



A series of webinars through 2025 to spotlight diverse approaches for children, youth, and families' mental health and wellbeing in humanitarian settings.

Scan the QR code to watch all webinars in season #1

## Season #2 Upcoming Webinars

02 July 15:00  
CET 2025

Caring in crisis:  
Centering children  
and families in  
mental health and  
psychosocial support

September  
2025

Child and adolescent  
participation and  
peer support in  
MHPSS

November  
2025

Community-level  
arts-based MHPSS  
interventions



This series of webinars are planned and presented by the Child and Family Thematic Group under the Inter-Agency Standing Committee (IASC) MHPSS Reference Group.





# Caring in Crisis: Centering children and families in MHPSS

**Presenters:** Relinde Reiffers (Save the Children NL), Xuan Phan (ACF),  
Rania Sammour (UNICEF), Layer Akankwasa (WVI), Lamine Doucoure (TdH)

**Moderators:** Marie Dahl (MHPSS Collaborative), Felicity Brown (UNICEF),  
Johanna Cunningham (UNICEF), Jane Cari (WVI), Maria Bray (TdH)





# Agenda

- Introduction
- Key frameworks
- **Gaza:** multi-layered support to caregivers in an evolving emergency
  - **Mauritania:** the importance of situational analysis in strengthening local systems
- **Ukraine, Burkina Faso and CAR:** brief, focused psychological interventions for children
- **Uganda:** focused psychological interventions for adolescents, adjusted for context
- Q & A
- Coffee chat





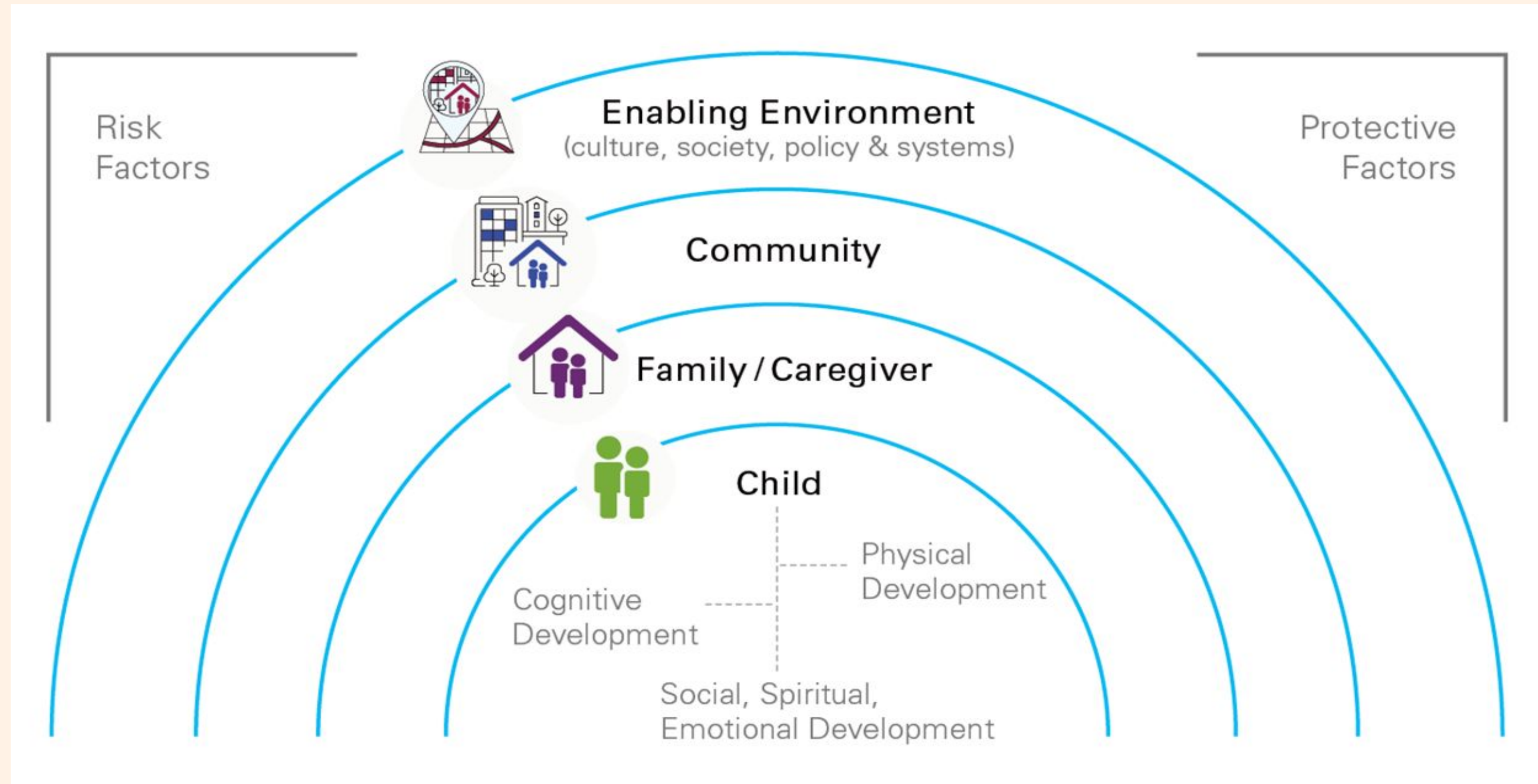
# **An overview of key frameworks**

**Relinde Reiffers, Save the Children NL**



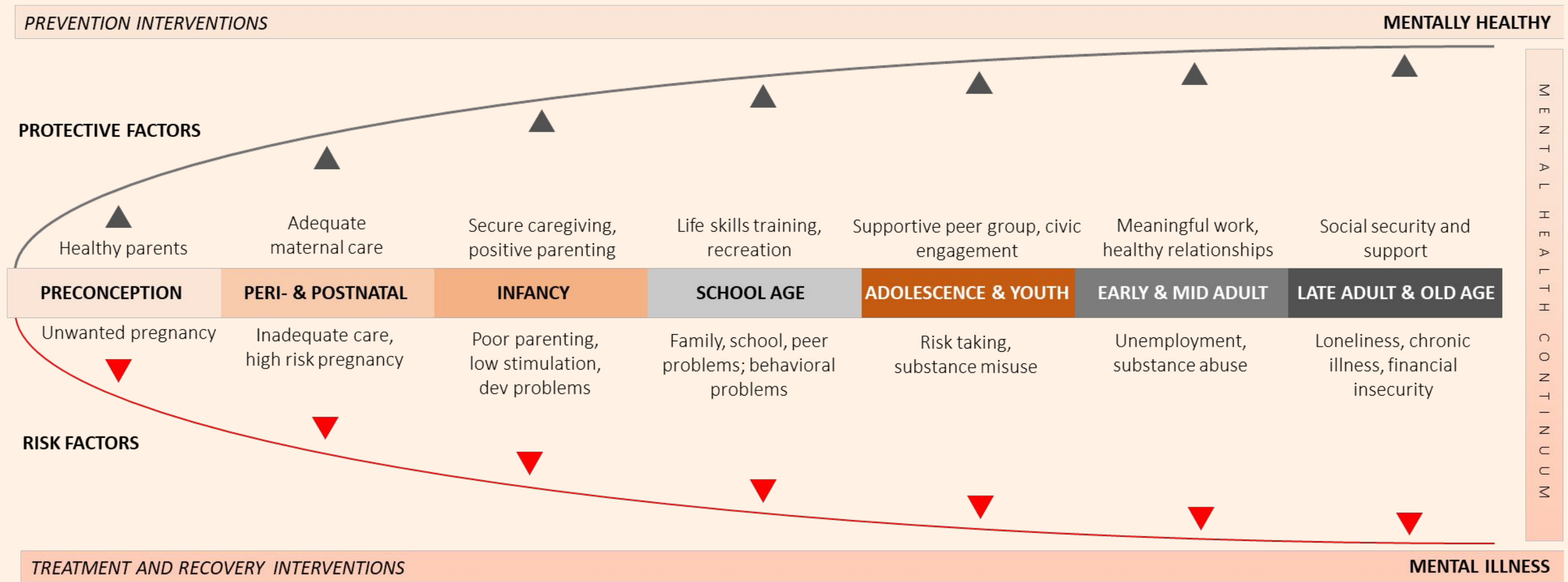


# Socio-Ecological framework





# Across the life-course mental health is also influenced by protective and risk factors at each stage





# Experiencing an accumulation of different risk factors is a strong predictor of poor outcomes

- Identifying children who face a number of different risk factors is better for predicting poor outcomes than identifying one single risk
- Systems must not respond to a single risk in isolation, but understand the multiple risks faced by children and caregivers
- Services must work together to share information, plan and implement together
- Basic needs must underpin all interventions





