</b>	<p>Can be used at the pre-planning, planning, implementation, and evaluation levels, in conjunction with education, peacebuilding, demobilization, disarmament and reintegration programs, and employment generating programs. May be used as basic training or training of trainers. The recommendation for either format is to include no more than 18 participants as a time.</p>
<b>Scope</b>	<p><b>IASC MHPSS Layer 2:</b> Environments that enable</p> <p><b>Tier(s):</b> Child, Family and Community</p> <p><b>Ages:</b> 16 – 25 or as defined by group</p>
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- Lead trainer with appropriate background, volunteers</li> <li>- Space for workshops and activities</li> <li>- 5-day Training including delivery of all six modules, with time allowed for evaluation of training</li> <li>- Mechanism for provide support needed by volunteers (staff care)</li> <li>- Referral pathways for youth in need of additional support</li> </ul>
<b>Key Tools</b>	<ul style="list-style-type: none"> <li>- <b>Overview and Guidance Note:</b> Monitoring and evaluation framework for psychosocial support interventions</li> <li>- <b>Indicator Guide:</b> Monitoring and evaluation framework for psychosocial support interventions</li> <li>- <b>Tool box:</b> Monitoring and evaluation framework for psychosocial support interventions</li> <li>- <b>Rapid Assessment Guide</b> for Psychosocial Support and Violence Prevention in Emergencies and Recovery</li> </ul>

<b>Training Required</b>	As Training of Trainers: Can be taught to volunteers and lay people, trainer should have background in appropriate field such as education, health, mental health or conflict resolution, or social work and ideally have knowledge or skills in communication and training adult learners.
<b>Documentation</b>	Available in <a href="#">English</a>
<b>Applications &amp; References</b>	<p>Application not available.</p> <p>International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support. (2014) Psychosocial Support for Youth in Post-Conflict Situations: A trainer's handbook. Danish Red Cross Youth and International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support.</p>



**Resource 2.5.** Different. Just like you: A Psychosocial Approach Promoting the Inclusion of Persons with Disabilities. Training Guide.



<b>International Federation of Red Cross and Red Crescent Societies (IFRC) Resource</b>	
<b>Description</b>	A workshop for those interested in including persons with disabilities in psychosocial activities. The workshop focuses on awareness of inclusion, identification of barriers, and practice in setting up programs and activities that are inclusive.
<b>Appropriate Use</b>	Training may be offered as a one day standalone workshop or as part of larger psychosocial support training.
<b>Scope</b>	<b>IASC MHPSS Layer 2:</b> Environments that enable: positive social relationships and learning.  <b>Tier(s):</b> Child, Family and Community  <b>Ages:</b> All
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- 1 Day for training</li> <li>- Handouts and materials</li> <li>- Computer and projector for PowerPoint slides</li> </ul>
<b>Key Tools</b>	<a href="#">Different. Just like you – PowerPoint for training</a>
<b>Training Required</b>	Facilitators do not need to be subject matter experts.
<b>Documentation</b>	Training manual available in <a href="#">English</a> , <a href="#">French</a> , <a href="#">German</a> , <a href="#">Spanish</a>
<b>Applications &amp; References</b>	No application available.  Lomholt Lei Hansen, A. and Steen Kryger, L. (2015) Different. Just like you: A psychosocial approach promoting the inclusion of persons with disabilities. Training guide. International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support (PS Centre).

## RESOURCE 2.6. IFRC'S STRENGTHENING RESILIENCE: A GLOBAL SELECTION OF PSYCHOSOCIAL INTERVENTIONS



### International Federation of Red Cross and Red Crescent Societies (IFRC) Resource

<b>Description</b>	Intended for use by practitioners, the guide provided examples of psychosocial interventions from around the world, as well as guidance on how to implement them. It is comprised of three sections including: Psychosocial support (explaining what it is, and how to choose activities), Fundamental activities in psychosocial support responses (describing essential activities), and Psychosocial support activities (examples of additional activities carried out by national societies, and other organizations).
<b>Appropriate Use</b>	Appropriate for use at the pre-planning, planning and implementation levels, in most settings.
<b>Scope</b>	<b>IASC MHPSS Layer 2:</b> Environments that enable: positive social relationships and learning.  <b>Tier(s):</b> Child, Family and Community  <b>Ages:</b> All
<b>Key Input</b>	Needs assessments for population and context, as well as capacity for delivery and partnerships.
<b>Key Tools</b>	Chapter on Assessment from <a href="#">Psychosocial Interventions Handbook</a> .
<b>Training Required</b>	No
<b>Documentation</b>	Training manual available in <a href="#">English</a>
<b>Applications &amp; References</b>	Terlonge, Pernille. Strengthening Resilience: A global selection of psychosocial interventions. International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support. Copenhagen.

## RESOURCE 2.7. IRC PARENTING SKILLS TRAINING



## International Rescue Committee (IRC) Resource

<b>Description</b>	Training material for delivery to parent groups, aimed at decreasing violence in the home and improving parenting practices and parent-child relationships. Through behavioral skills training, participants learn child development concepts, negative effects of punishments, and positive parenting skills.
<b>Appropriate Use</b>	Can be used at the implementation level, in conjunction with health programs, such as malaria reduction education.
<b>Scope</b>	<b>IASC MHPSS Layer 2:</b> Environments that enable: positive social relationships  <b>Tier(s):</b> Child, Family and Community  <b>Ages:</b> 0-8, 3-7, 8-12, caregivers
<b>Key Input</b>	Manuals for facilitators, handouts for participants.
<b>Key Tools</b>	Handouts and tools, including Parenting Stress Index, Parent-Child Conflict Tactics Scale, Strength and Difficulty Questionnaire, Parental Acceptance and Rejection Questionnaire  (PARQ), Discipline module of Multiple Indicator Cluster Survey (MICS), Adult-Adolescent Parenting Inventory (AAPI-2), Connor-Davidson Risk scale
<b>Training Required</b>	Manager or trainer with expertise in mental health or psychosocial support preferred for training, and for mentorship and/or supervision.  Facilitators should have experience conducting groups and providing education to adults.
<b>Documentation</b>	Available in <a href="#">English</a>
<b>Applications &amp; References</b>	International Rescue Committee. (2015). Survey results of parenting skills practice: Lebanon. International Rescue Committee.  Sim, A., Puffer, E., Green, E., Chase, R., Zayzay, J., Garcia-Rolland, E., & Boone, L. (2014, November). Parents make the difference: findings from a randomized impact evaluation of a parenting program in rural Liberia. International Rescue Committee.  Sim, A., Annan, J., Puffer, E., Salhi, C., & Betancourt, T. (2014, November). Building happy families: impact evaluation of a parenting and family skills intervention for immigrant and displaced Burmese families in Thailand. International Rescue Committee.

**RESOURCE 2.8. SAY AND PLAY: A TOOL FOR YOUNG CHILDREN AND THOSE WHO CARE FOR THEM****Project Concern International (PCI) Resource**

<b>Description</b>	<p>The “Say and Play” tool supports and facilitates encouragement of adults to learn about young children’s experiences and views, and encourages children to express themselves naturally through games and stories. By improving communication, Say and Play creates a dialogue between adults and vulnerable young children in need of services or a hand to hold.</p> <p>Say and Play has five objectives:</p> <ul style="list-style-type: none"> <li>- To help us to better understand young children and their needs;</li> <li>- To improve communication between adults and children;</li> <li>- To strengthen the parent–child relationship;</li> <li>- To increase children’s participation: to help them express opinions and make decisions about matters that affect their lives;</li> <li>- To link young children to relevant health, educational and psychological services.</li> </ul>
<b>Appropriate Use</b>	<p>Say and Play is an interactive tool designed for orphans and vulnerable children from three to six years old and those who care for them. This includes parents, caregivers, early child development teachers, home-based care teams and all those who take an interest in the welfare of young children. Though Say and Play involves children from three to six years old, it also addresses the needs of newborn to three year olds by providing guidelines for parents and caregivers.</p>
<b>Scope</b>	<p><b>IASC MHPSS Layer 2:</b> Environments that enable: positive social relationships</p> <p><b>Tier(s):</b> Child, Family and Community</p> <p><b>Ages:</b> 0-3, 3-6, caregivers</p>
<b>Key Input</b>	<p>Manuals for facilitators, handouts for participants.</p>
<b>Key Tools</b>	<p>This resources includes pictures, stories and games to help children talk about their lives and, through these activities, it guides adults to identify and support the emotional and social needs of children.</p>
<b>Training Required</b>	<p>Support and Supervision for use of this resource is recommended to be carried out by a psychologist or Early Childhood Development expert.</p>
<b>Documentation</b>	<p>Available in <a href="#">English</a></p>

**Applications & References**

This resource was pilot tested by experts in early childhood development and psychology, in Lusaka, Chongwe and Mongu with early childhood development teachers, home-based caregivers and community action groups.

The pilot tests were successful – early childhood development teachers learnt more about the lives of their young pupils and were able to link those children in need to appropriate community services. Home-based care teams learnt more about the children's lives at home, discussed their observations with parents or caregivers and developed stronger links with teachers.

The activities and pictures in Say and Play prompted community action groups to discuss the challenges facing young children in their communities, allowing them to devise simple, practical strategies to better protect and guide their young children.

## Resource 2.9. The IRC Psychosocial Teacher Training Guide



## International Rescue Committee (IRC) Resource

<b>Description</b>	<p>This short guide is designed to help prepare and motivate teachers to overcome the challenges in supporting children in classrooms, with simple advice, basic awareness raising of the emotional needs and reactions of children, and strategies to help reach all children in the classroom. This guide:</p> <ul style="list-style-type: none"> <li>- Introduces teachers to the range of emotional responses of children in conflict situations and enables them to better understand and empathically respond to the child in conflict and post-conflict situations</li> <li>- Engages teachers in reflection and recognition of the importance of the teacher/student relationship in helping children heal.</li> <li>- Provides some concrete lessons and activities teachers can use in the classroom to promote healing and good classroom management</li> <li>- Recognizes the stresses teachers themselves are facing and helps facilitate discussion and support for those teachers.</li> </ul>
<b>Appropriate Use</b>	Can be used at the implementation level, in conjunction with education, inclusion and child protection programs.
<b>Scope</b>	<p><b>IASC MHPSS Layer 2:</b> Environments that enable positive social relationships</p> <p><b>Tier(s):</b> Child, Family and Community</p> <p><b>Ages:</b> 3-12, 13-18, teachers</p>
<b>Key Input</b>	Manual for facilitators, handouts for participants.
<b>Key Tools</b>	Handouts and tools included in manual.
<b>Training Required</b>	Trainer with expertise in mental health and psychosocial support, and knowledge in child developmental needs, and inclusion. Teaching methods are described in annex of manual.
<b>Documentation</b>	Available in <a href="#">English</a> Only.
<b>Applications &amp; References</b>	<p>Application not available.</p> <p>International Rescue Committee. (2004). <i>The IRC psychosocial teacher training guide</i>. New York: The International Rescue Committee.</p>

## RESOURCE 2.10. SAFE HEALING AND LEARNING SPACE TOOLKIT



## International Rescue Committee (IRC) Resource

<b>Description</b>	A Toolkit for providing a consistent, safe space for both academic learning including reading and math, and education for social and emotional development for children and adolescents living in conflict. Education for parents is included to promote a home environment that supports safety and learning. The toolkit provides practical guidelines, sample tools, training materials, and scripted instructional content. The toolkit is open source and intended to be adapted to contexts.
<b>Appropriate Use</b>	Appropriate at planning, implementation, and evaluation in conflict and crisis settings and displaced communities.
<b>Scope</b>	<b>IASC MHPSS Layer 2:</b> Environments that enable: positive social relationships and learning  <b>Tier(s):</b> Child, Family and Community  <b>Ages:</b> 6 – 11, Adolescents.
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- 9 months of programming</li> <li>- 12 sessions for Parent Skills</li> <li>- Printed materials and lesson plans</li> </ul>
<b>Key Tools</b>	<a href="#">Save the Children's Psychological First Aid Training Manual for Children Practitioners</a>
<b>Training Required</b>	Yes, Facilitators and Managers who have knowledge in content being taught.
<b>Documentation</b>	<ul style="list-style-type: none"> <li>- Manager's Guide, Foundational Training – Trainer's Manual, Foundational Training – Trainee's Handbook: Available in <a href="#">English</a></li> <li>- SEL Trainer's Manual, SEL Trainee's Handbook, SEL Lesson Plan Bank, SEL Games Bank: Available in <a href="#">English</a></li> <li>- Math Trainer's Manual, Math Trainee's Handbook, Math Lesson Plan Bank: Available in <a href="#">English</a></li> <li>- Math Trainer's Manual, Math Trainee's Handbook: Available in <a href="#">French</a></li> <li>- Reading Trainer's Manual, Reading Trainee's Handbook, Reading Lesson Plan Bank: Available in <a href="#">English</a></li> <li>- Reading Trainer's Manual, Reading Trainee's Handbook: Available in <a href="#">French</a></li> <li>- Parenting Skills Trainer's Manual, Curriculum for Caregivers of Children, Curriculum for Caregivers of Adolescents: Available in <a href="#">English</a></li> </ul>
<b>Applications &amp; References</b>	<p>Application not available.</p> <p>Ager, A. and Metzler, J. 2012. Child friendly spaces: A structured review of the evidence base.</p>



