The purpose of the Mental Health and Psychosocial Support (MHPSS) Working Group (WG) is to address the MHPSS needs of the various populations in Afghanistan, by providing overall guidance and coordination of MHPSS services, activities, assessments, advocating for minimum standards and sharing of best practices. The WG adheres to Inter-Agency Standing Committee (IASC) framework.
The quarterly newsletter provides an overview of and insight into the MHPSS WG activities across the country over the past quarter.

For any further question, please contact the MHPSS WG Coordinator on: 0776675241 or mhpssco@af-actionagainsthunger.org
The WG was originally established in Kabul in 2017, and then re-initiated in June 2019, after a dormant period. The WG is led by Action Against Hunger (AAH), with the intention of having a national co-lead before the end of 2020.

As of July 2020, NGOs are providing MHPSS services at the following layers of the IASC intervention pyramid:

**Specialised Services**: IPSO, MEDICA, PARSA (POMA), YHDO, INTERSOS, HI; IAM

**Focused Non-Specialised Support**: ACDEO, AAH, HNTPO, IPSO, MEDICA, SCI, COMAC, YHDO, INTERSOS, IOM, HI, PU-AMI; IAM

**Community & Family Support**: IPSO, MEDICA, SCI, IOM, COMAC, AAH, YHDO, INTERSOS; IAM

**Basic Services and Security**: AAH, COMAC, IPSO, MEDICA, HNTPO, SCI, PARSA (POMA), HI, IOM, INTERSOS, PU-AMI; IAM

The MHPSS WG has a close relationship with other coordinating bodies involved in humanitarian assistance or MHPSS programming, such as:

- Mental Health Department (MHD) of Ministry of Public Health (MoPH) *regular technical and operational coordination, as well as participating in the Mental Health Technical Coordination Committee (MHTCC) on a quarterly basis*
- Ministry of Higher Education (MoHE) through ad hoc meetings & discussions
- Ministry of Labour and Social Affairs (MoLSA) through invitation to the MHPSS WG meetings
- Protection Cluster, including: Child Protection (CP), Gender-Based Violence (GBV), Mine Action, and Housing, Land, and Property (HLP) through regular contact & occasional meetings
- Health cluster through regular contact & meetings

The MHPSS WG also coordinates with all other clusters on an ad hoc basis, such as food security and livelihoods (FSL), emergency shelter and non-food items (ESNFI), and water, sanitation and hygiene (WASH), with a focus on:

- Nutrition cluster, including: maternal, infant and young child nutrition (MIYCN)
- Education Cluster

Due to the close linkages with MHPSS-related activities through the Education sector (for children in schools, with teachers etc.) and the Nutrition sector (for caregivers of children who are at-risk or affected by malnutrition).

**Where the MHPSS WG sits...**

**Protection Cluster**

- Child Protection in Emergencies (CPIE) AOR
- Gender-based violence (GBV) Sub-Cluster
- Housing, Land, and Property (HLP) Taskforce
- Mine Action

**Health Cluster**

- Children on the move (CoTM) Taskforce
- Case Management (CMTF) Taskforce
- Children in Armed Conflict (CAAC) Working Group

**Mental health and psychosocial support (MHPSS) Working Group**
ACHIEVEMENTS (Q2 2020)

All MHPSS WG documents can be found on the shared drive

- **ToRs & guidance, as well as criteria for field and exchange visit** was prepared, we are planning to conduct these visits in quarter four 2020
- **Survey prepared for mapping of Higher Education degrees / graduates** Education degrees / graduates
- **Compiled all MHPSS related assessment** to find the gaps and priorities and advocate for filling the gaps.
- **Preparation for conducting online trainings** on priorities and topics identified earlier, through training needs assessment e.g. coordinating with trainer/facilitator, preparing bill of quantity for online training.
- **Developed ToR; criteria, steps for selection of co-chair.** Now we are in the process of selection of co-chair.
- **Gathered and compiled all referral documents** through cross clusters/NGOs/MHD; to work on referral and to conduct a workshop to encourage stakeholders for using these referral forms.
- **MHPSS WG Presentation at IASC webinar** hold by IASC secretariat
- **Supporting translation of COVID-19 related materials** (my hero is you, IASC Interim briefing note etc.) and we are in the process of coordination of translation of the rest of MHPSS WG and specifically COVID-19 material.

