

A photograph showing a woman in a black dress and headscarf talking to a man in a blue vest in a tent camp. The man is wearing a blue vest with a logo on it. They are standing on a dirt path with several white tents in the background. The scene is set in a clear, sunny environment.

NORTH WEST SYRIA

Prioritized Multi-Sectoral Mental Health
and Psychosocial Support Actions in
Response to the Earthquake:

A Multi-Sectoral MHPSS Operational Plan for Strengthening MHPSS Preparedness, Response and Long term Recovery

Building Back Better



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This operational plan is open for feedback. Future revision of the operational plan will seek to incorporate the feedback. Please contact **Ghada Zidan** (zidang@who.int), **Dr. Nidhal Saadoon** (mossan@who.int), or **Dr. Fahmy Hanna** (hannaf@who.int) with any comments or questions.



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1

Background

1.1 Standard definitions and underlying principles

Why is responding to MHPSS needs important in humanitarian emergencies?

“Humanitarian emergencies cause widespread suffering, affecting people’s mental health and psychosocial wellbeing. Affected populations experience a **range of stressors** that can have both immediate and long-term consequences. These include exposure to violence, separation from or loss of loved ones, poor living conditions, poverty, food insecurity, loss of livelihoods and means of survival, physical injuries and illnesses and a lack of access to services such as health care, education and social care. Emergencies can also erode protective supports such as family and community networks and can lead to sudden changes in social roles and relationships. Many people affected by emergencies experience common reactions such as difficulties with sleeping, fatigue, worry, anger and physical aches and pains. For most people, these problems are manageable and improve over time, but for others they impair daily functioning.

Globally, **one in five (22.1%) people living in areas affected by conflict** is estimated to have a mental health condition.^a

Mental health and psychosocial support services are often sparse even before a crisis occurs, and emergencies can disrupt the availability of services and people’s access to them. People with **pre-existing mental health conditions** are at risk of relapse or deterioration, often face stigma and discrimination and need continued access to care and protection. For **children**, adverse conditions in emergencies can disrupt cognitive, emotional, social and physical development, with enduring consequences for their future. **Effective MHPSS programming** provides critical services and supports across the life course to reduce suffering and improve people’s mental health and psychosocial wellbeing. This can lead to improvements in people’s abilities to meet their basic needs to survive, recover and rebuild their lives.”

Source: Inter-Agency Standing Committee (IASC), The Mental Health and Psychosocial Support Minimum Service Package, IASC, Geneva, 2022. <https://mhpsmsp.org/en/lesson/why-responding-mhpss-needs-important-emergencies#page-1>

1.2 How does a multi-sectoral MHPSS response promote and protect mental health and psychosocial wellbeing in emergencies?

Since the entire humanitarian response, including humanitarian actors’ attitudes and behaviors, can influence the affected populations’ psychological wellbeing, each sector plays an important role in making sure their response is provided in a manner that promotes the mental health and psychosocial wellbeing of the affected population. **Actors from various sectors can also play a critical role in increasing the impact of MHPSS activities.**² As a result, a multi-sectoral MHPSS response engages all humanitarian actors in coordinated action to help protect and improve the mental health and psychosocial wellbeing of those impacted by emergencies.³

In 2019, key leaders for the humanitarian response, the IASC Principals, re-acknowledged the decision to “treat MHPSS as a crosscutting issue that has relevance within health, protection, nutrition, education and Camp Coordination and Camp Management sectors/clusters, in all emergencies.”^{4,5} The IASC MHPSS MSP provides guidance across sectors/AoRs to implement and support MHPSS activities.

^a Charlson F. et al. (2019). *New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis*. The Lancet 394 (10194), pp. 240-248.

A collaborative, multi-sectoral MHPSS response can help develop comprehensive mental health and psychosocial support activities and services. For example, some people who are impacted by emergencies may need and benefit from clinical mental health services or focused psychosocial support. Yet, most people who are impacted by an emergency will benefit from support to strengthen their supportive social networks and ability to address their own basic needs and security.⁶ As such, all humanitarian actors should seek to provide services in a compassionate a manner that **respects and promotes safety, agency, dignity, and social support** and is relevant to the culture and context.⁷

This does not necessarily mean “doing more, but doing differently.”⁸ For example, acknowledging that both providing shelter-related services and carefully considering how shelter services are provided can help promote the mental health and psychosocial wellbeing of affected populations.⁹ Specifically, providing meaningful opportunities for the affected community members to be involved in the design and implementation of shelter programs can help promote mental health.¹⁰ Similarly, upgrading people’s living situations by improving ventilation, flooring, or insulation from cold and heat can help decrease risks for poor physical health and feelings of distress.¹¹ Ultimately, a multi-sectoral MHPSS response engages all humanitarian actors in coordinated action to help protect and improve the mental health and psychosocial wellbeing of communities impacted by humanitarian emergencies.¹²

1.3 What are the benefits of a multi-sectoral MHPSS response?

Providing multi-sectoral MHPSS can add value to the entire humanitarian response. For example, promoting positive classroom environments and helping children who are experiencing emotional and behavioral problems access support can help strengthen educational and learning outcomes.¹³ Mental health and psychosocial wellbeing are intrinsically linked to other protection concerns, such as Gender-Based Violence (GBV) and Child Protection. A multi-sectoral MHPSS response ensures that these intersections are addressed comprehensively rather than in silos. Furthermore, a multi-sectoral MHPSS response can help strengthen programming in other sectors, and MHPSS programs can contribute to improving social, health, and education systems for the long term.¹⁴ In addition, a multi-sectoral MHPSS response helps increase access to life-saving services and promote resilience following an emergency.¹⁵ At both global and field levels, a multi-sectoral MHPSS response can help improve capacity, efficiency, accountability, predictability and partnership.¹⁶

How can different sectors collaborate to implement a multi-sectoral MHPSS response?

The IASC 2007 Guidelines for MHPSS in Emergencies and the IASC MHPSS Minimum Service Package (MSP) offer guidance on how to implement a multi-sectoral MHPSS response.

The **Minimum Service Package (MSP)** describes how a multi-sectoral MHPSS response can include the following:

- “Include mental health and psychosocial wellbeing in **needs assessments**: (see [MSP activities 1.2](#) and [2.1](#)): For example, inclusion of MHPSS in multisectoral site needs assessments organized by CCCM actors.
- **Provide humanitarian assistance in ways that support mental health and psychosocial wellbeing** (see [MSP activity 3.1](#)): All humanitarian actors can take MHPSS considerations into account when planning their activities, such as prioritizing privacy and dignity when constructing WASH facilities, setting up safe community and recreational spaces when planning and managing camps and ensuring that affected populations have ways to communicate with loved ones and access information (e.g. phones, phone charging facilities).

^b See MHPSS MSP section on shelter: <https://mhpsmsp.org/en/lesson/key-considerations-examples-how-mhpss-can-be-integrated-programming-across-different-sectors#page-1>

- **Engage in mutual advocacy:** This includes actors from different areas of work advocating to address MHPSS needs and MHPSS actors advocating to address needs relevant to other sectors, e.g. MHPSS actors advocating for improved shelter, given the impact on mental health (see [MSP activity 3.1](#)).
- **Orient frontline workers in basic psychosocial support** (see [MSP activity 3.2](#)): MHPSS actors can facilitate orientations on basic psychosocial support for those working in protection, CCCM, shelter, WASH, nutrition, livelihoods, and other areas.
- **Disseminate key MHPSS messages** (see [MSP activity 3.3](#)): Many actors can incorporate MHPSS messages into their activities and information materials, e.g. at registration facilities and camps, and as part of health, nutrition, WASH and Mine Action activities.
- **Capitalize on the interconnections between MHPSS outcomes and outcomes from other areas of work** (see [MSP activities 2.1](#) and [3.1](#)): Mental health and psychosocial wellbeing shape how people behave and make decisions. Programmes that incorporate MHPSS and other elements can therefore be mutually reinforcing. For example, given that maternal distress can impact child nutritional outcomes, early childhood development (ECD) programmes that incorporate efforts to improve maternal wellbeing are likely to have additional benefits for child nutrition and development. Given that both poor living conditions and a lack of agency can increase psychological distress, programmes that involve community members in decisions about shelter and camp management are likely to improve living conditions, mental health and psychosocial wellbeing.
- **Ensure that services and supports are accessible and meet the needs of people with mental health conditions:** For example, by ensuring that people in psychiatric institutions have adequate food and WASH facilities (see [MSP activity 3.14](#)) and by including people recovering from mental health conditions in livelihoods programmes.
- **Monitor MHPSS-related outputs and outcomes:** Where programmes in other areas of work contribute to improving mental health and psychosocial wellbeing, it can be useful to capture these outputs and outcomes (e.g. number of people with mental health conditions engaged in livelihoods programming; improvements in wellbeing following a participatory shelter programme) (see [MSP activity 2.2](#))
- **Ensure cross-referral mechanisms:** This includes mapping of MHPSS services and facilitating the identification and referral of persons with possible mental health conditions by workers from different sectors. This also requires MHPSS workers to identify and refer persons, to help meet their different needs (e.g. housing, livelihoods, social services).” The MHPSS MSP includes more ¹⁷key considerations and examples of how specific sectors can integrate MHPSS into their programming to help facilitate a multi-sectoral MHPSS response: <https://mhpsmsp.org/en/lesson/key-considerations-examples-how-mhps-can-be-integrated-programming-across-different-sectors#page-1>

Source: IASC, The Mental Health and Psychosocial Support Minimum Service Package, IASC, Geneva, 2022
<https://mhpsmsp.org/en/lesson/who-should-implement-mhps-msp-activities-0#page-1>

2

Context

On February 6, 2023, **two earthquakes impacted Northwest Syria**,¹⁸ an area that has been experiencing a complex emergency for over a decade. The earthquake impacted over 148 communities in Northwest Syria,¹⁹ **completely destroying 1,869 buildings** and **partially destroying 8,731 buildings**.²⁰ Resulting from the earthquake, the Health Cluster reported over **4,500 deaths** and **10,400 injuries**. Of those who are injured, 43% are women and girls and 20% are children ages five to 14.²¹ Overall, the United Nations Office for Coordination of Humanitarian Affairs (UNOCHA) estimates that of the 4.5 million people live in Northwest Syria, **4.1 million people are in need**.²²



The earthquake only exacerbates the previous challenges families and communities experienced to meet their basic needs in Northwest Syria, increasing the **need for food security, dignified shelter, education, livelihoods and access to essential services** such as health care. UNOCHA estimates 3.3 million people are food insecure, and 1.9 million internally displaced persons live in camps in Northwest Syria.²³ Over 53,000 families need dignified shelter resulting from displacement caused by the earthquake.²⁴ According to the Education Cluster, at least 452 schools are reported to be damaged. Over 1 million children who are school aged are at risk of not being in school because of the earthquakes and are in need of education-related support.²⁵ The Early Recovery and Livelihoods Cluster stated over 40,000 persons need access to livelihoods opportunities.²⁶ The Health Cluster reported gaps in services for persons who live in temporary settlements, long term medical care for persons with serious injuries who require rehabilitation, and the need for more support for people with disabilities.²⁷ According to the Child Protection AoR, 2.4 million children need child protection related support after the earthquakes.²⁸ Based on a Rapid Protection Assessment led by the Protection Cluster,²⁹ persons with disabilities (81%), children with disabilities (78%), older adults who are at risk (61%), women who head a household (59%), persons with chronic illness, including mental health conditions (56%), lactating and pregnant women (50%) are some of the most affected and at risk population groups who are impacted by both the earthquakes and the prolonged conflict. Similarly, when asked about humanitarian/protection services needed and not provided in communities across Northwest Syria, 65% of participants stated MHPSS services.³⁰ The earthquake also exacerbated pre-existing needs, placing women and girls at a higher risk of gender-based violence. According to the GBV AoR, the most urgent needs include gender-segregated shelters and WASH facilities as well as safe access to health services, GBV services, and mental health and psychosocial support.³¹

The earthquake combined with the associated stressors and losses will likely increase the number of people who experience mental health problems and make accessing the few existing mental health care services in Northwest Syria even more challenging. Even before the earthquake, WHO has estimated that 1 in 5 people in Northwest of Syria were living with mental health conditions.^c Specifically, substance use and suicide are priority concerns. Based on a survey conducted by the MHPSS TWG in 2020, participants from a range of sectors shared the following perceptions on why persons ended their lives: experiencing financial difficulties, severe interpersonal problems with one's husband or wife, interpersonal problems with parents, and not having work.³² Since risk factors for substance use include low socioeconomic status and limited recreational and educational resources,³³ and risk factors for suicide also include loss of job or finances as well as gender based violence,³⁴ addressing these priority concerns requires a multi-sectoral response. Providing evidence based mental health care for persons with substance use conditions, suicidal thoughts and other mental health conditions is also critical, and referral pathways need to be created across sectors.

