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Technical Guidance Note on Mental Health and Psychosocial Support (MHPSS) in Education in Emergencies and Protracted Crises (EiEPC)



ECW Technical Guidance Note on MHPSS in EiEPC

Purpose and Audience of this Document:

The purpose of this guidance note is to provide practical guidance to ECW Multi Year Resilience Programme (MYPR) and First Emergency Response (FERs) teams during scoping, proposal development and implementation phases of MYRPs and FERs.

ECW does not set global standards or issue guidelines on MHPSS in EiEPC. In drafting guidance for ECW's grantees, ECW took into consideration both the Inter-Agency Network of Education in Emergencies (INEE) and the Inter-Agency Standing Committee (IASC) MHPSS Reference Group's guidance and attempted to translate their advice into action-oriented guidance that may be helpful to ECW grantees.

This document aspires to spark new thinking and facilitate creative action in regard to school-based MHPSS. It should be noted that ECW's MHPSS guidance is not prescriptive. ECW's grantees' MHPSS in EiEPC approaches, interventions and activities will differ depending on local context, capacities and need.

MHPSS is a Vital Element in All ECW Investments:

The Sustainable Development Goals and *The Agenda for Humanity* set the stage for the humanitarian ecosystem to chart a new path forward to ensure that EiEPC programming creates safe, protective environments that promote the wellbeing and healthy development of *all* girls, boys and adolescents– via relevant, quality, holistic education.

These commitments have led to ECW taking a strong stance: school based MHPSS is a required component in every ECW country investment. The logic behind this requirement is that children and adolescents will not be able to fully learn, and teachers will not be able to fully support learners, if student and teacher MHPSS is not both acknowledged and supported.

MHPSS is part and parcel of quality education – and a key input to holistic learning outcomes.

ECW does not view MHPSS as outside the scope of the education sector. ECW urges education actors to consider the wellbeing of girls, boys and adolescents in every aspect of the learning experience.

ECW advocates for breaking silos and working collaboratively to meet the needs of the whole child. This means that MHPSS in EiEPC is not simply making a referral to child protection, GBV or health. MHPSS can – and should – be an integrated part of the learning experience.

Meeting the needs of the whole child will require a sea change way of working. Ideally, education, GBV, child protection and health actors should work collaboratively via joint programming and coordination through existing networks and channels.

Definition of MHPSS in EiEPC:

For ECW's operational purposes, MHPSS in EiEPC is defined as:

Structured, goal-oriented, evidence-informed interventions and approaches in formal and nonformal education settings that promote and protect the wellbeing and holistic learning outcomes of *all* children -- including the most marginalized and hard to reach girls, boys and adolescents.¹

The composite term MHPSS has not traditionally been used in the EiEPC sector, where psychosocial support (PSS) is more often referenced. In the past, PSS often encompassed a wide set of activities including play, recreation, structured groups and strengthening community members' abilities to support children.

Rather than PSS, ECW adopts the terminology MHPSS to promote the interconnectedness between mental health, PSS and social emotional learning (SEL). The umbrella term MHPSS unites a broad group of actors and underscores the need for diverse, complementary approaches that can meet the full needs of a child.² Grantees should bear in mind that quality PSS interventions are captured under the umbrella of MHPSS. Therefore, ECW suggests grantees use of the term MHPSS in MYRP and FER proposals and documents, rather than PSS.

The Socio-Ecological Model:

Teachers and parents/caregivers play critical roles in promoting the healthy development, wellbeing and holistic learning outcomes of girls, boys and adolescents. Therefore, MHPSS in EiEPC interventions are simultaneously aimed at *all* girls, boys and adolescents (particularly those most marginalized and hardest to reach) *and* the community surrounding children and adolescents (especially educators, but also parents/caregivers). Further, the ecosystem around a child also calls for strengthening the school system at large, including its ability to provide a safe and protective environment, aligned with the *Safe Schools Declaration*.

ECW's Approach to MHPSS in EiEPC:

MHPSS interventions and activities in ECW-funded programmes should be:

1. **Structured:** School-based MHPSS should provide a high degree of guidance and structure. Facilitators/teachers need clear instructions and comprehensive training and support to run effective activities that are safe and provide children/adolescents engaging learning opportunities to practice new skills, build confidence and learn specific social emotional competencies. [L]
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2. **Goal-oriented:** MHPSS interventions are measured at the outcome level, as opposed to output. MHPSS progress is measured by development of socio-emotional skills and behavioral change (as opposed to counting number of children or teachers "reached").

