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

THE MHPSS COLLABORATIVE
FOR CHILDREN & FAMILIES IN ADVERSITY

DRAFT REPORT

Multisectoral review of MHPSS funding in emergencies

05 December 2023

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3. Acknowledgements

This report has been written by Deepali Pavagadhi (MHPSS and Research Advisor, the MHPSS Collaborative) with inputs from Kathy Trang (Consultant, the MHPSS Collaborative) and Nahel Yaziji (Health Economist). We would like to thank the IASC Reference Group on MHPSS for commissioning this study to the MHPSS Collaborative. We would also like to extend our sincere gratitude to the co-chairs of the MHPSS TWGs in Bangladesh and Palestine for their support and collaboration. Last but not the least, we are grateful to all the participating organizations and focal points in Bangladesh and Palestine who generously contributed their time and effort to support this work.

4. MHPSS funding in emergencies

Humanitarian needs across the world are at an all-time high, with increasing number of conflicts, natural disasters, climate-related shocks, and ongoing impacts of the COVID-19 pandemic. Even so, funding for humanitarian assistance continues to rely heavily on a small set of donors and has not increased substantially to meet the growing needs[1]. Although conflicts, disasters, and other emergencies have a significant impact on the mental health and well-being of affected populations, there is lack of clarity about the funding available to support the provision of accessible and high-quality mental health and psychosocial support (MHPSS) services. Since MHPSS activities are typically embedded within sectoral (e.g., programming on health, education, protection, etc.) and multisectoral programming, the MHPSS-specific budgets remain unspecified within the systems used to track funding related to humanitarian response.

Tracking funding available for MHPSS is essential for understanding how commitments made on mental health and well-being translate into action and the impacts that increased funding has on the mental health and well-being outcomes for the affected populations[2]. Tracking MHPSS-specific funding by sectors can be useful to identify sectors with both stronger and weaker MHPSS investment and strengthen greater integration of MHPSS programming across sectors. To enhance accountability and ensure a more targeted allocation of resources, there is a pressing need for a dedicated tracking mechanism that delineates MHPSS-specific budgets within the broader context of humanitarian funding. This would facilitate a more efficient and targeted deployment of resources to address the mental health needs of affected populations.

5. Objectives of this study

This study was initiated to enable the systematic tracking of MHPSS funding at the global and national levels and understand the collective investment in MHPSS across sectors. As such, the objectives of the study were:

1. To develop an MHPSS coding template (henceforth called the “coding template”) for MHPSS activities that can be:
    a. Used by the national MHPSS Technical Working Groups (TWGs) to track the MHPSS funding at the country level
    b. Proposed to the Office for the Coordination of Humanitarian Affairs (OCHA) for inclusion in the Financial Tracking System (FTS) to track MHPSS funding globally
2. To use the coding template to retrospectively analyse the total MHPSS budget and the MHPSS budget integrated into the budgets of various sectors in emergencies.

6. Methodology

This study was conducted in collaboration with the Inter Agency Standing Committee Reference Group (IASC RG) on MHPSS, national MHPSS TWGs, organisations engaged in MHPSS programming across sectors, sector and sub-sector leads in emergencies, and a health economics consultant who supported the analysis of financial data. Access to organizations and sector and sub-sector leads was facilitated through partnership with the national MHPSS TWGs. Two emergency contexts were selected for inclusion in this

[1] Global Humanitarian Assistance Report 2022, Development Initiatives: https://reliefweb.int/report/world/global-humanitarian-assistance-report-2022
[2] The MHPSS Collaborative. Follow the money: Global funding of child and family MHPSS activities in development and humanitarian assistance, Copenhagen, 2021.

study – namely, occupied Palestinian territories (oPt) and Bangladesh (Cox's Bazar response) – on the basis of prior knowledge about the span of their MHPSS programming, as well as pragmatic considerations, such as accessibility and existing collaborations with their national MHPSS TWGs.

Figure 1 below provides an overview of the methods used for this study. With support from the IASC RG on MHPSS, the MHPSS Collaborative first reached out to and conducted introductory meetings with the co-chairs of the MHPSS TWGs in West Bank (oPt), Gaza (oPt), and Cox's Bazar (Bangladesh). These meetings were followed by presentations to introduce the project to the TWG members in the routine TWG meetings. After this, focal points from organizations that were interested in participating in the study were invited to hour-long online or in-person consultations, which involved open-ended discussions to learn about their MHPSS programming in West Bank, Gaza, and Cox's Bazar. During consultations, focal points were also requested to support us in reaching out to their implementing partners/organizations within their network involved in MHPSS programming in oPt and Cox's Bazar. The discussion guide used to conduct these consultations is available in annex 1. All consultations were conducted in English and transcribed first using an AI-based software called Trint and subsequently reviewed and revised by the lead researcher at the MHPSS Collaborative. In total, 35 consultations were conducted across oPt and Bangladesh. This included 22 consultations with focal points in oPt (across 17 organizations), 11 consultations with focal points in Bangladesh (across 6 organizations) and 5 consultations with sector and sub-sector leads for the Cox's Bazar response in Bangladesh.

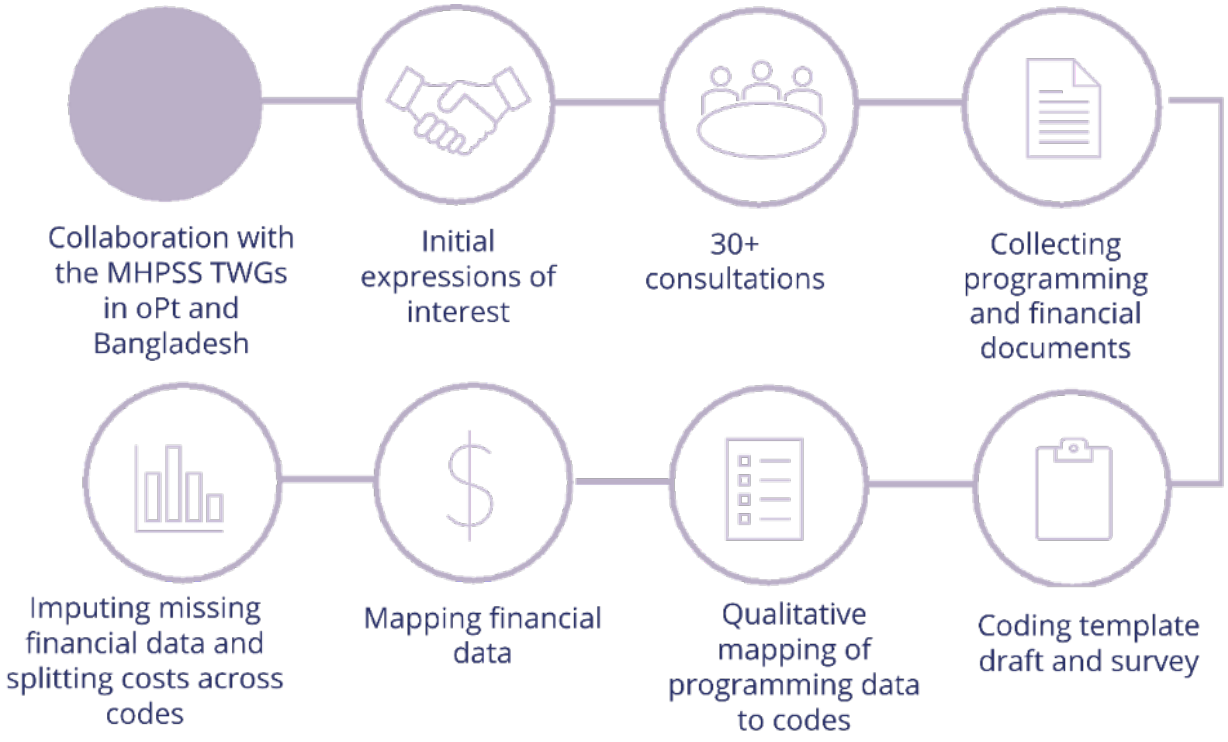

Figure 1: Overview of the methods

Access to MHPSS programming and financial documents from participating organisations were critical for conducting a funding analysis for their MHPSS activities. Therefore, at the end of the consultations, focal points at participating organizations were requested to share:

- Programmatic documents that can provide an insight into the nature and extent of MHPSS programming in 2021 and 2022 (either standalone MHPSS or integrated MHPSS activities), and
- Associated project budgets that can be used to analyse funding on the identified MHPSS programs and activities for 2021 and 2022.