^c Estimates are based on Charlson F. et al. (2019). *New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis*. The Lancet 394 (10194), pp. 240-248.

The ongoing complex emergency in Northwest Syria creates a difficult context to respond to the immediate and longer-term needs arising from the earthquake. The response in Northwest Syria has already faced challenges such as cholera, scabies, lice, flooding, winter conditions, ongoing violence, difficulties with access, border closures and high levels of displacement. In addition, the complex emergency strained Northwest Syria's economy, education and health care services, damaging infrastructure such as schools and hospitals. Although Syrian families and communities play an ongoing important role in supporting each other, the crisis has impacted the ability of Syrian families and communities to provide this support. Despite these challenges, Syrian services providers, volunteers and community members have still found innovative ways to respond. Ultimately, the impact of the crisis on Syrian families and communities combined with the strain on existing systems and difficulties to address basic needs calls for a multi-sectoral MHPSS response in order to effectively promote the mental health and psychosocial wellbeing of families and communities in Northwest Syria.

Although the immediate earthquake response phase has passed, the needs for mental health and psychosocial support funding and activities remains as high as ever. Although an increase of support was initially provided following the earthquake, the needs continue to increase. Since earthquakes continue to impact Northwest Syria, strengthening both multi-sectoral MHPSS **response and preparedness** is urgent.



3

Coordination Structures and Existing Resources

Coordination and Technical Support

Coordination of MHPSS within and across sectors:^d The MHPSS TWG for Northwest Syria

The WHO Field Presence Office in Gaziantep and UOSSM NGO chair the MHPSS Technical Working Group (TWG) in Gaziantep, which covers MHPSS operations and partners in Northwest Syria. The MHPSS TWG started in 2016, and currently includes 62 member organizations/agencies. The TWG provides overall guidance, coordinates assessments and activities, and advocates for community based, culturally appropriate, evidence based MHPSS services to address the MHPSS needs in Northwest Syria. The MHPSS TWG is situated under the Health Cluster but works across sectors. The TWG brings stakeholders who are working on MHPSS together to improve the quality and accessibility of MHPSS services by strengthening coordination networks, both internally between MHPSS actors and externally with other sectors. The MHPSS TWG's objectives are the following:

- to provide a technical platform to strengthen the provision of a coordinated and focused inter-agency response to the MHPSS needs in Northwest Syria.
- to provide ongoing strategic direction to promote global guidelines and interagency recommendations as well as create relevant tools, guidelines, and SOPs to support the MHPSS response as needed.
- to coordinate capacity building initiatives such as trainings, supervision and services for staff care.
- to inform inter-agency initiatives and plans by representing the TWG's collective perspectives, sharing and advocating for priority MHPSS concerns.
- to foster national organizations' leadership and engagement.
- to promote the representation of a range of MHPSS stakeholders and partners in the TWG such as UN agencies, government partners, local and international NGOs.
- to provide information about available MHPSS services in Northwest Syria.
- to raise awareness about MHPSS (e.g., to strengthen awareness of the importance of taking a holistic approach to mental health).³⁵
- to advocate with donors for priority gaps in need of funding.



Over the last 7 years, the TWG helped standardize the MHPSS response and address relevant priority concerns in line with global guidelines such as the IASC 2007 Guidelines for MHPSS in Emergency Settings.

For example, the TWG outlined key roles and responsibilities for psychosocial workers (PSWs) and is unifying the Terms of Reference for psychologists.

The TWG includes two specific Task Forces to address the priority concerns of suicide and substance use. The Suicide Prevention Task Force is in the process of doing research in collaboration with King College University, and the substance use Task Force is working on capacity building, information dissemination and research in collaboration with a local partner.

^d Also see MSP Activity 1.1 on MHPSS Coordination

The MHPSS TWG has the following **main pillars**: information sharing and capacity development, advocacy, coordination and MHPSS integration.

Information sharing includes organizing a data management system and sharing information, education and communication (IEC) materials.

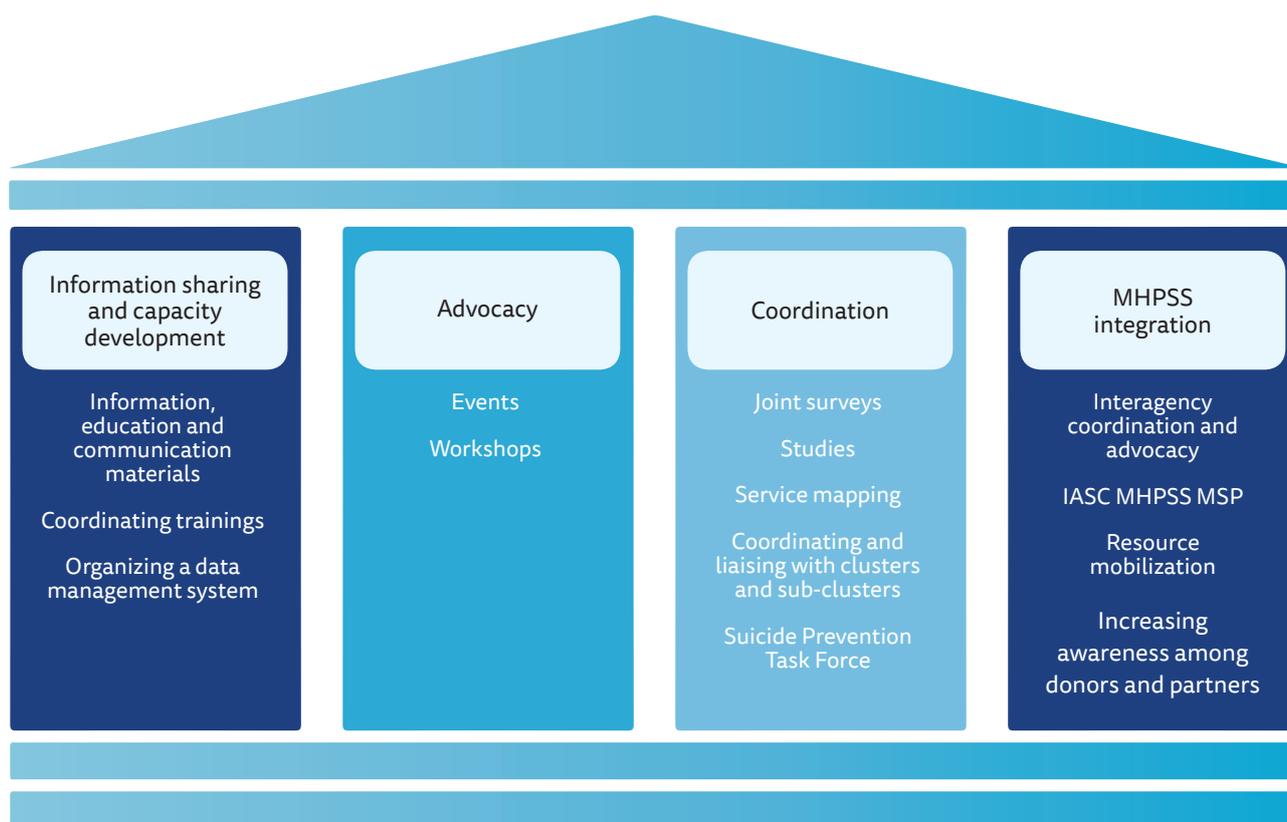
Capacity development includes exchanging and coordinating training opportunities.

Advocacy includes resource mobilization, having mutual events and workshops, as well as increasing awareness among donors and partners.

Coordination includes coordinating and liaising with clusters and sub-clusters as well as doing joint surveys, studies and service mappings. For example, the MHPSS TWG created a service mapping dashboard, highlighting the basic MHPSS service package activities implemented by MHPSS actors in Northwest Syria, including referral focal points to help facilitate referral pathways. The service mapping also highlights the existing geographic areas covered by services and the current gaps to help avoid duplication. The MHPSS TWG updates and shares the service mapping quarterly with relevant stakeholders including local actors and clusters.^e

To support **MHPSS integration**, the MHPSS TWG assigned representatives to collaborate with other sectors, demonstrating the ongoing efforts to support a multi-sector MHPSS response in Northwest Syria.

MHPSS Technical Working Group for Northwest Syria Structure



^e The MHPSS service mapping for NWS is available through the following link: <https://app.powerbi.com/view?r=eyJrjoiNDY4ZGRkMjgtZTAwYyooNGFILTk3MDMtMGUyNTdkY2UzNmNliiwidCI6ImY2MTBjMG13LWJkMjQtNGIzOSo4MTBiLTNkYzI4MGFmYjU5MCIslmMiOjhg>

4

Existing Developments and Innovations in Multi-Sectoral MHPSS in Northwest Syria

Even prior to the earthquake, various actors coordinated and collaborated to provide a multi-sectoral MHPSS response in Northwest Syria. For example, the MHPSS TWG created a plan and TOR to strengthen MHPSS TWG representation across sectors in 2022. The MHPSS TWG had selected members to be representatives in other humanitarian clusters, preparing the representatives through a workshop. The MHPSS TWG co-chairs had met with other coordinators, including coordinators from Early Recovery and Livelihoods, Protection, Child Protection, Nutrition, and Education to discuss having an MHPSS TWG representative join the cluster, possibilities for MHPSS integration in their sector, and the value of organizing workshops to co-create plans for future collaboration. Prior to the earthquake, the MHPSS TWG had planned to conduct workshops with each sector to exchange information, share the MHPSS service mapping, global guidelines, and co-create plans for cross-sectoral coordination. For example, the MHPSS TWG hoped to jointly develop plans to train community workers from other sectors on Psychological First Aid (PFA), self-care, detection and referral of mental health conditions.

Considering the previous actions to support a multi-sectoral MHPSS response in Northwest Syria, knowing more about relevant developments and innovations can help humanitarian actors plan and implement responses that build upon existing developments and innovations, fostering a more effective use of the available resources. Examples of existing developments and innovations in multi-sectoral MHPSS in Northwest Syria include but are not limited to the following:

- MHPSS TWG and GBV Sub-Cluster Collaboration:** In 2022, the MHPSS TWG and GBV Sub Cluster (GBV SC) collaborated to strengthen the response to the mental health and protection needs of girls and women who were GBV survivors or at risk of GBV, in part to help prevent suicide among girls and women in Northwest Syria. The MHPSS TWG and the GBV Sub Cluster collaborated through a survey, a series of meetings and workshops, developing an action plan and multiple trainings.³⁶
- A Multi-Sectoral Approach to Addressing Suicide through the MHPSS TWG Suicide Prevention Task Force:** A situational analysis, conducted by the MHPSS TWG, indicated increasing numbers of reported suicides in Northwest Syria.³⁷ As a result, the MHPSS TWG created a Task Force to address suicide prevention and response. The Suicide Prevention Task Force facilitated a workshop with other sectors such as Gender Based Violence and Protection to organize training and supervision to strengthen the capacity of healthcare, protection and psychosocial workers to effectively respond to suicide.³⁸ The Task Force also shared suicide prevention messages and IEC materials with other clusters.
- Strengthening Care for Staff and Volunteers Across Sectors:** In 2016, The MHPSS TWG created a Staff Care Task Force to help local organizations strengthen their ability to provide organizational staff support. The Task Force developed a training manual on self-care in partnership with the Antares Foundation to help train humanitarian workers on self-care, stress management and staff care. Participants from different sectors including Protection, Gender-Based Violence, Child Protection participated in a ToT on staff support for humanitarian workers. This ToT resulted in the roll out of trainings on self-care for over 1,000 humanitarian workers in Northwest Syria in 2018 and 2019. For example, the MHPSS TWG members provided training on PFA and self-care for community health workers and first line responders such as ambulance paramedics and drivers.