¹ ECW's definition of MHPSS in EiEPC was developed after careful consideration of the definition of MHPSS, UNICEF's definition of psychosocial support (PSS) and wellbeing, and INEE's definition of PSS and SEL.

² Adapted from CPHA's definition:

https://alliancecpa.org/en/system/tdf/library/attachments/cpms_2019_final_en.pdf?file=1&type=node&id=35094

Please refer to the MHPSS in EiEPC Indicator Library for suggested SMART indicators and sources of verification.

3. **Evidence-informed:** The rationale for selected approaches should be informed by evidence. For example, stress reduction activities and adapted skills-based cognitive behavioral activities have some level of evidence supporting their use in crisis contexts and can be adapted for use in ECW funded investments. Similarly, research has revealed that one-off unstructured activities may have less impact on the wellbeing of girls, boys and adolescents.
4. **Do no harm, do good:** Interventions, teaching methods and curriculum should in no way expose children and adolescents to potential harm. Further, the intervention should not merely do no harm, it should provide a “value add” and *do good* – offering girls, boys and adolescents new skills, tools and experiences to better cope with and navigate life’s inevitable challenges.
5. **Locally driven:** MHPSS interventions should be crafted for -- or highly adapted for -- use in the specific context, with the genuine participation of and/or co-creation by the target audience. The approach should be aligned with *The Grand Bargain* and local concepts of wellbeing and healing. The selected interventions should build on and empower local MHPSS capacities and resources, and strengthen existing pathways for accessing targeted, specialized supports.
6. **Tailored to the specific needs of age, gender, disability and marginalized subgroups:** Children and adolescents living in ECW-supported contexts are a diverse group. Their MHPSS needs, and the strategies to address them, should be informed by gender, age, disability, risk and protective factors. Please refer to the section “The Missing Link: From Needs to Interventions” for more information.
7. **Dependent on ECW phase of response:** MHPSS takes on different purposes and approaches depending on the level of crisis and duration of ECW funding. What can be accomplished in the lifespan of a 9-month FER will be different than what can be achieved during a 3-year MYRP. Likewise, there are different degrees of MYRPs, depending on the specific context.

What are SEL and Life Skills?

SEL and life skills are common school-based approaches to enhance children, adolescents, educators and caregivers’ wellbeing. In other words, SEL and life skills are key MHPSS in EiEPC approaches and interventions for both children and the communities around children.

INEE defines **SEL** as fostering self-awareness, emotional literacy, cognitive flexibility, improved memory, resilience, persistence, motivation, empathy, social and relationship skills, effective communication, listening skills, self-esteem, self-confidence, respect, and self-regulation.

WHO defines **life skills** as a group of psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with and manage their lives in a healthy and productive manner.

As these definitions imply, SEL and life skills both build competencies in 3 broad domains: 1) self-awareness (identifying emotions, emotional regulation, stress reduction, etc.), 2) interpersonal skills (conflict resolution, empathy, communication skills, etc.) and 3) thinking skills (critical thinking, goal setting, decision making, creative thinking, etc.).³

ECW believes that at minimum, *all* EiEPC programming should teach children/adolescents SEL and/or life skills in these 3 areas – either integrated into the existing academic curriculum or as an additional subject.

The Missing Link: From Needs to Interventions

ECW's MYRP and FER proposal template asks grantees to highlight both the *needs* of girls, boys and adolescents -- and the proposed *interventions* to respond to those specific needs. Proposed MHPSS interventions should not solely consist of global, one-size-fits-all activities. Girls likely need different interventions than boys. Similarly, adolescents have different needs and capacities than younger children.

Example: Preventing Gender Based Violence (GBV):

Girls' empowerment (through expansion and strengthening of girls' individual agency: self-esteem, aspirations, choice/decision-making, power, and voice) is a key gender transformative outcome of quality, structured MHPSS. Girls' empowerment, in turn, contributes to decrease risks of child marriage and other forms of GBV in communities. School based gender responsive MHPSS can also be a powerful way to respond to the needs of girls and adolescent girl survivors of GBV (without replacing specialized MHPSS care provided by the GBV sector) such as married adolescent girls/child mothers who are enrolled to continue their education and can access gender responsive MHPSS tailored to their needs.

If the MYRP/FER MHPSS interventions are one-size-fits-all, unstructured, one-off activities there may be a devastating missed opportunity, that could potentially further alienate underserved groups, such as adolescent girls affected by GBV. Proposed EiEPC interventions should be specific and tailored to meet the needs of that specific subsets of girls and boys -- including adolescents. ECW urges grantees to make every effort and resource to meet the unique needs of the most marginalized.