- **MHPSS-related questions were offered and are included** through the Whole of Afghanistan Assessment (WoAA). The topics covered are around experience of mental health, cause of mental health disorder, maladaptive coping mechanism, availability of MHPSS service, type of services, and access to the services.

- **To ensure MHPSS is considered in the HRP update** specific MHPSS indicators were proposed for consideration as part of the Humanitarian Response Plan (HRP) update. Currently below MHPSS indicators are included in HRP under protection.
  - Number of children and their caregivers reached with centre, mobile and home based activities to improve their mental health and psychosocial well-being following program completion
  - Number of people who have been reached by information on COVID-19 and the danger and consequences of hazardous child labour, child marriage, trafficking and other negative coping mechanisms.
  - Number of people who were provided with direct and referral assistance.
- Number of at-risk IDP, returnee and non-displaced conflict or natural-disaster-affected people receiving multi-sectoral GBV services (psycho-social, legal, safety, health & case management).

- Number of individuals receiving counselling and/or legal assistance on HLP rights

- Number of girls and boys at risk, including unaccompanied and separated children, and child survivors of SGBV identified, documented, and received case management

  - Created a quality monitoring checklist for MHPSS activities and is shared with IASC RG & MOPH for their endorsement, a next step from the Minimum Standards document, for review at field level during monitoring visits.

  - Presentations MHPSS WG in other all other clusters, sub-clusters, and working groups, on current MHPSS activities including COVID-19 initiatives. In MIYCN, WASH, Protection, Education, FSAC, ESNFI, DAMC cluster /sub cluster and ICCT.

  - 4Ws mapping & gap analysis of MHPSS Activities, gap analysis, & visual mapping was updated

  - Review of National Disability Strategy by a sub-committee of MHPSS WG

  - Meetings held on a monthly basis

  - All stakeholders reporting quarterly to MHD

  - Desk review regularly updated and available on the shared drive (Password is available by contacting the MHPSS WG Coordinator)

  - Regular information-sharing to MHPSS WG members of opportunities related to MHPSS

  - MHPSS.net page for Afghanistan was updated

  - Regular update of contact list of MHPSS WG active & observer members

  - Coordination meetings with Protection & Health Clusters as well as sub-clusters & thematic working groups under Protection & Health was conducted to discuss MHPSS WG updates, MHPSS Indicators for HRP, whole of Afghanistan assessment, weekly situation report, advocacy for staff welfare, trainings)

  - Coordination with MoLSA is established, and they will be involved in WG activities. There is further need for collaboration on mappings, information-sharing, and priority-setting with MoLSA for participation in the WG

  - Participation in the Inter-Cluster Coordination Team (ICCT) meetings for further coordination of MHPSS activities across sectors
**Figure 2:** Humanitarian Response Plan 2020

**Figure 3:** Afghanistan MHPSS WG at mhpss.net platform
Nadia Jabarkhail, the MHPSS WG Coordinator, recently had an interview with Mental Health Project Coordinators, Shukria Sufi, from Medica Afghanistan about their MHPSS project in Afghanistan. Together they discussed their services, the type of clients they support, who provides the services, and how people can access them.

Could you please tell me about Medica-Afghanistan services and the objective behind them?

Medica Afghanistan is a women’s support organisation working to end violence.