6.1 Methodology for developing the coding template

The coding template was first formulated primarily from the activities in the MHPSS Minimum Services Package (MSP) and then developed further by referring to additional global MHPSS guidelines (i.e., IASC Guidelines on MHPSS in Emergency Settings, 2007) and sector-specific resources (i.e., Mindful Shelter Report, Working Together Report 2022). It was also strengthened based on the 35 consultations conducted with focal points from organizations engaged in MHPSS programming and sector and sub-sector leads coordinating the response in occupied Palestinian territories (oPt) and Bangladesh (focusing on the Cox's Bazar response).

This resulted in 41 codes for MHPSS activities, organized in 4 sections:

1. Section A: Codes common to all MHPSS programs (i.e., planning, coordinating, needs assessments, M&E, training and supervision)
2. Section B: Codes common to all sectors (i.e., advocacy, basic psychosocial skills provision, community outreach and awareness activities, care and wellbeing of staff and volunteers)
3. Section C: Sector-specific codes organized by sectors (i.e., sub-sections on health; protection; education; nutrition; camp coordination and camp management; shelter and settlements; water, sanitation, and hygiene (WASH); and food security and livelihoods (FSL))
4. Section D: Multisectoral initiatives or any other activities that have not been captured in the first three sections of the coding template

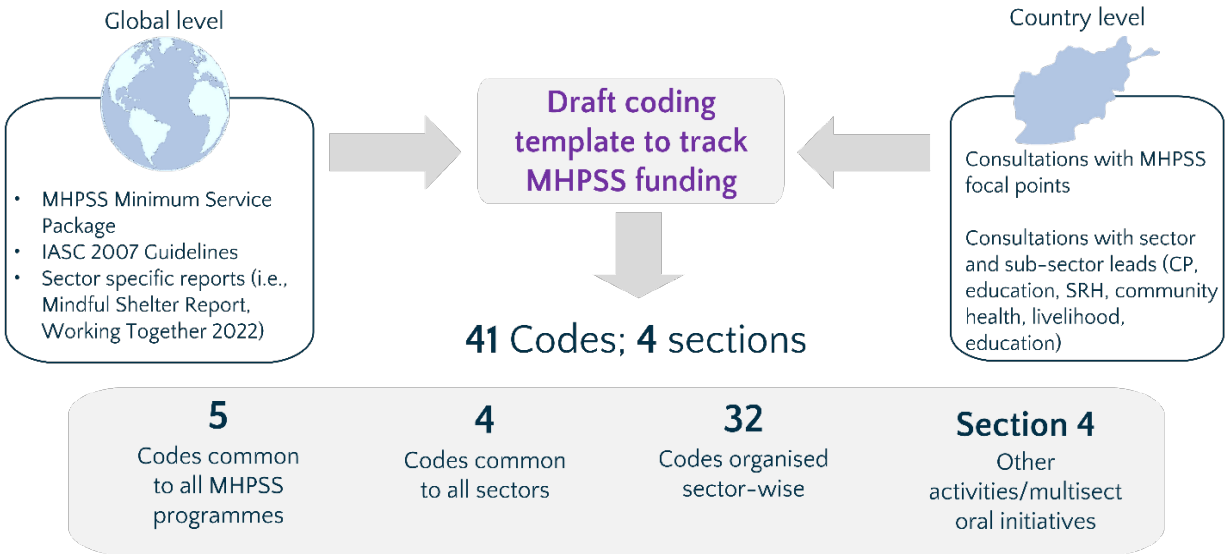

Figure 2: Methods for developing the coding template

6.2 Challenges in accessing data and measures used to support participation

In total, 23 organizations participated in the study out of which 17 were from oPt and 6 from Bangladesh. For 2022, financial data was received from 12 organizations, all of which were from oPt. 2 out of 6 organizations in Bangladesh shared budget estimates for 2023 (as of July 2023), but these were not included in the analysis, as the analysis focused on retrospective data. Financial data received for 2021 was

very sparse – specifically, no budgets were received, but some organizations shared other type of financial data that was not sufficiently detailed to create estimates comparable to those from 2022[3]. Therefore, the funding analysis was only conducted for 2022.

The 12 organizations that shared financial data for 2022 did so in a diversity of formats:

Table 1: Type of financial data received and processed from the participating organizations

Type of financial data received and processed	**Number of organizations**
Budgets	4
Audit reports	2
Proposals with budget lines	1
Tables with estimated MHPSS funding by programmatic activities	2
Total estimates provided without budget lines	3
Total number of organizations that were included in the funding analysis for 2022	**12**

For the 13 organizations that did not share financial data for 2022, an anonymous survey was developed based on the coding template, so that organizations could provide estimated amounts against applicable codes and MHPSS activities without sharing any financial or programmatic documents. However, none of the 13 organizations responded to the survey.

6.3 Methodology for the funding analysis

The funding analysis was conducted in the following steps:

- **Step 1: Qualitative mapping of programming data against the coding template:** This involved mapping the MHPSS activities of each organization against the codes in the coding template. The sector specific activities were all mapped to section C of the coding template, which contains codes specific to each sector (for e.g., MHPSS activities in health were mapped to the health codes in section C, MHPSS activities in protection were mapped to the protection codes in section C, etc.). Section A (i.e., activities common to all MHPSS programs) and section B (i.e., activities common to all sectors) of the coding template have codes that are cross-cutting, but wherever possible and depending upon the amount of available information, activities mapped to these sections were also labelled with the sectors applicable to them for each organization (where this was not possible, the activities were labelled as “multi-sector”).

  Note that this mapping was based primarily on the programming information available from consultations, and it was conducted by qualitatively coding the consultation transcripts. In cases where supporting documents provided by organizations described activities with more specificity and detail (e.g., proposals and presentations submitted to donors and other stakeholders), they were also used in conjunction with the consultation transcripts. As such, the programming analysis was reliant primarily on unstructured data and based on the recall of focal points from the participating organizations about their MHPSS activities in the previous year.

[3] Three organizations shared estimates of their total budget amounts without providing a breakdown, one shared an audit report with financial data, one shared a proposal with budget lines, and two shared estimated cost broken down by MHPSS activities.

- **Step 2: Mapping budget lines against the programmatic activities and codes:** After the programmatic activities for each organization were mapped against the codes in the coding template, the budget lines pertaining to the activities were also extracted and mapped. During this process, there were some challenges encountered in aligning budget lines (and other financial data) with codes, and these have been captured in table 2 alongside the analytical approaches and assumptions that were used.