## Resource 2.11. Traditional Games for Child Protection



Terre des Hommes (TDH) Resource	
<b>Description</b>	Games were developed to teach life skills to children as well as foster resilience and self-protection. The manual also explains the psychosocial and protection related benefits of games for children, as well as explaining the lessons from each game described, and follow up questions for the children. Games are organized by age group.
<b>Appropriate Use</b>	Appropriate for use at the implementation level, in any setting, in conjunction with education, psychosocial support, and child protection programs.
<b>Scope</b>	<p><b>IASC MHPSS Layer 2:</b> Environments that enable positive social relationships and learning</p> <p><b>Tier(s):</b> Child, Family and Community</p> <p><b>Ages:</b> 4 – 14</p>
<b>Key Input</b>	Existing groups or programs required for integration of games. Minimal materials are required.
<b>Key Tools</b>	<ul style="list-style-type: none"> <li>- <a href="#">Child Protection: Psychosocial Training Manual (2008)</a></li> <li>- <a href="#">Working with children and their environment (2010)</a></li> </ul>
<b>Training Required</b>	Users require training or experience as animators or child group facilitators.
<b>Documentation</b>	Available in <a href="#">English</a> and <a href="#">French</a> .
<b>Applications &amp; References</b>	<p>Romania, Moldova and Albania: (2008-2012) MOVE project</p> <p>Meuwly, M. &amp; Rennesson, G.(2012). Traditional games for child protection. Terre des Hommes. Lausanne.</p>

**RESOURCE 2.12. WORKING WITH CHILDREN AND THEIR ENVIRONMENT: A MANUAL OF PSYCHOSOCIAL SKILLS**

**Terre des Hommes (TDH) Resource**

<b>Description</b>	<p>The development of this psychosocial skills manual is part of TDH's MOVE project, and is designed to provide child workers with an understanding of how to improve their own abilities to work with children, and skills to provide the psychosocial support needed by children in their development.</p> <p>The training consists of 18 modules. 14 psychosocial skills are presented, and divided into levels. The first two levels are focus on approach, and appropriate for those working with children in any sector. The next two levels focus on interventions and are appropriate for facilitators and managers who will plan psychosocial support activities.</p>
<b>Appropriate Use</b>	<p>Appropriate for use at the preplanning, planning, implementation and evaluation levels in settings where services to children are in place.</p>
<b>Scope</b>	<p><b>IASC MHPSS Layer 2:</b> Environments that enable positive social relationships and learning  <b>Tier(s):</b> Child, Family and Community  <b>Ages:</b> all</p>
<b>Key Input</b>	<p>2 weeks or 8 to 10 days for training.</p> <p>Assessment of level of knowledge and capacity to deliver training in order to determine strategy for training.</p>
<b>Key Tools</b>	<ul style="list-style-type: none"> <li>- <a href="#">Child Protection: Psychosocial Training Manual (2008)</a></li> <li>- <a href="#">Working with children and their environment (2010)</a></li> <li>- <a href="#">Traditional Games for Child Protection</a></li> </ul> <p>Follow up tools for Animator psychosocial skills, and children's psychosocial abilities are included in manual.</p>
<b>Training Required</b>	<p>Trainer with background in social work, mental health and adult education would be beneficial. Manual can be used to conduct Training of Trainers, as well. Trainer needs to be available for follow up.</p>
<b>Documentation</b>	<p>Available in <a href="#">English</a></p>
<b>Applications &amp; References</b>	<p><u>Internal Evaluation Summary:</u> A 3-year research evaluation of TDH's MOVE project in Eastern Europe showed improvement in children's behavior, including decreased aggression, and feelings of exclusion and discrimination. Improvement in self-confidence, social connectedness, self-expression, and solidarity was also noted among girls and boys who partook in psychosocial activities. Moreover, the evaluation described a reduction in school drop-out rates in direct relation to psychosocial activities organized after school.</p> <p>Meuwly, M. (2011). Working with children and their environment. Manual of psychosocial skills. Terre des Hommes – child relief. Switzerland.</p>

## RESOURCE 2.13. ADOLESCENT KIT FOR EXPRESSION AND INNOVATION



UNICEF Resource	
<b>Description</b>	Package contains guidance, tools, activities and supplies for supporting adolescent girls and boys in challenging circumstances such as poverty, conflict or crisis. Can be integrated into existing programs or delivered as a stand-alone program. Activities center around arts, innovation and creative thinking with the goal of new skill acquisition and improvement in adolescent psychosocial wellbeing and in their interactions with their communities. The kit includes Facilitators Guide, Supplies, and Digital and Training Resources.
<b>Appropriate Use</b>	Can be used at the preplanning, planning, implementation, and evaluation levels in conjunction with peace-building initiatives, education, child protection, and psychosocial support programs child protection, youth and life skills programs, HIV and AIDS, reproductive health and other community-based protection activities.
<b>Scope</b>	<b>IASC MHPSS Layer 2:</b> Environments that enable positive social relationships and learning  <b>Tier(s):</b> Child, Family and Community  <b>Ages:</b> 10 – 17
<b>Key Input</b>	Supply Kit can be ordered or templates can be downloaded from website. One kit serves 50 adolescents.
<b>Key Tools</b>	<ul style="list-style-type: none"> <li>- Core Guidance document provides extensive list of resources, standards and guidance for various needs and contexts that apply to adolescents.</li> <li>- <a href="#">A Toolkit for Monitoring and Evaluating Children's Participation</a></li> </ul>
<b>Training Required</b>	Facilitators should have knowledge and experience with adolescent development and communication needs, identifying adolescents needing additional mental health support, peacebuilding, facilitating groups, and other related topics. Training can be requested from UNICEF.
<b>Documentation</b>	Available in English Only: <ul style="list-style-type: none"> <li>- <a href="#">Facilitators Guide</a></li> <li>- <a href="#">Quick Orientation</a></li> <li>- <a href="#">Tools</a></li> <li>- <a href="#">Supply Kit Templates</a></li> <li>- <a href="#">Coordinators Manual</a></li> </ul>
<b>Applications &amp; References</b>	<p>South Sudan (2013) Unicef, Global Peacebuilding, Education and Advocacy (PBEA) Programme.</p> <p>Indonesia- (2013) Unicef Adolescent Circle Initiative</p> <p>Unicef. (2015) Adolescent Toolkit for Expression and Innovation. Unicef.</p>

**Resource 2.14.** Community-Based Psychosocial Support for Children and Adolescents in South Sudan: A Toolkit of Resources



<b>TPO Uganda Resource</b>	
<b>Description</b>	<p>This toolkit was produced by TPO Uganda for UNICEF South Sudan, and includes resources which target the different elements of children’s social environment, including caregivers, teachers and the community as a whole. The following areas are covered:</p> <ul style="list-style-type: none"> <li>- Awareness raising and building on available resources and capacity</li> <li>- Resilience activities for children and young people</li> <li>- Strengthening parental support</li> <li>- Strengthening support from teachers</li> </ul>
<b>Appropriate Use</b>	<p>The tools included in the toolkit are designed to be used with both boys and girls, of different age groups, from 3 to 17 years, with only one tool that is specific to adolescents.</p>
<b>Scope</b>	<p><b>IASC MHPSS Layer 2:</b> Environments that enable positive social relationships and learning</p> <p><b>Tier(s):</b> Child, Family and Community</p> <p><b>Ages:</b> 3 – 17</p>
<b>Key Input</b>	<p>Material resources required: a list of the materials needed to implement the activity (e.g. scissors, flip charts, picture-cards).</p>
<b>Key Tools</b>	<ul style="list-style-type: none"> <li>- The toolkit includes 7 tools (also referred to as methodologies in the toolkit)</li> <li>- Corresponding adaptation guides for each of the methodologies presented</li> <li>- Sample daily schedules for implementing activities.</li> <li>- Recommendations regarding monitoring and evaluation (M&amp;E) of each methodology.</li> </ul>
<b>Training Required</b>	<p>Successful implementation of all tools requires the involvement of personnel with basic participatory facilitation skills. If an organization does not currently have staff with this type of knowledge and experience, it will need to build this capacity before they are able to implement any of the activities described in this toolkit. It is also essential that at least one member of the facilitation team is able to communicate in the local language, so that all participants feel free to speak and do not have to rely on a translator. Training can be requested from UNICEF (South Sudan)</p>
<b>Documentation</b>	<p>Available in English Only.</p>
<b>Applications &amp; References</b>	<p>The tools presented in this toolkit were field tested and validated by trainers from TPO Uganda, who worked alongside partner organizations in four locations: Bentiu (Unity state), Juba (Central Equatoria), Rumbek (Lake states) and Minkaman (Lake states).</p> <p>2015, Community-Based Psychosocial Support for Children and Adolescents in South Sudan: A Toolkit of Resources, TPO Uganda and UNICEF South Sudan</p>

**Resource 2.15.** Guidelines for Child Friendly Spaces in Emergencies**Inter-Agency Resource**

<b>Description</b>	The guidelines provide practical guidance including principles and actions for field teams establishing child friendly spaces in different contexts, as well as guidance for advocacy efforts.
<b>Appropriate Use</b>	Can be used at the preplanning, planning, implementation, and evaluation levels in low resource settings, post conflict-settings, post-disaster and displacement settings, transitional and recovery settings, In conjunction with child-focused and family-focused community activities.
<b>Scope</b>	<p><b>IASC MHPSS Layer 2:</b> Environments that enable positive social relationships and learning.</p> <p><b>Tier(s):</b> Child, Family and Community</p> <p><b>Ages:</b> 0 – 18, sometimes young people over 18</p>
<b>Key Input</b>	Initial assessment to determine needs of children resulting from impact of disaster or conflict.
<b>Key Tools</b>	Inter-Agency Guide to the Evaluation of Psychosocial Programming in Humanitarian Crises
<b>Training Required</b>	No
<b>Documentation</b>	Available in <a href="#">English</a>
<b>Applications &amp; References</b>	UNICEF. (2011). Guidelines for Child Friendly Spaces in Emergencies. UNICEF.