# Multisectoral Approach





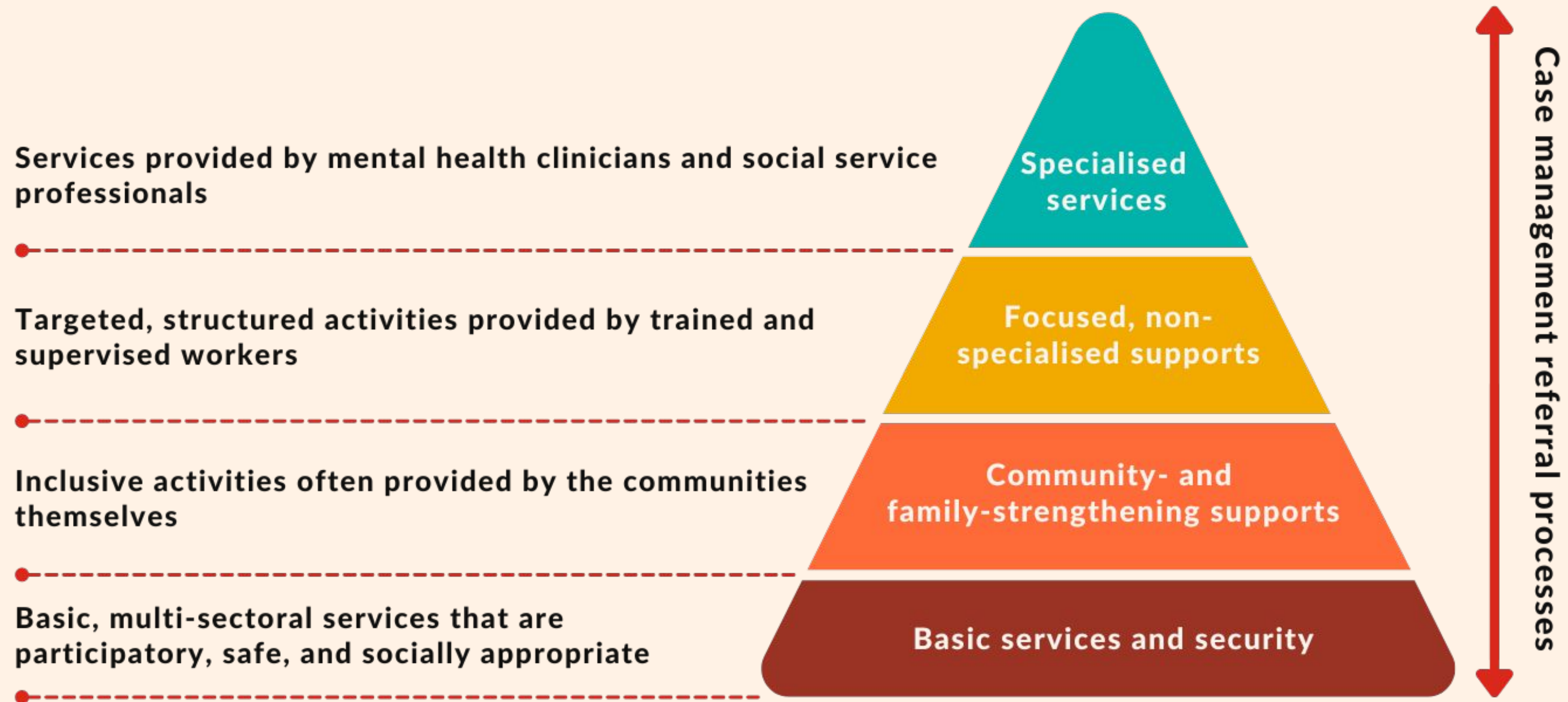
# The Nurturing Care Framework- components

Shows policy makers and communities where are the entry points for multi sectoral engagement in nurturing care and caregiver support