Table 2: Challenges encountered and the corresponding analytical approaches and assumptions

S.No.	Challenges encountered	Corresponding analytical approaches and assumptions
1	Budgets shared by organizations included lines for expenses that were cross-cutting across activities (e.g., renting office space, use of vehicles, administrative costs, etc.)	Cross-cutting costs were allocated to each code based on its size in relation to the total MHPSS budget of the organization for 2022 (i.e., the proportion of funding allocated to each code relative to the total MHPSS budget of the organization for 2022).
2.	Data shared by organizations had missing values (e.g., budget lines were not available for specific codes; budget lines were not available for any code in cases where organizations shared only the total funding amount for 2022 without providing a breakdown)	Missing costs for codes were imputed based on the: 1. The size of activities associated with each code, i.e., their costs as a proportion of the total budget of the relevant organizations (using the median values across organizations) 2. The relative size of the activities of each code in relation to other codes as expressed in the costs associated with each code. The imputation for missing data was done in three stages: 1. First, data from the organization with the most complete dataset was used to calculate the missing costs for two other organizations that had budgets of a comparable size and comparable number of codes applicable to their programming. 2. Second, completed datasets for the three organizations from step one were used to impute the missing costs for organizations with smaller budgets that had missing costs for some codes. Information available from these organizations was vital to adjust the calculations of the code values from the three organisations in step one (that had bigger and comparable budgets). 3. Third, costs were imputed for organizations with smaller budgets that had only total amounts available (without a breakdown by activities). There are some exceptions to note: 1. In one case, wherein a code with missing data appeared only once in the analysis (i.e., code C8.1), the value of another code with similar activities (i.e., C6.1) was used to impute the value of the code with missing data (i.e., code 8.1). 2. In the case of two organizations, one code was not included in the funding analysis, as during the

		consultation, it was learnt that the activity under the code was primarily reliant on volunteers and no budgetary information related to the activity was available. 3. In case of another organization, both total budget amounts and budget lines were missing for two departments implementing MHPSS activities, so these had to be excluded from the analysis (i.e., funding for MHPSS activities could only be captured for one department that was able to share financial data).
4.	Budget cycles did not align completely with the year of analysis.	Funding amounts proportionate to twelve months for 2022 were calculated for each budget line and included in the analysis. Where it was not clear that an activity took place in 2022, the budget line was not included in the analysis.
5.	Data from 3 organizations did not include human resource costs.	For one of these organizations, the focal point provided an estimated total cost of human resources for their MHPSS activities, which was included in the analysis by splitting the costs across the codes applicable to the organization's programming using the methods described above. The second organization was the Gaza branch of the first organization. The cost of human resources in this case was calculated based on the estimated cost received from the West Bank branch and weighted based on publicly available data about salaries in Gaza (i.e., the cost in Gaza was calculated as quarter of the cost in West Bank, based on a 2023 International Monetary Fund's report about the pay gap between West Bank and Gaza[4]). For the third organization, in the absence of any estimations received from focal points, the cost for human resources could not be included.
6.	Financial data was shared in different currencies across organizations.	All other currencies were converted to US dollar for the year 2022 (i.e., Euro and Israeli New Shekel were converted using the purchasing power parity conversion rate for 2022).
7.	Two budgets included lines for subgrants to which multiple activity codes were applicable.	Budget lines for subgrants were present in budgets from two organizations. In the case of one organization, the subgrant award was added to the analysis and split across codes using the methods described above for splitting cost of cross-cutting expenses. The other budget with subgrants was excluded from the analysis as subgrants included the entirety of the programming and programming descriptions, and funding data was not available in sufficient detail to conduct a mapping of activities and funding to specific codes.

- **Step 3: Descriptive analysis:** Once all the missing values were imputed and cross-cutting costs were allocated to codes, we calculated the:

[4]West Bank and Gaza: Selected Issues (International Monetary Fund Middle East and Central Asia Department, 13 September, 2023) West Bank and Gaza: Selected Issues in: IMF Staff Country Reports Volume 2023 Issue 327 (2023)

- Total funding amounts for each sector based on the median values used for imputation as well as the lower and upper limits of the funding estimates calculated by replacing the median by the lower and upper percentiles
- Percentage of funding for each sector from the total MHPSS budget (based on median values)
- Total funding amounts for each code within each sector based on the median values used for imputation as well as the lower and upper limits of the funding estimates calculated by replacing the median by the lower and upper percentiles
- Percentage of funding for each code within each sector from the total MHPSS budget for the sector (based on median values)

7. Ethical considerations

A data protection plan was shared with organisations while making requests for programming and financial documents. This plan mandated confidential handling of all documents collected under the study, which involved the considerations captured below. Also, a risk assessment and mitigation plan was developed, which has been provided in appendix 2.

- All document transfers between the TWG members and the project team at the MHPSS Collaborative were done through official emails. The TWG members had the option to password protect emails with programming and financial documents.
- Documents shared by the TWG members were only accessible to the MHPSS Collaborative staff and consultants directly involved in the study.
- No personal data or personally identifying information was collected about the people who have received MHPSS services and interventions through the TWG member organisations.
- All documents received from the TWG members were stored in a private project folder on Microsoft Teams and only the Collaborative staff and consultants working on the project had access to them.
- The programming documents collected during the project were only used for developing the coding template and the financial documents collected during the project were only used to calculate the total and sector specific MHPSS spending.
- The plan also mandates that all financial data and programming documents are deleted after submission of the project report and completion of dissemination activities, for e.g., academic publications, posts on social media, and webinars or events conducted to share the findings of the study. No TWG member representative will be quoted in reports or other dissemination products/social media messages without prior approval.

8. Strengths and limitations

Strengths

- The coding template provides a framework for tracking MHPSS activities within integrated programming, which has been a key recommendation from previous work on MHPSS financing.
- The coding template contains codes that are aligned with the MHPSS MSP, which can support the alignment of efforts taken to plan MHPSS programming (through MSP) and track their implementation and funding (through the coding template).

- The coding template has been structured by sectors, allowing tracking of sector specific MHPSS funding, which is vital for identifying sectors with stronger and weaker investment in MHPSS and advocating for greater integration of MHPSS across sectors. While it does not have codes for multi-sectoral MHPSS programming, the last section of the template can be used to record multisectoral MHPSS activities that can be reviewed and integrated as separate codes within the coding template over time.
- The funding analysis is based on a sequential methodology, involving qualitative analysis of programming descriptions and documents, followed by an analysis of actual budgets/other financial data on MHPSS activities. This approach arguably allows for greater rigor in the analysis compared to the keyword search methodology used in previous work, which relies on the screening and analyses of self-reported project descriptions and funding data.

Limitations

- Although the study aimed to conduct a retrospective analysis over multiple years, the constraints experienced in accessing programming and financial data forced the analysis to be limited to 12 organizations in oPt for a single year (i.e., 2022).
- The programming analysis was reliant primarily on unstructured data and based on recall of the MHPSS activities by focal points from the participating organizations. Given that the available data was sparse and primarily unstructured (i.e., based on transcripts from consultations), it was not possible to provide a breakdown of funding estimates by geography (e.g., funding in West Bank versus Gaza), population groups, age groups, gender, etc.
- The funding analysis focuses on external financing and does not include domestic financing for MHPSS, although the coding template maybe a useful framework for domestic tracking of MHPSS by governments as well.
- The funding analysis primarily focuses on humanitarian funding for MHPSS, since the organizations included in the study were recruited based on their membership in the national MHPSS TWGs that coordinate the MHPSS response in emergencies. However, where organizations were also simultaneously involved in development-based projects, funding estimates for them were also included.
- The funding estimates for MHPSS activities within sectors depend on the mapping of activities to codes under sectors (i.e., section C of the coding template) and sector-based labelling of cross-cutting activities (i.e., sections A and B of the coding template) based on the information available about MHPSS programming from consultations and programming documents (where available). There is subjectivity involved in this mapping exercise. However, to reduce subjectivity and bias, the mapping was conducted by one researcher and reviewed by another.
- Given that the funding analysis is based on budgets, it is possible that funding or actual implementation of activities that are likely to not always have dedicated budget lines might have been underestimated. Specifically:
    - Where MHPSS-sensitive approaches are used as part of the standard operating procedures, it may not be required to budget funding for them.
    - Activities that rely heavily on volunteers do not get captured as programmatic priorities within the context of funding analysis.
- The analysis focuses on funding quantity and does not offer any learnings about the quality of funding, implementation of funding, and its impact on outcomes.