**RESOURCE 2.16. INTERAGENCY GUIDANCE NOTE FOR INTEGRATING EARLY CHILDHOOD DEVELOPMENT (ECD) ACTIVITIES INTO NUTRITION PROGRAMMES IN EMERGENCIES. WHY, WHAT AND HOW**



<b>Inter-Agency Resource</b>	
<b>Description</b>	Guidelines are intended for local and international staff operating nutrition programs in emergencies. The document explains why early childhood development activities need to be included in nutrition programs, and provides suggestions for activities and steps needed, as well as case examples.
<b>Appropriate Use</b>	Can be used at the preplanning, planning levels, for advocacy and development of programming in low resource settings, post conflict-settings, post-disaster and displacement settings, transitional and recovery settings, and In conjunction with nutrition and feeding programs and others.
<b>Scope</b>	<b>IASC MHPSS Layer 2:</b> Environments that enable positive social relationships and learning. <b>Tier(s):</b> Child, Family and Community <b>Ages:</b> infants
<b>Key Input</b>	Practical steps are outlined in document Appendix.
<b>Key Tools</b>	<ul style="list-style-type: none"> <li>- Care for development training package</li> <li>- Checklist for Counselling on Care and Child Development</li> <li>- Appendix includes resources and manuals list.</li> </ul>
<b>Training Required</b>	Nutrition staff will need education and training on concepts of early childhood development , enhancing infant stimulation
<b>Documentation</b>	Available in <a href="#">Arabic</a> , <a href="#">English</a> and <a href="#">French</a>
<b>Applications &amp; References</b>	<p>Jones, L. (2008). <a href="#">Report on pilot psychosocial intervention for mothers and infants receiving nutritional support</a>: June 9th-July 9th 2008, Soacha, Colombia. International Medical Corps.</p> <p>Morris, J., Jones, L., Berrino, A., Jordans, M. J. D., Okema, L., &amp; Crow, C. (2012). <a href="#">Does combining infant stimulation with emergency feeding improve psychosocial outcomes for displaced mothers and babies? A controlled evaluation from Northern Uganda</a>. <i>American Journal of Orthopsychiatry</i>, 82(3), 349–357.</p> <p>UNICEF and WHO. (2012). Guidance note for integrating ECD activities into nutrition programmes in emergencies. World Health Organization</p>

**Resource 2.17.** Baby Friendly Spaces (BFS): A Holistic Approach for Pregnant, Lactating Women and their Very Young Children in Emergency



**Action Contre La Faim (ACF International) Resource**

<b>Description</b>	<p>The goal of the BFS is a holistic psychosocial program that aims at providing comprehensive support to children and their caregivers who are facing emergency situations. This includes:</p> <ul style="list-style-type: none"> <li>- Helping the family to adapt care practices to the emergency and post emergency context</li> <li>- Improving the well-being of pregnant women, infants, young children and their mothers/ caregivers, taking into account life experiences, past and present difficulties</li> <li>- Providing a safe and private space for pregnant, lactating women and their infants</li> <li>- Helping families to facilitate child development and survival</li> </ul> <p>The Baby Friendly Space's main objective is to take care of the mother/ caregiver in order to support her/him to take care of the child/infant.</p>
<b>Appropriate Use</b>	<p>Can be used at the preplanning, planning, implementation, and evaluation levels in low resource settings, post conflict-settings, post-disaster and displacement settings, transitional and recovery settings, In conjunction with child-focused and family-focused community activities, including health and nutrition.</p>
<b>Scope</b>	<p><b>IASC MHPSS Layers 1, 2 and 3 (cross-cutting)</b></p> <p><b>Tier(s):</b> Child, Family and Community</p> <p><b>Ages:</b> Pregnancy and children under 2</p>
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- Staff: Program Manager, Psychologists, Psychosocial workers</li> <li>- Safe space for activities</li> <li>- Referral pathways to community and more specialized services</li> <li>- 1 week training and weekly supervision for activities facilitation, monitoring and evaluation</li> </ul>
<b>Key Tools</b>	<ul style="list-style-type: none"> <li>- Adapted questionnaires and database</li> <li>- Scales and observation grids: ADBB, mother and child interaction, WHO5, EPDS, distress scale.</li> <li>- Manual includes specifications on cultural and contextual adaptation, including influence on parenting norms.</li> </ul>
<b>Training Required</b>	<p>A psychologist is required for management or supervision of program, including follow up on referrals to and from other interventions and activities. The Manual includes guidance on skills necessary for the facilitation of activities.</p>
<b>Documentation</b>	<p><b>Available</b> in English and French.</p>
<b>Applications &amp; References</b>	<p>Application: Ethiopia (Dollo Ado 2011, Gambella 2013), Cameroun (2014-2016), Chad (2014-2015), Philippines (2012)</p>

**Resource 2.18.** Manual for the Integration of Child Care Practices and Mental Health within Nutrition Programs**Action Contre La Faim (ACF International) Resource**

<b>Description</b>	<p>ACF produced this technical guideline to support missions and partners in the development of programs that integrate Mental Health and Child Care Practices within nutrition. This technical guide offers a set of concrete actions and practical orientations to enhance the necessity of combining prevention and treatment of severe malnutrition with mental health and child care practices. The most basic child care practices program forms an integral part of malnutrition treatment, in which attitudes, words, organization and implementation of specific programs all come into play at each step.</p> <p>This manual is designed as a toolkit that provides user with key steps on how to integrate child care practices and mental health within nutrition.</p>
<b>Appropriate Use</b>	Can be used at the preplanning, planning, implementation, and evaluation levels in low resource settings, post conflict-settings, post-disaster and displacement settings, transitional and recovery settings, In conjunction with child-focused and family-focused community activities, including health and nutrition.
<b>Scope</b>	<p><b>IASC MHPSS Layers 1, 2 and 3 (cross-cutting)</b></p> <p><b>Tier(s):</b> Child, Family and Community</p> <p><b>Ages:</b> Pregnancy and children under 2</p>
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- Staff: Program Manager, Psychologists, Psychosocial workers</li> <li>- Safe space for activities</li> <li>- Referral pathways to community and more specialized services</li> </ul>
<b>Key Tools</b>	<ul style="list-style-type: none"> <li>- The manual includes fact sheets that are accompanied by appendices that illustrate or supplement topics covered.</li> <li>- The manual also includes links to websites that provide further information on specific topics.</li> </ul>
<b>Training Required</b>	The Manual includes guidance on skills necessary for the implementation of integration activities.
<b>Documentation</b>	<b>Available</b> in English and French.
<b>Applications &amp; References</b>	Application includes but not limited to following countries: Chad, Afghanistan, Sudan, Burundi. Philippines, Sri Lanka, Mali, Madagascar, Birmanie, Myanmar.



## RESOURCE 2.19. LIFE SKILLS COURSE: THE DEALS



War Child Resource	
<b>Description</b>	<p>The DEALS are a set of life skills courses aimed at enhancing resilience in children and young people. Coping skills are taught through discussions and creative activities. Themes include: Identity, dealing with emotions and conflict, peer and adult relations, and the future. Additional courses were developed for other groups within or supporting children, including parents, teachers, girls, and youth. BIG DEAL addresses youth-related themes of leadership, gender relations, and rights and responsibilities.</p> <p>A Facilitators Training Handbook and PowerPoints are available.</p>
<b>Appropriate Use</b>	Can be used at the implementation and evaluation level In post-conflict settings, in conjunction with health programs, livelihood programs, psychosocial support programs, etc.
<b>Scope</b>	<p><b>IASC MHPSS Layer 2:</b> Environments that enable, positive social relationships</p> <p><b>Tier(s):</b> Child, Family and Community</p> <p><b>Ages:</b> I Deal- 11 to 15, 16 to 20 Big Deal- 16 to 20</p>
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- 5 – 6 Days for Facilitator Training</li> <li>- Handbooks and materials, space for gathering</li> </ul>
<b>Key Tools</b>	<ul style="list-style-type: none"> <li>- <a href="#">Training of Facilitators</a></li> <li>- <a href="#">War Child Safety Guidelines, Checklist and Code of Conduct</a></li> <li>- <a href="#">DEALS Monitoring and Evaluation Toolkit</a></li> </ul>
<b>Training Required</b>	Experience working with children and youth, or with teaching parents, group facilitation skills.
<b>Documentation</b>	<ul style="list-style-type: none"> <li>- I DEAL- <a href="#">Arabic</a>, <a href="#">English</a>, <a href="#">French</a>, <a href="#">Spanish</a></li> <li>- BIG DEAL - <a href="#">Arabic</a>, <a href="#">English</a>, <a href="#">French</a> and <a href="#">Spanish</a></li> <li>- Parents DEAL - <a href="#">English</a> and <a href="#">French</a></li> </ul> <p><i>Teachers DEAL and SHE DEALS are still in development.</i></p>
<b>Applications &amp; References</b>	<p>War Child Holland. (2013) DEALS Training of Facilitators. War Child Holland.</p> <p>War Child Holland. (2009) I DEAL. War Child Holland.</p> <p>War Child Holland. (2013) Parents DEAL. War Child Holland.</p> <p>War Child Holland. (2013). <a href="#">“I can forgive now”: Evaluation study of War Child’s psychosocial support intervention I DEAL.</a> War Child Holland.</p> <p>Eiling, et al. (2014). <a href="#">Psychosocial support for children in the Republic of South Sudan: an evaluation outcome.</a> Intervention. Volume 12, Number 1, Page 61 - 75</p>

**RESOURCE 2.20. HELPING HANDS AT SCHOOL AND IN THE COMMUNITY: GUIDANCE FOR SCHOOL-BASED PSYCHOSOCIAL PROGRAMMES FOR TEACHERS, PARENTS AND CHILDREN IN CONFLICT AND POST-CONFLICT AREAS**



**War Trauma Foundation (WTF) Resource**

<b>Description</b>	Guidelines based on the experiences of War Trauma Foundation and their partners in providing school-based psychosocial support programs aimed at helping children, parents and teachers. A framework for planning, implementing, or improving SBPPs is provided through the examples from partner programs. A toolkit is provided, as are lessons learned and case studies.
<b>Appropriate Use</b>	Can be used at the preplanning, planning, and implementation levels in: <ul style="list-style-type: none"> <li>- In low resource settings, conflict or post-conflict settings</li> <li>- In conjunction with education, child protection, and psychosocial support programs</li> </ul>
<b>Scope</b>	<b>IASC MHPSS Layer 2:</b> Environments that enable positive social relationships and learning  <b>Tier(s):</b> Child, Family and Community  <b>Ages:</b> 4 – 11
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- Organizational Assessment</li> <li>- Establishing pool of trainers</li> <li>- Training of trainers</li> <li>- Schools to participate</li> <li>- Establishing relationships with local government and authorities</li> <li>- Teachers to participate</li> </ul>
<b>Key Tools</b>	<a href="#">Miku Kos, A. (2005). Training Teachers in Areas of Armed Conflict: A manual. Intervention Supplement, 3. 2.</a>
<b>Training Required</b>	Understanding of psychosocial needs of children in conflict.
<b>Documentation</b>	Available in <a href="#">English</a>
<b>Applications &amp; References</b>	No application available.  Young, Holly. (2012). Helping Hands at School and in the Community: Guidance for School-Based Psychosocial Programmes for Teachers, Parents and Children in Conflict and Post-conflict Areas. War Trauma Foundation. War Trauma Foundation.

## Resource 2.21. Community-based Psychosocial Support



## International Federation of Red Cross and Red Crescent Societies (IFRC) Resource

<b>Description</b>	A training tool designed to build knowledge and skills of staff and volunteers, and build the capacities of National Societies to support psychosocial wellbeing in beneficiaries and in volunteers and staff. Kit includes Trainer Manual, Participant Manual, and PowerPoint slides. Can be used as basic training or training of trainers. The recommendation for either format is to include no more than 18 participants as a time.
<b>Appropriate Use</b>	Can be used at the pre-planning, planning, implementation, and evaluation levels. The training is ideally integrated into existing or related programs, but can be used as a stand-alone training. Seven modules can be delivered as a complete training, or individually as special topics supporting specific needs.
<b>Scope</b>	<b>IASC MHPSS Layer 2:</b> Environments the enable <b>Tier(s):</b> Child, Family and Community <b>Ages:</b> Child, Adult
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- Assessment of level of training needed.</li> <li>- Master Trainer, local trainers, and volunteers from the community or local organizations.</li> <li>- Space for workshops and activities</li> <li>- 5-day Training including delivery of all seven modules, with time allowed for evaluation of training</li> <li>- Mechanism for provide support needed by volunteers (staff care)</li> </ul>
<b>Key Tools</b>	<ul style="list-style-type: none"> <li>- <b>Overview and Guidance Note:</b> Monitoring and evaluation framework for psychosocial support interventions</li> <li>- <b>Indicator Guide:</b> Monitoring and evaluation framework for psychosocial support interventions</li> <li>- <b>Tool box:</b> Monitoring and evaluation framework for psychosocial support interventions</li> <li>- <b>Rapid Assessment Guide</b> for Psychosocial Support and Violence Prevention in Emergencies and Recovery</li> </ul>
<b>Training Required</b>	<p>Yes. Training of Trainers requires Master Trainer, IFRC PS Centre can assist.</p> <ul style="list-style-type: none"> <li>- Yes: Basic Training requires a professional who has attended the ToT, or has the appropriate background, knowledge and skills.</li> </ul>
<b>Documentation</b>	Community-Based Psychosocial Support Trainers Book- <a href="#">Arabic</a> , <a href="#">English</a> , <a href="#">French</a> ,