As the role of Afghan civil society in the protection of women and girls grows, Medica Afghanistan is proud to be a leader in this work. Medica Afghanistan was launched in 2002 by Medica Mondiale, a highly respected non-governmental organisation (NGO) based in Germany that specializes in providing aid to women victims of sexual violence in war-torn countries and crisis zones around the world.
Addressing many forms of violence against women, Medica Afghanistan quickly broke new ground. It was the first women’s organisation in Afghanistan to offer psychosocial counselling to women survivors of violence, and the first to provide it to women in prison. It was the first to offer legal aid to women accused of crimes or engaged in civil disputes. It was the first to train professional people, from hospital doctors to defence lawyers, in the treatment of traumatized women and girls. It was the first to provide evidence of the link between child marriage and domestic violence — and to take action to end these practices. By 2011 Medica Afghanistan had become a highly respected, professional organisation and was officially registered as a self-sustaining Afghan national NGO.

Today, as a full-fledged Afghan non-profit, non-governmental organisation run by Afghan women, Medica Afghanistan continues to lead the way. Headquartered in Kabul, Medica Afghanistan also works in the north and west through branches in Mazar-e-Sharif and Herat. In 2018, MA intends to expand its services to Samangan and Ghor and more remoted villages to reach the neediest women in more remote areas.

Medica Afghanistan focuses on improving the lives of women by providing direct legal aid, psychosocial counselling, and public advocacy for women and girls subjected to violence in the midst of war. It also raises awareness and builds capacity in the fields of health, education, and law to deal with the traumatic impact of all forms of violence against women upon survivors, families, institutions, and society. It promotes women’s human rights by lobbying for change in structures and policies to produce a better quality of life for women and girls in a more equitable and peaceful Afghanistan

What type of clients usually come for these services?

There is no limitation for clients, as Medica-Afghanistan is a women support organization so each kind of women and girls with psychosocial problems can come Medica-Afghanistan Psychosocial Centre and get benefit from Medica-Afghanistan services.

Medica- Afghanistan is providing three main types of services such as:

1- Psychosocial and health Services including:
   a. Individual Counselling
   b. Group Counselling
   c. Family counselling
   d. Emergency Counselling
   e. On the-bed counselling

Legal Aid Services including:
   a. Legal Awareness
b. Legal Advice
c. Mediation Services
d. Social work Services
e. Legal representation in civil Cases
f. Legal representation in criminal cases
g. Legal representation in victim cases

3- Advocacy Services.

Who provides these services?

Medica-Afghanistan Psychologists, Counsellors, defence lawyers, Social Workers are providing these service.

How could a person get these services?

By referring to Medica-Afghanistan Psychosocial Centres in Kabul, Herat, Balkh, Baghlan and Samangan provinces can get these Services. Psychosocial support centres are in located in below locations.

- **Kabul Province:**
  - Malalai Maternity Hospital
  - Rabea Balkhi Maternity Hospital
  - Ministry of Women Affairs
  - Women Garden
  - Cure Hospital
  - General Attorney
  - Kabul Central Jail (Women Unite)

- **Herat Province:**
  - Herat Provincial Hospital
  - Mediation Centre of Medica-Afghanistan
  - Maternity Hospital
  - Herat Central Jail (Women Unite)

- **Balkh province:**
  - Ebn e Sina Hospital
  - Medica Afghanistan Psychosocial Centre Baba Yadgar Village
  - Medica Afghanistan Psychosocial Centre Khlid Ebne Walid Town
  - Mediation Centre of Medica-afghanistan
  - Police Head Quarters Medica-Afghanistan Family Response Unite
  - MZR Central Jail (Women Unite)
- Transitional House -Shelter

- **Samangan Province:**
  - Medica-Afghanistan Psychosocial Centre

- **Baghlan**
  - Medica-Afghanistan Psychosocial Centre
We are also providing tele-psychosocial support through mobile phone numbers created during COVID-19, please refer to the below image:
Who is supporting the psychosocial support project?

- AA- German Foreign Office
- BMZ- Germany Cooperation for Economic Development
- USAIP- United State Institute of Peace

**NEXT STEPS: PRIORITIES FOR Q3 2020**

- **MHPSS presentations with all clusters, sub-clusters, and working groups**, on current MHPSS activities. There is need to present MHPSS at the child protection AoR, Nutrition Cluster, Health Cluster, HLP, WASH, ESNFI, FSAC, MYICIN platforms

- **Training enumerators for the WoAA with REACH.** Analysis of this information of WOAA assessment survey.