# MHPSS PYRAMID OF INTERVENTIONS

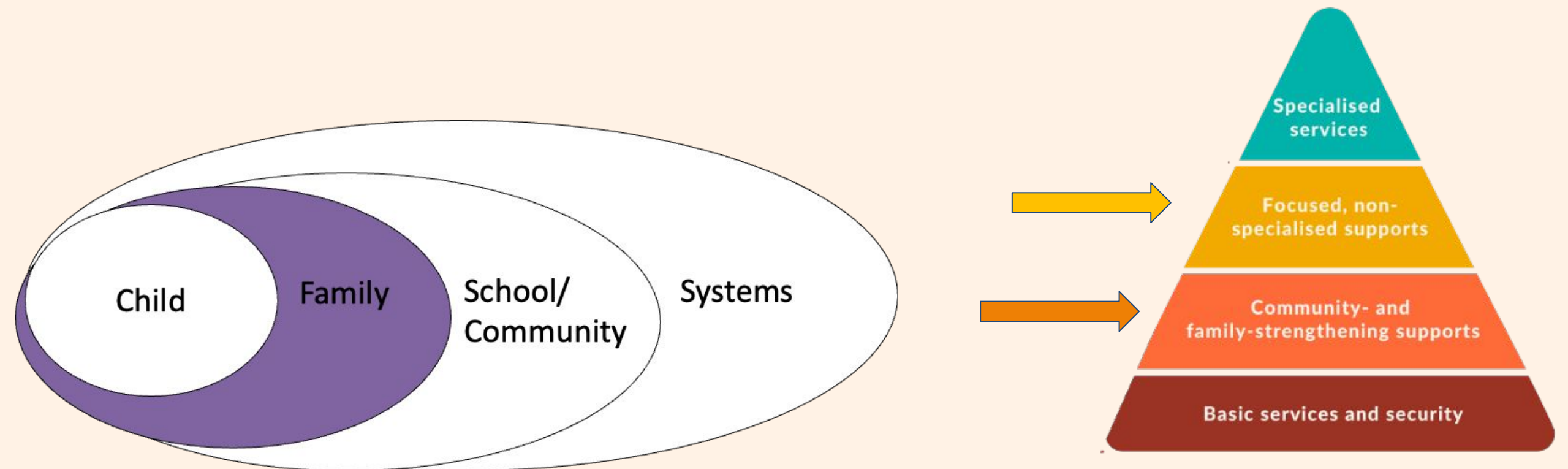


# Case example 1

## Parenting in Balance: Multi-layered Caregiver Support in Gaza

**Rania Sammour, Child Protection Officer, UNICEF State of Palestine**

**Johanna Cunningham, MHPSS Specialist, UNICEF MENA Regional Office**





# Parenting in Balance – UNICEF's Multi- layered Caregiver support in Gaza

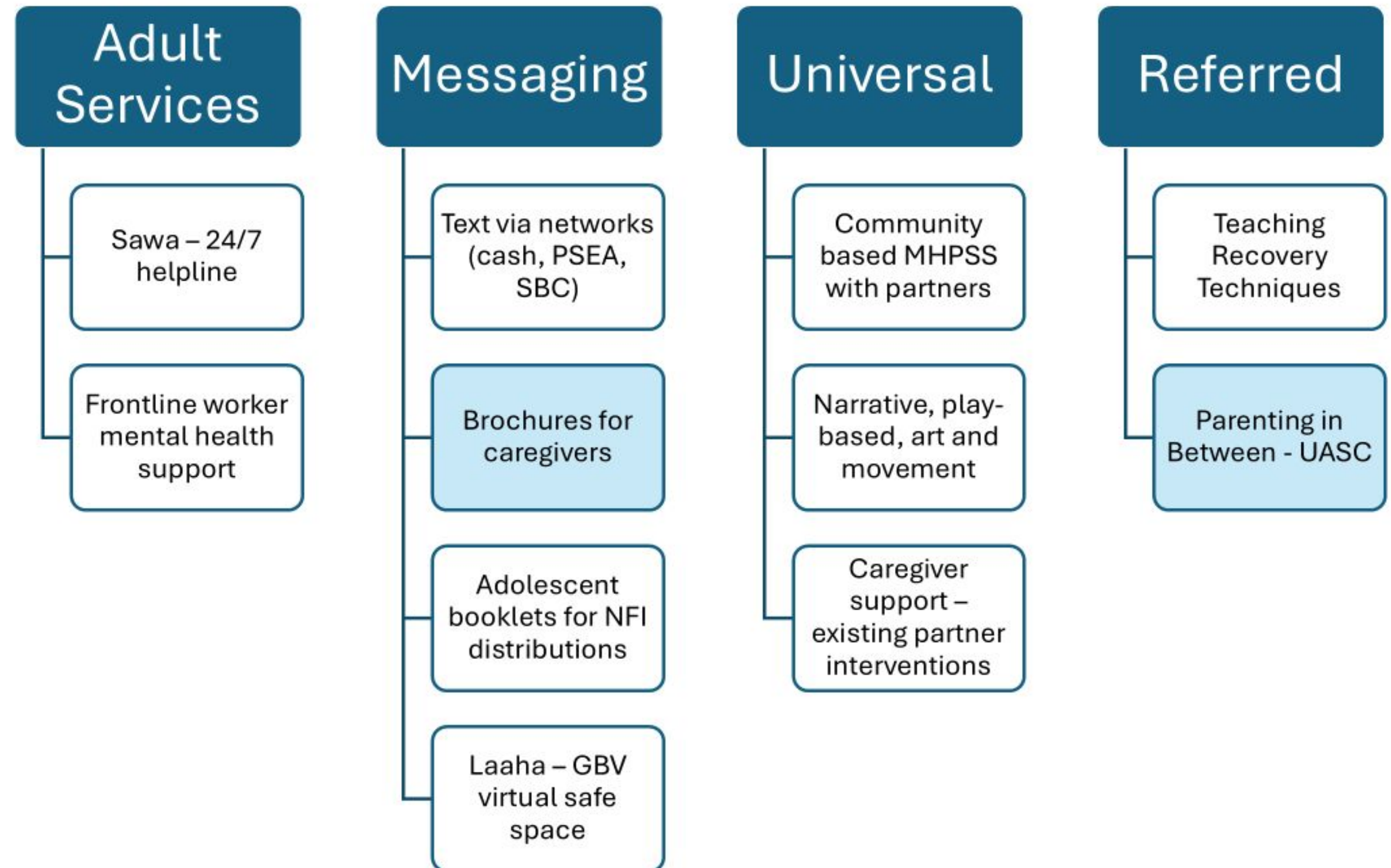
Wednesday Wellness Webinar – 2<sup>nd</sup> July  
2025

unicef   
for every child



Informed by:

1. Partner consultations, including Sawa (2023)
2. Specialist consultations (October, November 2024, February 2025)
3. 'Social Listening'
4. Focus Group Discussions –
  - 18 FGDs held in November 2024
  - 7-12 years; 13-17 years; male caregivers; female caregivers





## Children's Focus Group Discussions

*"The thing that makes me feel most important is when I'm tired, my grandmother stays by my side and takes care of me. When I'm scared, she hugs me. Even though my father is in the north, I feel okay as long as my grandmother is here."*

*"We feel better when they say things like 'I'm around, don't be afraid. We're here, don't be scared.'"*

*"We feel safe with my mum and dad because whenever there's bombing or loud noises, they reassure us and tell us things like 'Don't worry, everything is fine.'"*

*"My aunt helps me, advises me, and cares about me."*





# Messaging for Caregivers



- Adapted from the Message Bank, based on feedback from communities
- Needed to be pragmatic and conflict sensitive – realistic ‘self-care’ recommendations
- Acknowledging the incredible work parents were already doing as ‘best practice’
- Simple psychoeducation on common traumatic stress responses to normalize and reduce worry
- Finding things to do in a highly constrained environment
- Link to national helplines



# Caregiver Consultations – a sense of responsibility

- Caregivers referenced difficulties with:
  - lack of confidence in responding to the bereaved child's deep distress
  - inadequate time
  - rupture in family dynamics
  - additional costs
  - significant concerns about sustainability of care
- Male and female caregivers referred to challenging social norms related to raising UASC with biological children
- Parenting roles - fulfilling the role of both mother/father for children, or shifting from sibling to caregiver
- Parenting while deeply distressed oneself
- Heavy sense of guilt – especially about adult roles for children





# Caregiver Consultations – A sense of responsibility

- But, caregivers reported strong traditional and moral reasoning in their decisions to host children:
  - **“They are my brother’s children, and rejecting this responsibility was never an option.”**
  - **"Imagine if my own children were in their place—that drives me to always treat them well."**
- Caregivers reported relying on simple yet meaningful activities, such as hugging, storytelling, playing games, or preparing snacks, to help children cope with their experiences.



# Parenting in Between ToC

When caregivers receive support that

- **acknowledges** their personal and cultural strengths, as well as the reality of the crisis (displacement, hosting additional children, grief and loss)
- **helps** them explore and understand common thoughts, feelings, behaviours after traumatic exposure or bereavement or shifting family dynamics,
- and **equips** them with attachment focused strategies for communication and trauma-informed care
- Then they are more likely to confidently provide nurturing care in crisis, helping children to feel more secure and valued.





# Parenting in Between – caregiving through crisis

## Parent and caregiver support for children aged 7-12 years

- **First Session:** Between Giving and Receiving - Taking Care of Myself
- **Session Two:** Between Us - My Role as a Mother, My Role as a Father
- **Session Three:** Between Protection, Friendships and Play - Encouraging Joy and Exploration
- **Session Four:** Between Being Parents and Caregivers - Being with Children in Our Care
- **Session Five:** Between Education and Empathy – Balancing expectation and understanding
- **Session Six:** Between Anger, Anxiety, and Hope - Helping them Explore Emotions
- **Session Seven:** Between Appreciation and Ambition - Finding Joy in Small Moments
- **Session Eight:** Between Family Traditions and New Horizons: Embracing Diversity as a Gift



# Parenting in Balance structure

- 8 sessions that focus on holding a balance relating to caregivers' concerns for ages 7-12 and 13-18
- 8 x 45 min annex sessions for UASC specific issues
- Facilitator's Guidance and Training
- Supporting UASC brochure
- Supporting UASC podcast/radio spot



# Pilot Feedback

- **Overview:**
- **13 staff members** successfully trained in Positive Parenting methodologies.
- **All UNICEF partners** actively participated and contributed to the training process, fostering a collaborative learning environment.
- **Implementation:**
- Following the training, 11 trained staff piloted sessions, delivering 8 parenting sessions across 11 different parent groups.
- The piloted sessions enabled staff to apply their learning in real-life settings, adapting tools and strategies to diverse community needs.



# Feedback and Reflections:

- Caregivers greatly benefited from the sessions by learning practical strategies to manage challenging behaviors with empathy.
- They focused on building skills in emotional validation and strengthening connections with their children.
- Through role-playing exercises based on real-life scenarios, participants were able to practice new approaches in a safe space.
- The sessions also provided a valuable opportunity for peer learning, as caregivers shared their personal experiences and supported one another in a welcoming and supportive environment.