	<p>Mongolian, Russian, Serbian, Spanish.</p> <p>Community-Based Psychosocial Support PowerPoints- Arabic, English, French, Spanish.</p> <p>Community-Based Psychosocial Support Participants Book- Arabic, English, French, Korean, Spanish, Urdu.</p> <p>Opening and Closing a Workshop- English.</p>
<b>Applications &amp; References</b>	<p>No applications available.</p> <p>International Federation Reference Centre of Psychosocial Support. 2009. <a href="#">Community-based Psychosocial Support: a training kit</a>. International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support</p>

## RESOURCE 2.22. CARING FOR VOLUNTEERS: A PSYCHOSOCIAL SUPPORT TOOLKIT



### International Federation of Red Cross and Red Crescent Societies (IFRC) Resource

<b>Description</b>	Toolkit and Training manual are designed to assist organizations and National Societies with supporting volunteer wellbeing after a crisis, conflict or disaster. Elements include peer support, psychological first aid, communication, and preparing for crisis in order to care for beneficiaries, themselves, and each other. Monitoring and evaluation of such efforts is covered, and Training of Trainers is included in the Appendix, and as a separate resource.
<b>Appropriate Use</b>	Can be used at the pre-planning, planning, implementation, and evaluation levels, in conjunction with education, peacebuilding, demobilization, disarmament and reintegration programs, and employment generating programs.
<b>Scope</b>	<b>IASC MHPSS Layer 2 &amp; 3:</b> Environments that enable positive social relationships, Focused non-specialized support.  <b>Tier(s):</b> Child, Family and Community  <b>Ages:</b> Adult
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- Training of participants requires 2 days</li> <li>- Training of trainers requires 3 days. Training of Trainers is recommended in areas where a large number of people need to be trained.</li> <li>- Manuals and training materials for participants and possible computer and projector for accompanying PowerPoint slides.</li> </ul>
<b>Key Tools</b>	Tools are included in document.
<b>Training Required</b>	Facilitator must complete a Training of Trainers for facilitators. They should have a background in health, mental health, or social or human services. Training of Trainers should be carried out by a psychosocial support Master Trainer.
<b>Documentation</b>	<ul style="list-style-type: none"> <li>- Caring for Volunteers: a psychosocial support kit- <a href="#">Arabic</a>, <a href="#">English</a>, <a href="#">French</a>, <a href="#">Russian</a> and <a href="#">Spanish</a></li> <li>- Caring for Volunteers: a training manual- <a href="#">Arabic</a>, <a href="#">English</a>, <a href="#">French</a>, <a href="#">Russian</a> and <a href="#">Spanish</a></li> <li>- Caring for Volunteers: Training PowerPoint- <a href="#">Arabic</a>, <a href="#">English</a>, <a href="#">French</a>, <a href="#">Russian</a> and <a href="#">Spanish</a></li> <li>- Caring for Volunteers: Training of Trainers PowerPoints- <a href="#">Arabic</a>, <a href="#">English</a>, <a href="#">French</a>, <a href="#">Russian</a> and <a href="#">Spanish</a>.</li> </ul> <p>All documents and contact can be found <a href="#">here</a>.</p>
<b>Applications &amp; References</b>	Snider, Leslie. <a href="#">Caring for Volunteers: A Psychosocial Support Toolkit</a> . IFRC Reference Centre for Psychosocial Support. Lucie Balarinová, Jana Zbořilová (2015). <a href="#">Psychosocial support for volunteers Czech Red Cross during the floods in the Czech Republic in 2013</a> . Psychologie. Issue 1, Vol 9.

**RESOURCE 2.23. MANAGING STRESS IN HUMANITARIAN WORKERS: GUIDELINES FOR GOOD PRACTICE****Antares Foundation Resource**

<b>Description</b>	Guidelines have been provided for use by organizations in establishing their own staff care system, in the interest of reducing risk and managing stress in humanitarian workers. The guidelines present 8 principles and corresponding suggested indicators with case studies for illustration. The 8 principles follow the course of a worker's contract, and can be applied to both national and international staff, and to both office and field staff.
<b>Appropriate Use</b>	Can be used at the preplanning, planning, implementation, and evaluation levels in low resource settings, post conflict-settings, post-disaster and displacement settings.
<b>Scope</b>	<b>IASC MHPSS Layer 2 &amp; 3:</b> Environments that enable positive social relationships, Focused non-specialized support.  <b>Tier(s):</b> Child, Family and Community  <b>Ages:</b> Adult
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- Policy development</li> <li>- Human resources (such as counselor or psychologist) are available, within the organization or through an outside provider agreement, to support staff.</li> </ul>
<b>Key Tools</b>	<ul style="list-style-type: none"> <li>- Staff screening tools, for stress and resilience, such as Brief Resilience Scale, Conner-Davidson Resilience Scale, or other tools that may be available within the organization. Coping Strategy Indicator (Amirkhan), Los Angeles Symptoms Checklist, Hopkins Symptom Checklist.</li> <li>- <a href="#">Antares Podcast series on Stress Management for Emergency Responders.</a></li> </ul>
<b>Training Required</b>	No
<b>Documentation</b>	Guidelines are currently available in the following languages: <a href="#">Albanian</a> , <a href="#">Arabic</a> , <a href="#">English</a> , <a href="#">French</a> , and <a href="#">Spanish</a> .
<b>Applications &amp; References</b>	<p>No applications available.</p> <p>Antares Foundation. 2012. <a href="#">Managing Stress in Humanitarian Workers- Guidelines for Good Practice</a>. Antares Foundation.</p> <p>Eriksson, C. B., Lopes Cardozo, B., Foy, D., Sabin, M., Ager, A., Snider, L., Scholte, W.F., Kaiser, R., Olf, M., Rijnen, B., Gotway Crawford, C., Zhu, J. &amp; Simon, W. "Predeployment Mental Health and Trauma Exposure of Expatriate Humanitarian Aid Workers Risk and Resilience Factors". <i>Traumatology</i>, 19(1), 41-48.</p> <p>Lopes Cardozo B, Gotway Crawford C, Eriksson C, Zhu J, Sabin M, Ager A, et al. (2012) <a href="#">Psychological Distress, Depression, Anxiety, and Burnout among International Humanitarian Aid Workers: A Longitudinal Study</a>. <i>PLoS ONE</i> 7(9): e44948. doi:10.1371/journal.pone.0044948</p>

**RESOURCE 2.24. SELF-HELP BOOKLET FOR MEN FACING CRISIS AND DISPLACEMENT****International Organization for Migration (IOM) Resource**

<b>Description</b>	<p>The booklet “Self-Help for Men facing crisis and displacement” was developed as an activity of IOM’s psychosocial support program in the Syrian Arab Republic and Lebanon.</p> <p>The booklet is meant to be an easy educational tool for adult males, helping them to understand the roots of the distress they may face, destigmatize it and learn some easy ways to alleviate it through venting and socialization, also in relation to their roles towards spouses and children. It aims to cover a void. Most psychosocial activities are indeed centered on women and children, while very little is offered to men, who are often in need due to issues related with the loss of traditional roles, but are less forthcoming in seeking help.</p>
<b>Appropriate Use</b>	Can be used at the preplanning, planning, implementation, and evaluation levels in low resource settings, post conflict-settings, post-disaster and displacement settings.
<b>Scope</b>	<p><b>IASC MHPSS Layer 2 &amp; 3:</b> Environments that enable positive social relationships, Focused non-specialized support.</p> <p><b>Tier(s):</b> Child, Family and Community</p> <p><b>Ages:</b> Adult (men)</p>
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- Safe space for men</li> <li>- Social Worker to facilitate discussions</li> <li>- Referral mechanisms in place to community or specialized services</li> </ul>
<b>Key Tools</b>	NA
<b>Training Required</b>	No, this is a self-help book.
<b>Documentation</b>	Booklet is available in <b>English</b> and <b>Arabic</b>
<b>Applications &amp; References</b>	Applications documented internally by IOM, in the Syrian Arab Republic and Lebanon.

### Layer III. Focused Care

#### Addressing psychosocial distress and protection challenges

Community based MHPSS interventions at the third layer of the IASC MHPSS pyramid provide focused care to children and families who have specific emotional, social, health or protection concerns. All children and families have strengths and resources that contribute to their resilience. Although most children and families can cope and recover well if their basic needs are met appropriately (Layer I) and with strengthened family and community supports (Layer II), focused care may be indicated to assist the smaller number of children and families whose coping capacity is overwhelmed in the situation. It is essential that this care is delivered in age, gender and culturally appropriate ways. This may be due to exposure to serious stressors, or because of certain vulnerabilities (health or mental health problems, disabilities), or by their status in society (economic, social or political). Examples include:

- Children and families in acute distress due to recent exposure to serious stressors (e.g., violence, abuse, disaster);
- Children (or parents/caregivers) who have been exposed to protection risks and who may require psychological, health and legal support;
- Children (or parents/caregiver) survivors of severe violations of human rights (trafficking, SGBV, children associated with armed forces);
- Children and families who are unable to make use of existing supports and social networks to meet their basic needs (e.g., marginalized families, children or caregivers with specific health or mental health problems or disabilities);
- Children and families who are struggling to cope within their existing care network<sup>2</sup>;
- Children who are not growing and learning according to their age and developmental stage or are unable to function at the same level as their peers.

Focused care is geared toward strengthening the innate coping of children and families – as well as mobilizing and strengthening existing community social networks and specialized support and referral systems to address particular needs. Whether providers at this layer are mental health or social service professionals or non-specialized staff or lay people who have received training, it is important that they receive close, regularly available supervision by qualified professionals. Focused care providers may include community outreach workers, health and social service staff, counselors, teachers and others. In addition, basic psychosocial competence training can be useful for a range of child caregivers and multi-sector workers who interface routinely with children. Psychosocial competence training topics may include information about child development and children's reactions to stress in the cultural context, PFA and other skills, and knowing when and how to refer for more specialized care.

**→ See UNICEF framework for more detailed description about support strategies and specific activities for each IASC MHPSS pyramid layer**

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<sup>2</sup> Psychosocial Support of Children in Emergencies. (2009) UNICEF: NY.



**RESOURCE 3.1. CHILD PROTECTION CASE MANAGEMENT TRAINING MANUAL FOR CASEWORKERS, SUPERVISORS AND MANAGERS**



**Inter-agency Resource: Child Protection Working Group**

<b>Description</b>	Training manual was designed along with the Interagency Guidelines for Case Management and Child Protection. It consists of 6 modules, including case studies, outlining principles and practices and steps of case management for child protection cases. An additional module describes designing, implementing and monitoring of services for managers and supervisors. A Facilitators Guide is also available for training of the modules. Training is recommended to take place over 8 days, possible over 5 days.
<b>Appropriate Use</b>	Can be used at the pre-planning, planning, implementation, and evaluation levels in any setting, in conjunction with child protection mechanisms.
<b>Scope</b>	<b>IASC MHPSS Layer 3:</b> Focused support to address psychosocial distress and protection challenges  <b>Tier(s):</b> Child, Family and Community  <b>Ages:</b> Any
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- Training room</li> <li>- Facilitator and Co-facilitator</li> <li>- Office supplies listed</li> <li>- Computer and projector</li> </ul>
<b>Key Tools</b>	Locally adapted tools
<b>Training Required</b>	Participants should be case workers, case managers or program managers or connected to agencies or referral processes.  Facilitators should have expertise in case management and child protection.
<b>Documentation</b>	Available in <a href="#">English</a> .
<b>Applications &amp; References</b>	Jones, C. (2014). <a href="#">Child Protection Case Management Training Manual for Caseworkers, Supervisors and Managers</a> . Case Management Task Force.

