INTEGRATING MHPSS IN EMERGENCY RELIEF AND DEVELOPMENT

OUR APPROACH TO MHPSS

In the most fragile and conflict-affected areas, physical and psychosocial recovery go side by side. Most people we work with have been exposed to crises affecting their lives in different ways. Psychological distress caused by collective trauma, destroyed livelihoods, ambiguous loss, and continuing impunity affects day-to-day functioning, increases levels of sexual and gender-based violence (SGBV), and prevents restoration of the social fabric needed to escape fragility. The COVID-19 pandemic and its associated regulations created additional stressors making it even harder for many people to cope with already challenging situations.

Since 2017, Cordaid supports people in fragile settings by addressing their psychological suffering through facilitating access to Mental Health and Psychosocial Support (MHPSS) services. This includes safe spaces, counselling, recreational and vocational activities, and awareness sessions. Through our MHPSS activities with individuals, families, and communities we aim to address the psychosocial impact of conflict, and create leverage to restore the social fabric and promote justice, peace, and stability.

Cordaid is an internationally operating value-based emergency relief and development organisation, working in and on fragility. We stand with those who are hit hardest by poverty and conflict and support them in their struggle to move beyond survival to fully participate in equitable and resilient societies.
INTEGRATING MHPSS IN EMERGENCY RELIEF AND DEVELOPMENT

MHPSS: A CROSS-CUTTING ISSUE

Cordaid is well positioned to play an important role in bridging gaps through providing MHPSS in a holistic, context-specific manner. We focus on addressing collective trauma through integrating MHPSS as a cross-cutting issue in Cordaid’s thematic areas, such as security and justice, youth, humanitarian aid, care for frontline workers, and (S)GBV.

Community-based MHPSS interventions combined with specialised support enable Cordaid and our local partners to provide a series of complementary services that empower communities to recover, regain resilience and perspective, and restore the social fabric.

People reached through Cordaid’s MHPSS projects in 2020:

- 186 health workers trained in MHPSS as part of COVID-19 response in Uganda
- More than 100 awareness sessions held in Iraq over 2020 with over 2000 beneficiaries
- More than 7675 people were part of Cordaid’s MHPSS activities in Iraq
- 1285 children and youth were reached through listening centres in the Central African Republic (CAR)

MHPSS INTERVENTION PYRAMID

The MHPSS intervention pyramid visualises Cordaid’s strategic approach on integrating MHPSS in our programming and different areas of work. Although not limited to, most of Cordaid’s added value relates to the second layer of the pyramid, which includes social activities supporting psychosocial wellbeing of communities and groups.
EXAMPLES OF OUR WORK

Attending to the wounded souls of survivors of (S)GBV

Because of the correlation between psychological distress and (S)GBV prevalence, survivors of (S)GBV are an important target group of our MHPSS interventions. Conflict exacerbates underlying gender inequality, leading to a surge in (S)GBV and opportunities for exploitation. In addition, daily stressors negatively affect the mental wellbeing of men, as primary care providers of their families, leading to increased (domestic) violence against women.

In Uganda, DRC, CAR and Iraq, Cordaid established **one-stop-centres** where survivors of (S)GBV can access and utilise a comprehensive package of services such as medical, psychosocial, and legal or judicial support through a voucher system and case management approach.

**Read more about our MHPSS work in Uganda.**

What ISIS left behind: MHPSS for minorities in Iraq

The collective trauma experienced under ISIS, has led to widespread psychological distress among the entire Iraqi population. In 2017, Cordaid started working with minorities, such as the Yezidi and Christians, because they suffered most under ISIS. Since 2020, we work with all communities in Iraq. We focus on reducing stigma and facilitating MHPSS services for women, men, and youth in IDP, host, and returnee communities. We do this through **mental health units** with psychiatrists, social workers, and community health workers working in hospitals and primary health centres.

During the COVID-19 pandemic we expanded our services with mobile hotlines.

Cordaid leads on MHPSS in health clusters in two governorates in Iraq, Anbar and Salah ad Din, where we advise the national health cluster on MHPSS policies. We are consistently building our expertise on MHPSS and continue to improve our programmes through action research and initiating policy debates on the subject.

**Learn more about our work in Iraq through this research report and video on our work in Sinjar.**

Social workers assisting a woman at the MHPSS department of the hospital in Sinjar, Iraq.
Integrating MHPSS in Emergency Relief and Development

Our MHPSS Track Record

Cordaid's MHPSS track record has grown significantly in the past years. Building on past and current activities, we are constantly expanding our needs-driven work on MHPSS. We work on MHPSS in a variety of countries in the Middle East and North Africa (MENA) region and Sub-Saharan Africa. Our target groups include people in fragile settings, oppressed minorities, (S)GBV survivors, primary health care patients, adolescents and youth, IDPs, refugees, returnees, host communities, and frontline staff engaged in Cordaid’s programmes.