9. The MHPSS coding template

As mentioned previously, the MHPSS activities and funding for each organization were mapped and analyzed against the coding template developed in this study. The full version of the coding template has been enclosed separately and submitted to the Reference Group alongside guidance on its usage. Table 3 provides an abridged version of the template, with all the sections, code numbers, and code labels. The full version that has been submitted separately also includes a description for each code and the kind of activities it includes.

Table 3: Coding template (brief version)

Section A: Activities common to all MHPSS programs	
Code number	*Code Label*
A1	Needs assessment and service mapping
A2	Planning of MHPSS programs and activities
A3	Coordination of MHPSS programs and activities
A4	Training and supervision of paid staff, incentive workers, and volunteers
A5	Development and implementation of monitoring and evaluation (M&E) systems
Section B: Activities relevant for all sectors	
Code number	*Code Label*
B1	Advocacy for MHPSS considerations and actions
B2	Basic psychosocial skills provision
B3	Community outreach and awareness activities
B4	Care and wellbeing of paid staff, incentive workers, and volunteers
Section C: Activities relevant for each sector	
C1: Health	
Code number	*Code Label*
C1.1	Mental health care through general health facilities
C1.2	Mental health care through specialised outpatient services
C1.3	Mental health care through specialised inpatient services
C1.4	Manualized psychological interventions (transdiagnostic approaches)
C2: Protection (child protection, gender-based violence and mine action)	
Code number	*Code Label*
C2.1	MHPSS through case management
C2.2	MHPSS through rehabilitation and reintegration programming
C2.3	Emotional support and counselling
C2.4	Manualized psychological interventions (transdiagnostic approaches)
C2.5	Caregiver skills and well-being
C2.6	Structured MHPSS group activities for children and youth
C2.7	MHPSS activities through women and girls' safe spaces
C2.8	Family tracing and reunification services
C2.9	Self-help and community support mechanisms
C3: Education	
Code number	*Code Label*
C3.1	Social emotional learning (SEL)
C3.2	Structured group activities for children and youth
C3.3	MHPSS activities through women and girls' safe spaces
C3.4	Emotional support and counselling
C3.5	Collective activities in and around learning spaces
C3.6	Caregiver skills and well-being
C4: Nutrition	
C4.1	MHPSS considerations in nutrition support

C4.2	Early childhood development (ECD) activities integrated into nutrition/infant and youth child feeding (IYCF) programming
C4.3	Caregiver skills and well-being
C5: Camp Coordination and Camp Management	
Code number	*Code Label*
C5.1	MHPSS considerations in camp planning, management, and services
C5.2	Camp activities that aim to promote well-being
C6: Shelter and settlements	
Code number	*Code Label*
C6.1	MHPSS considerations in shelter and non-food items (NFI) support
C6.2	Shelter related outcomes that improve well-being
C6.3	Shelter activities that support the delivery of MHPSS services
C7: Water, Sanitation, and Hygiene (WASH)	
Code number	*Code Label*
C7.1	MHPSS considerations in WASH provision
C7.2	WASH activities that support the delivery of MHPSS services
C8: Food Security and Livelihoods (FSL)	
Code number	*Code Label*
C8.1	MHPSS considerations in food security and livelihoods support
C8.2	MHPSS support integrated with livelihoods programming
C8.3	Promoting community leadership and long-term food and livelihood security

10. Key findings from the funding analysis

10.1 Estimated total MHPSS funding and its distribution across sectors

This analysis captures funding data from twelve oPt organizations for 2022. Funding for MHPSS activities in Bangladesh was not included, as financial data was not available from 2022 (or any preceding year).

The total MHPSS funding for 2022 across the 12 oPt organizations included in the analysis was US $12,980,215. Out of this, the largest percentage of funding has been estimated for “mixed sector” activities (35.8%). This includes activities mapped to cross-cutting codes under section A (i.e., activities common to all MHPSS programs) and section B (i.e., activities common to all sectors) of the coding template that either took place under multiple sectors (e.g., advocacy activities) or could not be allocated exclusively to specific sectors (based on the extent of information available from consultations and programming documents).

MHPSS activities within the protection sector were estimated to comprise about one-third of the total funding (32.4%). This was followed by an estimated one-fourth of the total funding for health (23.8%) and about one-tenth of the total funding for education (7.2%). Food security and livelihoods (FSL) and shelter and settlements were estimated to include considerably smaller percentages of the total MHPSS funding, at 0.8% and 0.003%, respectively. Figure 3 provides the distribution of the total MHPSS funding across sectors for 2022 for the oPt 12 organizations included in the analysis. Table 4 provides the estimated funding amount for each sector (based on which the percentages in figure 3 have been calculated), along with the lower and upper limits of the funding amounts calculated based the lower and upper percentiles.

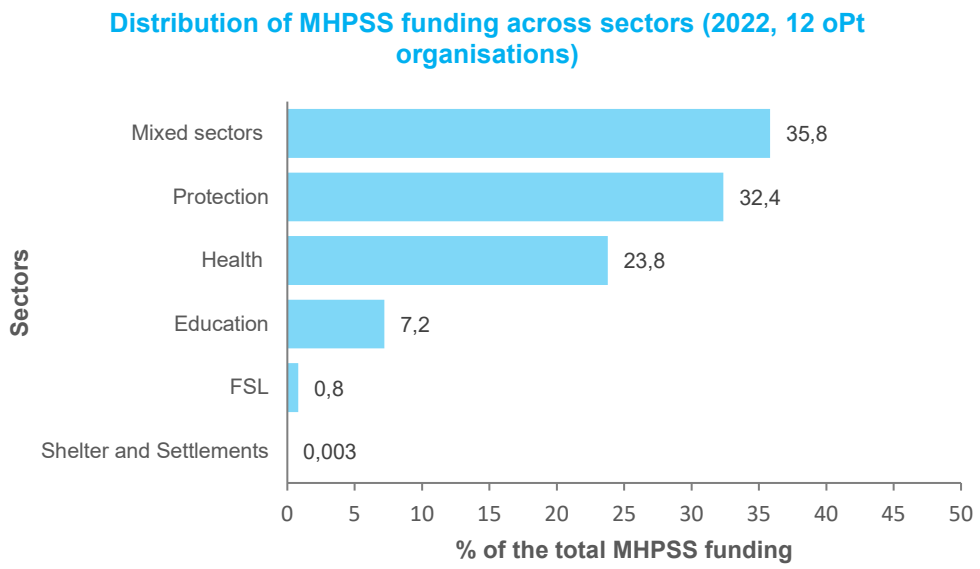

Figure 3: Distribution of the total MHPSS funding across sectors for 12 organizations in oPt (2022)

Table 4: Estimated MHPSS funding amount for each sector (12 oPt organizations, 2022)

Sector	Estimated funding for 2022 (USD; median)	Estimated lower limit (USD; lower percentile)	Estimated upper limit (USD; upper percentile)
Mixed sectors	4651668	3370393	5369477
Protection	4200267	3264498	5823015
Health	3086039	2975895	3110068
Education	936154	876651	964611
Food Security and Livelihoods (FSL)	105674	105639	105906
Shelter and Settlements	413	378	645

10.2 Estimated MHPSS funding within each sector

This section provides funding estimates for MHPSS activities within each sector. For each sector, it includes estimations of MHPSS funding for codes specific to the sector (section C of the coding template) and activities that were mapped to cross-cutting codes in section A (i.e., activities common to all MHPSS programs) and section B (i.e., activities common to all sectors) because they were conducted exclusively under the sector.