## RESOURCE 3.2. BROKEN LINKS: PSYCHOSOCIAL SUPPORT FOR PEOPLE SEPARATED FROM FAMILY MEMBERS



### International Federation of Red Cross and Red Crescent Societies (IFRC) Resource

<b>Description</b>	This training package, field guide and manual, is designed to support staff and volunteers in a wide range of settings where they may be in contact with families who have been separated from their loved ones. The training introduces the causes and consequences of being separated from family members and how separation may impact psychosocial well-being. Additionally, the training provides participants with an understanding of how to support people who have been separated and at the same time take care of themselves.
<b>Appropriate Use</b>	The training is useful for people working with restoring family links and psychosocial support, as well as any humanitarian workers who may come into contact with people separated from family members.
<b>Scope</b>	<p><b>IASC MHPSS Layer 3:</b> Focused support to address psychosocial distress and protection challenges</p> <p><b>Tier(s):</b> Child, Family and Community</p> <p><b>Ages:</b> Children and Adults</p>
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- 1-day training</li> <li>- Lay providers</li> <li>- Supervisor</li> <li>- Field practice and supervision</li> <li>- Referral pathways should be in place for those needed a higher level of care.</li> </ul>
<b>Key Tools</b>	Measures for assessment are included in the manual.
<b>Training Required</b>	<p>Yes. Trainers should have a background in health, mental health, social welfare, education, conflict studies or migration, and have a good understanding of psychosocial support and of the possible impact that being separated can have on individuals and families. Trainers should be familiar with facilitating psychosocial trainings, have good communication skills and a working knowledge of the Movement.</p> <p>It is not a requirement that participants have a background in health, mental health or social welfare.</p>
<b>Documentation</b>	<p>Field Guide and Training module available in English Only:</p> <ul style="list-style-type: none"> <li>- <a href="#">Broken Links: Psychosocial support for people separated from family members, a field guide</a></li> <li>- <a href="#">Broken Links: Psychosocial Support for people separated from family members, training module</a></li> </ul>
<b>Applications &amp; References</b>	<p>No applications available.</p> <p>Ager, W. (2014). Broken Links: Psychosocial support for people separated from family. International Federation of Red Cross and Red Crescent Societies. Reference Centre for Psychosocial Support. Copenhagen, Denmark.</p>

### RESOURCE 3.3. LAY COUNSELING TRAINER'S MANUAL



#### International Federation of Red Cross and Red Crescent Societies (IFRC) Resource

<b>Description</b>	'Lay counselling: A trainer's manual', developed by IFRC's Reference Centre for Psychosocial Support, together with three European partners, sets out the role and responsibilities of lay counsellors and the organization within which they work. The manual consists of a variety of didactic methods. Specific themes covered are referrals and reporting, supportive communication, assisting decision-making, structure of a counselling conversation, life events, stress and coping, psychological first aid and self-care.
<b>Appropriate Use</b>	Training manual is designed for trainers of lay counsellors to deliver a 2-day basic training. By the end of the training, participants will have developed a range of listening and responding skills and have insight into the values, ethics and boundaries of their work as lay counsellors.
<b>Scope</b>	<b>IASC MHPSS Layer 3:</b> Focused support to address psychosocial distress and protection challenges <b>Tier(s):</b> Child, Family and Community <b>Ages:</b> all
<b>Key Input</b>	Each module contains learning objectives, instructions, activities and key messages. Suggested times for the activities and sections in each module are provided as well as the expected total duration of each module.
<b>Key Tools</b>	<b>Supplementary resources</b> , to the manual include a Powerpoint presentation, handouts and additional activities available through IFRC's Psychosocial centre site.
<b>Training Required</b>	It is recommended that trainers using this manual have: <ul style="list-style-type: none"> <li>- A professional mental health or psychosocial background</li> <li>- Clinical experience in counselling and/or in psychosocial support to people in crisis situations</li> <li>- Experience as a trainer</li> <li>- In-depth knowledge of the organization</li> </ul>
<b>Documentation</b>	The <b>manual</b> is available in English, French, German and Danish.
<b>Applications &amp; References</b>	This manual is based on evidence-informed practice in lay counselling and psychosocial work, and has been researched and field-tested before publication. Juen et al. (2012). Lay counselling in humanitarian organizations: A field report on developing training materials for lay counsellors. <i>Intervention</i> , 11(1 Special Anniversary Issue: Part 2), 77-88.

### RESOURCE 3.4. PSYCHOLOGICAL FIRST AID TRAINING MANUAL FOR CHILD PRACTITIONERS



#### Save the Children (SC) Resource

<b>Description</b>	<p>The training is aimed at child protection and other child worker staff such as educators and healthcare workers, and volunteers, who support children in the aftermath of or during a crisis or traumatic event, as well as staff from other sectors that interact with children, such as WASH, shelter, or nutrition. The communication and comforting skills that are taught and practiced in the training are used to help reduce the initial distress children may experience, as well as connect them with practical assistance and encourage positive coping strategies. PFA is now included in the Minimum Standards for Child Protection in Humanitarian Action.</p> <p>The training requires 3 days, 2 days dedicated to PFA for Children, and 1 day for stress management for staff.</p>
<b>Appropriate Use</b>	<p>Can be used at the pre-planning, planning, implementation levels, and can be integrated into existing or related trainings, or can be used as a stand-alone training.</p>
<b>Scope</b>	<p><b>IASC MHPSS Layer 3:</b> Focused support to address psychosocial distress and protection challenges  <b>Tier(s):</b> Child, Family and Community  <b>Ages:</b> all</p>
<b>Key Input</b>	<p>Manuals are available to download, as well as accompanying PowerPoint slides and PDFs of the slides to be used during training.</p> <p>Venue and materials</p>
<b>Key Tools</b>	<p>Lists or information on key child protection mechanisms and referral resources for services</p>
<b>Training Required</b>	<p>Not necessary, but training would ideally be conducted by a professional with appropriate expertise and experience such as mental health, social work, education or training of adult learners, etc.</p>
<b>Documentation</b>	<p>Available <a href="#">here</a> in: Arabic, English, French, Spanish</p>
<b>Applications &amp; References</b>	<p>No application available.</p> <p>Save the Children (2013). <a href="#">Psychological First Aid Training Manual for Child Practitioners</a>. Save the Children Denmark: Copenhagen.</p> <p>Doyle, Joanne. (2015) psychological First Aid: A review of Save the Children's PFA initiatives in China</p>

### RESOURCE 3.5. PSYCHOLOGICAL FIRST AID: A GUIDE FOR FIELD WORKERS



#### World Health Organization (WHO) & War Trauma Foundation (WTF) Resource

<b>Description</b>	Psychological First Aid provides “humane, supportive and practical help” to people in the immediate aftermath of a crisis, or during a protracted crisis. It can be provided by volunteers as well as professional staff, and can be used by staff in any sector who engages with beneficiaries. The guide covers the theory behind PFA, helping without harming, the actions of providing PFA, self and team care, and case scenarios for practice.
<b>Appropriate Use</b>	Can be used at the pre-planning, planning, and implementation levels in any setting, and can be integrated into existing or related programs, but can be used as a stand-alone guide.
<b>Scope</b>	<b>IASC MHPSS Layer 3:</b> Focused support to address psychosocial distress and protection challenges  <b>Tier(s):</b> Child, Family and Community  <b>Ages:</b> All
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- Master trainer for classroom training</li> <li>- Copies of manuals for participants</li> </ul>
<b>Key Tools</b>	Referral pathways and access to information.
<b>Training Required</b>	Master Trainer is recommended for delivery of participatory training of PFA.
<b>Documentation</b>	Available <a href="#">here</a> in the following languages: Arabic, Chinese, Dutch, English, Farsi, French, German, Greek, Japanese, Kiswahili, Korean, Portuguese, Romanian, Russian, Sinhala, Slovenian, Spanish, Tamil, Turkish and Urdu.
<b>Applications &amp; References</b>	World Health Organization, War Trauma Foundation and World Vision  International (2011). Psychological first aid: Guide for field workers. WHO: Geneva.

**RESOURCE 3.6. PROBLEM MANAGEMENT PLUS (PM+): INDIVIDUAL PSYCHOLOGICAL HELP FOR ADULTS IMPAIRED BY DISTRESS IN COMMUNITIES EXPOSED TO ADVERSITY**



**World Health Organization (WHO) Resource**

<b>Description</b>	This manual was developed as an addition to the mhGAP program in order to provide an evidence-based, low intensity psychological intervention for adults who are experiencing depression, anxiety or stress, regardless of whether they are experiencing adversity, and who are experience a range of symptom severity. Elements of Cognitive Behavioral Therapy are incorporated to improve mental health and psychosocial wellbeing. Face-to-face intervention is usually 5 sessions long, and can be provided to individuals or groups using the following strategies: problem solving counselling plus stress management, behavioral activation and strengthening social support.
<b>Appropriate Use</b>	Can be used at the pre-planning, planning, and implementation levels in any low-resource setting where there are not enough mental health specialists available.
<b>Scope</b>	<b>IASC MHPSS Layer 3:</b> Focused support to address psychosocial distress and protection challenges <b>Tier(s):</b> Child, Family and Community <b>Ages:</b> Adult
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- Lay providers</li> <li>- Supervisor</li> <li>- 8-day training with 2 to 3 weeks of field practice and supervision</li> <li>- Referral pathways should be in place for those needed a higher level of care.</li> </ul>
<b>Key Tools</b>	Measures for assessment are included in the manual.
<b>Training Required</b>	This intervention can be delivered by paraprofessionals and non-specialists, such as health workers. A trained specialist is needed to train paraprofessionals, and to provide ongoing supervision.
<b>Documentation</b>	Available in <a href="#">English</a> and <a href="#">Kenyan</a> languages.
<b>Applications &amp; References</b>	<p>World Health Organization. Problem Management Plus (PM+): Individual psychological help for adult impaired by distress in communities exposed to adversity. (Generic field-trial version 1.0). Geneva, WHO, 2016</p> <p>RCTs are currently underway in Kenya and Pakistan.</p> <p>Dawson, K. et al. (2015). Problem Management Plus (PM+): A WHO transdiagnostic psychological intervention for common mental health problems. <i>World psychiatry: official journal of the World Psychiatric Association (WPA)</i>.</p> <p>Sijbrandij et al. (2015). Problem Management Plus (PM+) for common mental disorders in a humanitarian setting in Pakistan; study protocol for a randomised controlled trial (RCT). <i>BMC Psychiatry</i> 15:232</p> <p>Sijbrandij et al. (2016). Problem Management Plus (PM+) in the treatment of common mental disorders in women affected by gender-based violence and urban adversity in Kenya; study protocol for a randomized controlled trial. <i>International Journal of Mental Health Systems</i> 10:44</p>

## RESOURCE 3.7. THE MULTIFAMILY APPROACH IN HUMANITARIAN SETTINGS



## War Trauma Foundation (WTF) Resource

<b>Description</b>	Multi-family approach had been developed for groups of families consisting of parents or parents and children. The group process is central, and the aim is to improve parent awareness and the parent child relationship, and support between families. It is carried out by community workers and is easily adapted to community and cultural needs. The manual has three parts covering the details of multi-family approach, a section for trainers and adaptation, and a section for group facilitators illustrating best practices.
<b>Appropriate Use</b>	Can be used as standalone or in conjunction with  Can be used as the planning, implementation
<b>Scope</b>	<b>IASC MHPSS Layer 3:</b> Focused support to address psychosocial distress and protection challenges  <b>Tier(s):</b> Child, Family and Community  <b>Ages:</b> all
<b>Key Input</b>	<ul style="list-style-type: none"> <li>- Program Manager</li> <li>- Trainers</li> <li>- 7 to 10 facilitators to a team</li> <li>- Team supervisor</li> </ul>
<b>Key Tools</b>	Included in manual.
<b>Training Required</b>	Facilitators need experience working with groups and with families  Supervisors need familiarity with MFA, and experience facilitating learning.  Trainers need experience facilitating the MFA to groups, and in facilitating group learning.
<b>Documentation</b>	Available <a href="#">here</a> in Arabic and English languages ( <b>note: Application Form Required</b> )
<b>Applications &amp; References</b>	No application available.  War Trauma Foundation. (2015). The multi-family approach in humanitarian settings. War Trauma Foundation.

#### **Layer IV. Specialized Care**

##### **Specialized care and support for MNS disorder, developmental disability, serious distress**

In any emergency situation, a small percentage of children and their caregivers will require specialized care, such as clinical mental health care and support by mental health and social service professionals. This includes care for children and caregivers who have pre-existing MNS disorders and disabilities (including developmental and physical disabilities) that can be made worse in crisis situations. It also includes care for those who may develop mental health problems or severe distress that interferes with their daily functioning as a result of the emergency situation. Through CB-MHPSS interventions, children with specialized care and treatment needs can be identified, included within general support and focused care activities, advocated for, and referred to specialized services as needed.

Specialized services may include mental health interventions (psychological and/or psychiatric treatment) as well as various social services (case management) to help provide for the range of basic and social needs of the child and family. Non-harmful traditional and cultural healing practices may also be used as part of specialized care.