- two-hour session duration was too long for caregivers, particularly given their demanding daily responsibilities and an emergency situation on the day of the session. They were unable to stay for the full two hours, highlighting the need for greater flexibility in session length or alternative formats to accommodate caregivers with time constraints.
- There is severe limitation in supplies entered to Gaza which limited printed resources, and items needed during session





## Next Steps

- Expand the reach and sustainability of the Parenting in Balance program by conducting training sessions for counselors within the community. This will build local capacity and ensure culturally relevant, ongoing support for caregivers.
- Continue to explore impact and programme learning with caregivers
- Prioritize Caregivers of Unaccompanied and Separated Children (UASC)



# Key recommendations

- Adopt a strengths based approach to help families get back in touch with what has been lost due to conflict
- Have in-depth discussions with families about how the crisis is affecting them, what makes them feel connected, and how they wish to be supported and design content and interventions accordingly
- Multi-layered and coordinated approaches help with scalability
- Ensure a holistic approach, by linking families to other basic needs and services including cash

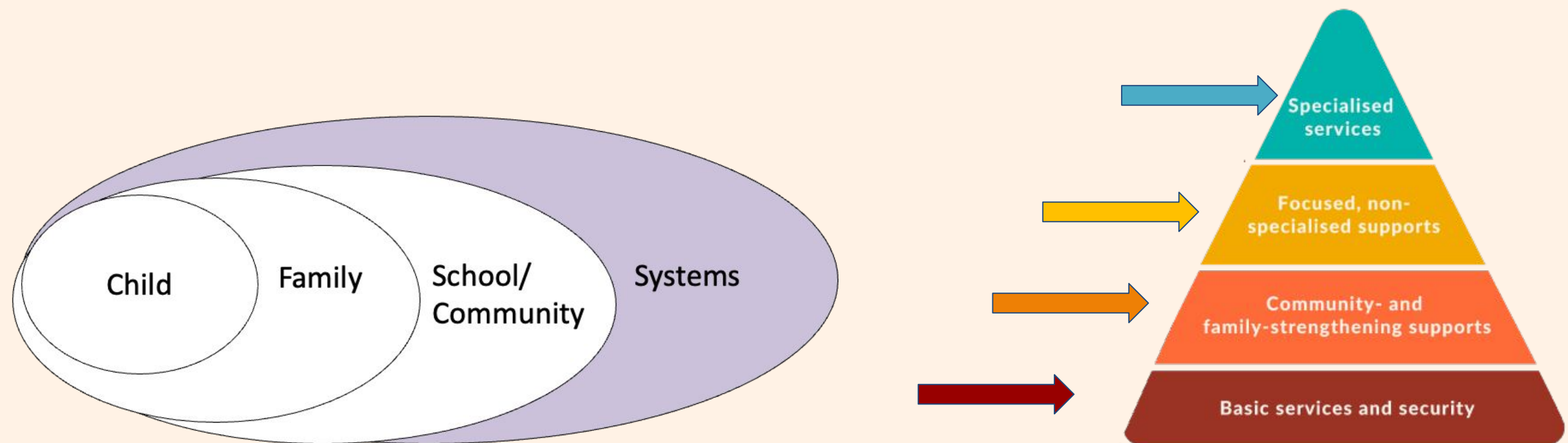




# Case example 2

## Mauritania: MHPSS Emergency & System Strengthening Dual Approach

Lamine Doucoure, Regional Child Protection & MHPSS Technical Advisor  
Terre des hommes (Tdh)





# Mauritania: "MHPSS Emergency and system strengthening " dual approach



**DOUCOURE Lamine,**  
**Regional Child Protection & MHPSS Technical Advisor**





# I. Context

## Humanitarian situation of Malian refugees in Mauritania (within the HEC context)



- 270 000 asylum seekers
- 111,472 refugees in the Mbera camp
- 138,447 outside the camp.



Overcrowded  
camp



Pressure on host  
villages and resource



Arrival with  
livestock → increased  
resource strain

Direct humanitarian services  
provision to refugees

Paradigm shift ( donor strategy)



Strengthening the national  
MHPSS system

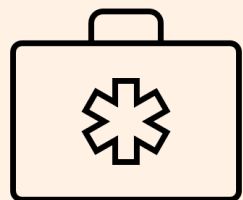


Tdh has been present in Mauritania for over 41 years



Good knowledge of actors and cultural context

### Interventions :



Health



Access to Justice



Strengthening of the child protection system

Tdh has supported MHPSS interventions through local partners

**Funding opportunity related to the Sahel crisis**



**Tdh has proposed an intervention to strengthen protection and SMSPS systems for the following reasons:**



## II. Why did we decide to focus on MHPSS?

### Mental Health and Psychosocial Well-being: A Neglected but Urgent Issue

- This topic remains largely unaddressed by current actors
- Lack of data on MHPSS
- Field actors emphasize that psychosocial support is a priority need
- The causes of psychosocial distress are multiple and varied
- Some signs of psychosocial distress had already been observed.
- Weak institutional presence in remote areas





# III. Key Interventions

## System Strengthening

- Creation of an MHPSS working group
- Development of a regional roadmap
- Contribution to the development of the National MHPSS Strategy
- Creation and updating of a network of experts for training and supervision of actors
- Development and contextualization of PM+ and EASE approaches
- Establishment of a referral and counter-referral system for MHPSS
- In-depth situation analysis and mapping



## Humanitarian Response

- Capacity strengthening of actors and partners in MHPSS for emergency response
- Community awareness on healthy behaviors and access to available services
- Training on individual and group psychosocial support
- Expansion of psychosocial support services L2&3 to cover refugees outside camps and host communities
- Material support for vulnerable individuals to prevent the development of mental health disorders





## IV. Dual approach

### Challenges

- Responding quickly to urgent population needs vs. building a sustainable system ( different timing)
  - Availability of expertise to implement standardized approaches and basic activities
  - Establishing a system-based approach in an area where the system is almost non-existent
  - Lack of national guidance/strategies
- Leadership: Ministry in charge of health and protection

### Benefits and Opportunities

- Building a national system based on assessment results and existing practices
- Enables continuous capacity strengthening of the relevant Ministries
- Establishment of a joint MHPSS roadmap for institutional (governmental and organizational) and community actors
- Relevance and Sustainability of the Proposed Interventions

# IV. Situation Analysis

## Why?

- Identifying the main risk factors impacting mental health and psychosocial well-being;
- Understanding the sociocultural perception of mental health, as well as traditional coping mechanisms and protective factors;
- Mapping available MHPSS services and identifying the barriers and challenges in accessing them.

## How :

- Based on Multi-sectoral MHPSS Needs and Resources assessment toolkit
- With external experts in MHPSS and data analysis
- With high inclusion of host communities, returnees, and children