10.2.1 Estimated MHPSS funding within the protection sector

The total funding for MHPSS activities that could be allocated to the protection sector for 2022 across the 12 oPt organisations was estimated at US$4,200,267. Figure 4 provides the distribution of this amount for funding to seven protection-specific codes (C2.1, C2.2, C2.3, C2.5, C2.6, C2.7, and C2.9) and protection specific activities under five codes from section A (A1, A2, A3, A4, A5) and two codes from section B (B2, B3).

Under the sector specific codes, 27% funding was estimated to have been budgeted for MHPSS through case management (C2.1), about one-fourth (25.7%) for emotional support and counselling (C2.3), and 15.1% for structured MHPSS group activities for children and youth (C2.6). Relatively less MHPSS funding was budgeted for MHPSS activities through women's and girl's safe spaces (5.7%; C2.7), MHPSS through rehabilitation and reintegration (4.9%; C2.2), caregiving skills and wellbeing (1.2%; C2.5), and self-help and

community support mechanisms (0.9%; C2.9). Notably, no funding was budgeted for manualized psychological interventions (transdiagnostic approaches) (C2.4) and MHPSS through family tracing and reunification services (C2.8).

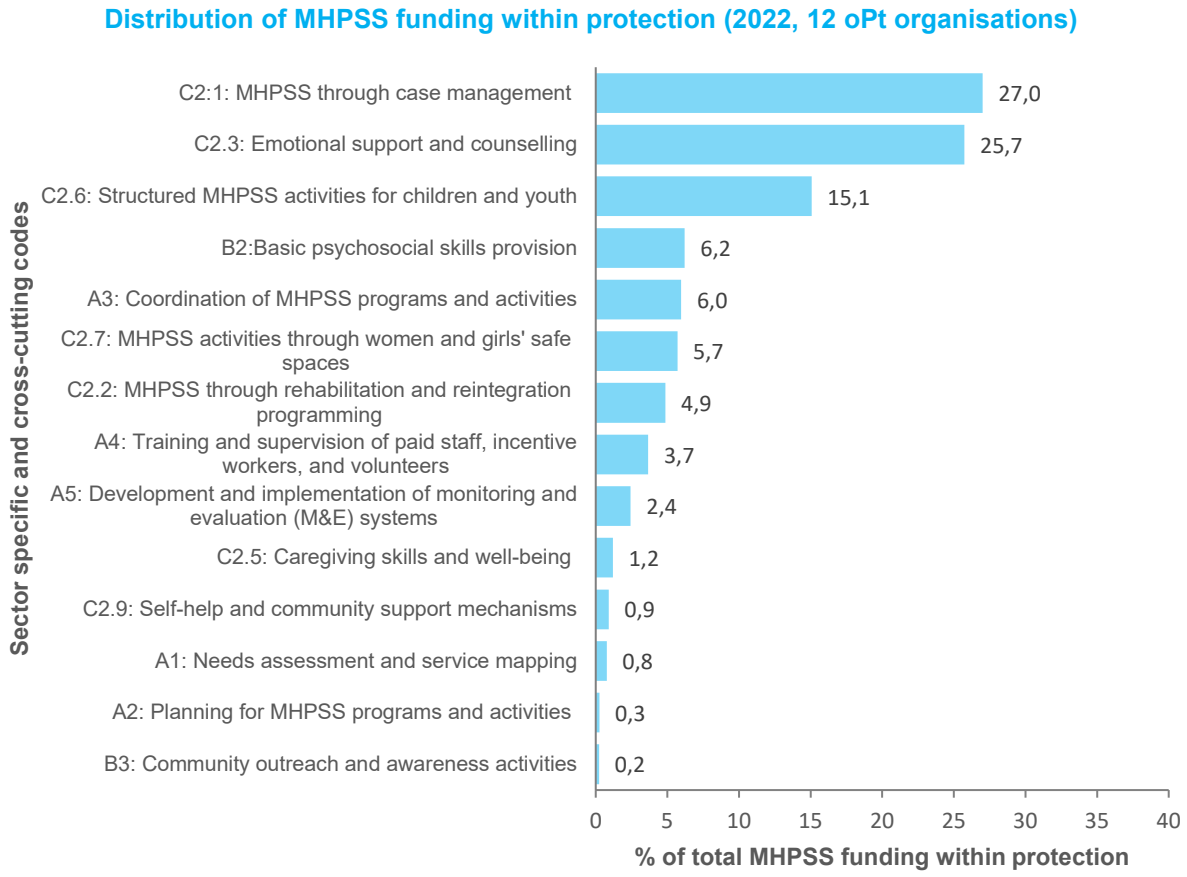

Figure 4: Distribution of MHPSS funding within the protection sector for 12 organizations in oPt (2022)

Table 5 provides the estimated funding amount for all codes with protection sector activities (based on which the percentages in figure 4 were calculated), along with the lower and upper limits of the funding amounts calculated based the lower and upper percentiles. It also provides examples of specific MHPSS activities under each code.

Table 5: Examples of MHPSS activities within the protection sector (12 oPt organizations, 2022)

Code	Label	Examples of activities	Estimated funding for 2022 (USD; median)	Estimated lower limit (USD; lower percentile)	Estimated upper limit (USD; upper percentile)
C2.1	MHPSS through case management	Basic psychosocial support offered through case management, with PSS included in the case management plan as well as psychological first aid and emotional support offered as needed.	1134230	957942	1176057
C2.2	MHPSS through rehabilitation and reintegration	Psychosocial support embedded in the rehabilitation services offered to people with disabilities through community-based organisations.	204164	152018	269458
C2.3	Emotional support and counselling	Structured group exercises for psychosocial support to communities affected by settler violence - these	1080662	616876	1939116