***→ See UNICEF framework for more detailed description about support strategies and specific activities for each IASC MHPSS pyramid layer***



**RESOURCE 4.1. MHGAP INTERVENTION GUIDE FOR MENTAL, NEUROLOGICAL AND SUBSTANCE USE DISORDERS IN NON-SPECIALIZED HEALTH SETTINGS**



**World Health Organization (WHO) Resource**

<p><b>Description</b></p>	<p>The mhGAP Intervention Guide (mhGAP-IG) for mental, neurological and substance use disorders for non-specialist health settings (2010), is a technical tool developed by the World Health Organization (WHO) to assist in implementation of mhGAP. The Intervention Guide has been developed through a systematic review of evidence followed by an international consultative and participatory process.</p> <p>The mhGAP-IG presents integrated management of priority conditions using protocols for clinical decision-making. The priority conditions included are: depression, psychosis, bipolar disorders, epilepsy, developmental and behavioural disorders in children and adolescents, dementia, alcohol use disorders, drug use disorders, self-harm/suicide and other significant emotional or medically unexplained complaints.</p> <p><b>In 2013</b>, WHO and UNHCR developed an additional module on <u>Conditions Specifically Related to Stress</u> which contains assessment and management advice related to acute stress, post-traumatic stress and grief in non-specialized health settings, is included as a separate resource annexed annex to the mhGAP Intervention Guide.</p> <p><b>In 2015</b>, WHO and UNHCR developed a new tool, an adaptation of WHO's mhGAP Intervention Guide, <u>the mhGAP Humanitarian Intervention Guide (mhGAP-HIG)</u>, which contains first-line management recommendations for mental, neurological and substance use conditions for non-specialist health-care providers in humanitarian emergencies where access to specialists and treatment options is limited. It is a simple, practical tool that aims to support general health facilities in areas affected by humanitarian emergencies in assessing and managing acute stress, grief, depression, post-traumatic stress disorder, psychosis, epilepsy, intellectual disability, harmful substance use and risk of suicide.</p>
<p><b>Appropriate Use</b></p>	<p>The mhGAP-IG is a model guide and has been developed for use by health-care providers working in non-specialized health-care settings after adaptation for national and local needs.</p>
<p><b>Scope</b></p>	<p><b>IASC MHPSS Layers of Intervention:</b></p> <p>Layer 3: Focused support to address psychosocial distress and protection challenges</p> <p>Layer 4: Specialized care and treatment for mental disorder and developmental disability</p> <p><b>Tier(s):</b> Child, Family and Community</p> <p><b>Ages:</b> Children and Adults</p>
<p><b>Key Input</b></p>	<p>5-day Theoretical Training on identified priority mental health conditions, and ongoing support and supervision for trained health care professionals.</p>
<p><b>Key Tools</b></p>	<p>Pre/post knowledge measure, supervision checklist, WHO Checklist for integrating mental health in PHC in humanitarian settings, mhGAP instructional training videos</p>
<p><b>Training Required</b></p>	<p>Yes. Organize or Identify local or regional initiatives, supported by local government in</p>

	<p>collaboration with WHO and other key partners, for a training of trainers in mhGAP. TOT facilitated by master mhGAP trainers, for psychologists and psychiatrists.</p>
<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>- <a href="#">mhGAP Intervention Guide</a>, available for download in Arabic, English, French, Japanese, Persian, Portuguese, and Spanish.</li> <li>- <a href="#">mhGAP Intervention Guide e-version</a></li> <li>- <a href="#">mhGAP module Assessment Management of Conditions Specifically Related to Stress</a>, available for download in Arabic, English, French, Russian, and Spanish.</li> <li>- <a href="#">mhGAP Humanitarian Intervention Guide (mhGAP-HIG): Clinical Management of Mental, Neurological and Substance Use Conditions in Humanitarian Emergencies</a></li> <li>- <a href="#">mhGAP Instructional Training Videos</a></li> </ul> <p>Note: The mhGAP Intervention Guide version 2.0 is expected to launch in October 2016: The mhGAP-Intervention Guide (mhGAP-IG) has been revised by WHO based on updated evidence based guidelines and feedback from its utilization in countries, experts and other stakeholders. The mhGAP-IG version 2.0 includes updated clinical algorithms to facilitate clinical decision-making by health care providers.</p>
<p><b>Applications &amp; References</b></p>	<p>Philippines (2016): <a href="#">Scale Up of mhGAP Across a Disaster-Affected Region in The Philippines</a></p> <p>Guinea (2016): <a href="#">mhGAP: Supporting Ebola Survivors in Guinea</a></p> <p>Syria (2015): <a href="#">mhGAP Training Creates More Support for Vulnerable People in Syria</a></p> <p>Nigeria (2013): <a href="#">Country Contextualization of the Mental Health Gap Action Programme Intervention Guide: A Case Study from Nigeria</a></p> <p>Abdulmalik J, Kola L, Fadahunsi W, Adebayo K, Yasamy MT, Musa E, et al. (2013) Country Contextualization of the Mental Health Gap Action Programme Intervention Guide: A Case Study from Nigeria. PLoS Med 10(8): e1001501. doi:10.1371/journal.pmed.1001501</p> <p>Hijazi, Weissbecker, Chammay (2011). <a href="#">The Integration of Mental Health into Primary Health Care in Lebanon</a>, Intervention Journal, 9(3)</p> <p>World Health Organization (2010). <a href="#">WHO Mental Health Gap Action Program</a>.</p>

## RESOURCE 4.2. PROMOTING RIGHTS WITH PSYCHOSOCIAL DISABILITIES AND COMMUNITY LIVING FOR CHILDREN



### World Health Organization (WHO) Resource

<b>Description</b>	This report focuses on children who have psychosocial disabilities and describes the human rights violations they experience in institutions. The report underscores the urgent need for countries to make a policy shift from placing children in institutional settings to providing them with a range of services and support in the community. The report also provides guidance, based on promising practices from around the globe, on the key services and supports that need to be in place to ensure that children are able to live and thrive in the community. Examples from various countries are used throughout this report to illustrate some of the key issues, problems and solutions in relation to children with psychosocial disabilities.
<b>Appropriate Use</b>	The report is an advocacy document to enforce action by governmental agencies and civil society organizations, to meet the needs of children with disabilities more appropriately, to ensure their education and integration into society and to respect their human rights. It can be used by agencies to advocate for the mobilization of funds and reallocation of funding from institutions to community-based services and support both in relation to government funding and nongovernmental and foreign funding.
<b>Scope</b>	<b>IASC MHPSS Layers of Intervention: All Layers</b>  <b>Tier(s):</b> Child, Family and Community  <b>Ages:</b> Children
<b>Key Input</b>	Situational Needs Assessment.
<b>Key Tools</b>	Tools (including program and evaluation examples and descriptions) are included in document.
<b>Training Required</b>	Use of this resource assumes familiarity with the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings, the Convention on the Rights of Children with Disabilities, and knowledge of frameworks that protect children with psychosocial disabilities.
<b>Documentation</b>	Available in <a href="#">English</a> Only.
<b>Applications &amp; References</b>	Examples from different countries are used throughout this report to illustrate some of the key issues, problems and solutions in relation to children with psychosocial disabilities. The information and data contained in the report were drawn from published sources which cannot be verified independently.  World Health Organization and the Gulbenkian Global Mental Health Platform. Innovation in deinstitutionalization: a WHO expert survey. Geneva, World Health Organization, 2014  World Health Organization and the Gulbenkian Global Mental Health Platform. Promoting rights and community living for children with psychosocial disabilities. Geneva, World Health Organization, 2015

## V. Key Monitoring and Evaluation Resources

According to the Inter-agency guide for the monitoring and evaluation of MHPSS programs, evaluations are easier if they can build upon a strong foundation of routine monitoring of a program:

**Monitoring** refers to a routine and continuous process of collecting relevant program information, analyzing this information at regular intervals and comparing actual results to expected results in order to measure a program's performance. Monitoring occurs at the level of project inputs, processes, activities and outputs. The continuous monitoring of key program information is an important tool for effective MHPSS project management.

**Evaluation** describes work that tries to see if the changes that the program was hoping to bring about have happened. A good monitoring system can provide valuable information, yet additional actions to collect further information are required based upon the questions to be addressed by the evaluation. All MHPSS evaluations should seek to measure the change in the lives of individuals (including children), families and communities that have come about during the course of a project as a result of programming. This is the core task of an *outcome evaluation*.

The rationale for programs often begins by identifying major needs regarding people's well-being and circumstances that must be addressed. We need strong evidence that psychosocial programming leads to impacts on the issues that were used to justify planning and funding this intervention. These need to be sustained changes that will continue beyond the end of the life of a project or program. Such questions are the focus of *impact evaluations*.

The monitoring and evaluation section of the CB-MHPSS Intervention framework has been developed in line with the *IASC MHPSS in Emergencies Monitoring and Evaluation Framework*<sup>3</sup>, adapted to be specific to child and family objectives at goal and outcome level.

All MHPSS programs ultimately hope to 1) foster recovery and resilience of children affected by adversity, 2) protect children from further harm, and 3) promote mental health and psychosocial wellbeing within the larger spheres of families and communities. They achieve this through interventions at child, family/caregivers and community tiers of the social-ecological framework, as well as operationalizing approaches across the four layers of the IASC MHPSS Intervention Pyramid.

→ See detailed **UNICEF child and family specific log frame for CB-MHPSS Programs**.

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<sup>3</sup> DRAFT Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings developed by the IASC MHPSS Reference Group (2016)

**RESOURCE 5.1. A COMMON MONITORING AND EVALUATION FRAMEWORK FOR MHPSS IN EMERGENCY SETTINGS****Inter-Agency Resource: MHPSS Reference Group**

<b>Description</b>	This document provides guidance in the assessment, research, design, implementation, and monitoring and evaluation of MHPSS programs in emergency settings. The framework aims to help use a common language and approach to measuring key impact and outcome indicators that will demonstrate the effectiveness and benefits of MHPSS actions. The Common Monitoring and Evaluation Framework opens with an aspirational goal statement that is considered to be an important aim of any MHPSS program implemented in emergency settings: Reduced suffering and improved mental health and psychosocial well-being.
<b>Appropriate Use</b>	The common monitoring and evaluation (M&E) framework has been developed to supplement the IASC guidelines, for utilization by users of these guidelines. The framework is relevant to the vast majority of MHPSS activities, interventions, projects and programs that are likely to be implemented in a humanitarian response, as described in the IASC Guidelines on MHPSS in Emergency Settings. The common framework may not cover every possible MHPSS initiative, but it will be relevant to most MHPSS work in emergency settings.
<b>Scope</b>	<b>Guide &amp; Toolkit</b>
<b>Key Input</b>	Defining MHPSS program areas and activities for monitoring & evaluation, including capacity and resources, are needed to be able to utilize the framework in making an appropriate selection from the framework's common goals, outcomes and related indicators.
<b>Key Tools</b>	Case Examples for using the toolkit are provided in Annex form at the end of the document.
<b>Training Required</b>	Use of this resource assumes familiarity with the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings and an understanding of programming in humanitarian relief and/or development.
<b>Documentation</b>	<a href="#">A Common Monitoring and Evaluation Framework for MHPSS in Emergency Settings</a>
<b>Applications &amp; References</b>	No applications available.  Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings, A Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings, IASC, Geneva, 2016.