During the COVID-19 pandemic, the MHPSS TWG developed and facilitated 2-days of orientation on PFA adapted to the COVID-19 pandemic and self-care for 308 frontline workers who were working with COVID-19 patients in the Isolation Hospitals and Community Treatment Centers. The training included 3 months of online Peer to Peer support. The MHPSS TWG also facilitated 2 days of orientation on PFA adapted to the COVID-19 pandemic and self-care for a total of 1,000 community leaders such as Imams, local council members, female leaders and youth.

- Developing a Multi-Sectoral Plan to Address Substance Use:** The Inter-Cluster Coordination Group (ICCG) initiated the development of an Inter-Cluster Action Plan on Substance Abuse/Addiction for Northwest Syria.

This action plan's overall objective is to ensure host community members and internally displaced persons who are experiencing problems with substance use as well as their caregivers or family members could safely access multi-sectoral services in Northwest Syria.³⁹ Based on the need to address substance use identified through developing the multi-sectoral plan, the MHPSS TWG started the Thematic Group on Substance Use.

- **Strengthening Community Based Support for Children with Disabilities:** Various actors in Northwest Syria, have integrated children with disabilities into activities in the community for children and created spaces for children with disabilities to express their feelings.
- **Incorporating MHPSS Considerations in Shelter:** According to the Northwest Syria Humanitarian Leadership Group's Statement on Dignified Shelter and Living Conditions, the Humanitarian Leadership Group supports temporary, emergency shelter for internally displaced persons in Northwest Syria which includes various activities seeking to ensure dignified and safe living conditions for people who are displaced.⁴⁰ Providing dignified shelter and living conditions is an approach which includes promoting broader engagement with stakeholders, more long term investments in dignified camp infrastructure, and a stronger multi-sectoral response. This approach also seeks to decrease risks for exploitation, abuse and gender-based violence. Key activities include transitioning internally displaced persons from living in tents to dignified shelters that are better suited to ongoing displacement and promoting multi-sectoral site planning which includes other sectors such as Early Recovery and Livelihoods, Health and Education.⁴¹



5

Examples of MHPSS Guidance and Intervention Packages Available for Northwest Syria^f

Interventions, Actions and Guidelines	Beneficiaries/Target Audience	How to Access	Introduced in NWS as of August 2023 ^g
Inter-Agency Coordination and Assessment (MSP Section 1)			
Global Tools and Guidelines			
IASC MHPSS MSP	<ul style="list-style-type: none"> • Coordinators, • Program implementers • Technical Advisors • Donors 	Arabic English	✓
IASC Guidelines on MHPSS in Emergency Settings	<ul style="list-style-type: none"> • Coordinators, • Program implementers 	Arabic English	✓
Interim Briefing Note (1.5) Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak	<ul style="list-style-type: none"> • Coordinators, • Program implementers 	Arabic English	✓
Operational considerations for Multisectoral Mental Health and Psychosocial Support Programmes during the COVID-19 Pandemic	<ul style="list-style-type: none"> • Coordinators, • Program implementers 	Arabic English	
IASC Technical Note, Linking Disaster Risk Reduction (DRR) and Mental Health and Psychosocial Support (MHPSS): Practical Tools, Approaches and Case Studies	<ul style="list-style-type: none"> • Coordinators, • Program implementers 	Arabic English	✓
IASC Who is Where, When, Doing What in MHPSS: 4W Tool	<ul style="list-style-type: none"> • Coordinators, Program implementers 	English	✓
IASC Inter-Agency Referral Form and Guidance Note	<ul style="list-style-type: none"> • Coordinators, Program implementers, Case Managers, Community Workers 	Arabic English	
WHO and UNHCR Assessing mental health and psychosocial needs and resources	<ul style="list-style-type: none"> • Coordinators, • Program implementers 	Arabic English	✓
Essential Components of all MHPSS Programs (MSP Section 2)			
Global Tools and Guidelines			
WHO's mhGAP Intervention Guide 2.0	<ul style="list-style-type: none"> • General physicians and nurses 	Arabic English	✓
WHO's mhGAP Humanitarian Intervention Guide (mhGAP-HIG)	<ul style="list-style-type: none"> • General physicians and nurses 	Arabic English	✓
IASC Guidance Note on Addressing Suicide in Humanitarian Settings	<ul style="list-style-type: none"> • Coordinators, • Programme implementers 	Arabic English	✓
IASC Common M&E Framework for MHPSS in Emergency Settings V2.0	<ul style="list-style-type: none"> • Coordinators, • Program implementers 	Arabic English	✓
Tools and Guidelines Contextualized to Northwest Syria			
Standard Training Guidance Handbook for Psychosocial Workers in northern Syria	<ul style="list-style-type: none"> • Psychosocial Workers 	English	✓

^f Please see the [MHPSS MSP](#) for additional relevant tools and guidelines.

^g This table highlights guidelines and interventions known to be introduced in Northwest Syria at the time of writing, some of the guidelines and interventions listed may have been already introduced in Northwest Syria.

Self-care and staff care: trainer’s manual for a one-day training course for humanitarian aid workers in Turkey	<ul style="list-style-type: none"> All humanitarian workers 	Arabic Turkish English	✓
Orienting humanitarian actors and community members on MHPSS and advocate for MHPSS considerations and actions (MSP Activity 3.1)			
Global Tools and Guidelines			
IASC Basic Psychosocial Skills- A Guide for COVID-19 Responders		Arabic English	
Orient frontline workers and community leaders in basic psychosocial support skills (MSP Activity 3.2)			
Psychological First Aid: Guide for Field Workers	<ul style="list-style-type: none"> Humanitarian aid workers in Northwest Syria 	Arabic English	✓
WHO EMRO MHPSS platform including modules on self-care, suicide and substance use	<ul style="list-style-type: none"> Anyone (e.g., community members, health workers, social service workers, caregivers, older adults) 	Arabic English	<i>In consideration for future use</i>
Strengthen self-help and provide support to communities (MSP Activities section 3.3. to 3.9)			
WHO’s Doing What Matters in Times of Stress: An Illustrated Guide	<ul style="list-style-type: none"> Adults 	Arabic English	✓
My Hero is You, Storybook for Children on COVID-19	<ul style="list-style-type: none"> Children and caregivers 	Arabic English	✓
My Hero is You 2021: How kids can hope with COVID-19	<ul style="list-style-type: none"> Children and caregivers 	Arabic English	
Actions for Heroes, A Guide for heart-to-heart chats with Children to accompany the reading of My Hero is You, How kids can fight COVID-19!	<ul style="list-style-type: none"> Caregivers 	Arabic English	
WHO’s Self Help+: A Group-based Stress Management Course for Adults	<ul style="list-style-type: none"> Adults 	Arabic English	✓
Teaching Recovery Techniques Manual	<ul style="list-style-type: none"> Provided by PSWs for children 	Arabic	<i>In consideration for future use</i>
IOM’s Self-Help Booklet for Men facing crisis and displacement	<ul style="list-style-type: none"> Adult males 	Arabic English	✓
WHO’s EMRO Online Course: Mental health in Schools	<ul style="list-style-type: none"> Persons involved in education (e.g., teachers, nurses, school administrators, school counsellors, social workers, nongovernmental organizations and educational policymakers) 	Arabic English	<i>In consideration for future use</i>
IASC Living with the Times, A Mental Health and Psychosocial Support Toolkit for Older Adults During the COVID-19 Pandemic	<ul style="list-style-type: none"> Older Adults, Facilitators of Mental Health and Psychosocial Support 	Arabic English	
Provide focused support for people impaired by distress or mental health conditions (MSP Activities section 3.10 to 3.15)			
Problem Management Plus	<ul style="list-style-type: none"> Provided by Psychosocial Workers 	Arabic English	✓
Thinking Healthy	<ul style="list-style-type: none"> Provided by Community health workers and midwives 	Arabic English	✓
Group Interpersonal Therapy for Depression	<ul style="list-style-type: none"> Provided by Psychosocial Workers 	Arabic English	<i>In consideration for future use</i>
Common Elements Treatment Approach (CETA)	<ul style="list-style-type: none"> Provided by Psychosocial Workers for adults 	English Information	<i>In consideration for future use</i>

For more tools and guidelines please see the [MHPSS MSP](#).

6

Overarching Principles for the Multi-sectoral MHPSS Response in Northwest Syria^h

The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings highlight the following principles that are relevant for the multi-sectoral MHPSS response in Northwest Syria:ⁱ



Human Rights and Equity



Participation of affected people



Do no harm!



Build on available resources



Integrated support systems



Multi-layered support

- **Human rights and equity** means using inclusive approaches to ensure everyone can access the humanitarian response. For example, actors should consider how people with disabilities, children and their caregivers can also access the key messages provided through information dissemination.^j
- **Participation of affected people** means including Syrians who are familiar with the context and culture in Northwest Syria in the design and implementation of support. Engaging communities in the design and delivery of services ensures that their psychosocial needs are genuinely addressed. This participatory approach promotes a sense of ownership, agency, and self-determination, which are key protection principles. For example, actors should build local capacity to foster a sense of ownership and sustainability within the community and enable the continuation of activities when external aid is no longer provided.
- Since culturally inappropriate supports can risk doing harm, **do no harm** emphasizes the need to include Syrians in designing and implementing support in order to ensure the support is relevant to the culture and context.⁴² For example, since the communities in Northwest Syria are diverse and unique, field workers should help contextualize materials to meet the needs of each diverse community and to be acceptable in the community's culture.

Since emergencies impact people in different ways, various actors can work together to provide a range of supports

MHPSS involves developing complementary support systems and interventions to meet the needs of different groups:

1st: Dignified access to basic needs and safety — Acknowledge the impact of stressors such as not having access to food, shelter or livelihoods on the affected populations' mental health and wellbeing. Thus, actions to reduce these stressors can help promote the affected populations' mental health and wellbeing. Most people who are impacted by an emergency will benefit from support to strengthen their ability to address their own basic needs and security.

- For example, advocating for responsible actors to provide essential services such as food, water, shelter and health care.
- Supporting humanitarian actors to provide assistance in a manner that promotes mental health and wellbeing.

^h Also see MSP General principles and considerations: <https://mhpssmsp.org/en/lesson/promote-human-rights-and-equity#page-1>

ⁱ See the Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC.

^j Key considerations for disability are included in the [MHPSS MSP](#).

2nd: Strengthening family and community support — Acknowledge the impact of emergencies on families and communities' abilities to support themselves. For example, family separation, loss, and displacement can disrupt these previously supportive networks,⁴³ including people's roles in the family and community. Thus, actions to help re-active the family and communities' supportive roles can help improve wellbeing.⁴⁴ Most people who are impacted by an emergency will benefit from support to strengthen their supportive social networks.⁴⁵

- For example, offering livelihoods activities, supportive parenting programs and youth clubs.

3rd: Focused support — Recognize that some people may benefit from additional supports such as focused individual, family, or group interventions offered by trained and supervised community workers including teachers, social workers or doctors.

- For example, community workers offering both livelihoods and emotional support to survivors of gender-based violence or general health care workers trained to manage priority mental health conditions.⁴⁶

4th: Specialized services — Recognize some people who are experiencing more complex and severe difficulties conducting their daily tasks may need and benefit from more specialized clinical mental health and psychological services.

- For example, mental health specialists such as clinical psychologists or psychiatrists offering support for people with serious mental health conditions such as severe and complex forms of post-traumatic stress disorder (PTSD), psychosis or depression.

Since a range of economic and social determinants such as employment status, family cohesion and education levels strongly influence poor mental health,⁴⁷ prioritizing supports in this way can help prevent the development of more serious MHPSS concerns that require specialized support.