- **IASC MHPSS integration workshops through all clusters** to encourage MHPSS mainstreaming through all humanitarian response

- **Preparatory discussions on collaborative efforts on joint initiatives for World Suicide Prevention Day** (10 September) and World Mental Health Day (10 October) in advance

- **Ensure the reporting of key initiatives from the MHPSS WG to various coordination bodies**, including the Health and Protection Clusters, through Report Hub

- **Develop and build upon referral pathways** at national, provincial, and district levels for MHPSS services.

- **Ensure translations into Dari & Pashto** of relevant MHPSS materials, supported translation of IASC Interim briefing note; children story book and shared with the WG members. Meanwhile comprehensive list of all MHPSS COVID-19 document is prepared and we are looking for coordinating translation of the rest of WG documents specifically COVID-19 related material e.g. operational guidance note, basic psychosocial skills, into Dari & Pashto languages.

- **Create links with Higher Education Institutions** in order to have a mapping of psychology-related courses and qualifications and a mapping of graduates for internship opportunities with NGOs online survey is developed this only needs translation and sharing with higher education institutions.

- **Improve M&E mechanisms**, in particular having outcome and impact indicators

- **To conduct Field visits (MHD (MoPH) & MoLSA) and exchange visits (between NGOs),** to facilitate visits (*depending on the COVID-19 situation*)
- **Determine research priorities** for Afghanistan with MoLSA, MoPH/MHD, and NGOs based on review of assessments, information available and gaps.

- **Discuss advocacy messages/key talking points** for MHPSS in the country with WG members/MOLSA and MHD by holding a workshop to finalize advocacy messages to be able to advocate for this with other clusters through the existing coordination mechanisms.

- **Facilitate trainings for MHPSS WG members** *(depending on the COVID-19 situation)* by supporting facilitation of online trainings on the identified training priorities of the stakeholders.

- **To advocate for filling gap analysis** already in place through the existing coordination mechanisms.

- **To ensure MHPSS is considered through the national COVID-19 response plan & NGOs factor in MHPSS to their responses**

### CHALLENGES & SOLUTIONS

For details please refer to Q2 newsletter

- Lack of Involvement of provincial MHPSS stakeholders.

- Inadequate MHPSS assessments, data to make decisions about priorities.

- Limited funds for trainings and stakeholders capacity building

- Lack of mental health services across the health system,

- Poor referral practices within the health care system.

- Lack of consistent participation of other clusters in MHPSS WG.

- Lack of consistency between MHPSS approaches & terminology / definitions of PSS

- Poor monitoring and evaluation and/or sharing of information.

- Lack of staff welfare for aid workers.

- Lack of unique package and tools to provide MHPSS in Afghanistan, endorsed by MoPH.

- Lack of clinical psychologists in the country/clinical mental health services in the country.

- Tele-psychosocial support is challenging from many perspectives e.g. clients can’t learn the right way of relaxation exercise, gaining clients trust through remote counselling is time consuming.
- Access of population from hard to reach and remote areas to website and phone for tele-psychosocial support. This will be discussed with MOLSA and MHD.

- To provide report weekly situation report (COVID-19 updates) through different channels as general protection and sub-cluster under protection (CP & GBV), makes it a bit complicated for stakeholder to report.

- Reporting MHPSS indicators (health / protection). Sometimes make it challenging on report hub and HRP where to locate the indicators.

- Translation of MHPSS WG document is challenging as there is no specific budget for this and the need increased during the pandemic.