**Resource 5.2.** A Compendium of Tools for the Assessment of the Mental Health and Psychosocial Wellbeing of Children in the Context of Humanitarian Emergencies



### Inter-Agency Resource: Child Protection Working Group & MHPSS Reference Group

<b>Description</b>	A product resulting from a collaboration between the Child Protection Working Group (CPWG) and Mental Health & Psychosocial Support (MHPSS) Reference Group, this compendium lists 48 measures and approaches to support in the selection of a measurement strategy for the assessment of the mental health and psychosocial wellbeing of children in humanitarian emergencies. The compendium provides details of each measure and approach to assist in their selection.
<b>Appropriate Use</b>	Selection of a measurement strategy for the assessment of the mental health and psychosocial wellbeing of children in humanitarian emergencies
<b>Scope</b>	<b>Compendium</b>
<b>Key Input</b>	Preparation of assessment: Select and design measure/approach, select target group, and train assessors
<b>Key Tools</b>	A decision-making guide – in the form of a flow chart – is provided at the end of the compendium to assist the process of matching a measurement approach to context and requirements.
<b>Training Required</b>	Yes. Technical Capacity, and research expertise is contingent on measure and approach selected for use within the compendium.
<b>Documentation</b>	<a href="#">A Compendium of Tools for the Assessment of the Mental Health and Psychosocial Wellbeing of Children in the Context of Humanitarian Emergencies</a>
<b>Applications &amp; References</b>	<p>Details on the application(s) of each of the measures and approaches in the compendium are provided in the document.</p> <p>Robinson, S., Metzler, J. &amp; Ager, A. (2014). A Compendium of Tools for the Assessment of the Mental Health and Psychosocial Wellbeing of Children in the Context of Humanitarian Emergencies. New York: Columbia University, Columbia Group for Children in Adversity and Child Protection in Crisis (CPC) Network.</p>

### RESOURCE 5.3. EVALUATION OF PSYCHOSOCIAL PROGRAMMING IN HUMANITARIAN CRISES



<b>Inter-Agency Resource</b>	
<b>Description</b>	UNICEF together with partners has developed this Inter-Agency Guide to the Evaluation of Psychosocial Programming in Humanitarian Crises to assist organizations working in the field of psychosocial support to think through key issues in planning and implementing an evaluation. The aim of this guide is to produce understandable, accessible guidance and tools for the field on how to conduct psychosocial evaluations.
<b>Appropriate Use</b>	The guide focuses on psychosocial programs, and not those that deal with mental disorders, as the tools and methodologies for assessing mental disorders may be very different from those measuring psychosocial distress and well-being. The emphasis is on psychosocial programming targeting the needs of children and their families but, with appropriate adaptation, the principles and approaches proposed should prove of relevance to those working with other populations.
<b>Scope</b>	<b>Guide &amp; Toolkit</b>
<b>Key Input</b>	Planning and Implementing an Evaluation, including selecting/developing indicators, selecting evaluation methods, designing and conducting an evaluation, analyzing results.
<b>Key Tools</b>	The Inter-Agency Guide, provides an overview of psychosocial programming and evaluation, and includes a number of supportive tools to support in designing and implementing an evaluation; these are: <ul style="list-style-type: none"> <li>- A Guide to Developing Indicators</li> <li>- A Step-By-Step Guide to Conducting an Evaluation</li> <li>- Key Responsibilities in Program Evaluation</li> <li>- Guidance on Sample Selection</li> <li>- Implementing an Evaluation: Case Examples</li> </ul>
<b>Training Required</b>	Yes. Training may be needed to prepare all those involved, and supervision and support will need to be in place (page 79).  Impact evaluation consultants require expertise in research design and quantitative and qualitative methods, as well as experience in humanitarian crises.
<b>Documentation</b>	Available for download in: <a href="#">English</a> only.
<b>Applications &amp; References</b>	Uganda (2011): Ager, A., Akesson, B., Stark, L., Flouri, E., Okot, B., McCollister, F., & Boothby, N. (2011). The impact of the school-based Psychosocial Structured Activities (PSSA) program on conflict-affected children in northern Uganda. <i>Journal of child psychology and psychiatry</i> , 52(11), 1124-1133.  UNICEF, (2011) Inter-Agency Guide to the Evaluation of Psychosocial Programming in Emergencies. New York: United Nations Children's Fund.

## RESOURCE 5.4. PSYCHOSOCIAL MONITORING AND EVALUATION (M&E) FRAMEWORK



### International Federation of Red Cross and Red Crescent Societies (IFRC) Resource

<b>Description</b>	The IFRC PS M&E Framework consists of a 1) Guidance Note: An overview of monitoring and evaluation approaches and principles as key components of the program management cycle. Psychosocial program objectives and indicators are covered in depth – including quantitative and qualitative indicators, the importance of triangulation of data, and how “neutral” indicators are used in the Indicator Guide. 2) Indicator guide: A collection of indicators meant to be broadly applicable to PSS programs of various kinds. Indicators are designed to measure the change produced by PSS programs, and 3) Toolbox for data collection: The toolbox contains guidance and tools (sample templates) for data collection in M&E of PSS programs.
<b>Appropriate Use</b>	The framework is developed for use by managers of MHPSS programming, to design relevant M&E systems for psychosocial programs, to help in program planning and the development of strategies, and to mainstream global reporting of progress on PS programs.
<b>Scope</b>	<b>Guide &amp; Toolkit</b>
<b>Key Input</b>	Assessment of needs and of organizational capacity and resources needed to use selected tools.
<b>Key Tools</b>	Monitoring and Evaluation Framework <a href="#">Toolbox</a>
<b>Training Required</b>	Yes, knowledge and experience with monitoring and evaluation recommended.
<b>Documentation</b>	<ul style="list-style-type: none"> <li>- <a href="#">IFRC Psychosocial Monitoring and Evaluation Framework Guidance note and overview</a></li> <li>- <a href="#">Indicator guide – M&amp;E Framework</a></li> <li>- <a href="#">Toolbox – M&amp;E Framework</a></li> </ul> <p><i>Note: Please check <a href="http://pscentre.org/topics/m-and-e/">http://pscentre.org/topics/m-and-e/</a> to make sure you have the latest version.</i></p>
<b>Applications &amp; References</b>	<p>This draft version of the framework was finalized in April 2016. No documentation of application is available at this time. (During 2016 further revision, based on experiences using the framework in the field, will be made.)</p> <p>Sinder, L. (2016). Psychosocial M&amp;E Framework. International Federation of Red Cross and Red Crescent Societies. Copenhagen: Denmark.</p> <p>DRAFT VERSION</p>



## RESOURCE 5.5. ASSESSING MENTAL HEALTH AND PSYCHOSOCIAL NEEDS AND RESOURCES: TOOLKIT FOR HUMANITARIAN SETTINGS



### World Health Organization & UNHCR Resource

<b>Description</b>	The WHO-UNHCR publication “Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings” provides an approach and a toolkit to help those designing and conducting an assessment of mental health and psychosocial needs and resources in major humanitarian crises. The document helps users to collect the necessary information to assist people affected by humanitarian crises more effectively.
<b>Appropriate Use</b>	This document is written primarily for public health actors. As the social determinants of mental health and psychosocial problems occur across sectors, half of the tools in the accompanying toolkit cover MHPSS assessment issues relevant to other sectors as well as the health sector.
<b>Scope</b>	<b>Guide &amp; Toolkit</b>
<b>Key Input</b>	Preparation of assessment: Select and design interview guides, select target group, and train assessors
<b>Key Output</b>	Data Collection & Data Analysis
<b>Key Outcome</b>	<ul style="list-style-type: none"> <li>- Providing a broad understanding of the humanitarian situation</li> <li>- Analyzing people’s problems and their ability to deal with them</li> <li>- Analyzing resources to decide, in consultation with stakeholders, the nature of any response required.</li> <li>- Developing and disseminating recommendations for action in a given response.</li> </ul>
<b>Key Tools</b>	The toolkit includes a range of assessment tools each preceded by a description that clarifies when to use which tool for what purpose
<b>Adaptation Required</b>	Yes. Selected tools should be adapted within each assessment project and specific situation, depending on what the user wants the assessment to achieve.
<b>Training Required</b>	<p>Yes. This document assumes the user knows about Mental health and psychosocial concepts as outlined in the IASC MHPSS Guidelines (2007).</p> <ul style="list-style-type: none"> <li>- Assessment team leader should have previous experience or be trained on designing, conducting, analyzing, and reporting on qualitative and quantitative assessment methods in humanitarian settings.</li> <li>- Team members should bring together (through experience or training) good knowledge of: <ul style="list-style-type: none"> <li>• the socio-cultural context in which the humanitarian crisis takes place; and</li> <li>• mental health issues and programming in humanitarian settings</li> </ul> </li> </ul>
<b>Documentation</b>	Available for download in: <a href="#">Arabic</a> , <a href="#">English</a> , <a href="#">French</a> , <a href="#">Russian</a> & <a href="#">Spanish</a>
<b>Applications</b>	Nepal (2015): <a href="#">International Medical Corps’ Rapid Mental Health and Psychosocial</a>

	<p>Support Situational Assessment Services, Identified Needs, and Recommendations following the April and May 2015 Earthquakes in Nepal</p> <p>Lebanon (2013): UNHCR's assessment of Mental Health and Psychosocial Support services for Syrian Refugees in Lebanon</p>
<b>References</b>	<p>World Health Organization &amp; United Nations High Commissioner for Refugees. Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Major Humanitarian Settings. Geneva: WHO, 2012.</p>

## RESOURCE 5.6. EVALUATION OF CHILD FRIENDLY SPACES: TOOLS AND GUIDANCE



### World Vision International (WVI) Resource

<b>Description</b>	In response to the commitment to strengthen the evidence base for humanitarian practice and the prioritization of Child Friendly Spaces (CFS) as a key area for research, World Vision and Columbia University, working with Save the Children, UNICEF and others, engaged in a collaborative project to produce a guidance document that presents tools for planning and implementing monitoring and evaluation of CFS. For each tool, the objectives are explained, along with insights and lessons on the usefulness of the tool based on the learning and experiences of the evaluation teams.
<b>Appropriate Use</b>	This document provides practical guidance to child protection and MHPSS practitioners for monitoring and evaluating child friendly spaces.
<b>Scope</b>	<b>Guide &amp; Toolkit</b>
<b>Key Input</b>	Select and adapt Tools and Methodologies to support in setting up a monitoring system and designing an impact evaluation of CFS .
<b>Key Tools</b>	<p>The guide includes sample tools for evaluation of CFS outcomes, these are:</p> <ul style="list-style-type: none"> <li>- Decision-making guide for the selection of measures related to mental health and psychosocial well-being outcomes</li> <li>- Emergency Developmental Assets Profile (EmDAP)</li> <li>- Middle East Psychosocial Questionnaire</li> <li>- Arab Youth Mental Health Scale</li> <li>- Psychosocial Well-being (Uganda/DRC)</li> <li>- Strengths and Difficulties Questionnaire (SDQ)</li> <li>- Child Protection Rapid Assessment (CPRA)</li> <li>- Participatory Ranking Methodology (PRM)</li> <li>- Adapted Functional Literacy Assessment Tool (FLAT)</li> </ul>
<b>Training Required</b>	Yes. Training may be needed to prepare all those involved, and supervision and support will need to be in place.
<b>Documentation</b>	Available for download in: <a href="#">English</a> only.
<b>Applications &amp; References</b>	<p>No application published.</p> <p>Ager, A., Metzler, J., Vojta, M., &amp; Savage, K. (2015). Evaluation of Child Friendly Spaces: Tools and guidance. World Vision International, Humanitarian &amp; Emergency Affairs.</p>

**RESOURCE 5.7. PSYCHOSOCIAL NEEDS ASSESSMENT IN EMERGENCY DISPLACEMENT, EARLY RECOVERY, AND RETURN: IOM TOOLS**

**International Organization for Migration (IOM) Resource**

<b>Description</b>	<p>This resource includes assessment tools developed by IOM to achieve four main goals: 1) assessing people's psychosocial well-being in a family setting in a participatory way 2) mapping the provision of pre-existing and emergency tailored services and capacities to respond to the needs of the affected population; 3) identify most urgent areas of intervention and 4) accordingly planning interventions aimed at addressing the needs that are not covered by existing services, in the thematic areas where the intervention is most needed.</p> <p>The tools aim to identify and respond to people's psychosocial needs in the midst of an emergency and in early recovery settings, mainly targeting displaced and returnee populations.</p>
<b>Appropriate Use</b>	<p>The tools presented in this handbook aim at mainstreaming the IASC MHPSS Guidelines' approach in IOM programming, already in the needs assessment phase. The set of tools presented in the toolkit is applicable along different stages of the emergency-recovery continuum.</p>
<b>Scope</b>	<b>Guide &amp; Toolkit</b>
<b>Key Input</b>	Select and adapt Tools and Methodologies to support in needs assessment phase.
<b>Key Tools</b>	<p>The guide includes a set of tools:</p> <ul style="list-style-type: none"> <li>- Questionnaire for international and national stakeholders</li> <li>- Questionnaire for local stakeholders and key-actors within the displaced community</li> <li>- Qualitative questionnaire for households with a special focus on children</li> <li>- Scheme for psychosocial well-being of families</li> <li>- Distress indicators list</li> </ul>
<b>Training Required</b>	Yes. Training may be needed to prepare all those involved, and supervision and support will need to be in place.
<b>Documentation</b>	Available for download in: <a href="#">English</a> only.
<b>Applications &amp; References</b>	<p>The tools were used in various assessments in Africa and the Middle East.</p> <p><u>Details:</u> As documented by IOM, the set of tools presented in this toolkit have proven to be very flexible and adaptable to different contexts. IOM staff together with its local partners employed in 2005 to assess the psychosocial condition of IDPs communities in Iraq; in 2006 to respond to the displacement of Lebanese population due to the July war and in the late 2007 to research the psychosocial needs of Iraqis displaced in Jordan and Lebanon. At the beginning of 2008, a simplified version of the tools was used in Kenya to assess the psychosocial well-being of the Kenyan communities affected by displacement.</p>

## VI. Additional Resources

### ONLINE RESOURCE PLATFORMS

It is important for users to be familiar with online platforms that enable sharing of resources and building of MHPSS knowledge. The below table introduces the main knowledge and sharing platforms where additional resources can be located, and connections with other users can be established.