To address this missing link, proposal teams must ensure that at least one field-based local and/or national NGO with MHPSS technical expertise is a member of the proposal development team. Aligned with *The New Way of Working* and *The Grand Bargain*, proposal development teams should attempt to diversify and invite new, national and/or local NGOs to join the proposal development teams.⁴

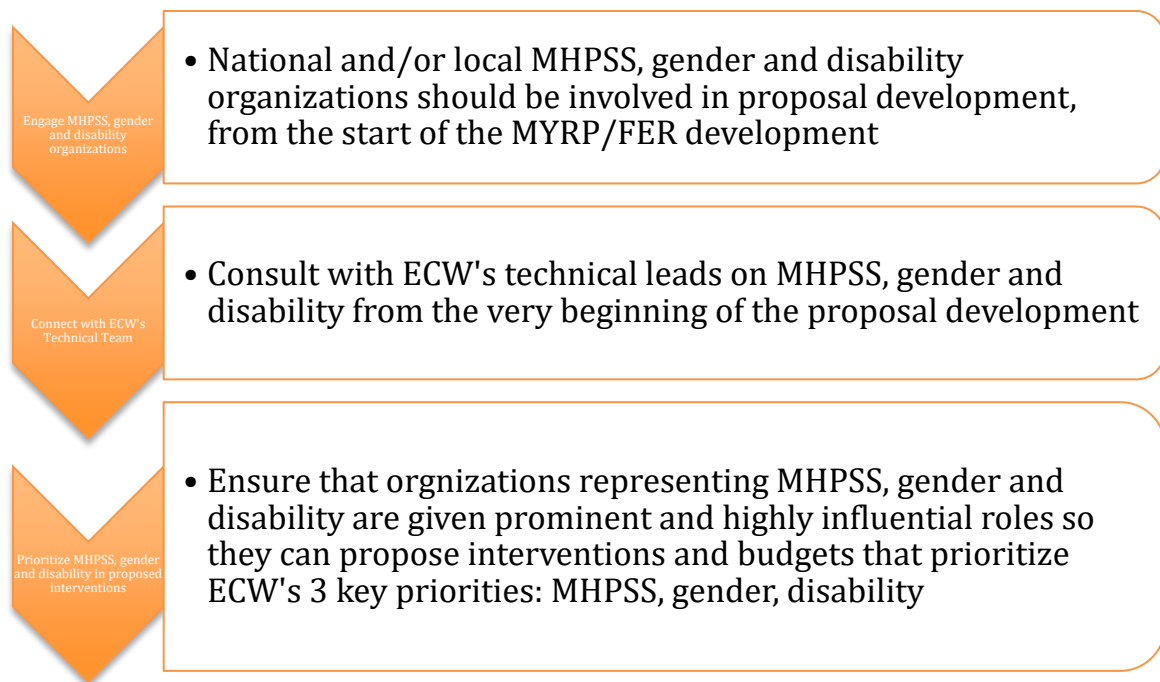
To do MHPSS well, gender and disability organizations must also have a seat at the table. Not only should a representative of gender, disability and MHPSS be part of the proposal

³ Sample programmes include UNRWA Gaza's Life Skills curriculum for grades 1-8.

⁴ ECW has partnerships with INEE's PSS/SEL Collaborative and IASC's MHPSS Reference Group. Both groups can assist in mapping local actors and identifying NGOs in each context with skills and training in MHPSS.

development team, they should have *prominent, highly influential* seats at the table from the very beginning of proposal planning.

Additionally, from the very start of MYRP and FER proposal development, teams should consult with ECW's in-house technical experts on MHPSS, gender and disability to help guide MHPSS aspects of the proposal. Proposal development teams can reach ECW's technical team by writing ECW's MHPSS lead: mmay@unicef.org.