# Key recommendations

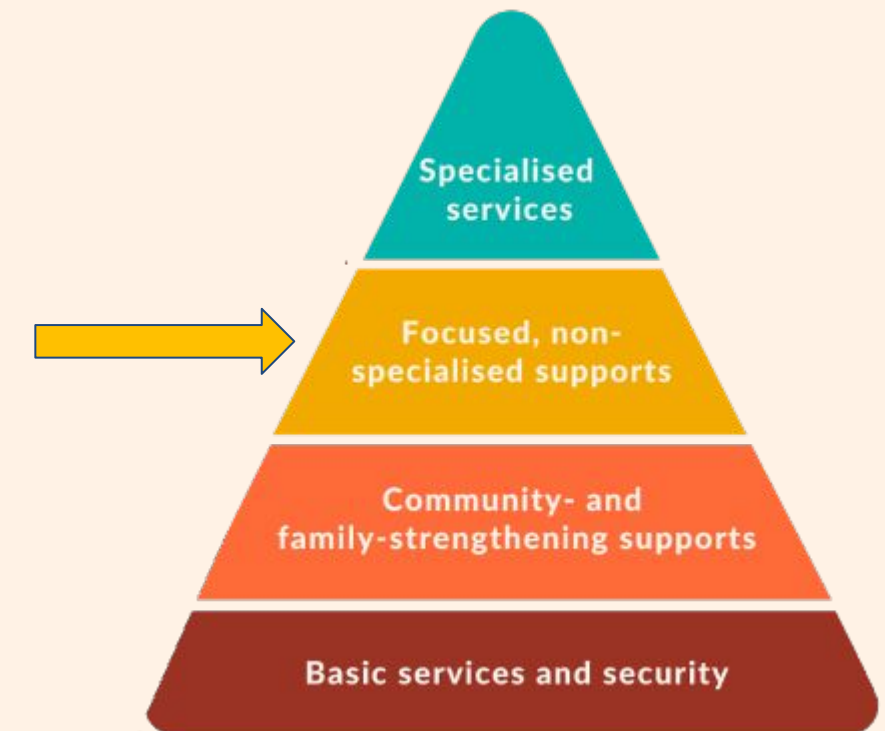
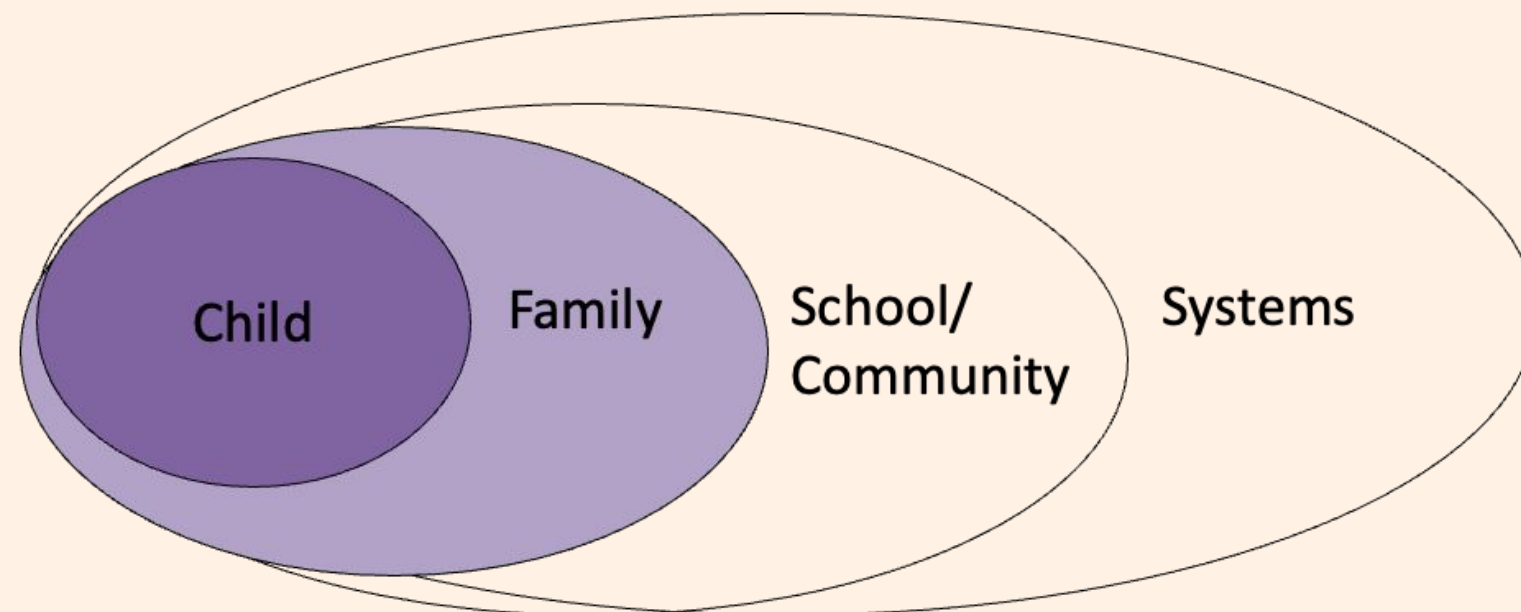
- Importance of **in-depth situation analysis** and data to better evaluate MHPSS needs, resources, and ongoing interventions
- Ensure cross sectoral work; ensuring inclusion of health, protection, and other actors
- The ambition for system strengthening depends on available funding, but the commitment to pursue it should remain constant whenever possible.
- Start with emergency interventions (levels 1, 2, 3, 4) while continuing to conduct situation analysis and exploring long-term sustainability



# Case example 3

## Integrating Early Adolescent Skills for Emotions (EASE) into protection systems in Uganda

Layer Akankwasa, Project Coordinator  
World Vision International (WVI)







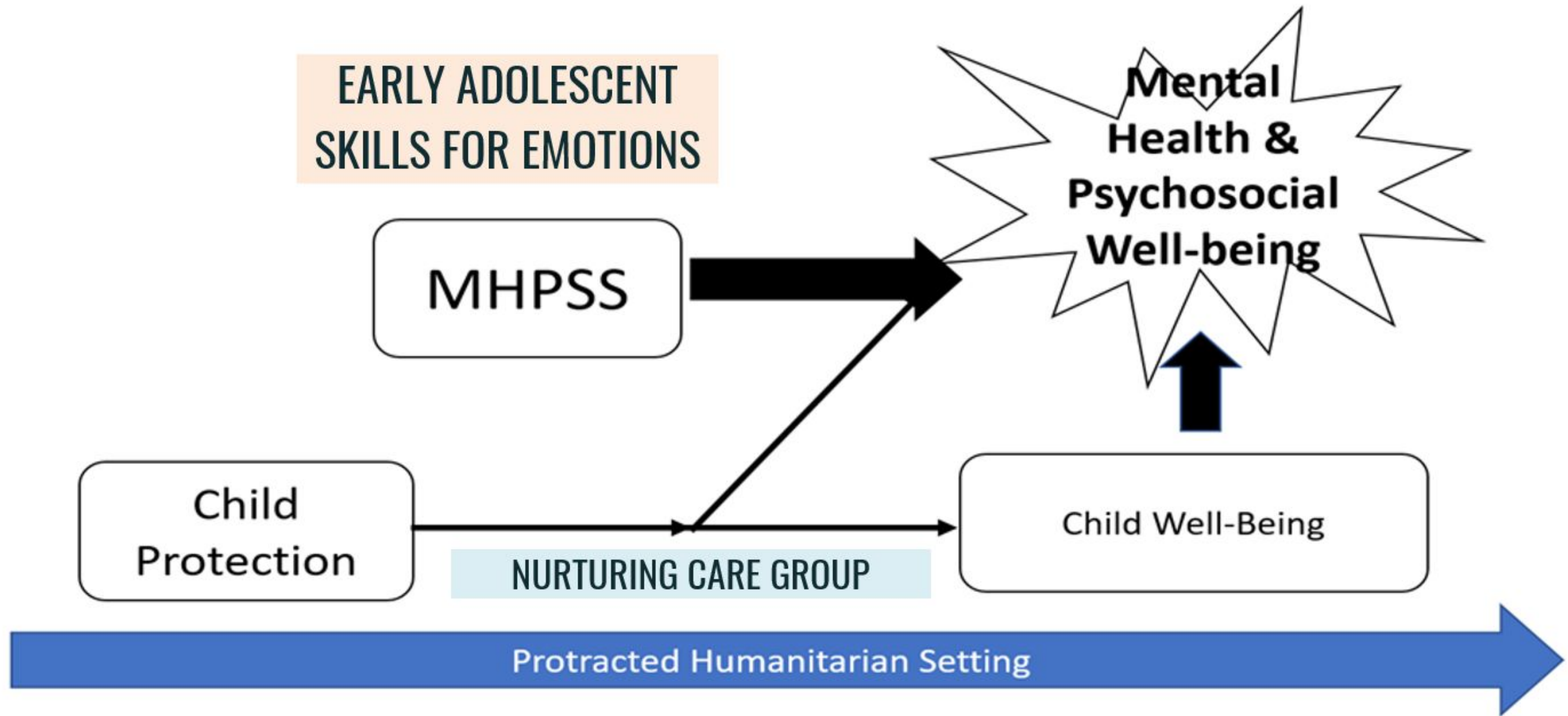
# World Vision Uganda

## Early Adolescent Skills for Emotions (EASE)

Presenter: Layer Akankwasa  
Project Coordinator



# Conceptual framework





# Early Adolescent Skills for Emotions (EASE)



Group psychological help for young adolescents  
affected by distress in communities exposed to adversity

Generic field-trial version 1.0, 2023  
Series on Low-Intensity Psychological Interventions – 6



## 7 sessions help adolescents to:

- Improve identifying their feelings (“Understanding My Feelings”)
- Improve stress management (“Calming My Body”)
- Increase behavioural activation (“Changing My Actions”)
- Use problem solving (“Managing My Problems”)