Source: MHPSS FAQs (forthcoming publication)

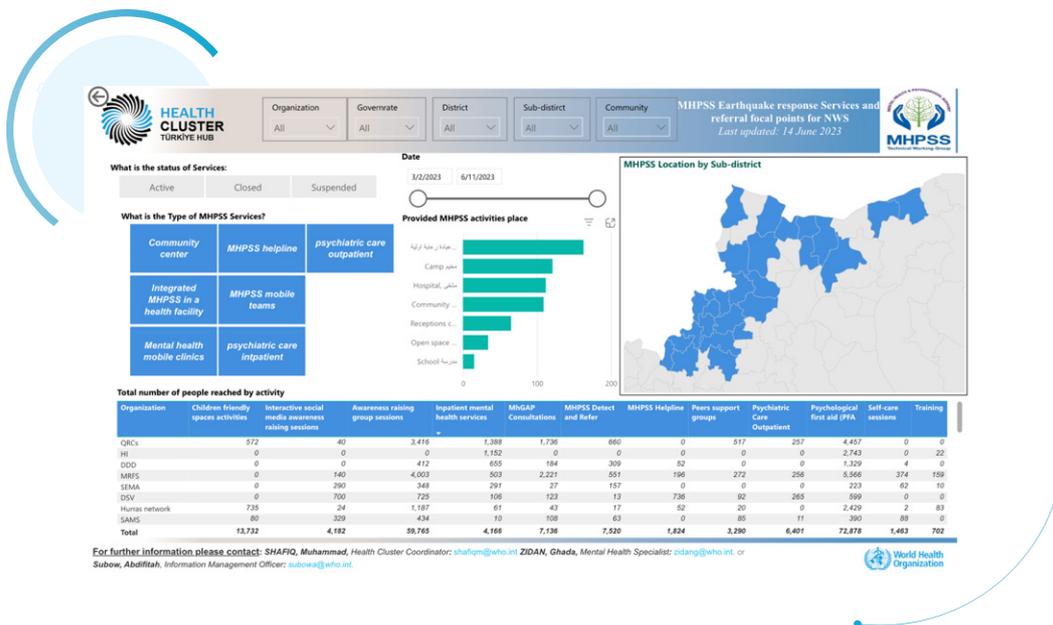
7

Gaps and Challenges

7.1 Gaps in Human Resources

Considering the difficulties with access to Northwest Syria, Syrians who are in the area play a critical role in supporting the ongoing response to the crisis. Yet, Northwest Syria has limited human resources to implement an effective multi-sectoral mental health and psychosocial support response. Northwest Syria has only 1 psychiatrist. This psychiatrist works alongside doctors and nurses who are trained and supervised in WHO’s mhGAP program to provide mental health care. Psychosocial Workers work alongside these mhGAP doctors and nurses to support Syrians by providing case management, facilitating peer group activities, and sharing information with the community. 4 resident doctors also work in psychiatric hospitals in Northwest Syria, and a psychiatrist provides remote supervision for some of these resident doctors. Considering the limited human resources, some of the Syrian personnel who are available to take on roles such as the Psychosocial Worker do not have the relevant qualifications and backgrounds. In addition, service providers from Northwest Syria experience challenges due to experiencing the crisis in both their personal lives and their work, emphasizing the need for ongoing attention to effectively support staff in Northwest Syria. Despite these challenges, some Syrian service providers have gained years of experience and knowledge of how to help address the mental health needs arising in their communities, which forms a critical part of a multi-sectoral MHPSS response in Northwest Syria.

MHPSS Earthquake Response Services and Referral Focal Points for Northwest Syria^k



7.2 Gaps in Services

Supporting the need for prioritized actions to strengthen a multi-sectoral MHPSS response in Northwest Syria, various sectors highlighted MHPSS related gaps. For example, the Child Protection AoR reported their partners described non-specialized MHPSS services on layer 3 of the IASC intervention pyramid for MHPSS in emergencies as a gap.⁴⁸ Similarly, the Gender Based Violence AoR highlighted access to MHPSS as a pressing need.⁴⁹ The Education Cluster reported the earthquake impacted over 25,000 teachers who now have various needs including for MHPSS⁵⁰ and highlighted the opportunity for investing in education through various actions such as integrated MHPSS activities.⁵¹

^k <https://app.powerbi.com/view?r=eyJrjoiNDY4ZGRkMjgtZTAwYyooNGFLTKgMDMhMGUyNkdYzUzNmNlIiwidCI6ImYzMTBjMG13LWJkMjQtNGZlOSo4MTBjLTNkYzI4MGFmYjU5MClmMiQjh9>

8

Developing Priority MHPSS Multi-Sectoral Actions

To develop the priority MHPSS multi-sectoral actions, input was gathered from key Syrian and international stakeholders between March and September 2023. These key stakeholders represented multiple sectors and included MHPSS TWG members, international MHPSS specialists, cluster coordinators and other representatives. Key stakeholders provided input during workshops, recommended specific priorities, and reviewed drafts of the operational plan. To help implement these priority actions, the [IASC Common M&E Framework](#) for MHPSS in Emergency Settings can help support monitoring and evaluation. The [IASC MHPSS MSP's costing tool](#) can help prepare relevant budgets. This operational plan is limited in that it does not document all the multi-sectoral MHPSS work done previously in Northwest Syria or all of the existing priorities. To address these limitations, future updates of this operational plan can document additional multi-sectoral MHPSS work done previously in Northwest Syria and update the priority actions.

9

Call to Action

This multi-sectoral operational plan highlights some of the immediate and long-term priority actions for Northwest Syria. These priorities may have relevance for multi-sectoral MHPSS stakeholders who are already involved or who may join the emergency response and recovery initiatives in Northwest Syria. Multi-sectoral MHPSS Stakeholders may include funders, coordination groups, and program implementers. Considering the immense need in Northwest Syria, this operational plan encourages all sectors and MHPSS actors to continue collaborating to identify key priorities and organize the most effective use of available resources. Ultimately, this operational plan seeks to encourage ongoing discussion, coordination and collaboration among all stakeholders in the multi-sectoral MHPSS response for Northwest Syria.



10

Priority MHPSS Multi-Sectoral Actions

This table, organized as per IASC MHPSS MSP Activities, describes multi-sectoral MHPSS actions completed prior to the earthquake, and some existing immediate and long-term priorities, yet this table is limited in that it does not capture all the previously completed multi-sectoral MHPSS actions or priorities. Please share additional previously conducted activities and priorities with the contacts listed at the end of this document. Since the response is ongoing, additional immediate priorities may be ongoing or completed.

1. Inter-Agency Coordination and Assessment		
Coordinate MHPSS within and across sectors		
Situation prior to the earthquake	Immediate response ("best buys")	Longer term response ("building forward better")
<ul style="list-style-type: none"> The NWS MHPSS TWG supported MHPSS integration by having representatives participate in other humanitarian clusters (e.g., Protection, GBV, CP, HLG, Education, CCCM, Nutrition) and working groups (e.g., Cholera Task Force, Advocacy Working Group, Trauma and Disability Working Group). The NWS MHPSS TWG ToR includes the following main pillars: MHPSS integration, advocacy, information sharing, coordination and capacity development. The NWS MHPSS TWG created, shared and continues to update the service mapping for NWS. The NWS MHPSS TWG representatives strengthened their capacity on coordination mechanisms, networking and advocacy. The MHPSS TWG created an additional dashboard which highlighted referral systems. Illustrating coordination between the MHPSS TWG and GBV AoR, the GBV AOR and MHPSS TWG members completed a survey to explore existing challenges in making referrals and recommendations for how to strengthen the referral process. Participants of a joint GBV-MHPSS Coordination workshop agreed on priority actions such as to provide joint capacity building for MHPSS and GBV actors and to strengthen information sharing.⁵² 	<ul style="list-style-type: none"> Continue weekly updates and sharing of the mapping of the MHPSS actors' activities in response to the earthquake. <i>(Complete)</i> Provide MHPSS MSP workshop for MHPSS TWG group members, other sectors and AoRs to map common activities and improve coordination and collaboration. <i>(Complete)</i> Continue to invite and encourage representatives from other sectors to join the MHPSS TWG. For example, continue to support the engagement of CCCM, Nutrition and Early Recovery in the MHPSS TWG. <i>(Complete)</i> Provide training and workshops for MHPSS TWG members (e.g., MHPSS in-person course on practical applications of interagency mental health and psychosocial support coordination and operations). <i>(Complete)</i> Improve information sharing between the MHPSS and the Protection Cluster, including its AoRs and WGs, by appointing focal points to attend meetings, share information within each group,⁵³ and exchange knowledge. <i>(Ongoing)</i> Continue to coordinate with other initiatives and actors who are responding to the earthquake such as UN agencies, international and local MHPSS specialists. <i>(Ongoing)</i> Share information with other actors who are providing MHPSS in other sectors about the MHPSS TWG's mandate and the benefits of participating in MHPSS TWG meetings to help coordinate training, share experiences, and contribute to shared documents. <i>(Ongoing)</i> 	<ul style="list-style-type: none"> Continue to update and share the mapping of the MHPSS actors' activities. Continue to support MHPSS integration and mainstreaming in all sectors. Continue to be an intersectoral MHPSS TWG with representatives participating in all other clusters, working groups and local entities. For example, have MHPSS TWG representatives participate in local health and education directorates, early recovery, mine action and livelihood clusters. Collaborate with other sectors regarding data collection and sharing information about services in order to strengthen service mapping and referral networks in order to create a comprehensive, multi-sectoral service mapping for MHPSS in NWS. For example, integrate MHPSS services into the existing GBV/CP referral pathways in NWS. Integrate GBV into the MHPSS service mapping and existing referral pathways. Continue to improve information sharing between MHPSS and Protection Cluster focal points, including WGs and AoRs such as GBV. Identify areas of synergies and complementarity between MHPSS and the Protection Cluster. Develop joint activity annual work plans with practical time frames. Plan for regular (e.g., quarterly) workshops between the Protection Cluster (including WGs and AoRs such as GBV) and MHPSS TWG in Gaziantep and NWS to share experiences, discuss challenges, and enhance collaboration.

Assess MHPSS needs and resources to guide programming

Situation prior to the earthquake	Immediate response ("best buys")	Longer Term Response ("building forward better")
<ul style="list-style-type: none"> Based on a literature review exploring MHPSS in Syria, a report published by UNHCR provides information on the sociocultural background of Syrians and cultural aspects related to mental health and psychosocial wellbeing that have relevance to offering support and care.^l WHO completed an MHPSS Assessment in 2020. 	<ul style="list-style-type: none"> Integrate MHPSS into other needs assessments (e.g., Education, AAP, Protection Cluster (CP AOR, GBV AOR, Housing Land and Property Rights AoR, Inclusion WG, Protection Monitoring Analysis WG).^m <i>(Complete and ongoing)</i> The MHPSS TWG conducted a service mapping through the dashboard to explore existing services provided based on the IASC's 4Ws Mapping Tool for MHPSS. <i>(Complete)</i> 	<ul style="list-style-type: none"> Continue to integrate MHPSS into assessments from other sectors. Address recommendations from assessments as appropriate (e.g., to address geographical gaps in services). Continue to update the assessment through the MHPSS TWG's dashboard to explore existing services provided based on the IASC 4Ws Mapping Tool for MHPSS. Continue to strengthen collaboration on assessment planning through the MHPSS TWG. Explore options for sharing assessment findings with the MHPSS TWG such as giving short presentations.

2. Essential Components of all MHPSS Programmes

2.2 Develop and implement a monitoring and evaluation (M&E) system

Situation prior to the earthquake	Immediate response ("best buys")	Longer Term Response ("building forward better")
<ul style="list-style-type: none"> The MHPSS TWG created an example database for M&E. The MHPSS TWG shared this database with MHPSS TWG member agencies and provided training on using the database. The MHPSS TWG created a dashboard, which highlighted the mapping. 	<ul style="list-style-type: none"> The MHPSS TWG created an emergency response dashboard in response to the earthquake. <i>(Complete)</i> The MHPSS TWG will strengthen the dashboard and mapping system to include other clusters such as Protection and Education. <i>(Ongoing)</i> 	<ul style="list-style-type: none"> The MHPSS TWG can provide ongoing capacity building and support to member agencies to develop and strengthen functional M&E systems (e.g., facilitate an M&E workshop based on MSP Activity 2.2 or engage with the IASC Common M&E framework). Continue to strengthen participation and involvement of MHPSS TWG member agencies in order to continue improving the information gathered for the dashboard. Develop shared indicators and pool outcome data from different organizations. To help identify areas in need of more work and strengthen a long-term approach to group based community MHPSS activities, conduct a Knowledge, Attitude and Practice study to explore the impact of these activities or improve M&E.