**The MHPSS Network** is a growing global platform for connecting people, networks and organizations, for sharing resources and for building knowledge related to mental health and psychosocial support both in emergency settings and in situations of chronic hardship. We aspire to building and shaping good practice in support of people affected by difficult events or circumstances. Membership is free and open to the wide range of people and organizations engaged with mental health and psychosocial support.



**The Mental Health Innovation Network (MHIN)**, is a global community of mental health innovators. Explore key resources—from systematic reviews to policy briefs to training manuals—developed by MHIN or contributed by MHIN members working on real-world projects.



**The Child Protection Working Group (CPWG) Website** includes a resource page that includes resources by minimum standard, knowledge and information management, assessment resources, starter packs for cluster coordination, toolkits and training packages. In addition, resources can be found in multiple languages, and IEC videos are available for download and live streaming.

## INFORMATION, EDUCATION AND COMMUNICATION RESOURCES

MHPSS experts and teams, as part of networks or agencies, often develop posters, flyers, leaflets, brochures, booklets, messages for education sessions, or TV spots, and so on, as a means of promoting desired MHPSS awareness, and positive behaviors, in the community. In some cases, these activities are part of a communication plan within a comprehensive strategy, while in many others they are used in stand-alone awareness activities. These initiatives are commonly referred to broadly as “Information, education and communication (IEC)” activities.

Below is a compilation of IEC resources developed by agencies and networks working in the MHPSS field. They are included in this section of the compendium given the limited evidence and documentation of use in the field by developing or implementing agencies working in the humanitarian sector.



### **Resource 6.1.** Child Marriage Leaflet

<https://www.dropbox.com/s/06ipbaq0rnsncvj/child%20marriage%20leaflet.pdf?dl=0>

### **Resource 6.2.** Child Marriage Animation Video

<https://vimeo.com/album/2699114/video/116321978>

### **Resource 6.3.** Animation Video: Legal Awareness Video On Early Marriage “Had Mou 3ammo”

<https://vimeo.com/album/2699114/video/117169681>

### **Resource 6.4.** We Do Not Discriminate

[https://www.dropbox.com/s/2x7k9321qig6jbm/postcard%20arabic\\_final.pdf?dl=0](https://www.dropbox.com/s/2x7k9321qig6jbm/postcard%20arabic_final.pdf?dl=0)

### **Resource 6.5.** Animation Video: Enuresis

<https://vimeo.com/album/2699114/video/101718759>

### **Resource 6.6.** Pamphlet: Child Protection Messages For Boys

<https://www.dropbox.com/s/g1b7a4om03iasxy/SRHR-boys-pamphlet-FINAL.jpg?dl=0>

### **Resource 6.7.** Animation Video: Boys “As We Grow Up...” <https://vimeo.com/album/2699114/video/116323837>

### **Resource 6.8.** Posters: Child Protection Messages For Boys

<https://www.dropbox.com/s/pjqbu5bce1g03q3/SRHR%20boys%20posters.pdf?dl=0>

### **Resource 6.9.** Pamphlet: Child Protection Messages For Girls

<https://www.dropbox.com/s/gz6ncqf0ylm28uu/SRHR%20girls%20pamphlet.jpg?dl=0>

### **Resource 6.10.** Animation Video: Girls “As We Grow Up...”

<https://vimeo.com/album/2699114/video/84935170>

### **Resource 6.11.** Posters: Child Protection Messages For Girls

<https://www.dropbox.com/s/a9m3p3gt84ruh3v/SRHR%20girls%20posters.pdf?dl=0>

### **Resource 6.12.** Maha’s Story- A Legal Booklet To Be Used With Parents/Caregivers

<https://www.dropbox.com/s/43gmmn2xe0i7a9/Story%20of%20Maha%20-%20Legal%20Photo%20Booklet%20%28low%20res%29.pdf?dl=0>

**Resource 6.13.** Animated Movie: Initial Contact with Distressed Children, A Resource For Front Line Workers  
<http://resourcecentre.savethechildren.se/library/save-children-psychological-first-aid-training-manual-child-practitioners>

**Resource 6.14.** Animated Movie: Parents and Caregivers In Distress, A Resource For Front Line Workers  
<http://resourcecentre.savethechildren.se/library/save-children-psychological-first-aid-training-manual-child-practitioners>

**Resource 6.15.** Facts for Life  
<http://www.factsforlifeglobal.org/>

**Resource 6.16.** mhGAP Instructional Training Videos

<https://www.youtube.com/user/mhGAPtraining/videos>

**Resource 6.17.** International Medical Corps' Awareness and Psychoeducation Booklets on MH topics, including ADHD, Conduct Disorder, Psychosocial Stressors, Suicide, PTSD, Postpartum Depression, etc.  
[https://www.dropbox.com/sh/h33fo7vn8hdiulq/AAC3Aiqf9dgg\\_Fm3TRf1R-Gra?dl=0](https://www.dropbox.com/sh/h33fo7vn8hdiulq/AAC3Aiqf9dgg_Fm3TRf1R-Gra?dl=0)

**Resource 6.18.** IFRC handouts MHPSS Emergency handouts and info sheets on Stress and Coping, Children's stress and support, Psychological First Aid, working in stressful situations, Info sheet – all children deserve to be safe, Info sheet – common reactions

<http://pscentre.org/?s=handout>

## ANNEX 1. GUIDANCE NOTE: CONTEXTUAL AND CULTURAL ADAPTATION OF MHPSS RESOURCES

### Adaptation Process

When selecting resources from the CB-MHPSS Compendium of Resources, be sure to adapt each tool, manual or guidance to your cultural context and any specific themes, issues or problems that may require special attention in your setting. Resources can be adapted to be both more relevant and more easily understood in each cultural and emergency context. For example, when using a training resource, draw from your experiences in the local setting to develop case studies and activities.

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#### A Well-Adapted Intervention Can:

Show respect for another culture's values and identity

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Improve your ability to connect with your target community

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Increase the relevance of your activities

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Decrease the possibility of risks and harm to target community

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Increase the involvement and participation of individuals, families and larger community.

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Increase the chances for success of your intervention (and its community impact)

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### STEPS IN ADAPTING RESOURCES

Very little has been written about systematic procedures for adapting resources and materials, but a useful model by Davis and Smith (1996) includes the following five steps:

1. Decide on the changes needed
2. Get permission to make the changes
3. Make the changes
4. Pilot
5. Revise

### Key Definitions

**Cultural Adaptation:** The systematic modification of a resource to ensure compatibility with the cultural patterns, meanings and values of those with whom it is used.

**Culture:** A way of life of a group of people encompassing behaviors, beliefs, values, and symbols.

### Adapting to context

It is intended that users of this compendium adapt the resources to reflect the cultural and situational setting in which they are used. This means that, wherever possible, the user should make the resource more locally appropriate based on the situation and any needs assessments data already gathered. This may include adapting case studies, exchanging names in sample scenarios, and changing the topics based on key areas of concern for MHPSS.

It may be useful to identify context-specific outputs the program aims to achieve. Use of the resource can then be adapted to meet these needs. For example,

- When using a PSS training resource, users can map out PSS activities already happening as part of response



- When using an M&E resource, users can develop context-specific Minimum Standards, and agree on an interagency method for reporting on indicators, and collecting data.

### Training Resources

Field trainers may wish to adapt the content to make it more suitable to the context in which they are working and to the needs of the participants they will be training. Suggested changes and adjustments include the following:

#### ADAPTING TO LEARNERS' NEEDS

Try to understand the learning needs of the participants prior to the training so that you can select, adapt and focus training sessions to the strengths and weaknesses of the group. Adjust how theoretical content is presented to be in line with the knowledge levels of the group, and adapt activities to focus on real-life challenges faced by participants.

The IASC also recommends that “seminars should be participatory, should be adapted to the local culture and context and should utilize learning models in which participants are both learners and educators.” (IASC MHPSS Guidelines 2007 Action Sheet 4.3).

Therefore, when using the resources in this compendium, it is essential that trainers draw upon the existing knowledge and strengths of participants and ensure that each training is unique and specifically designed for the local culture and context.

#### IF A RESOURCE NEEDS TRANSLATION

**The resources selected for field use can and should be translated into local languages wherever possible and needed.**

If you select a resource available in one language that you want translated into another:

- First, consider whether a relevant resource already exists (and has been tested) in that second language.

If you do decide to translate:

- Consider involving the following people in adapting and translating the guide: 1) lead agency or person, 2) partners, 3) translators, and 4) stakeholders.
- Try to find an experienced translator in that cultural community
- Try to have the translated material reviewed by others, and back-translated into the first language by another person

→ these techniques will give you a check on translation accuracy.

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#### Translation tips:

Use simple, conversational words. Avoid technical jargon.

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Use a team approach with professionals and lay people.

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Gain consensus on concepts, words and how best to phrase them from a diverse group of people.

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Be sure to translate, AND back translate in the process.

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Devote sufficient time to the process

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### Words and Concepts

As you undertake translation and review, start by asking yourselves if the words and concepts when translated from English into the local language:

- 1) Say the same thing?
- 2) Mean the same thing?
- 3) Are appropriate for the way people speak and behave?
- 4) Are easy for most people to understand?

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**For Your  
Adaptation and  
Translation  
Process:**

Consider involving people with diverse professional and educational backgrounds; including:

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- People with some mental health or psychosocial background to adapt the guidance to the local context, including knowledge of available professional resources.

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- Lay people who can advise on simple, non-technical language.

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### ADAPTING PHOTOGRAPHS AND ILLUSTRATIONS

#### What potential implications can images have?

Be aware of the potential for images to reinforce stereotypes of people who have been historically discriminated against. Also be aware of the implications of physical poses of people (especially children and children with adults) and relationships of people to each other. Ensure poses and relationships depicted in images are respectful of the local socio-cultural norms and the rights of the subjects involved, and explain the image through captioning or other descriptions. Also ensure the subject is adequately clothed according to local customs.

If you intend to change the picture or illustrations from a particular resource, it is important to be familiar with ethical guidelines for representing people in images. The following guidance is taken from *Representing global poverty: Image guidelines for World Vision Australia's communication*. Be sure to follow the guidelines below for design and selection of illustrations and photographs:

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**Any Image or  
Photograph Must:**

Show regard for sensitivities and ensure the respect and dignity of the subject is maintained.

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Ensure not to endanger anyone's safety and wellbeing

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Represent situations truthfully.

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## **ADAPTING TO SCHEDULE**

The training schedules suggested in some of the training resources in the compendium can be broken down and delivered in a way that is more suitable for the trainers and trainees. In some instances, users will want to reduce the amount of time staff are taken away from important program implementation activities, and can amend training schedules accordingly.

## **Assessment Tools**

Because of the broad scope of assessment topics and tools, assessments should, as far as possible, be a coordinated effort. They greatly benefit from collaboration between partners. For guidance on coordinated assessments, see the work by the IASC Task Force on Needs Assessment (IASC NATF, 2011). There is no 'one assessment that fits all'.

Together with the framework, the compendium provides key M&E resources to help users select the right tools. Selected tools should be adapted for each assessment project and specific situation, including the purpose of the assessment. Assessment objectives depend on:

- What information is already available;
- The phase of the emergency; and
- The abilities, resources and interests of the assessment team

## **References**

Guidelines & Template for the Development and Adaptation of Materials for the UNICEF-Commonwealth of Learning Child Friendly Schools Project. UNICEF-COL Child Friendly Schools Project, 2010

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