MHPSS approaches and interventions should be tailored by:

- **Gender:** MHPSS interventions that have good intentions but fail to adequately address gender have potential to reinforce and/or exacerbate gender inequalities. When done well, MHPSS interventions empowers females, transforms gender inequalities and reduces the risk of GBV. In some cases, MHPSS interventions will need to be specifically tailored to target girls, while others will need to be tailored for boys. Curriculum content should also be crafted to ensure that inequalities and harmful social norms are adequately addressed. ECW's gender accountability framework, as well as INEE and UNGEI's GenKit⁵ are key resources for grantees to reference.
- **Age:** MHPSS approaches should be informed and shaped by developmental stage. While the definition of a child is up to 18 years of age, adolescents (ages 10+) have language and higher order thinking skills that younger children do not. Similarly, there are clear differences between a 10 and 17-year-old and between a 5 and 9-year-old. Each developmental stage has different realities that require different approaches.
- **Disability:** In emergencies and protracted crises individuals might experience heightened distress that limits temporarily individual functioning. Nonetheless, disasters and conflicts can impact particularly individuals with pre-existing needs, particularly those with psychosocial disabilities. MHPSS-related interventions should therefore be

⁵ INEE and UNGEI's GenKit is a recommended resource and can be downloaded here: <https://www.ungei.org/publication/eie-genkit>

tailored to provide additional support to this group of persons with disabilities. To meet their requirements and those of all persons with disabilities in emergencies and protracted crises, it is key to enhance capacity development of field staff who interacts with persons with disabilities. Also, EiEPC programmes should promote school and community-based interventions that are accessible and meet the requirements of persons with disabilities. To this end, all information and communication should be made available and accessible⁶.

- **Marginalized subgroups:** Hard to reach, marginalized groups are often underserved in the best of situations; in emergency contexts risks are multiplied. Marginalized groups include, but are not limited to: children and adolescents with disabilities, young mothers, child/adolescent survivors of GBV, those vulnerable to recruitment into armed groups, former child soldiers, unaccompanied minors, children/adolescents who have come into contact with the law, children/adolescents living in child-headed households, those engaged in paid and unpaid labor in and outside the home, children/adolescents living in state care, linguistic/religious/ethnic minorities, etc.

Theory of Change:

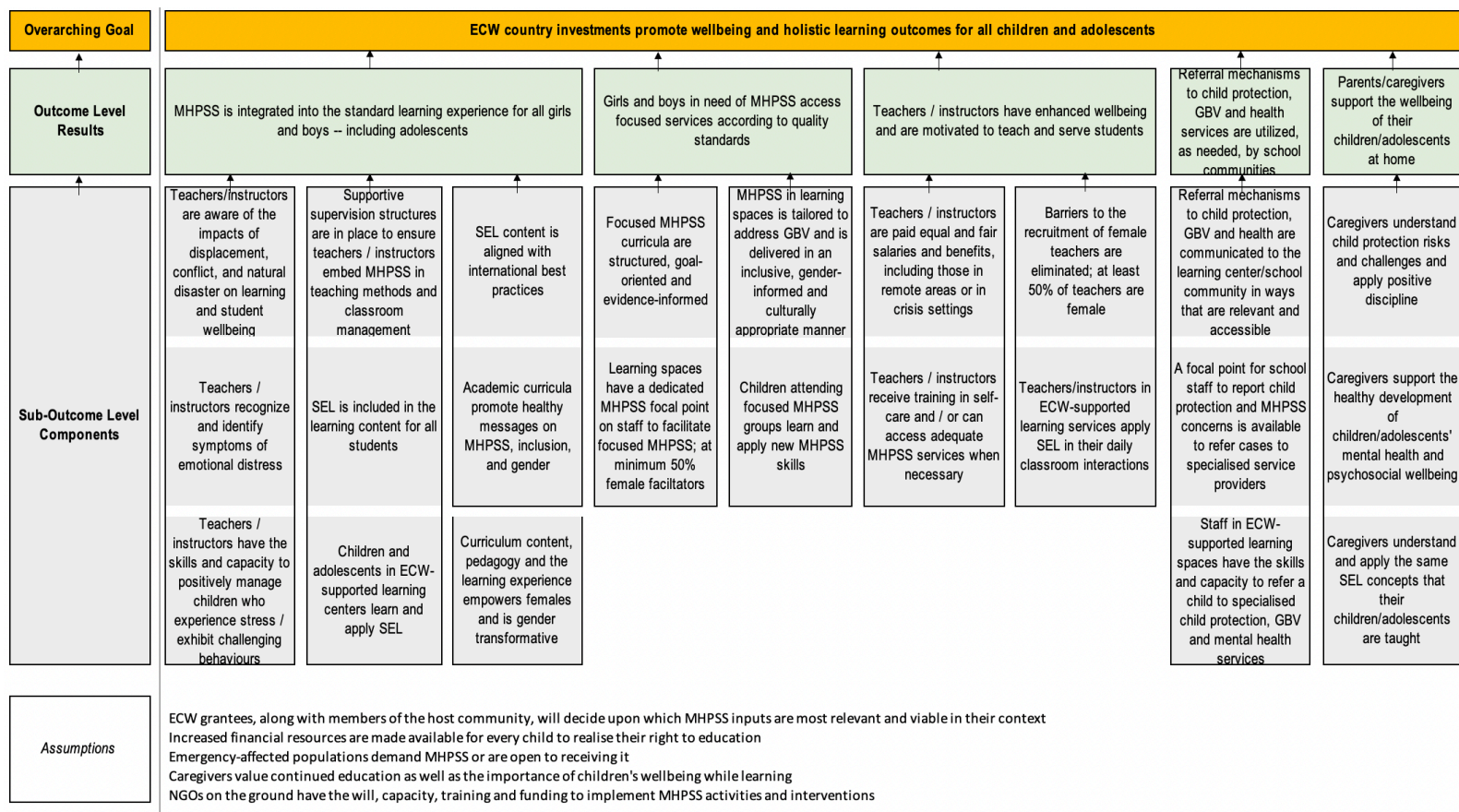
ECW's MHPSS in EiEPC illustrative Theory of Change (ToC) should be thought of as a menu of options, not a mandated approach. ECW's MHPSS in EiEPC ToC depicts 5 potential causal pathways, articulated around 5 key outcomes:

1. Embedding MHPSS in the learning experience via SEL for all, and quality teaching
2. Provision of focused, school-based PSS services to those select girls, boys and adolescents who need extra support
3. Educators/staff have enhanced wellbeing, ability to protect and promote student wellbeing
4. Referral mechanisms to child protection, GBV and health services exist, are functioning and are communicated in effective and relevant ways
5. Caregivers have the ability to protect and support the healthy development of children/adolescents' wellbeing at home

The purpose of ECW's MHPSS in EiEPC ToC is to unpack the complexity of MHPSS provision in EiEPC, rather than presenting a potentially unrealistic "best case scenario." Grantees are not expected to include each of the 5 key outcomes in their proposal, as relevant ToC pathways depend on the context, needs and capacities in each setting. Grantees will need to decide which activities, interventions and approaches are most relevant, needed and – can be budgeted/costed accordingly to have an impact.

<<Switch to Landscape to view ECW's MHPSS ToC>>

⁶ Recommended actions for humanitarian actors can be found in the Inter-Agency Standing Committee Guidelines on The Inclusion of Persons with Disabilities in Humanitarian Action (p 132-135, English Version) <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>



The IASC Intervention Pyramid:

The IASC MHPSS intervention pyramid illustrates 4 layers of support for children and adolescents' wellbeing. It begins with basic services and works its way up to specialized care, with fewer people needing the services at each higher layer of the pyramid. The layered system of complementary supports recognizes that girls, boys, adolescents, educators and caregivers are affected in different ways and require diverse supports. MHPSS in EiEPC interventions can be placed on the pyramid, depending on the context.

Both the bottom and the top of the pyramid rely on aspects and resources in the community at large that may lay outside the scope of proposal development teams' reach. All 4 levels are important however most interventions in FERs and MYRPs usually rest within the middle 2 layers, levels 2 and 3: focused and community supports. A hypothetical example is as follows:



MHPSS Proposal Writing Checklist:

MHPSS in EiEPC interventions and approaches in MYRPs and FERs often include 9 possible elements. It may be useful to think of ECW's MHPSS checklist as a "menu" of possibilities: not all boxes need to be checked, however the more boxes checked, the more comprehensive the proposed MHPSS will be.



Remember: All interventions must be adapted for sex, age, marginalization and meet the requirements of learners with disabilities: One size fits all approaches fall short. All interventions should be specifically tailored for sex, age, disability, and subset of marginalization (e.g., out of school adolescent boys, girls married off by their parents, etc.). Importantly, always ensure that interventions, along with information and communication, are accessible, including for learners and teachers with disabilities.



Remember: All interventions must be based on local capacities and needs: Make extra efforts to ensure MHPSS interventions empower, rather than inadvertently disempower, the target community. The proposed approach/intervention should be informed by the local community's understanding of wellbeing as the needs of the specific context. Ensure the proposed interventions tap into local and/or national MHPSS organizations' capacity to implement interventions.