^l Hassan, G, Kirmayer, LJ, Mekki-Berrada A., Quosh, C., el Chamma, R., Deville-Stoetzel, J.B., Youssef, A., Jefe-Bahloul, H., Barkeel-Oteo, A., Coutts, A., Song, S. & Ventevogel, P. Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict. Geneva: UNHCR, 2015. <https://www.unhcr.org/media/culture-context-and-mental-health-and-psychosocial-wellbeing-syrians-review-mental-health-and>

^m For example, the Rapid Protection Assessment from Northwest Syria is available here: <https://www.globalprotectioncluster.org/index.php/publications/1379/reports/assessment-report/rapid-protection-assessment-north-west-syria-june-2023>

Analysis of the Child Protection Assessment conducted 10th – 14th August 2023 is available here: https://drive.google.com/file/d/1OdVT_DxQlZDJPyo61NMUd2Y6xTaRNpr/view

Protection Cluster Northwest Syria (Türkiye): Impacts of Security Escalation and Humanitarian Constraints on Protection and Recovery, July 2023 report is available here:

<https://reliefweb.int/report/syrian-arab-republic/protection-cluster-northwest-syria-turkiye-impacts-security-escalation-and-humanitarian-constraints-protection-and-recovery-july-2023>

Care for staff and volunteers		
Situation prior to the earthquake	Immediate response (“best buys”)	Longer Term Response (“building forward better”)
<ul style="list-style-type: none"> The MHPSS TWG created a Staff Care Task Force in 2016. This Task Force created a self-assessment tool, an example of a staff care policyⁿ a training manual for humanitarian aid workers on self-care^o and facilitated trainings on PFA and self-care. To help workers assess their stress levels, the Task Force developed a self-assessment tool on burn-out and resiliency. In 2017, MHPSS TWG conducted a study on the wellbeing of humanitarian aid workers using the PROQOL (PROfessional Quality Of Life) scale. The study targeted 206 humanitarian aid workers from various sectors including protection, health and MHPSS. The study included screening on three main aspects: burnout, compassion fatigue, and secondary trauma. The study's results informed future work to support creating staff-care policies and self-care capacity building. 	<ul style="list-style-type: none"> Conduct a rapid assessment related to staff support for the MHPSS TWG members. <i>(Complete)</i> Provide MHPSS services for humanitarian workers immediately following the earthquake. For example, facilitate peer support groups for TWG members and other health support staff. <i>(Complete)</i> Support a resilience program for 240 front line health care staff in NWS based on the Self Care Training Manual for Humanitarian Aid Workers (e.g., each frontline worker can participate in five sessions). <i>(Complete)</i> Provide Doing What Matters in Times of Stress for humanitarian workers in NWS. <i>(Complete)</i> Provide Self Help Plus for humanitarian workers including workers from other sectors such as Education and Protection. Target to reach 1,000 persons. <i>(Ongoing)</i> Raise awareness among humanitarian workers on the impact of disasters on mental health and the importance of accessing psychological support when needed. <i>(Ongoing)</i> 	<p>To strengthen M&E for group based community MHPSS Activities, see Outcome 3 of the IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings- With means of verification (Version 2.0).</p> <ul style="list-style-type: none"> Invest in ongoing research and monitoring to assess the impact of implemented activities on children's mental health and psychosocial wellbeing. Data-driven insights will aid in refining and improving long-term response strategies. <ul style="list-style-type: none"> Continue to adapt and contextualize instructions and guidelines for the care of humanitarian workers in emergency situations to the reality of NWS.^p Advocate for duty of care with donors to include staff care activities as an essential component of humanitarian projects. Advocate to ensure that all NGOs and donors would support having Implementing Partners having a staff care policy in place per NGO with specific budget allocated to it. Ensure adequate funding is available for supervision and staff care within project proposals. Advocate and encourage Human Resource departments to organize and offer quality MHPSS services to humanitarian workers on an ongoing and permanent basis.^q Ensure trainings are being provided by NGOs and donors to support training of staffs inside NWS on Stress Management using the existing Self Care Training Manual developed for NWS. The Self Care Training Manual for Humanitarian Aid Workers is available in English, Arabic and Turkish.

ⁿ Generic Staff Care Policy for Humanitarian Aid Organizations: https://drive.google.com/file/d/1mProd pob1pMU39MT8hVkvV_FXu715NP/view?usp=drive_web

Annex 1 of Staff Care Policy: <https://drive.google.com/file/d/1yW40jWh3LMv-PLuBcDHbynFMCcEe8xNV/view>

Annex 2 of Staff Care Policy: <https://drive.google.com/file/d/1QeP4qHsvOVUaeOLnnumGdeksf1OAOBmm/view>

^o The Self Care Training Manual for Humanitarian Aid Workers is available in [English](#), [Arabic](#) and [Turkish](#).

^p Please see a list of [Relevant Guidelines, Standards and Tools](#) under MSP Activity 2.3

^q Please see the following key consideration under MSP Activity 2.3: [Staff responsible for providing MHPSS to people affected by humanitarian emergencies should not also be responsible for workforce well-being](#)

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • In 2017, the MHPSS TWG, in partnership with the Antares Foundation, supported local organizations to strengthen their staff care policies by hosting a workshop, sharing a sample staff care policy, and providing organizations with follow up support to adapt the sample staff care policy to their available needs and resources. • The MHPSS TWG collaborated with the Antares Foundation to facilitate a Training of Trainers for PSWs and humanitarian workers on Staff Care in 2017, which resulted in the roll out of many trainings on staff care. • GIZ facilitated workshops on staff care workshops to help their partners effectively build and adopt staff care policies. • Some activities for humanitarian workers such as recreational activities, peer support groups or supervision exist, but may be irregular or project dependent. • Syria Relief and Development trained 1,000 health staff on staff health and resilience. | <ul style="list-style-type: none"> • The MHPSS TWG members will conduct self-care training for humanitarian workers such as workers in the areas of Education, Protection and GBV. <i>(Ongoing)</i> • Conduct an updated assessment to explore workers' psychological health and wellbeing. The assessment should also identify workers who are the most in need of support and the impact on their ability to continue working. <i>(Ongoing)</i> • Prioritize care for staff and volunteers in higher risk areas. | <ul style="list-style-type: none"> • Host a workshop on practical actions organizations can do to support staff care based on the checklist for MSP Activity 2.3^r |
|---|---|---|

2.4 Support MHPSS competencies of staff and volunteers

Situation prior to the earthquake	Immediate response (“best buys”)	Longer Term Response (“building forward better”)
<ul style="list-style-type: none"> • NWS has a cadre of Psychosocial Workers (PSWs), some of whom now have over 10 years of practical experience, training and supervision to provide MHPSS services. PSWs received in depth training and supervision to offer low-intensity, focused, non-specialized support as part of providing MHPSS through case management services, facilitating peer group activities and leading community-based activities to raise awareness. Some Syrian PSWs have university degrees in psychological guidance counselling, sociology, psychology or another related field. 	<ul style="list-style-type: none"> • Strategize how to adequately train and supervise newly hired Psychosocial Workers without relevant background or experience. <i>(Complete)</i> • Facilitate regular workshops by WHO MHPSS experts for MHPSS providers in various sectors on WHO Standard Services MHPSS Packages, focusing on know-how and technical guidance to at least 12 MHPSS actors to promote scaling up of existing services. <i>(Complete)</i> 	<ul style="list-style-type: none"> • Increase attention to psychiatry’s sub-specialties such as care for children or older adults through online training or the physical presence of trainers. • Provide continuous training and capacity building plans for all medical staff and PSWs. For example, advance the level of PSWs through capacity building in psychological interventions such as a PM+ refresher training, CBT, case management, mhGAP, substance use, EQUIP, and Group PM+.

^r See checklist for [MSP Activity 2.3](#).

- To strengthen the MHPSS competencies of staff and volunteers, the MHPSS TWG standardized the PSW role by developing a TOR and a [basic MHPSS training package](#) for PSWs. This basic MHPSS training package has 14 modules which include topics such as detection and referral, Psychological First Aid, WHO's Problem Management Plus (PM+), suicide management, self-staff care and stress management as well as Thinking Healthy, which are all tailored to the context in NWS. The PSW manual includes a component on gender-based violence.
- In 2018, the MHPSS TWG facilitated a Training of Trainers followed by seven-day training sessions for PSWs. By June 2021, over 460 PSWs had participated in the trainings.⁵⁴
- Explore options to facilitate workshops and provide guidance on [EQUIP](#): Ensuring Quality in Psychological Support, which includes WeACT foundational helping skills for those working with children.
- Explore options to develop and implement an accredited diploma program for PSWs. Provide PSWs in the program with an extended plan for supervision and a recognized certificate.

3. MHPSS Program Activities:

Orient humanitarian actors and community members on MHPSS

3.1 Orient humanitarian actors and community members on MHPSS and advocate for MHPSS considerations and actions

Situation prior to the earthquake	Immediate response ("best buys")	Longer Term Response ("building forward better")
<ul style="list-style-type: none"> • In October 2022, the MHPSS TWG had a workshop on conducting MHPSS Assessments in line with global guidelines. MHPSS TWG members and representatives from other sectors such as Education and GBV participated. 	<ul style="list-style-type: none"> • Provide a workshop focused on orienting various Clusters on the IASC MHPSS Minimum Services Package for representatives from the MHPSS TWG, Health, Protection (including AORs and WGs such as CP and GBV), WASH, Shelter, and Education Cluster. <i>(Complete)</i> • Facilitate a workshop on Practical Applications of Interagency Mental Health and Psychosocial Support Coordination and Operations for members of the MHPSS TWG and various clusters. <i>(Complete)</i> 	<ul style="list-style-type: none"> • Building on previous orientations, MHPSS Specialists continue to provide orientation seminars on international guidelines on MHPSS scale-up for Health, Protection, Education, Nutrition, CCCM, and Early Recovery Clusters to ensure no harm and promote evidence-based practice.

3.2 Orient frontline workers and community leaders in basic psychosocial support skills

Situation prior to the earthquake	Immediate response ("best buys")	Longer Term Response ("building forward better")
<ul style="list-style-type: none"> • In 2012, many organizations began facilitating orientations on Psychological First Aid (PFA). By 2015, an international organization had trained trainers in PFA and PFA for Children. 	<ul style="list-style-type: none"> • Train 500 humanitarian workers from various sectors (e.g., Education, Health and Protection) on PFA for Children online. <i>(Complete)</i> 	<ul style="list-style-type: none"> • Build capacity and strengthen leadership of community actors, religious, sports, public figures and NGOs) in MHPSS based on priority needs and concerns (e.g., providing information about accessing MHPSS services).

- Currently, all organizations in the area of MHPSS offer comprehensive services including PFA.
- To provide joint capacity building between MHPSS and GBV, the MHPSS TWG provided two, five-day trainings on PFA, detection and referral, self-care, and an introduction to WHO's Problem Management Plus (PM+) to over 40 GBV field workers based in NWS. The training helped equip GBV field workers to provide an initial response to persons who are at risk of suicide, detect mental health problems and make appropriate referrals to MHPSS services. For example, the training discussed the eligibility requirements for PM+ to help GBV workers make appropriate referrals to PM+.
- Train 2,200 humanitarian workers from various sectors (e.g., Nutrition, Education, WASH, Protection) on PFA. *(Complete)*
- In coordination with the Protection Cluster, provide orientations on PFA to protection partners who are in high-risk areas. *(Complete)*
- Increase knowledge in the community on the identification of MHPSS needs, available services and supports (e.g., radio, social media, posters, workshops and leaflets).
- Develop the capacities of CHW's, PSWs, teachers and other actors from the community on topics such as PFA, early detection, and *Doing What Matters in Times of Stress*. Ensure that the first level of MHPSS services is provided through the community while ensuring a referral system is in place.
- Continue to develop mutual capacity-building work plans between MHPSS and GBV within a practical timeframe, that includes GBV and MHPSS essentials such as safe identification and referral, and support for persons who are experiencing high levels of risk such as GBV survivors who are at risk of suicide.
- Provide continued tailored capacity building from the MHPSS TWG on MHPSS for Protection workers in NWS such as GBV case workers. Trainings should include staff care, detection and referral, an introduction to PM+, addressing suicide and other MHPSS problems.⁵⁵

3. MHPSS Program Activities: Strengthen Self Help and Provide Support to Communities

3.3 Disseminate key messages to promote mental health and psychosocial wellbeing

Situation prior to the earthquake	Immediate response ("best buys")	Longer Term Response ("building forward better")
<ul style="list-style-type: none"> • Psychosocial Workers (PSWs), Community Health Workers (CHWs), teachers and community leaders (e.g., religious leaders) supported community awareness campaigns to help provide information about mental health, reduce stigma and prevent suicide. Yet, the need to continue to prioritize mental health and increase the level of mental health awareness in some communities creates a challenge. • NWS MHPSS TWG partners facilitated a range of MHPSS community engagement activities such as sharing key messages on psychosocial support from child protection, and awareness groups for men or women to help strengthen family support. 	<ul style="list-style-type: none"> • Continue to strengthen the engagement of CHWs, PSWs, case workers, protection workers and teachers to share key MHPSS messages. <i>(Complete)</i> • Engage a range of actors such as protection workers, PSWs, and people with lived experience to help adapt and disseminate key MHPSS messages for the general population and for different priority groups using tools such as discussion sessions, posters, information leaflets, social media campaigns and online events. 	<ul style="list-style-type: none"> • Support full community engagement in MHPSS awareness and information dissemination of key messages to promote mental health and psychosocial wellbeing with the community, including raising awareness to prevent self-harm, suicide and substance use. • Explore and adapt models from other similar settings to include persons with lived experience in sharing key MHPSS messages as appropriate. • Explore new and innovative ways to share information about mental health and psychosocial support. • Community engagement and awareness raising can be done by sharing information material in the form of videos, group and individual awareness sessions as well as focus group discussions.