## 3 sessions aim help caregivers to:

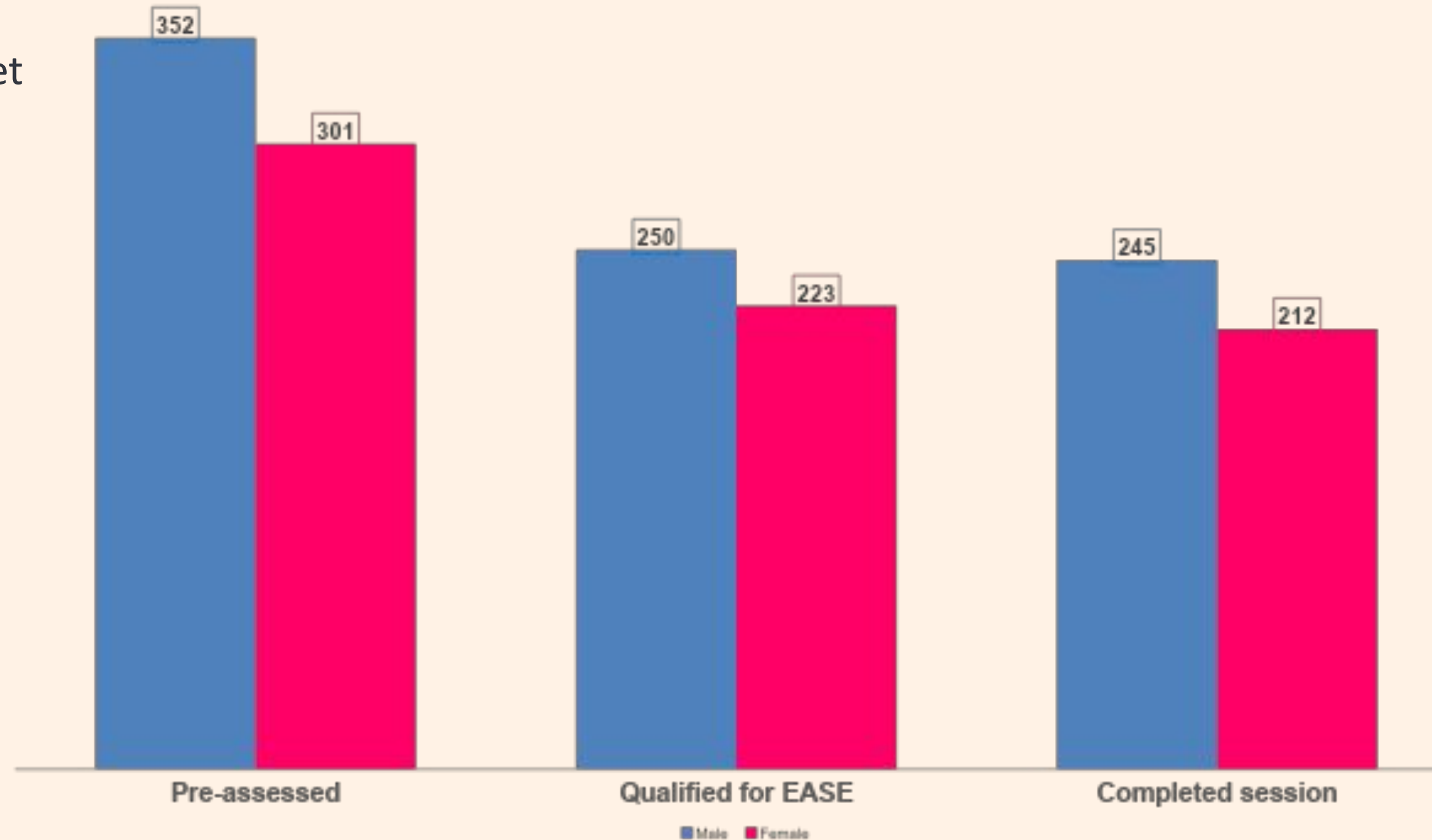
- improve active listening skills
- better identify feelings (self and child)
- spend more quality time with their child
- give their child more praise
- use more self-care strategies

# Why EASE in Uganda?

**1850** Children in the Child protection case load

- ❑ **653** are Children between 10 – 14 years target for the EASE intervention (RCADS - Revised Children Anxiety and Depression Scale)
- ❑ **473** are children who were identified with symptoms of anxiety and depression
- ❑ **457** are children who received the therapy and obtained skills in the 4 strategies of the model

## EASE IMPLEMENTATION IN BIDIBIDI





# Implementation outline

- How were children Included
- How assessment was done
- How many children.

## Assessment tools:

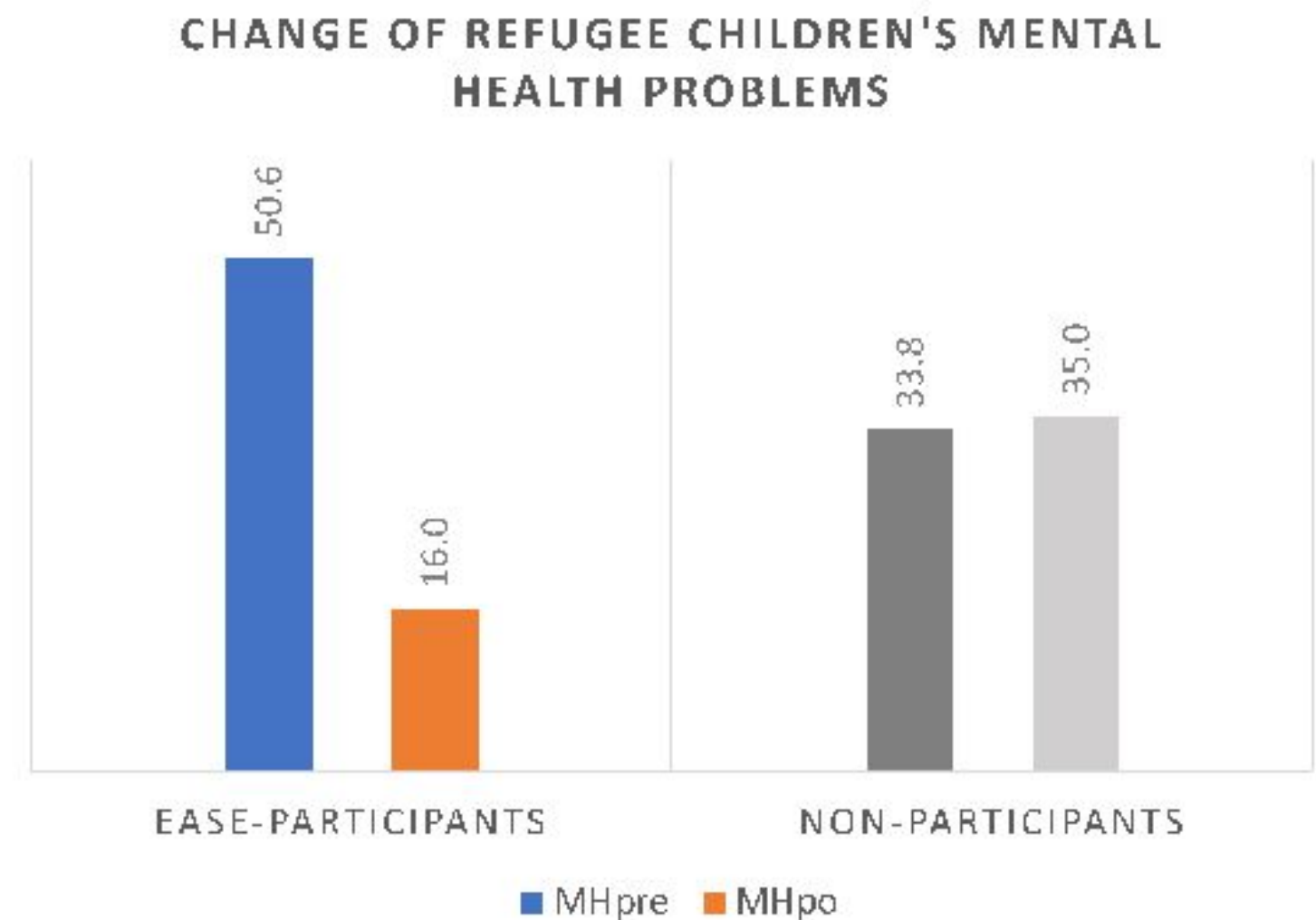
1. MHPSS-Revised Children's Anxiety and Depression Scale (RCADS). *Depression (11) /Anxiety (14)*





# Key Findings- Effectiveness

- ❑ The intervention, EASE, was effective in improving refugee children's depression and anxiety
- ❑ EASE participants' mental health problems had improved significantly after participating in EASE.
- ❑ ( $M(\text{po-pre}) = -34.66$ ,  $t = -43.83$ ,  $p < .001$ )
- ❑ Non-EASE participants' mental health problems did not change obviously.