![Priority areas for training (MHPSS WG)](image)

**Figure 4:** Training needs assessment priority topics for trainings for MHPSS WG members

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**MHPSS OPPORTUNITIES SHARED**

To receive IASC newsletter please refer to the link and click subscribe you will receive the IASC newsletter regularly. [https://interagencystandingcommittee.org/iasc-reference-group-on-mental-health-and-psychosocial-support-in-emergency-settings](https://interagencystandingcommittee.org/iasc-reference-group-on-mental-health-and-psychosocial-support-in-emergency-settings)

**Online trainings:**

- Psychological first aid (PFA) for Children: [https://kayaconnect.org/course/view.php?id=781](https://kayaconnect.org/course/view.php?id=781)
- Life Skills Manual: [https://ddl-resources.s3-ap-southeast-1.amazonaws.com/resources/3496_1585684452.pdf](https://ddl-resources.s3-ap-southeast-1.amazonaws.com/resources/3496_1585684452.pdf)
• Introduction to Core Humanitarian Standards: https://kayaconnect.org/pluginfile.php/2221/mod_scorm/content/4/index.html

• Managing Your Mental Health During COVID-19: https://www.coursera.org/learn/manage-health-covid-19/home/welcome


• Panel discussion on EVAW: https://forms.gle/jEdeBRfmKBZBKcx4A

• Managing Anxiety and Other Reactions to COVID-19: https://headington-institute.org/files/academic-article--what-and-how_72549.pdf

• Coping Strategies for Dealing with Stress: https://headington-institute.org/topic-areas/126/stress-and-burnout


• IASC Interim Briefing Note: https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/interim-briefing


• Children Story book My Hero is You: https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/my-hero-you

• Online training opportunity on PSEA: https://kayaconnect.org/mod/scorm/player.php

• Resilience Skills in Time of Uncertainty https://www.coursera.org/learn/resilience-uncertainty/home/welcome

• Online PFA training for COVID-19 Response: https://pscentre.org/?resource=online-pfa-training-for-covid-19

• Psychosocial support (PSS) programming: https://kayaconnect.org/mod/scorm/player.php?a=94&currentorg=Introduction_to_Psychosocial_Support_ORG&scoid=188

• Technical Note: Protection of Children during the Coronavirus Pandemic: https://alliancecpha.org/en/system/tdf/library/attachments/the_alliance_covid_19_tn_version_2_05.27.20_final_2.pdf?file=1&type=node&id=37184


- Managing GBV in emergencies: [https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html](https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html)
- PSEA Technical Note / Checklist to Protect PSEA: [Interim Technical Note on Protection form Sexual Exploitation and Abuse (PSEA) during COVID-19 response](#)
- Learning disability awareness: [https://kayaconnect.org/pluginfile.php/8808/mod_scorm/content/8/index_lms.html#/](https://kayaconnect.org/pluginfile.php/8808/mod_scorm/content/8/index_lms.html#/)
- IPSO Online Psychosocial Services: [https://www.ipso-ecare.com](https://www.ipso-ecare.com)
- Online Platform for Psychosocial Support [http://www.emro.who.int/mhps/index.html](http://www.emro.who.int/mhps/index.html)
- Vacancies for Psychosocial Counsellors: [http://www.acbar.org/jobs/62746/PSS-Counselor.jsp](http://www.acbar.org/jobs/62746/PSS-Counselor.jsp) and [http://www.acbar.org/jobs/62749/PSS-Counselor.jsp](http://www.acbar.org/jobs/62749/PSS-Counselor.jsp)
- Rumours and Answers documents in Pashto, Dari and English prepared by the RCCE: [https://mcusercontent.com/8c9b3336613c121e5b4854469/files/9bda0b86-9295-4abe-b227-f7c7f7ed2ef/Rumours_Afghanistan_RCCE_GUIDANCE_NOTE_22042020.pdf](https://mcusercontent.com/8c9b3336613c121e5b4854469/files/9bda0b86-9295-4abe-b227-f7c7f7ed2ef/Rumours_Afghanistan_RCCE_GUIDANCE_NOTE_22042020.pdf)
- Approved Policy Brief MHPSS Response to COVID-19 in Afghanistan: Please refer to desk review folder in share drive.
- Guideline doing what matters in time of stress: [https://www.who.int/publications/i/item/9789240003927](https://www.who.int/publications/i/item/9789240003927)
- Books for primary and secondary students on COVID-19: English Links
   - Misha: [https://reader.letsreadasia.org/book/55ae0df0-5459-4770-841f-a756247e624d?uiLang=4846240843956224&lId=4846240843956224&q=misha&mld=37f932f6-2ca9-4d8c-818b-9c65798423f9](https://reader.letsreadasia.org/book/55ae0df0-5459-4770-841f-a756247e624d?uiLang=4846240843956224&lId=4846240843956224&q=misha&mld=37f932f6-2ca9-4d8c-818b-9c65798423f9)
➢ Who will be my teacher when school opens?
   https://reader.letsreadasia.org/?uiLang=4846240843956224&lId=4846240843956224&q=who%will%be%20my%teacher