- In 2022, the MHPSS TWG developed IEC materials on suicide prevention, which were shared with the GBV SC members and presented during a GBV SC meeting.
- Share information to enable people to access credible telephone helplines and online platforms offering MHPSS support. Updated information on the available helplines and services can be found on the service mapping in the MHPSS TWG's [dashboard](#) for the earthquake emergency response.
- Include more resource mobilization for awareness material in the form of videos and testimonies. Social media also plays a large role in raising awareness among communities, and videos could be shared widely on social media.
- Since the communities in NWS are diverse and unique, field workers should help contextualize the community engagement materials to meet the needs of each diverse community and to be acceptable in the community's culture.
- Facilitate awareness sessions in schools, and involve children and teachers.
- When disseminating information, actors should consider how children and their caregivers as well as people with disabilities can also access information.^s
- Strengthen information dissemination regarding basic information on mental health problems including when people should access additional clinical support and any actions people can do to take care of themselves or their family members if they may be experiencing mental health problems. Include information to help community members identify a proper mental health provider by providing community members with updated information about where to access additional support, including clinical support.
- Conduct awareness campaigns to reduce stigma surrounding mental health issues. Fostering an open and accepting environment will encourage children and their families to seek help without fear of judgment.
- Continue to support and collaborate with other sectors and clusters to develop and disseminate key messages to promote MHPSS (e.g., Nutrition, CCCM, Education and Protection). Ensure key messages are adapted to the culture and context in NWS.

^s Key considerations for disability are included in the [MHPSS MSP](#).

3.4 Support new and pre-existing group based community MHPSS activities

Situation prior to the earthquake	Immediate response ("best buys")	Longer Term Response ("building forward better")
<ul style="list-style-type: none"> NWS MHPSS TWG partners facilitated a range of MHPSS community engagement activities such as awareness groups for men and women to help strengthen family and community support. 	<ul style="list-style-type: none"> Include MHPSS provision at the community level in the Protection Clusters' objectives on prevention (risks mitigation) and on peacebuilding and social coexistence. <i>(Complete)</i> Continue to strengthen engagement with community leaders, teachers and community based protection networks, encouraging volunteer work and support for community mobilization initiatives. <i>(Ongoing)</i> Facilitate the development of the community, including at risk groups such as PWD or older adults, where such groups are available in collaboration with other actors such as the Protection Cluster and the Inclusion Working Group. <i>(Ongoing)</i> Support peer groups with evidence-based approaches, programmes or interventions as well as narrative or other processes of collective healing and social cohesion. Map the existing community resources, initiatives and activities run by and in communities, which can constitute a basis for or be engaged for MHPSS response in collaboration with other actors such as the Protection Cluster. Develop evidence and adapt activities to the local context and needs. 	<ul style="list-style-type: none"> Map and reinforce existing community-led programmers and build their capacities to support community connectedness, strengthen resilience and encourage a spirit of community self-help. Build capacity and strengthen leadership of community actors, religious, sports, public figures and NGOS) in MHPSS based on priority needs and concerns. In coordination with the Protection Cluster, provide technical support on MHPSS to community-based mechanisms who are conducting protection risk mitigation activities. In coordination with the Protection Cluster, provide technical support on MHPSS to community-based mechanisms who are conducting peacebuilding related activities.

3.5 Provide early childhood development (ECD) activities to support young children and their caregivers

Situation prior to the earthquake	Immediate response ("best buys")	Longer Term Response ("building forward better")
<ul style="list-style-type: none"> Over three organizations provided early childhood development activities (ECD) in NWS. ECD activities included parenting programmes and psychosocial support activities. ECD activities also included regular developmental screenings and assessments of young children to identify children with developmental difficulties or other challenges and referring children to appropriate interventions and services as needed. 		<ul style="list-style-type: none"> Provide training and professional development for ECD teachers and caregivers on best practices for early childhood development, including pedagogical approaches, child development, and classroom management. Emphasize play-based learning as a foundation for early childhood development. Ensure that ECD activities are engaging, fun, and developmentally appropriate. Involve the community in ECD activities by encouraging parents and caregivers to actively participate in their children's learning. Organize community events and parent-teacher meetings.

3.6 Provide group activities for children’s mental health and psychosocial wellbeing

Situation prior to the earthquake	Immediate response ("best buys")	Longer Term Response ("building forward better")
<ul style="list-style-type: none"> NWS MHPSS TWG partners facilitated a range of MHPSS community engagement activities such as facilitating safe spaces for children to help strengthen family and community support. 	<ul style="list-style-type: none"> Establish or strengthen static or temporary child and youth friendly spaces (CFS) and facilitation of (mobile when needed), age, gender and disability appropriate CP activities (e.g., recreational activities, art, distribution of CF kits). <i>(Ongoing)</i> Support structured workshops for children and other family strengthening initiatives (e.g., Save the Children’s Child Resilience Program). <i>(Ongoing)</i> 	<ul style="list-style-type: none"> Strengthen overall approaches, tools and guidance contextualized to the culture and context in NWS to provide group activities for children’s mental health and psychosocial wellbeing. Ensure overall approaches are in line with global guidelines and best practices. Design and implement interventions, programs and specific activities with children to promote mental health and psychosocial wellbeing and prevent mental health problems. Where applicable, support children and their caregivers on dealing with loss and grief. Involve local stakeholders, Psychologists, PSWs, case workers, protection workers and teachers to adapt group activities to promote children’s mental health to the specific needs and cultural context of the affected community in NWS and provide them with the necessary training and supervision. Train and empower local facilitators and teachers in child and youth MHPSS. Building local capacity will enable the continuation of group activities even after external aid diminishes. It will also foster a sense of ownership and sustainability within the community. Implement sustainable community-based mental health promotion programs focused on children’s wellbeing and psychosocial development to help children recover from the earthquake, strengthen their coping skills, and foster a sense of community and support. These programs can include workshops on coping skills, emotional regulation, and building resilience. Facilitate resilience-building workshops that teach children and their caregivers (as appropriate) how to cope with stress, adversity, and change. These workshops can include mindfulness practices, problem-solving exercises, and discussions on emotional regulation.

- Create opportunities for children to express their perspectives and experiences through storytelling and narrative therapy techniques. This can help facilitate the processing of emotions and promote resilience.
- Strengthen children’s emotional intelligence by helping them recognize and manage their emotions, as well as develop empathy and understanding for others through structured, goal oriented, gender and age-appropriate content.
- Continue to offer art, music, and other expressive activities to help promote children’s mental health and psychosocial wellbeing. These creative outlets can provide a safe space for self-expression and emotional processing. This can include painting, drawing, writing, psychodrama, and other forms of artistic expression.
- Use simplified reporting tools where appropriate. Children might not always be articulate about their experiences. Hence, using simplified tools, visual aids, or story-telling techniques can help children describe any issues they have encountered.
- Create safe and accessible reporting points. Establish child-friendly spaces where children can freely and safely report any concerns. These spaces should be visibly marked, easily accessible, and staffed by individuals trained in child protection.
- Establish activities to involve children in volunteer and community service projects in order to provide opportunities for children to contribute positively to their community’s recovery and rebuilding efforts.
- Implement activities in psychosocial support centers, child friendly spaces and schools that focus on empowering children and providing them with proper techniques and accurate information on dealing with various sources of danger, including those related to earthquakes. This can help empower children, reduce feelings of distress and strengthen a sense of agency.

- Explore if peer support programs can be effectively established in schools and communities in NWS without doing harm. Where appropriate, peer support programs can help children connect and support each other through difficult times. Trained peer supporters can provide emotional support, share coping strategies, and encourage seeking help when needed.
- Engage parents, teachers, and community members to ensure a comprehensive support system for children including social-emotional learning (SEL) sessions for caregivers to mobilize parents in supporting their children's learning and wellbeing.
- Recognize the specific needs of adolescents and establish age-appropriate psychosocial support programs. These could include life skills training, career counseling, and activities that promote a sense of belonging and purpose.
- Strengthen partnerships with local organizations, NGOs, and government agencies to ensure a coordinated and sustainable approach to children's mental health and psychosocial support. Pooling resources and expertise will enhance the effectiveness of the response activities. Partners capacity building plans should include MHPSS/SEL as well as the available and effective interventions that build upon national resources in the local language.

3.7 Promote caregivers mental health and psychosocial wellbeing and strengthen their capacity to support children

Situation prior to the earthquake	Immediate response ("best buys")	Longer Term Response ("building forward better")
<ul style="list-style-type: none"> • Parenting programmes were facilitated in NWS. A Parenting Skills Training Guide was developed for NWS which includes information on coping strategies, parent's stress and communicating with children. • Awareness-raising sessions were conducted to prevent and respond to child protection issues in NWS. • To ensure the community's active participation to prevent and respond to child protection issues, adults and children's groups and committees were supported. 	<ul style="list-style-type: none"> • Promote positive parenting knowledge and skills among parents and caregivers. For example, continue to support parenting programs, and other family strengthening initiatives (e.g., Save the Children's Parenting without Violence). (Ongoing) 	<ul style="list-style-type: none"> • Conduct positive parenting workshops. Provide ongoing support and training for parents and caregivers in promoting children's mental health. Parenting workshops can focus on effective communication, positive discipline techniques, and creating nurturing home environments. • Offer training sessions on child development, equipping caregivers with knowledge to understand and respond to children's needs effectively.

- People were trained on child protection in line with Child Protection Minimum Standards.
- Families were linked with other service providers.
- Build knowledge and skills for parenting and supporting children in distress to help improve the quality of caregiver-child interactions at home, school and in the community. This may be through building the capacity of parents and care givers with information and initiatives that strengthen their responsive caregiving skills.
- Teachers and PSWs who received the necessary training and supervision provide training for parents and other caregivers in supporting children who are experiencing mental health problems.
- Provide information about stress reactions of children at different ages and developmental stages as well as strategies to support children. This information can help parents re-establish a sense of their own effectiveness as parents in challenging situations.
- Provide educational sessions on different emotional reactions parents and caregivers may experience while caring for children and teenagers, how to handle these reactions, as well as what they can do to support themselves as caregivers.
- Support parent and caregiver wellbeing, coping and recovery in difficult circumstances, which includes helping caregivers within and outside the family system (such as extended family, teachers) to best support the children in their care.
- Implement training activities for caregiver groups that focus on self-care, stress management, and coping strategies.
- Establish peer support groups for caregivers to create a safe space for them to share their experiences, feelings, and challenges. Peer support can foster a sense of belonging and reduce feelings of isolation.
- Offer counseling services to caregivers who may be experiencing significant distress, difficulties caring for children or completing their daily tasks after the earthquake.
- Strengthen family and community support networks to develop or re-establish networks of support. This aids in strengthening trust, mutual care and self-help to support children and families, including vulnerable families.