# Adaptation of EASE by WVU:

1. EASE has been Piloted in one District hosting refugees at community level.
2. Partnered with the settlement MHPSS sector WG
3. 16 Staff trained as supervisors and coordinators, 18 community volunteers trained as facilitators using WHO manuals
4. Integrated into child protection and livelihood well-being programs
5. Developed a concept of study on the effectiveness in an integrated context  
450,000USD for 3 years.

# Integration of EASE in Child Protection Programming

- EASE sessions used to strengthen psychosocial components of case management
  - Supports early identification and intervention for emotional distress
  - Linked with child protection referral mechanisms and follow-up
  - Engages caregivers to reinforce protective environments at home and positive parenting skills.





# Integration of EASE in Livelihood Programming

- 30 teenage girls were identified with distress were trained on vocational skills.



# Outcomes and Early Results

- Improved emotional regulation and reduced distress
- Increased caregiver involvement and understanding
- Enhanced referral pathways for advanced care
- High community acceptance and retention





# Next Steps



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Advocate for National  
adoption of EASE

Expand to new  
Districts/ locations in  
the next FY.



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Strengthen  
monitoring with  
WHO tools

Ongoing training and  
supervision



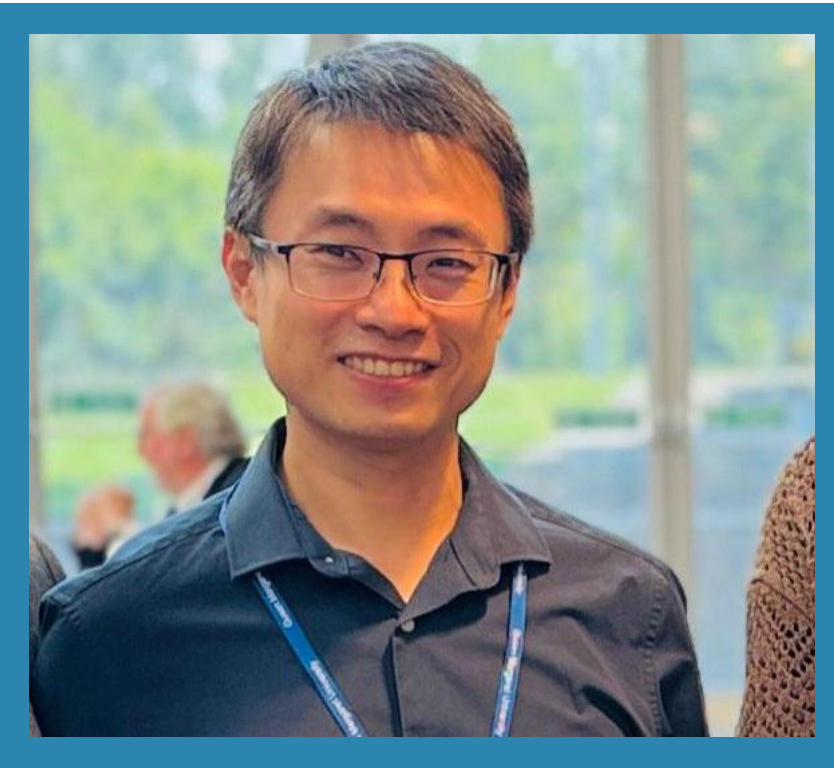
# Key recommendations

- Community sensitization is essential in reducing stigma
- Quality clinical supervision of facilitators is key
- Need to invest in integration of evidence-based tools into national systems, and scalable solutions for adolescent mental health
- Cross-sectoral collaboration and integration is essential for sustainability, but requires stakeholder advocacy
- Interventions should not be standalone but integrated into systems that address the root causes of mental health challenges





# Acknowledgements



**Duke FanChiang**

PHD Student Queen Margret  
University-UK



**WV Project Staff and  
Community Volunteers**

Bidibidi Refugee Response



**Phiona Koyeit**

WVI GRRT- Technical Advisor  
MHPSS



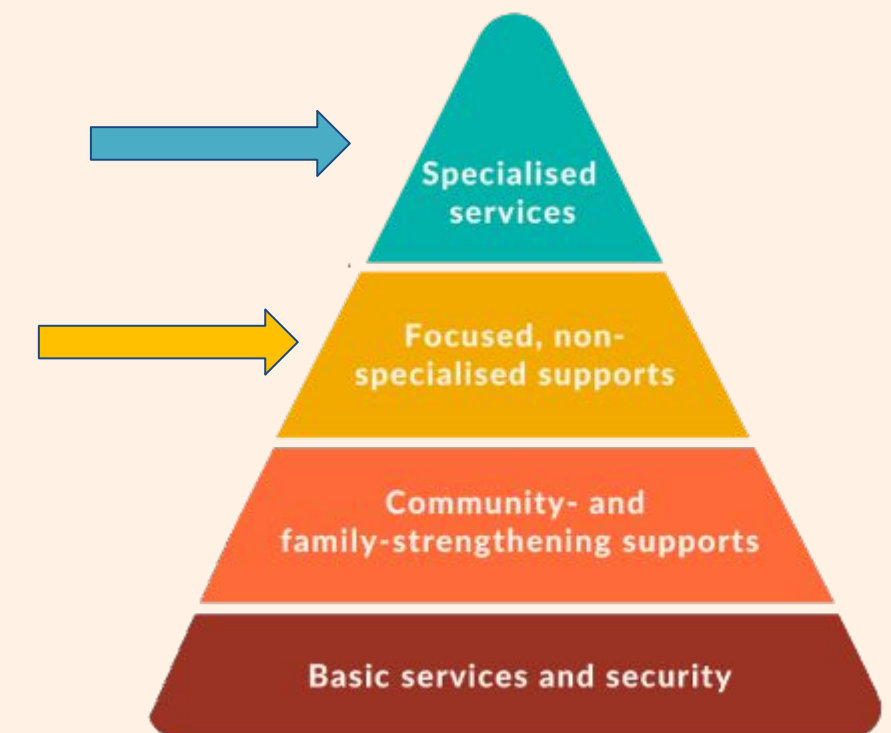
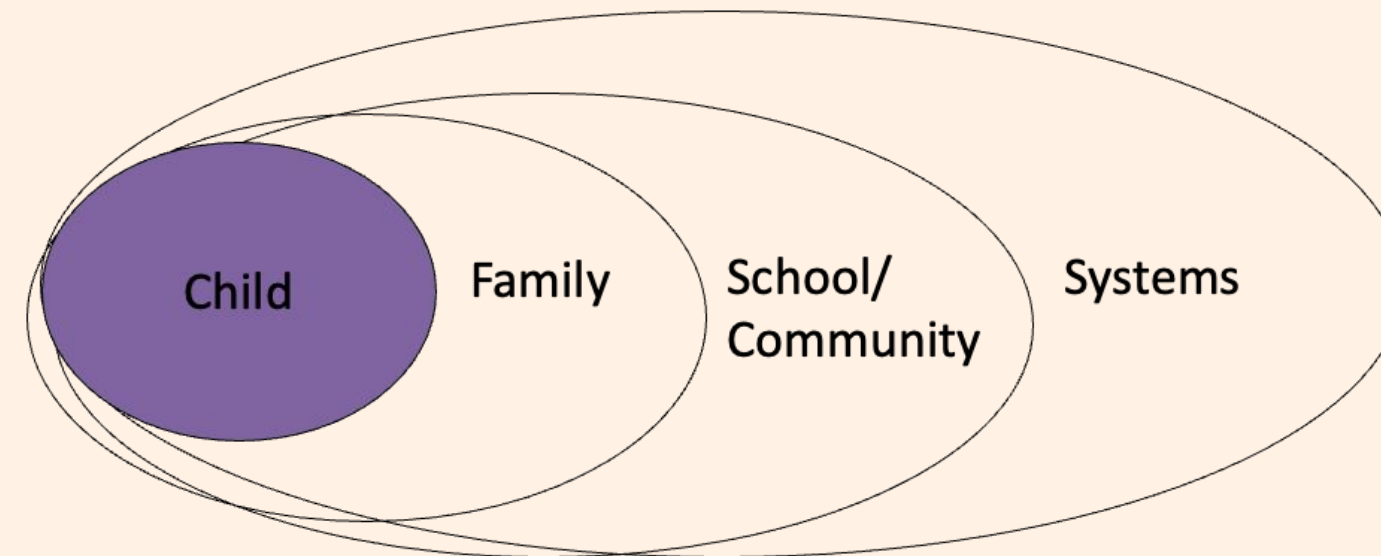
**Henry Ambayo**