Code	Label	Examples of activities	Estimated funding for 2022 (USD; median)	Estimated lower limit (USD; lower percentile)	Estimated upper limit (USD; upper percentile)
		include awareness raising, stress management, and emotional regulation.			
C2.5	Caregiver skills and well-being	Ten session long intervention for caregivers (i.e., parents, teachers, siblings, grandparents, etc.) focusing on the developmental stages of children, safety of children, and caregivers' own relationships.	50328	44746	53907
C2.6	Structured MHPSS group activities for children and youth	Establishing safe spaces for children and youth and using structured, participatory, inclusive and empowering activities within them to promote self-expression, wellbeing and solidarity.	633241	608271	642831
C2.7	MHPSS activities through women and girls' safe spaces	Activities conducted in coordination with centres for women, which are like safe spaces/one stop places for women. Includes activities organized for women and gender-based violence (GBV) survivors to promote self-esteem and empowerment through life skills training and access to information. Also includes sessions on awareness about GBV, self-defence, "positive energy", decision making skills, time and stress management skills. Also includes interactive learning activities like drama and music therapy.	239497	228275	251898
C2.9	Self-help and community support mechanisms	Self-help through psychoeducation tools, including stress-management, breathing techniques, and mindfulness.	37887	14688	305572
A1	Needs assessment and service mapping	Needs assessments to understand needs related to emergency preparedness, MHPSS needs to plan MHPSS programming and study conducted to understand the determinants of recidivism amongst children in conflict with law.	32111	16337	48544
A2	Planning of MHPSS programs and activities	Planning programming with youth that can support preservation of cultural heritage and promote wellbeing through safe spaces, social and economic development.	10646	10543	11105
A3	Coordination of MHPSS programs and activities	Develop and roll out procedural guidance for child friendly and gender responsive treatment during legal procedures. Contribution to technical guidelines for rehabilitation institutions.	250604	212466	423681
A4	Training and supervision of paid staff, incentive workers, and volunteers	Training of community child protection committee members on risk factors of child delinquency and good parenting skills.	153885	94907	223260
A5	Development and implementation of monitoring and evaluation (M&E) systems	Evaluation of a psychosocial intervention and using the lessons learned to make modifications to the standard operating procedures.	102386	51565	203705
B2	Basic psychosocial skills provision	Providing psychological first aid in areas where the Palestinian Authority does not operate; and working with community-based organizations to respond in emergencies.	260765	246001	264018
B3	Community outreach and awareness activities	Increasing awareness of the community on risk factors of child delinquency, parenting skills, and rights of children in conflict with law. Awareness raising for the identification and reporting of child protection cases.	9862	9862	9862

10.2.2 Estimated MHPSS funding within the health sector

The total funding for MHPSS activities that could be allocated to the health sector for 2022 across the 12 oPt organisations was estimated at US$3,086,039. Figure 5 provides the distribution of this amount across the three health-specific codes (C1.1, C1.2, C1.4) and health specific activities under two codes from section A (A1, A4) and three codes from section B (B1, B3, B4).

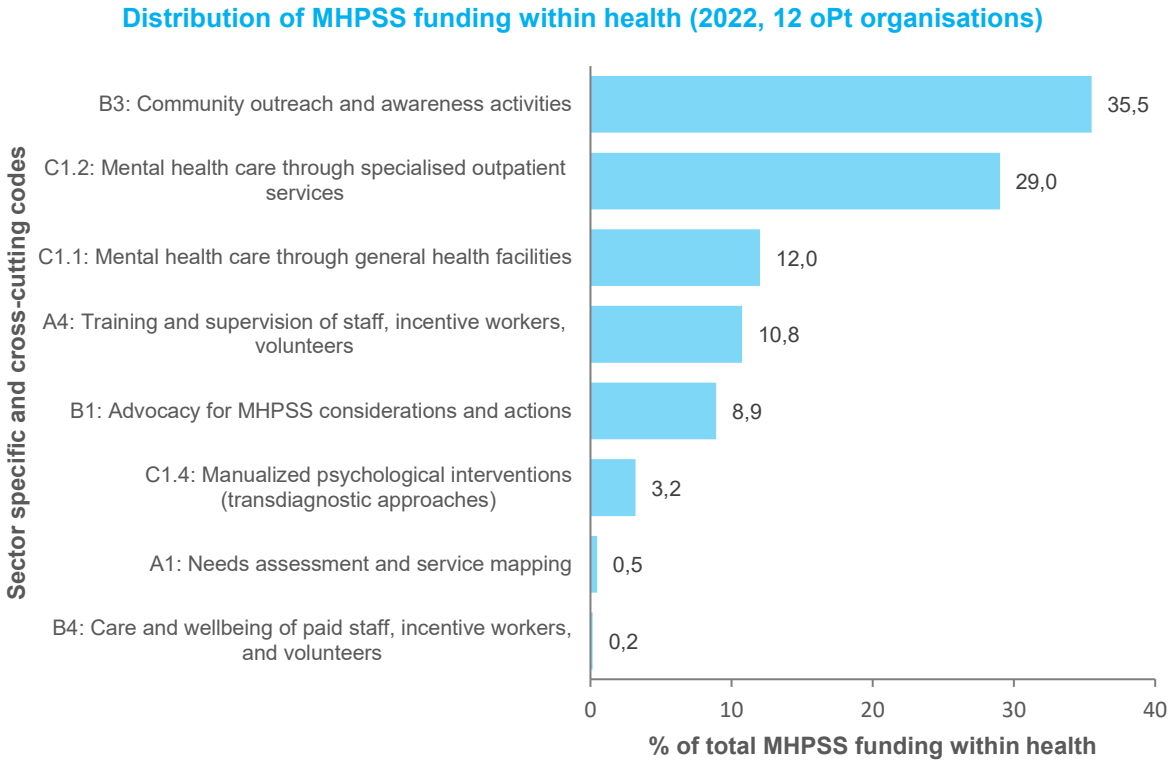

Figure 5: Distribution of MHPSS funding within the health sector for 12 organizations in oPt (2022)

More than one-third of the total health sector funding (35.5%) was estimated to have been budgeted for community outreach and awareness activities (B3), little less than one-third (29%) for mental health care through specialised outpatient services (C1.2), a little over one-tenth (12%) for mental health care through general health facilities (C1.1), and only 3.2% for manualized psychological interventions (transdiagnostic approaches) (C1.4). Notably, no funding was budgeted for mental health care through specialised inpatient services (C1.3), for e.g., psychiatric inpatient services in general hospitals. Table 6 provides the estimated funding amount for all codes with health sector activities, along with the lower and upper limits of the funding amounts calculated based the lower and upper percentiles. It also provides examples of specific MHPSS activities under each code.

Table 6: Examples of MHPSS activities within the health sector (12 oPt organizations, 2022)

Code	Label	Activity	Estimated funding for 2022 (USD; median)	Estimated lower limit (USD; lower percentile)	Estimated upper limit (USD; upper percentile)
C1.1	Mental health care through general health facilities	MHPSS support offered by mhGAP trained nurses and doctors at primary health centres and general hospitals (also includes procurement and supply of psychotropic drugs) as well as mainstreaming quality mental health public services into the Ministry of Health's primary healthcare package.	370784	370064	371587
C1.2	Mental health care through specialised outpatient services	Creating and operating mental health units in hospitals that include psychologists stationed at hospitals, who are provided training in cognitive behavioural therapy and other forms of psychotherapy. They are also present at the triage station in the emergency rooms and support doctors in services for patients needed MHPSS.	895204	842032	903454
C1.4	Manualized psychological interventions (transdiagnostic approaches)	Problem management plus offered to survivors of violence from armed soldiers and settlers in West Bank (provided by the same team of psychologists and social workers who offer basic psychosocial support immediately after the event) and in affected communities in Gaza.	98458	92884	99686
A1	Needs assessment and service mapping	Assessment of MHPSS needs of children and adolescents after an escalation of settler violence. Use of routine clinical data to conduct research on the MHPSS needs of children and families.	14333	12850	14333
A4	Training and supervision of staff, incentive workers, and volunteers	Training of staff members in providing psychosocial support through health services.	331784	313000	335923
B1	Advocacy for MHPSS considerations and actions	Advocacy activities about the impact of emergencies on mental health.	274986	259418	278417
B3	Community outreach and awareness activities	Community level activities aimed at awareness raising, sensitization about MHPSS, stigma reduction, and activating referral pathways from the community to health facilities. Also includes counselling offered at the community level through community-based organisations.	1095490	1080647	1101668
B4	Care and wellbeing of paid staff, incentive workers, and volunteers	Promotion of staff wellbeing and responding to issues such as staff burnout and vicarious trauma. This includes contracting MHPSS specialists to provide services, ensuring processes are in place to attend to the MHPSS needs of staff, and providing care for staff with disabilities.	5000	5000	5000