➢ COVIBOOK:
   https://reader.letsreadasia.org/?uiLang=4846240843956224&lId=4846240843956224&q=covibook

![Images of books: Who Will Be My Teacher When School Opens? and Clingy the Virus]

**Webinars**

- Series of webinars on Mental Health & COVID-19: [Webinar Series: Mental Health & COVID-19](#)
- Webinar on Reducing COVID-19 Vulnerability Amongst Displaced Populations and Migrants: [https://undrr.zoom.us/webinar/register/WN_iiqUTO3fRKy5o64q4ocn1A](https://undrr.zoom.us/webinar/register/WN_iiqUTO3fRKy5o64q4ocn1A)
• Webinar Managing MH During COVID-19: [https://www.coursera.org/learn/manage-health-covid-19/home/welcome](https://www.coursera.org/learn/manage-health-covid-19/home/welcome)
• IASC Gender Reference Group Webinar: Putting into Practice the IASC Gender: [https://ocha.webex.com/webappng/sites/ocha/meeting/info/157887731965374424?MTID=meece3f0cf7b50d7237d52d78496c673b0](https://ocha.webex.com/webappng/sites/ocha/meeting/info/157887731965374424?MTID=meece3f0cf7b50d7237d52d78496c673b0)

**Funding**
• Call for Ideas UN-Women [https://forms.gle/uVEA7j2DPg6gTZj68](https://forms.gle/uVEA7j2DPg6gTZj68)
• Apply for Funding Opportunity - Global Mental Health program: [https://www.grandchallenges.ca/programs/global-mental-health/](https://www.grandchallenges.ca/programs/global-mental-health/)

**Vacancies**
• Vacancy- Consultant
• Global Pluralism Award & Vacancy: [https://award.pluralism.ca/](https://award.pluralism.ca/)

**Research & studies**
• Research Remote Assessment for GBV trends under COVID-19, from War Child Canada: Please refer to desk review folder in share drive.

**BUDGET EXPENDITURE & FORECAST**

The MHPSS WG has a budget of around 1,360,000 AFN for 2020 until May 2021. The following activities were prioritised under the budget, and the MHPSS WG Coordinator is working on ensuring these activities are carried out according to the MHPSS WG workplan.

Due to the current situation with COVID-19, there will be delays in conducting some of the activities, but preparations are still ongoing to ensure the activities can be carried out in a timely fashion, based on priorities of the MHPSS WG members. There has been no budget expenditure in Q2. We have decided to conduct workshops and also hold three trainings online in Q4 2020 considering the situation we will have three remaining training face to face in Q1 2021 in total we will cover six priority areas of training needs which were identified earlier in through needs assessment. We are pushed back the field and exchange visit to October 2020. If we have the training online then we may use the budget for printing, stationary, equipment for translation of the MHPSS WG documents.
The MHPSS WG will also contribute to World Mental Health Day and Suicide Prevention Day in coordination with the mental health department of MOPH.

The forecast below is an estimate based on the workplan for 2020. This is tentative and will be updated based on the MHPSS WG members’ availability & priorities, taking into account the situation with COVID-19 nationwide.

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<th>DESCRIPTION</th>
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</tbody>
</table>

**Budget narrative:**

For trainings, due to COVID-19 they will be delayed. The MHPSS WG Coordinator is liaising with IASC & possible trainers for the priority topics, and will resume the trainings when the situation has calmed down.