3.8 Promote the mental health and psychosocial wellbeing of education personnel and strengthen their capacity to support children

Situation prior to the earthquake	Immediate response (“best buys”)	Longer Term Response (“building forward better”)
<ul style="list-style-type: none"> • Provided training to education personnel on Psychological First Aid (PFA) to help them respond effectively to the immediate emotional needs of children and their colleagues. • Developed crisis response plans and provided training for educators on how to support students during emergencies or crises. 	<ul style="list-style-type: none"> • Continue to provide PFA for caregivers, teachers and students. <i>(Ongoing)</i> • Provide training for teachers and youth on Self Help Plus. <i>(Ongoing)</i> • Train facilitators and teachers and facilitators on MHPSS.^t 	<ul style="list-style-type: none"> • Integrate mental health and psychosocial support activities into the education system to provide ongoing support and resources for children’s mental health needs. These programs can include peer group activities, recreational activities embedded within the education weekly schedule to promote physical health and emotional wellbeing in a natural setting. This could also involve incorporating social-emotional learning (SEL) curricula in schools to promote emotional intelligence, empathy, and positive relationships among children.

^t https://drive.google.com/drive/folders/1AMs2lWE8oE_6k3oGft6sAwqpoZJORdt

- Include social-emotional learning in professional development plans for teachers to further build capacities of education personnel on MHPSS.
- Strengthen community-based support for children with disabilities by integrating children with disabilities into education services through adding a minimum of 3% of children with disabilities to the Education target in NWS's Education strategy.
- Facilitate detection and referral workshops for education personnel to improve their understanding of mental health problems among themselves and their students, including when people should access additional clinical support.
- Support education personnel in safe identification and referrals to specialized supports and services for children in schools.
- Track and monitor referrals and quality of services provided.
- Encourage collaboration among education personnel to share best practices for supporting students' mental health and wellbeing.
- Ensure all teachers are trained on child safeguarding and a policy is signed with an existing clear complaint mechanism in place.
- Offer workshops on stress management, resilience building, and self-care techniques for education personnel.
- Establish peer support networks to help create resilient and self-reliant networks between teachers
- in educational institutions and offer a place where staff can share their experiences and concerns.
- Ensure access to MHPSS services and mental health professionals who can provide counseling and therapy to education personnel.
- Empower teachers to benefit from MHPSS services available in their areas by providing information about available services so they can choose to access support through self-referral.
- Establish support hotlines or online resources for immediate assistance.
- The Education Cluster will integrate MHPSS throughout the Humanitarian program cycle.

3.9 Provide MHPSS through safe spaces for women and girls

Situation prior to the earthquake	Immediate response ("best buys")	Longer Term Response ("building forward better")
<ul style="list-style-type: none"> • During a monthly GBV AoR meeting, the MHPSS TWG presented materials on the prevention of suicide. The GBV AoR shared the materials with the partners to be used in the awareness-raising sessions in the women and girls' safe spaces in NWS. • In cooperation with the GBV AoR, the MHPSS TWG delivered tailored training for GBV Caseworkers on the identification and safe referral of the most common mental health problems among women and girls in NWS. 	<ul style="list-style-type: none"> • Link working groups such as the GBV AoR and Trauma and Disability Technical Working Groups with an updated MHPSS service map to enhance the safe referral of GBV cases. <i>(Ongoing)</i> • Build the capacity of the GBV and Protection AoR to identify persons who may be at risk of suicide or other serious situations, provide or mobilize support, provide appropriate referrals and follow up. <i>(Ongoing)</i> 	<ul style="list-style-type: none"> • Ensure safe spaces are accessible and inclusive for women and girls in NWS. For example, including women with mental health problems, women who are homeless or at risk of homelessness in safe spaces. • Organize capacity building for MHPSS TWG members to help strengthen referral networks between MHPSS services and GBV or other protection services.

3. MHPSS Program Activities: Provide Focused Support for Psychological Distress or Mental Health Conditions

3.10 Provide mental health care as part of general health services

Situation prior to the earthquake	Immediate response ("best buys")	Longer Term Response ("building forward better")
<ul style="list-style-type: none"> • Since there are a limited number of psychiatrists who are actively working in NWS, doctors who are trained and supervised in mhGAP are a critical part of strengthening mental health services in NWS. To help provide mental health care as part of general health services, increased attention to the mhGAP program started in 2016 in NWS. • To integrate MHPSS in primary and secondary health care facilities, mhGAP doctors and psychosocial workers offer MHPSS in primary and secondary health care. As a result, MHPSS services are provided through MHPSS centers, primary and secondary health care facilities, MHPSS mobile clinics, MHPSS mobile teams and MHPSS helplines in NWS. • NWS has 3 MHPSS centers with inpatient and outpatient units, staffed and supported by a psychiatrist, doctors and nurses who are trained and supervised to provide mental health care using mhGAP and psychosocial workers. • Mental health services for priority mental, neurological, and substance use conditions, exists in 30 PHCs. 	<ul style="list-style-type: none"> • Mental health services for priority mental, neurological, and substance use conditions, expand horizontally to 48 PHCs, and vertically to include additional conditions, including acute stress reaction, substance use disorders, post-traumatic stress disorders, and child and adolescent mental health and psychosocial, emotional and behavioral problems. <i>(Complete)</i> 	<ul style="list-style-type: none"> • Adapt and launch WHO digital intervention for management of anxiety, depression, post-traumatic stress disorder, and functional impairments; WHO Step by Step in NWS. Ensure necessary infrastructure and human resources to reach at least 10,000 beneficiaries. • Continue to maintain the essential mental health medication. For example, by procurement of essential mental health medication for at least 7000 beneficiaries at primary and secondary health care facilities. • Provide regular specialized clinical guidance by WHO MH specialists for at least 50% of pharmacists providing services in NWS on monitoring mechanisms, side effects, and dispensing guidance of specific medications, such as clozapine, in line with WHO evidence-based practices.

- Different organizations host 5 helplines, which are staffed by PSWs to cover specific geographic regions.

3.11 Provide MHPSS as part of clinical care for survivors of sexual violence and intimate partner violence

Situation prior to the earthquake	Immediate response (“best buys”)	Longer Term Response (“building forward better”)
<ul style="list-style-type: none"> • The GBV AoR provided 44 MHPSS field workers with basic training on types of GBV and how to support GBV survivors. • Limited referral of GBV cases to the available MHPSS services in NWS. 	<ul style="list-style-type: none"> • Link working groups such as the Health Cluster, GBV AoR and Trauma and Disability Working Group with an updated MHPSS service map to enhance the safe referral of GBV cases. <i>(Ongoing)</i> • Identify barriers to referrals of GBV survivors and other persons at risks to MHPSS services. <i>(Ongoing)</i> 	<ul style="list-style-type: none"> • Include MHPSS actors in a Case Management Technical Working Group (CM TWG) ensuring to incorporate this periodic meeting in the CM TWG ToR. To protect survivors’ privacy and confidentiality, it is recommended to not discuss specific cases of survivors of GBV. Instead, the group should discuss overall challenges, barriers and gaps in the referrals between GBV and MHPSS actors. • Some individuals may be experiencing protection issues that have legal implications, such as issues related to documentation, land rights, or seeking asylum. Integrate legal advice or referrals into the MHPSS framework to help address these needs holistically.

3.12 Initiate or strengthen the provision of psychological interventions

Situation prior to the earthquake	Immediate response (“best buys”)	Longer Term Response (“building forward better”)
<ul style="list-style-type: none"> • In 2018, WHO facilitated a Training of Trainers and online supervision on WHO’s Problem Management Plus. As a result, PSWs working in NWS received training and supervision on Problem Management Plus, enabling PSWs to include the intervention in their services. • Eight Syrian midwives and MHPSS Specialists completed a Training of Trainers and follow up supervision on WHO’s Thinking Healthy manual in 2020. As a result, 461 midwives received training and supervision on WHO’s Thinking Healthy manual in 2020 and 2021. 	<ul style="list-style-type: none"> • Support peer groups with evidence-based approaches, programmes or interventions (e.g., Self Help Plus) where appropriate. • Establish a WHO mechanism to supervise psychological interventions in NWS to reach at least 800 beneficiaries using WHO standard transdiagnostic counseling such as Problem Solving Plus, targeting the most vulnerable people, such as girls and women survivors of GBV. • Introduce WHO Standard Guidance of Supported Self-Help (WHO Doing What Matters in Times of Stress) and Stress Management (WHO Self Help Plus) to NWS for front-line health workers and MHPSS providers in various at least 15 health facilities and at least 20 MHPSS service provision sites. 	<ul style="list-style-type: none"> • Adapt, disseminate and facilitate evidence-based self-help and stress management tools (e.g. WHO’s Doing What Matters in Times of Stress (DWM)) for use by all relevant population groups, including through community-based groups (Self-Help Plus (SH+)). • Advance the level of PSWs with training and capacity building on psychological interventions such as Problem Management Plus refresher training and Group Problem Management Plus. • Engage PSWs, CHWs, community members and leaders in the rollout of self-help stress management interventions and tools for different population groups to support their resilience and recovery.

3.13 Provide MHPSS through case management services^u

Situation prior to the earthquake	Immediate response ("best buys")	Longer Term Response ("building forward better")
<ul style="list-style-type: none"> The MHPSS TWG created a Psychosocial Worker (PSW) Standard Training Manual for NWS in 2017, which was transformed into a PSW Standard Training Handbook for NWS. The handbook includes a specific module on case management. The handbook highlights the Psychosocial Workers' role in NWS which includes aspects of case management such as conducting an assessment in collaboration with an mhGAP doctor, developing a recovery plan, working with the beneficiary toward the goals developed in their recovery plan and conducting referrals as necessary. WHO provided training and supervision for 60 PSWs for six months in 2017, and GIZ replicated the training with 30 PSWs. PSWs provide MHPSS case management alongside mhGAP trained doctors and work in MHPSS mobile teams. 	<ul style="list-style-type: none"> Include capacity building for PSWs as a priority in the MHPSS strategy for 2024. <i>(Complete)</i> Psychologists and psychiatrists can offer supportive supervision sessions for PSWs to help address their needs and concerns. <i>(Ongoing)</i> Provide quality MHPSS services through multi-disciplinary teams, and ensure proposals for MHPSS services include a multi-disciplinary approach. For example, PSWs can work alongside mhGAP trained doctors and nurses in PHCs and secondary health facilities. PSWs can provide support such as case management or facilitate peer group activities. <i>(Ongoing)</i> 	<ul style="list-style-type: none"> Continue providing regular capacity-building programs for PSWs. Strengthen referral systems between PSWs and mhGAP doctors. Collaborate with the Protection Cluster to improve effective referrals and supports for persons who may be experiencing heightened risks for protection concerns and who may also be experiencing mental health problems. Provide training to Protection partners on the identification and referral of persons who may benefit from additional mental health care. Collaborate with the Protection Cluster to provide the necessary and unique forms of support for persons who are referred by the Protection Cluster who may also be exposed to protection risks (e.g., eviction or limitations to freedom of movement) and who may also need additional mental health care. Create support networks for PSWs to provide ongoing peer support, supervision, and supportive sessions to help them cope with the disaster response's potential stress and difficulties. Conduct research and data collection to assess the effectiveness of existing MHPSS interventions and identify gaps for improvement. Update and create standardized ToRs to help organize the work of different professionals as needed. The ToRs will explain the professionals' area of responsibility, including their role in supporting people who are in need of protection.

3.14 Protect and care for people in psychiatric hospitals and other institutions

Situation prior to the earthquake	Immediate response ("best buys")	Longer Term Response ("building forward better")
<ul style="list-style-type: none"> PAC has been the leading partner managing the main mental health hospital in A'zaz since 2014, providing mental health services for acute and chronic cases in NWS. Azaz's inpatient capacity is 150. Azaz also has outpatient clinics where the average daily caseload is 20. 	<ul style="list-style-type: none"> Ensure provision of basic physical health needs including water, physical health, clothing and sanitation. <i>(Complete)</i> 	<ul style="list-style-type: none"> Strengthen community based mental health care to gradually replace all long-term institutional support. Repurpose Azaz psychiatric hospital to a center of excellence with smaller bed capacity reserved only for acute beds with higher capacity in training and outreach services.

^u The Checklist for Minimum Actions and recommended training topics for MSP Activity 3.13 Provide MHPSS through case management services can be found here: <https://mhpsmsp.org/en/activity/checklist-core-actions-18#page-1>

The hospital provides advanced specialized inpatient services for acute cases, outpatient consultation, and follow-up rehabilitation of persons with living with substance use disorders. Among the residents, 72 inpatients were originally staying at Ibn Khaldun Hospital in Aleppo.

- Other inpatient facilities that serve mainly acute inpatient short stay functions include Sarmada and Albab.