10.2.3 Estimated MHPSS funding within the education sector

The total funding for MHPSS activities that could be allocated to the education sector for 2022 across the 12 oPt organisations was estimated at US$936,154. Figure 6 provides the distribution of this amount across the four education-specific codes (C3.1, C3.2, C3.4, C3.6). Most of the education sector funding (82.9%) was estimated to have been budgeted for structured MHPSS group activities for children and youth (C3.2),

followed by about one-tenth funding (9.1%) budgeted for caregiver skills and wellbeing (C3.6). Relatively less funding was budgeted for emotional support and counselling (C3.4) and social emotional learning (C3.3) at 4.7% and 3.3%, respectively. Notably, no funding was budgeted for MHPSS activities through women and girls' safe spaces (C3.3) and collective activities in and around learning spaces (C3.5). Table 7 provides the estimated funding amount for all codes with education sector activities, along with the lower and upper limits of the funding amounts calculated based the lower and upper percentiles. It also provides examples of specific MHPSS activities under each code.

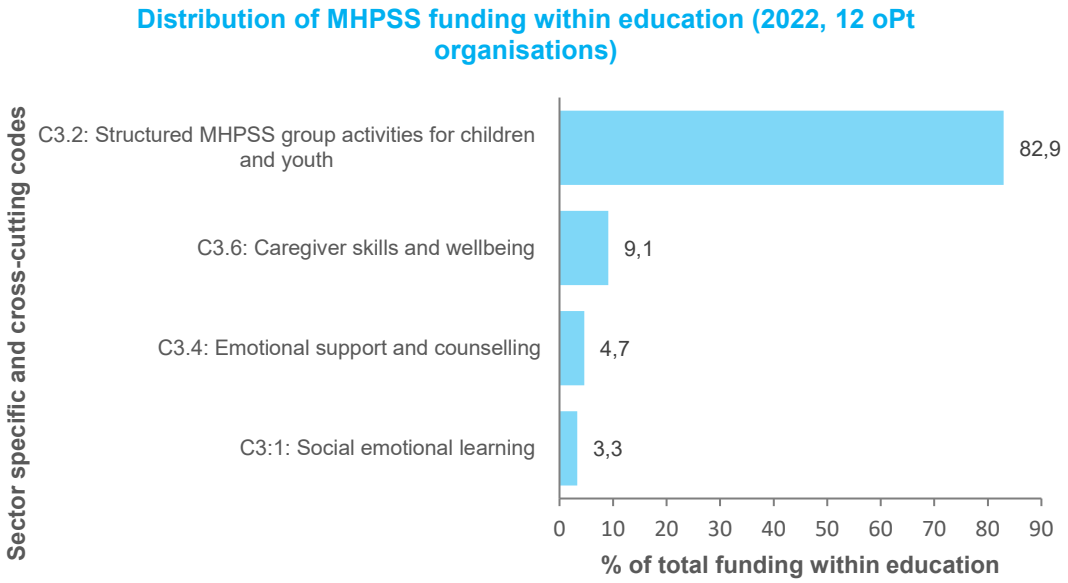

Figure 6: Distribution of MHPSS funding within the education sector for 12 organizations in oPt (2022)

Table 7: Examples of MHPSS activities within the education sector (12 oPt organizations, 2022)

Code	Label	Activity	Estimated funding for 2022 (USD; median)	Estimated lower limit (USD; lower percentile)	Estimated upper limit (USD; upper percentile)
C3.1	Social emotional learning (SEL)	Group sessions for the whole class conducted by trained counsellors under a program for children affected by armed conflict.	31004	20281	48713
C3.2	Structured group activities for children and youth	Work with children and youth through kindergartens, schools, sports clubs, and universities that included counselling and psychosocial support.	776306	732356	785990
C3.4	Emotional support and counselling	Provision of psychosocial support and formal and non-formal education provided to children in the Gaza Strip post their release from detention.	43540	43540	43540
C3.6	Caregiver skills and well-being	Work with caregivers (parents, teachers, and counsellors) through kindergartens and schools.	85304	80474	86368

10.2.4 Estimated MHPSS funding within other sectors

In comparison to health, protection and education sectors, the funding estimated to have been budgeted under Food Security and Livelihood (FSL) and shelter and settlements sector was much lower, and estimated at US$105,674 and US$413, respectively. Also, no funding was budgeted for MHPSS under the

nutrition sector (C4), camp management and camp coordination sector (C5), and water, sanitation, and hygiene sector (C7).

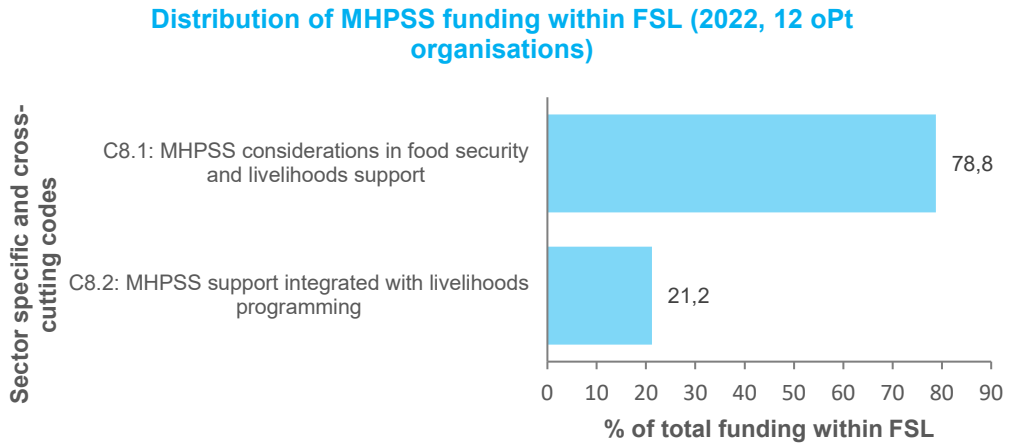

Figure 7: Distribution of MHPSS funding within the FSL sector for 12 organizations in oPt (2022)

Figure 7 provides the distribution of the MHPSS funding within the FSL sector – more than three-fourth of the funding (78.8%) was estimated to have been budgeted for MHPSS considerations in food security and livelihoods support (C8.1) and the remaining (21.1%) for MHPSS support integrated with livelihoods programming (C8.2). Notably, no MHPSS funding was budgeted for promoting community leadership and long-term food and livelihood security (C8.3). In case of the shelter and settlements sector, all of the small amount of funding budgeted for MHPSS was dedicated to MHPSS considerations in shelter and non-food items (C6.1; US$413). Notably, no MHPSS funding was budgeted for shelter related outcomes that improve well-being (C6.2) and shelter activities that support the delivery of MHPSS services (C6.3).

Table 8 provides the estimated funding amount for all codes with FSL and shelter and settlements sector activities, along with the lower and upper limits of the funding amounts calculated based the lower and upper percentiles. It also provides examples of specific MHPSS activities under each code.