<table>
<thead>
<tr>
<th>#</th>
<th>DESCRIPTION</th>
<th>ORIGINAL BUDGET (AFN)</th>
<th>BUDGET SPENT (AFN)</th>
<th>TOTAL QTY</th>
<th>UNIT</th>
<th>Jul-20</th>
<th>Aug-20</th>
<th>Sep-20</th>
<th>Oct-20</th>
<th>Nov-20</th>
<th>Dec-20</th>
<th>Jan-21</th>
<th>Feb-21</th>
<th>Mar-21</th>
<th>Apr-21</th>
<th>May-21</th>
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<td>1</td>
<td>Workshops/retreats with WG members &amp; MoPH staff: refreshments (cake &amp; chai)</td>
<td>9,000</td>
<td>0</td>
<td>6</td>
<td>day</td>
<td>3000</td>
<td>3000</td>
<td>3000</td>
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<td>2</td>
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<td>6</td>
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</tbody>
</table>

**Budget narrative:**

For workshops & retreats, due to COVID-19 they will be delayed. The MHPSS WG Coordinator will collaborate in quarter 2 with MHPSS WG members to define workshops of interest and the retreat will be planned for the end of the year (Q4 2020).
### MHCP-GP Activity #3: Key dates activities for MHPSS

| 1 | Key dates activities (World Suicide Prevention Day, World Mental Health Day, 16 days of Activism (GBV) etc.) - IEC materials, refreshments, promotional materials etc. | 75,000 | 0 | 3 | event | 25,000 | 25,000 | 25,000 |

**Budget narrative**: Key dates are in August, September, October and will be planned in advance with WG members to establish what kinds of activities are desired & what budget needs to be made available.

### MHCP-GP Activity #4: IEC materials & working group meeting documents

| 1 | Printing of IEC materials (MHPPS WG meetings) | 24,000 | 0 | 12 | meeting | 6,000 | 6,000 | 6,000 | 6,000 |

### MHCP-GP Activity #5: Quality monitoring and exchange visits

| 1 | Flight allowances (round trip) for field visits (car transport to be provided by NGOs) | 324,000 | 0 | 6 | round trip | 54,000 | 54,000 | 54,000 | 54,000 | 54,000 | 54,000 |

### MHCP-GP Activity #6: Incentives for MoPH staff (facilitating workshops)

| 1 | Incentives for MoPH staff (facilitating workshops) | 15,000 | 0 | 6 | person | 5,000 | 5,000 | 5,000 |

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**COVID-19 UPDATES**

For field visits from MoPH, due to COVID-19 they will be delayed. The MHPSS WG Coordinator is collaborating with MHPSS WG members & MoPH on the criteria & conditions for the field visits, who is entitled, and when/how they can happen.

For exchange visits between NGO members, due to COVID-19 they will be delayed. The MHPSS WG Coordinator is collaborating with MHPSS WG members & MoPH on the criteria & conditions for the exchange visits, who is entitled, and when/how they can happen.
The MHPSS WG Coordinator is communicating regularly with IASC, MoPH, other Clusters, and MHPSS WG members to share COVID-19 MHPSS-related materials (all available on the shared drive, as well as on MHPSS.net COVID-19 group: https://app.mhpss.net/join-the-mhpss-net-group-on-the-covid-19-international-health-emergency-response-2020)

The following resources can be interesting for MHPSS WG members. The WG coordinator is looking for liaising for translation of these documents in local languages (Dari/Pashto)

- IASC interim briefing note addressing mental health and psychosocial aspects of COVID-19 outbreak
- IASC children story book my hero is you addressing mental and psychosocial aspects of children in COVID-19
- IASC Basic psychosocial skills for health workers
- IFRC remote psychological first aid (PFA) during a COVID-19 outbreak
- UNICEF social stigma associated with COVID-19
- WHO helping children cope with stress during the 2019-nCoV outbreak
- WHO coping with stress during the 2019-nCoV outbreak
- WHO mental health considerations during COVID-19 Outbreak

The MHPSS WG Coordinator has also worked with members on a brief mapping of COVID-19 MHPSS-related activities that are planned or ongoing by MHPSS WG members. Some of the activities are:

- Tele-psychosocial support provided through free online and hotline services for psychosocial support to the population, including those at-risk or affected by COVID-19, or concerned family and friends

- Awareness campaigns about mental health and psychosocial issues and support available conducted using multi-media modalities such as social media, radio, brochures etc.