With the two above points in mind, please use the following checklist when drafting MYRP and FER proposals:

ECW's MHPSS Checklist	<input type="checkbox"/> if included in proposal
SEL Curriculum for All: SEL should be part of the regular academic curriculum and teach concrete skills to all students in 3 broad areas: 1) self-awareness (identifying emotions, emotional regulation, stress reduction, etc.), 2) interpersonal skills (conflict resolution, empathy, communication skills, etc.) and 3) thinking skills (critical thinking, goal setting, decision making, creative thinking, etc.). ⁷	
Teacher Wellbeing: Teachers/staff can have a sustained impact on children and youth's wellbeing. Supporting teacher wellbeing, including self-care, will help teachers teach better and be more aware and increase holistic learning outcomes of students. Teachers'/staff's MHPSS needs should be addressed so that they can better serve children. Teachers should also be supported to learn the same SEL skills that students learn. ⁸	
Quality Teacher Trainings on MHPSS: While many teacher trainings on MHPSS exist, too often trainings are brief, cover too much too quickly, and lack opportunities for practical application. It is essential to develop and use teacher	

⁷ Sample programmes include UNRWA Gaza's Life Skills curriculum for grades 1-8 and UNICEF Azerbaijan's Basic Life Skills package for youth and adolescents. Kindly reach out to ECW for access to these two programmes.

⁸ Breathe International uses a mindfulness approach to teacher wellbeing that is low cost and evidence based. The Global Trauma Project uses a trauma-informed model. New Teacher Wellbeing tools are under development by FHI360, NRC and INEE's Teachers in Crisis Collaborative

trainings on MHPSS that are ongoing, deep, skills-based, and highly contextualized for the setting and existing capacities. ⁹	
Supportive Supervision for Teachers: Supportive supervision structures are required if teachers are to appropriately foster MHPSS, use adversity-informed teaching practices, and make appropriate referrals to child protection and health. Support for teachers can also include informal structures such as peer support, teacher learning circles, mentorship and coaching. ¹⁰	
Dedicated MHPSS Focal Point: In many EiEPC settings, school counselors and/or school social workers are not available in the workforce. As an alternative, grantees may wish to employ “task shifting” to ensure that a caring, high-capacity individual (such as a volunteer, community caregiver or teacher on special assignment) acts as a dedicated MHPSS point person whose sole role is to be a focal point to support to children and adolescents in a confidential and ethical manner. However, in order to ensure student safety, supportive supervision, a code of conduct and thorough training on ethics and confidentiality must be part of this intervention.	
Focused School-Based MHPSS: Learning centers/schools should strive to offer structured specialized supports to children and adolescents who have a higher level of need. Activities should be structured, goal-oriented, contextualized and teach evidence-based skills such as cognitive behavioral techniques (CBT) and mindfulness, highly tailored to gender, age, disability and marginalization. ¹¹	
Parent Engagement: Parent engagement includes positive discipline classes, parent committees, parent volunteer programmes and child protection awareness raising campaigns. In some settings it might be possible to teach parents the same SEL and life skills that children learn (this includes emotional regulation, stress management, problem solving, critical thinking, conflict resolution, empathy and communication skills). ¹²	
Referral Mechanisms: Learning centers/schools should ensure access to referral mechanisms for children and adolescents to child protection, GBV ¹³ and health. ¹⁴	
Outcome Level Measurement: In the MYRP/FER results framework, MHPSS should measure development of competencies and behavioral change. Please refer to ECW’s MHPSS in EiEPC Indicator Library while crafting MHPSS Indicators.	

⁹ Sample programmes include UNRWA’s School Based Teacher Development Program (unrwa.org/sbtd), the Norwegian Refugee Council’s (NRC) Better Learning Programme and the International Rescue Committee’s Healing Classrooms. Each of these need to be adapted for specific context, however they provide a solid template.

¹⁰ In the EiEPC sector such supervision structures are rare, however ECW is encouraged that new programmes are being created, such as the International Federation of the Red Cross’ Missing Link and War Child Holland’s Teacher Professional Development Programme.

¹¹ Sample programmes include NRC’s Better Learning Programme, WHO’s Problem Plus Management and UNRWA Gaza’s Structured Guidance Sessions for Adolescents. In ideal situations, the facilitator may be a trained counselor who can implement short-term one-on-one supports.

¹² for parents is NRC’s Better Learning Programme. Save the Children’s Positive Discipline in Everyday Parenting is also a key resource for parent programmes.

¹³ Non-GBV actors should reference the GBV Pocket guidelines: <https://gbvguidelines.org/en/pocketguide/>

¹⁴ IASC’s Referral Form and Guidance Note may be useful in this effort.