Table 8: Examples of MHPSS activities within the FSL sector and shelter and settlements sector (12 oPt organizations, 2022)

Code	Label	Activity	Estimated funding for 2022 (USD; median)	Estimated lower limit (USD; lower percentile)	Estimated upper limit (USD; upper percentile)
C8.1	MHPSS considerations in food security and livelihoods support	Work done to equip multipurpose/vocational training centres in West Bank and Gaza: through coaching provided for staff at care centres and hiring trainers to offer vocational training.	83242	83207	83474
C8.2	MHPSS support integrated with livelihoods programming	Providing alternatives to detention and vocational training activities for children in conflict with the law in Gaza	22432	22432	22432
C6.1	MHPSS considerations in shelter and non-food items (NFI) support	SOPs designed to take an MHPSS approach into consideration in shelter assistance.	413	378	645

11. Lessons learnt and recommendations for the next steps

A key learning from this study is that it is challenging to secure access to MHPSS budgets and programming data in emergencies. Despite our best efforts, financial data could be collected only from 12 organizations with MHPSS programming in oPt. In Bangladesh, it was not possible to collect any financial data for 2022, because of which the analysis does not capture MHPSS funding in Bangladesh. Programming data received was also scarce, because of which the mapping of MHPSS activities to codes and budget lines relied primarily on unstructured data (i.e., consultations with MHPSS focal points and sector/sub-sector leads). Nevertheless, the funding estimates developed for the 12 oPt organizations included in the analysis have made evident many gaps in funding (across and within sectors). This, in turn, will be instrumental in focusing advocacy and programming efforts for improving the integration of MHPSS across sectors. However, it is important to note that these estimates do not represent the total MHPSS budget in oPt and its distribution across sectors and activities.

Another learning from this study is that a retrospective analysis of budgets is time intensive,[5] because of which funding estimates developed retrospectively may not accurately reflect the current focus of MHPSS funding and programming in complex and rapidly evolving emergency contexts. As such, there is a need to focus efforts on developing sustainable systems to track and report MHPSS funding on an ongoing basis, which can enable a real-time analysis of the programming and funding gaps as well as timely advocacy to address them.

Against the backdrop of these learnings, there is a need to convene diverse actors that can contribute to addressing the identified challenges and driving the work forward in the direction of developing and implementing sustainable mechanisms to track MHPSS funding. Towards this end, the following recommendations have been developed by the MHPSS Collaborative and the IASC MHPSS Reference Group co-chairs:

- Review of the funding analysis methodology and the coding template from an expert group represented by the:
    - IASC MHPSS RG's member agencies and experts familiar with the humanitarian programming cycle (MHPSS experts and experts from other sectors)
    - Representatives from the advocacy thematic group at the IASC MHPSS RG
    - Fundraising experts across the IASC MHPSS RG member agencies
    - Health economists
    - MHPSS TWG co-chairs
- Consultations with selected IASC MHPSS RG and MHPSS TWG member agencies to understand and build on the existing mechanisms and resources used to track funding at the national and organizational levels.
- Collaboration with the MHPSS Surge Support mechanism and identification of pathways to promote the tracking of MHPSS funding at the national level/through the MHPSS TWGs.
- Advocacy and dissemination in support of creating sustainable mechanisms to track MHPSS funding:
    - A round table event to share learnings and bring together expertise for further development of the methodology and the coding template, including representatives from OCHA (with specific focus on FTS), health economists, the MHPSS Collaborative, IASC

[5] This study took approximately 8 months to produce the first draft of the funding analysis report (i.e., April to November 2023) and might have taken longer if a larger number of organisations had shared their funding data.

MHPSS RG co-chairs, IASC MHPSS RG member agencies, the German Development Agency (GIZ), Netherlands Enterprise Agency (RVO; a government agency which is a part of the Dutch Ministry of Economic Affairs and Climate Policy), etc.

- Submitting the methodology and findings from the funding analysis to a high-impact journal for peer review and feedback.

12. Annexures

Annex 1: Discussion guide used for consultations

Introduction	We want to conduct a desk review of MHPSS activities and budgets in two emergencies to understand the expenditure on MHPSS in the last 1-2 years and develop a coding system that can be used to track funding. Since MHPSS activities are typically integrated within sectoral programming, MHPSS-specific funding is not captured in systems used to track humanitarian funding. Tracking funding available for MHPSS is important for understanding if commitments made on mental health translate into action and for studying the impact of funding on mental health and well-being. Codes developed from this project will be proposed to OCHA for inclusion in their financial tracking system, so that MHPSS funding can be tracked globally. This project will also benefit the TWG by creating a system that can be used to track funding nationally, which can then be used to identify gaps between MHPSS needs and funding, advocate with donors for more investment in MHPSS, and identify sectors with stronger and weaker engagement to strengthen the integration of MHPSS programming across sectors. The support we receive from the TWG members is critical to the success of this project and for developing a coding system that will have a global reach. We will request all interested partners to share their programming and budget documents and will follow strict data protection procedures as mentioned in our data protection plan. Also, we will only ask for program budgets as they relate to MHPSS programming, for example, budget lines associated with the delivery of MHPSS services, for e.g., staff time, supplies related to the implementation of activities, community spaces where MHPSS activities are implemented, etc. • Do you have any questions about the project? *Please answer all questions and address all concerns before asking the questions below.*
MHPSS programming insight to help inform the coding template	• How do you define MHPSS within your organization? • Which MHPSS interventions and activities does your organization provide (in Bangladesh/oPT)? *Only if helpful in probing, mention the layers of the intervention pyramid one-by-one to understand the entire span of MHPSS activities implemented by the organization.* • Does your organization integrate MHPSS into the work of other sectors or run standalone MHPSS programs? • *If standalone:* Could you please provide some examples of standalone MHPSS programs? • *If integrated:* Which are the sectors within which MHPSS activities are integrated? Could you please provide some examples of integrated MHPSS programs?

	• *If integrated:* Are there any programs that are conducted in collaboration with multiple sectors? *If yes:* could you provide examples of multisectoral programs?

Budgeting	• Are there any ways in which your organization is currently tracking its expenditure on MHPSS activities?
	  ○ If yes, how?
	  ○ If no, why not and what are the challenges involved?

Next steps	• Do you have any concerns about participating further in this project or sharing documents on MHPSS programming and budgets? What do you think would be most helpful in addressing these concerns? • Are there any documents available that describe the MHPSS programs/activities implemented by your organisation (e.g., manuals used for interventions)? Would it be possible for to share them with us along with the associated budget lines? • Is there anything else that you would like to discuss?

Annex 2: Data protection risks and mitigation measures

The table below highlights the anticipated data protection risks and the mitigation measures planned to reduce these risks.

S.No.	Data-related risks	Risk before mitigation	Options to reduce or eliminate risk	Risk after mitigation
1	Documents shared by the TWG members become accessible to staff (from the MHPSS Collaborative) that are not involved in the study.	Moderate	All documents shared by the TWG member organisations will be saved in a private project folder on Microsoft Teams that will only be accessible by the project team at the MHPSS Collaborative and external partners directly involved in the project.	Low
2	Documents shared by the TWG members become accessible to personnel external to the MHPSS Collaborative who are not involved in the project.	Moderate	Documents will be shared with external partners (a health economist at King's College London and a master's student at University of Copenhagen) through a private Microsoft Teams folder. In case emails are necessary to share documents with partners, they will be password-protected. A non-disclosure agreement will be signed with external partners to maintain data confidentiality.	Low
3	Data is kept longer than needed.	Moderate	One point person from the MHPSS Collaborative team will have the responsibility to ensure that all the study data is deleted after the report has been submitted and all the dissemination activities have finished.	Low