WVU Programs Officer

# Case example 4

## Supporting children in psychological distress in conflict settings: CAR, Burkina Faso, Ukraine

**Xuan Phan, MHPSS Technical Advisor**  
**Action Contre la Faim (ACF)**





# Group intervention protocol for children



# Background key info



- Evidence based protocol piloted in CAR
  - 5 sessions protocol
  - Children 6 to 17 Y.O
  - Group intervention of 8 to 10 indiv.
  - Facilitated by 1/2 trained PSW per group and supervised by psychologists
- Implemented in 6 countries



## Psycho-education

# Protocol sessions roll out

1. Group discussion around the drawing board 'Kono'

2. After group discussion children are invited to draw to express their own thoughts, emotions, feelings.

3. Once completed, children are invited to share the story of their drawing to the group.



I remember



What i am afraid of...



What i like to do



Around me



When I grow up



My life before



My life during...



My life today...



Sociogram



When I grow up





# Adaptation of the protocol in Ukraine

*The protocol that follows the story of “Patron”, the dog*

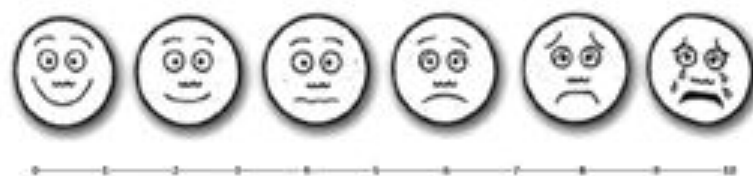




# Improvement of wellbeing and reduction of PTSD symptoms

## Measurement tools pre and post intervention

- VAS: FACES Wong-Baker: reduction of distress



- CPTS-RI : shift from severe/very severe to moderate/mild/light

Scoring  
 0-11 light  
 11-24 mild  
 25 – 39 moderate  
 40-59 severe  
 60-80 very severe

## CAR

Tableau 1  
Impact des 5 séances sur la souffrance et les symptômes traumatiques.

Échelle	Score à l'admission			Score à la sortie			Test échantillons appariés			
	Moyenne	Écart-type	Min-Max	Moyenne	Écart-type	Min-Max	Moyenne	Écart-type	t	Sig.
Échelle de souffrance	8,67	1,69	6-10	2,62	1,81	0-4	6,05	2,33	149,47	0,000*
CPTS-RI	41,65	10,12	7-74	26,65	6,32	3-45	15,00	10,20	6,06	0,000*

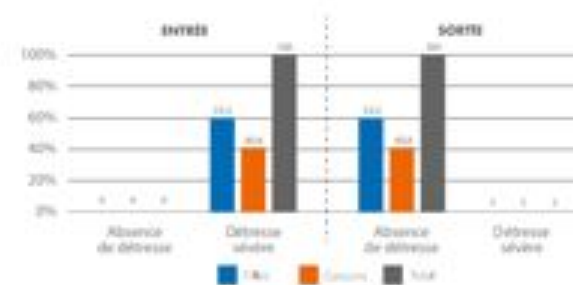
\*  $p < 0,001$ .

E. Dozio et al, 2019.

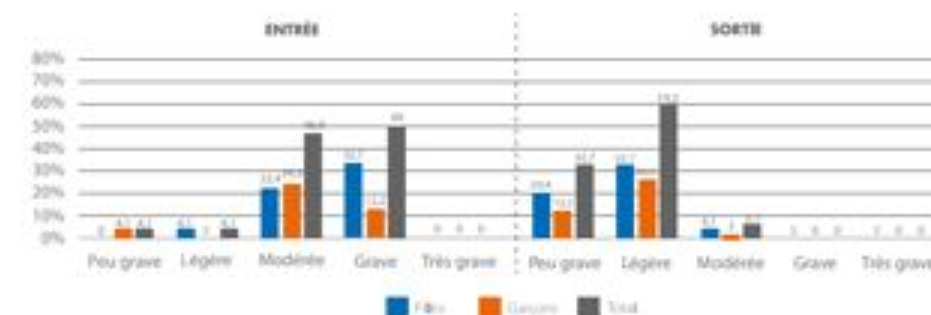
## BURKINA FASO

	Average pre	Average post
VAS	8.24	1.56
CPTS-RI	37.51	16.19

ACF, 2022



VAS



CPTS-RI

## Advantages

- Offers a safe space and regularity (1x/wk or 2x/wk)
- Expression of traumatic symptoms, emotions, mediated through visual aid and drawings
- Positive group dynamic
- Structured protocol to follow up for PSW

## Challenges

- Contextual adaptation (language, belief/perceptions of psychological distress, expression of emotions)
- Security context/access
- Time constraints
- Mobility of the population





# Key recommendations

- Ensure community mobilisation & clear explanation of objective for better engagement
- Essential to understand local context and cultural representation of mental health, expression of emotions, and care mechanisms to ensure relevance and acceptance
- Recruit staff who speak local language
- Provide adequate training of providers (10-15 days) and regular clinical supervision by psychologist
- Identify safe space and appropriate schedule, depending on context
- Establish small groups by age range, facilitated by 1 or 2 staff



# Common Recommendations for Child and Family MHPSS

- Contextual and cultural adaptation with community input □ **relevance and acceptability**
- Community engagement and participation □ **uptake and ownership**
- Multi-layered and intersectoral coordinated approaches □ **holistic, scalable support that also addresses root causes**
- Use of situation analysis and data to inform work □ **approaches that meet evolving needs and resources**
- Strong training and supervision protocols for MHPSS workforce □ **quality of support**
- Integrating and strengthening existing systems □ **sustainability**





# Resources

- IASC MHPSS Minimum Service Package: <https://www.mhpssmsp.org/en>
- Multisectoral MHPSS Needs and Resources Assessment Toolkit:  
<https://www.mhpssmsp.org/en/assessment-tools>
- MHPSS e-course: [Foundations of Mental Health and Psychosocial Support \(MHPSS\)](#) (2-3 hrs)
- UNICEF Global Multisectoral MHPSS Operational Framework:  
<https://www.unicef.org/reports/global-multisectoral-operational-framework>
- Nurturing Care Framework for ECD: <https://nurturing-care.org>
- Early Adolescent Skills for Emotions: <https://www.who.int/publications/i/item/9789240082755>
- Dozio, E., Bizouerne, C., Wamba, V., & Atienza, N. (2024). Comparing the effectiveness of narrative therapy and EMDR-GTEP protocols in the treatment of post-traumatic stress in children exposed to humanitarian crises. *Frontiers in Child and Adolescent Psychiatry*, 3.  
<https://doi.org/10.3389/frcha.2024.1320688>
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[https://drive.google.com/file/d/1qHBdgk5opoBxuyxqTvJMIjFhM9IRUnYf/view?usp=share\\_link](https://drive.google.com/file/d/1qHBdgk5opoBxuyxqTvJMIjFhM9IRUnYf/view?usp=share_link)





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A series of webinars through 2025 to spotlight diverse approaches for children, youth, and families' mental health and wellbeing in humanitarian settings.

Scan the QR code to watch all webinars in season #1

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Community-level  
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**IASC**  
Inter-Agency Standing Committee  
IASC Reference Group for Mental Health and  
Psychosocial Support in Emergency Settings

This series of webinars are planned and presented by the Child and Family Thematic Group under the Inter-Agency Standing Committee (IASC) MHPSS Reference Group.

# Thank you!





# Coffee Chat