Figure 2: A Selection of Our MHPSS Track Record (2017–2021)

<table>
<thead>
<tr>
<th>DONOR</th>
<th>COUNTRY</th>
<th>LOCAL PARTNERS</th>
<th>ACTIVITIES</th>
<th>PROJECT PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cordaid/UNOCHA</td>
<td>Iraq &amp; Syria</td>
<td>Access Aid Foundation, Social Inquiry, IHAO</td>
<td>MHPSS and PFA training, case management, psychiatric consultation and psychotropic medication, outreach, MHPSS in primary healthcare services and COVID-19 response, community centres with income generating activities, vocational skills, action research, and referral to legal services.</td>
<td>2018 – 2021</td>
</tr>
<tr>
<td>Cordaid</td>
<td>Uganda</td>
<td>LAPSNET, HealthNet TPO</td>
<td>Psychiatric consultation and PSS, mainly for (S)GBV survivors in refugee and host communities. Action research linking MHPSS to justice solutions for (S)GBV survivors. MHPSS in COVID-19 response.</td>
<td>2020 – 2021</td>
</tr>
<tr>
<td>Dutch MoFa</td>
<td>CAR n/a</td>
<td></td>
<td>Psychosocial support in schools and listening centres for vulnerable children through activity sessions (socio-recreational, cultural and life skills).</td>
<td>2018 – 2020</td>
</tr>
<tr>
<td>Royal Netherlands Embassy Kigali</td>
<td>DRC</td>
<td>Heal Africa, I+ solutions</td>
<td>One-stop centres for survivors of (S)GBV: PSS sessions, support in judicial processes, Psychological First Aid (PFA), referral, and training MHPSS providers.</td>
<td>2020 – 2022</td>
</tr>
<tr>
<td>WHO</td>
<td>Iraq</td>
<td>MoH</td>
<td>MHPSS and physiotherapy, individual and group sessions, specialised individual sessions, and awareness raising.</td>
<td>2019 – 2021</td>
</tr>
<tr>
<td>Dutch MoFa</td>
<td>Yemen</td>
<td>Yamaan, FCDF</td>
<td>Providing MHPSS service vouchers, counselling, referrals by phone, awareness messages through radio and SMS, training staff on basic MHPSS and referral to psychiatrists.</td>
<td>2021 – 2022</td>
</tr>
<tr>
<td>DRA</td>
<td>Syria</td>
<td>SSSD, GOPA-DERD</td>
<td>MHPSS as part of child protection during Syria joint response, social and life skills to promote non-violent communication, conflict resolution, self-reliance and respect, activities such as games and sports</td>
<td>2020</td>
</tr>
<tr>
<td>SHO</td>
<td>Lebanon</td>
<td>JRS Lebanon</td>
<td>Emergency response: (non-)food item distribution, health and livelihood support. MHPSS activities include home visits, referrals, PFA, encouraging community and family supports, women’s and youth groups.</td>
<td>2020 – 2021</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Iraq</td>
<td>DCVAW</td>
<td>One-stop centres for survivors of (S)GBV in three urban hospitals: PSS sessions, clinical counselling by psychiatrists, (S)GBV case management and awareness raising.</td>
<td>2020 – 2024</td>
</tr>
</tbody>
</table>

About Cordaid

Our multi-stakeholder approach seeks and promotes alliances of civil society organisations, as well as the public and the private sectors. Our work is embedded in local communities and crosses boundaries between sectors and different levels of interventions. We focus on local agents for change and implement innovative digital and financial methods to increase the impact of interventions.

Our quality management system is ISO and Partos certified, we have an ECHO partnership certificate, and our risk management policy and framework respond to internationally required standards. We set and maintain high standards of performance for ourselves and our partners, to ensure the well-being and safety of everyone we work with and for.

We value the partnership and financial support from our institutional and private donors. Institutional donors like the Dutch Ministry of Foreign Affairs, the UK Foreign, Commonwealth and Development Office (FCDO), the Global Fund, the World Bank, UNICEF, and UNPBF, as well as the European Commission have trusted our capacities and expertise, both in the past and years to come. We also cherish our loyal donor base of more than 250,000 individuals from the Netherlands. Cordaid is a founding member of Caritas Internationalis and CIDSE.

In January 2021, Cordaid joined forces with ICCO.

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