- Frontline workers trained on psychological first aid (PFA) in order to continue providing first-phase psychosocial support (PSS) to people affected by crisis, including but not limited to COVID-19

- Developed homebased toolkit / Booklet for children during quarantine (The document is developed as resource for parents to support facilitation of MHPSS activities at home.)
• Development of child-friendly COVID prevention, wellbeing/positive coping strategy messaging.
• Training MHTs on PFA, CPIE, Safe Identification & Referrals

In order to support the MHPSS WG members and provide Dari/Pashto version of the MHPSS documents specifically COVID-19 related guidelines to implement their services. MHPSS WG supported translation of some of the IASC tools and shared with stakeholders’ e.g. IASC interim briefing note, children story book my hero is you. The translated version of the MHPSS documents including COVID-19 can be found on share drive and in resources of Afghanistan MHPSS WG Group at MHPSS.net platform. However the working group has a limited budget for translation and is looking for possibility of translation of below listed document to support the MHPSS WG members’ e.g. operational consideration, basic psychosocial skill and other documents in below list. These materials
will be shared with members as soon as they are translated and will become available, via email & on the shared drive & in MHPSS.net Afghanistan & COVID-19 groups.

<table>
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<tr>
<th>Topic</th>
<th>Priority</th>
<th># of pages</th>
<th># of words</th>
<th>Estimated # of days</th>
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Total # of days 81
CONCLUSION

COVID-19 Pandemic impacted mental health of the population the way that they are experiencing anxiety and stress due to going through difficult situation that the face, as most people have concerns about their own health and health of their loved one, concern about their livelihoods as they are providing for their families, many are daily labourers working in informal sectors, some have lost their jobs in this case most of them are facing the economic problems and they are under pressure, psychologically they are stressed and worried about the future of their self and families. Lack of accessibility to education and damage to their future plan. Most of them are need to continue their education. Especially those students who are at the last year of school and University. It put extra pressure to families. All the above points highlight the importance and need for MHPSS services during the situation.

During COVID-19 pandemic, services have been impacted the way that face to face counselling has been stopped, NGOs shifted to online/remote psychosocial counselling (tele-MHPSS support) adapted their services to the current situation and front line workers were trained to support population during this hard time. Regular awareness campaigns is being conducted by NGO through multi-media (websites, TV, radio, what’s up, Facebook) and distribution of posters, banners brochures etc in effort to provide facts about mental health impact of COVID-19, how cope with the situation and how and when to seek help to reduce stress and anxiety caused by the pandemic. Mental health department support the NGOs by developing policy brief for Afghanistan.

Health worker who are working and providing essential psychosocial support to the affected population are also part of the population and is impacted the same way and equally by the situation they also need psychosocial support as this shows the importance of staff welfare programs. In response to this important this WHO developed Information guide on staff care on how staff can manage their stress. WHO also developed online platform for population for MH assessment / online psychosocial support in the country.

The working group in coordination with MHD will work to identify gaps and advocate to related stakeholders donors for filling gap already identified through the existing coordination mechanisms of the country e.g ICCT and will ensure MHPSS is considered through the national COVID-19 response plan & NGOs factor in MHPSS to their responses.

At the end I want to say big thanks to Mental Health Department (MHD), Health Cluster Coordinator, the Protection Cluster team, and the IASC MHPSS reference group co-chair for their continued and consistent support that they have shown for improving MHPSS services for vulnerable people in Afghanistan specifically during COVID-19.

I would also like to say thank you to the readers of the MHPSS WG quarterly newsletter for the working group updates if you have any questions, please don’t hesitate to get in touch with the MHPSS working group coordinator at: mhpssco@af-actionagainsthunger.org.