- Liaise with Health Cluster Partners for physical health screening and potential evacuation of cases with urgent medical needs where medical treatment is not feasible in NWS. *(Complete)*
- Monitor and address protection concerns of men and women inpatients in coordination with the Protection Cluster and facilitate links to additional supports and service providers as needed (e.g. Family Tracing and GBV/CP specialists). *(Ongoing)*
- Regular monitoring visits by MHPSS TWG member agencies including both Health and Protection Clusters to Azaz, Sarmada and Albab psychiatric hospitals to assess and respond to urgent basic needs. *(Ongoing)*
- Facilitate family tracing and communication in liaison with the Red Crescent and the Protection Cluster. *(Ongoing)*
- Support hospital administration and local authorities in ensuring that proper evacuation, disaster response and emergency plans are in place (e.g., drafted, disseminated and tested). *(Ongoing)*
- Provide an uninterrupted supply of psychotropic medications and other essential medical supplies and equipment. *(Ongoing)*

Additional Multi-Sectoral MHPSS Prioritized Thematic Areas for NWS^v

Suicide		
Situation prior to the earthquake	Immediate respons (“best buys”)	Longer Term Respons (“building forward better”)
<ul style="list-style-type: none"> • A situational analysis, conducted by the MHPSS TWG, indicated increasing numbers of reported suicide within in NWS. As a result, the MHPSS TWG created a Task Force to address suicide prevention and response (MSP Activity 1.2). 	<ul style="list-style-type: none"> • Develop a new guideline for suicide prevention in NWS. <i>(Ongoing)</i> • Train responders, including non-specialists, on Psychological First Aid (PFA), including how to apply PFA principles when offering support to persons who may be at risk of suicide (e.g., do’s and don’ts) (MSP Activity 3.2). 	<ul style="list-style-type: none"> • Conduct a ToT to train professionals on suicide prevention using the newly developed guideline on suicide prevention in NWS. • Explore innovative solutions to prevent and address suicide in the context of NWS.

^v Since suicide and substance use are key priorities in Northwest Syria, the topics are included as separate sections with relevant links to the IASC MHPSS MSP integrated throughout.

- The NWS MHPSS TWG includes a Suicide Prevention Task Force (SPTF) to help address suicide in NWS. The SPTF seeks to improve coordination among humanitarian actors, conduct a detailed mapping of MHPSS activities, share best practices, build capacities, as well as advocate with donors and the humanitarian community (MSP Activity 1.1).
- To equip MHPSS professionals, WHO provided training and supervision on how to prevent and respond to suicide for health staff, community leaders and some humanitarian workers.
- The MHPSS Collaborative and WHO facilitated a Training of Trainers (ToT) for 21 MHPSS professionals who spoke Arabic. During this ToT, the trainers and participants drew upon feedback from specialists and available data to co-create a suicide prevention and response plan for NWS. The suicide response plan contains standard operating procedures (SOPs), information about consent, questions to assess risk for suicide and self-harm, a decision tree to help guide practitioners' actions, and an example of a safety plan. To help practitioners respond effectively, the suicide prevention and response plan also includes a table clearly describing different levels of risk with the corresponding actions and referrals that are appropriate for each level of risk, and guidance on when to connect with a supervisor (MSP Activity 1.1). As a result, the response plan informed training on detection and referral for mental health which included people at risk of suicide for frontline workers including community health workers, protection workers and PSWs (MSP Activity 1.1).
- The response plan also informed existing MHPSS services and service mappings^w (MSP Activity 1.1).
- Strengthen assessment and triage to help identify people who are at risk of suicide during the immediate response. Train and supervise medical, mental health professionals and protection workers (e.g., child protection workers) to identify individuals who may be at risk, mobilize or provide support, know about available services, provide appropriate referrals and follow up (MSP Activity 1.1, 3.2).
- Facilitate support groups for people affected by the earthquake. Support groups can provide emotional support and facilitate social connectedness, which can help reduce the risk of suicide (MSP Activity 3.4).
- Continue to include suicide prevention, initial assessment and referral in hot lines and share the phone numbers in all MHPSS awareness materials (MSP Activity 3.2).
- Facilitate a workshop to adapt the Inter-Agency Standing Committee (IASC) Guidance Note: Addressing Suicide in Humanitarian Settings to the context in NWS (MSP Activity 1.1).
- Continue to update and improve key messages on suicide prevention based on feedback gathered from the field to help standardize information dissemination and ensure relevance to the context in NWS (MSP Activity 3.3).
- Conduct ongoing community awareness campaigns and educational programs on suicide prevention. These initiatives can help reduce stigma surrounding mental health issues, increase awareness about risk factors, and encourage individuals to seek help when needed.
- Continue capacity building on suicide- management such as initial assessment including risk assessment and referral pathways to Protection workers including Child Protection Workers (MSP Activity 1.1).
- The SPTF is conducting research in collaboration with an external university to explore factors contributing to suicide in NWS (MSP Activity 1.2).
- Contribute to rebuilding mental health infrastructure and training health and mental health specialists. Continue to train and supervise non-specialized health professionals in WHO's mhGAP program, including the module on self-harm/suicide, to help non-specialists address persons who are at -risk of suicide and refer complex cases to mental health specialists (MSP Activity 3.10).
- Provide the MHPSS TWG and other stakeholders with an orientation to the Inter-Agency Standing Committee (IASC) Guidance Note: Addressing Suicide in Humanitarian Settings (MSP Activity 3.1).
- Continue community-based support networks established prior to the earthquake to provide ongoing support to those in need to help reduce the risk of suicide (MSP Activity 3.4).
- Mental health and psychosocial support professionals provide ongoing mental health care and psychosocial support to those affected by the earthquake, particularly at risk populations such as refugees, internally displaced persons, women, and children. Ensure other humanitarian workers are providing basic psychosocial support (e.g., PFA and referral).

^w Based on Inter-Agency Standing Committee (IASC). Guidance Note: Addressing Suicide in Humanitarian Settings. IASC, Geneva, 2022. Available at <https://interagencystandingcommittee.org/system/files/2023-01/IASC%20Guidance%2C%20Addressing%20Suicide%20in%20Humanitarian%20Settings.pdf>

- Hotline workers received training on initial assessment and referral for suicide.

- Continue to conduct operational research and evaluation of the mental health interventions implemented to determine their suitability, scalability and feasibility in the context and identify areas for improvement.
- Reduce or advocate for reducing (with relevant stakeholders) access to means of suicide. For example, advocating to decrease access to commonly used means for suicide such as weapons and gas tablets (MSP Activity 1.1).
- Continue to strengthen coordination and collaboration among all stakeholders involved in suicide prevention, including government agencies, humanitarian organizations, mental health professionals, and community leaders. A multi-stakeholder approach ensures comprehensive and sustained efforts towards suicide prevention.

Substance Use

Situation prior to the earthquake	Immediate response ("best buys")	Longer Term Response ("building forward better")
<ul style="list-style-type: none"> • The NWS MHPSS TWG has a thematic group on Substance Use. This Thematic group reviewed and adapted WHO and UNHCR's Substance Use Assessment, and then translated the assessment into Arabic. Some of the NWS Substance Use Thematic Group members attend the IASC Reference Group for MHPSS's Thematic Group on Substance Use (MSP Activity 1.1). • An mhGAP WHO Consultant developed training material on the identification and referral of substance use disorders. The training material targets health care staff such as doctors, nurses and community health workers (MSP Activity 3.10). • Developed a multi-sectoral plan to address substance use. 	<ul style="list-style-type: none"> • In response to the earthquake, members of the NWS Substance Use Thematic reviewed key messages to help prevent substance use (MSP Activity 3.3). <i>(Complete)</i> • Start a rehabilitation center for people who are in recovery from substance use disorders. <i>(Complete)</i> • Conduct training on substance use (identification and referral on substance use disorders) for health staff in NWS (MSP Activity 3.10). <i>(Ongoing)</i> • Create IEC materials on substance use and substance use disorders (MSP Activity 3.3). 	<ul style="list-style-type: none"> • Conduct one day orientation on substance use and substance use disorders for humanitarian workers. • Conduct a study on substance use disorders to better understand the situation of substance use and at risk populations in NWS. • Support the opening of units to help treat substance use in three mental health hospitals. (MSP Activity 3.14) For example, by offering supervision and technical guidance. • Offer support and coordinate with substance use rehabilitation centers to help support recovery management (MSP Activity 3.10/3.14). • Provide psychiatric resident doctors advanced training on the management and treatment of substance use disorders (MSP Activity 3.14). • Conduct training on substance use and substance use disorders (identification and referral) for teachers, education and child protection staff in NWS. Include information on what family and community members can do to support persons who may be experiencing problems with substance use in practical ways that are supportive and ensure respect for their dignity (MSP Activity 3.8).

- Continue to contribute to the multi-sectoral plan to address substance use.

Key Considerations: Disability and Inclusion* (See [MSP Key Consideration](#))^y

Situation prior to the earthquake	Immediate response (“best buys”)	Longer Term Response (“building forward better”)
<ul style="list-style-type: none"> • In the context of decreased funding over the past two years, rehabilitation services including psychosocial support for persons with disabilities and war-related injuries in facilities or mobile rehabilitation teams were reduced. • Considering the challenges with transportation in NWS, persons with disabilities experience additional challenges to reach MHPSS services. • The existing MHPSS services for children with intellectual disabilities in NWS are insufficient to address the needs, and there is a lack of affordable specialized services. 	<ul style="list-style-type: none"> • Adapt all MHPSS messages into inclusive formats. (Complete and ongoing) • Encourage NGOs who are providing MHPSS services to continue to include persons with disabilities and consider the accessibility of their services. (Ongoing) • Offer PFA and psychosocial support services to persons with disabilities, including children with disabilities who were separated from their caregivers after the earthquake. (Ongoing) • Offer peer support services to persons with new injuries, especially persons living with amputations and other life changing injuries (e.g., spinal cord injury, complex limb injury) to help support their rehabilitation process. (Ongoing) • Explore options to strengthen national capacity to address the mental health and psychosocial needs of people with cognitive and intellectual disabilities, including children. (Ongoing) • Integrate MHPSS services into general rehabilitation services and multidisciplinary teams. • Strengthen the capacity of organizations of persons with disabilities on MHPSS provision to ensure the full participation of persons with disabilities in humanitarian efforts. (Ongoing) • Assess the emergency needs of persons with disabilities that existed prior to the earthquake as well as disabilities that were caused by the earthquake. (Ongoing) • Establish emergency care and service centres as temporary measures until appropriate alternatives can be arranged. • Integrate an MHPSS component into the provision of such care. (Ongoing) 	<ul style="list-style-type: none"> • Provide MHPSS mobile services to persons with disabilities, including children with disabilities who were separated from their caregivers after the earthquake. • Establish a master’s-level program to train occupational therapists and update qualification requirements, include training to help address MHPSS needs within the program. • Use WHO’s ICF and related tools (e.g. Disability Assessment Schedule (WHODAS 2.0)) as a basis for improving rehabilitation services for people with cognitive, intellectual, and psychosocial disabilities. • Strengthen referral pathways for people with disabilities between services provided by health, social, and other relevant sectors. • Ensure that all MHPSS activities and services are inclusive of people with disabilities. • Integrate MHPSS into the development of national rehabilitation of services. • Build the capacity of existing rehabilitation teams in psychosocial support and introduce more specialized staff (e.g., psychologists) as needed. • Implement extensive and specialized training for MHPSS workers on how to deal with persons with disabilities and related psychological aspects (e.g., stress related disorders). • Offer training on MHPSS considerations for persons with disabilities to actors at a range of levels, including teachers and humanitarian workers. • Implement training on evacuation systems and risk management for persons with disabilities. • Advocacy with donors to ensure sufficient budgeting and transportation costs for people with disabilities and rehabilitation of Health facilities to be friendly for people with disabilities.

x The priorities in the Disability and Inclusion section should be done in coordination with the Protection Cluster’s Inclusion Working Group.

y See <https://mhpsmsp.org/en/lesson/promote-human-rights-and-equity#page-1>

- Build capacity of doctors and physiotherapies who are dealing with PWD on supportive approaches and key principles for offering care to people who survived or are experiencing difficult events. *(Ongoing)*
- Consider needs such as mental health, the provision of aids, assistive devices and prostheses, as well as MHPSS services and other community-based supports.



Endnotes

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