

# Lessons from Sri Lanka

## Lessons Learned and Recommendations on Orientation Workshops and Field Testing the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

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### Introduction

Initial 'lessons learned' from the field-testing process in Sri Lanka were synthesized by the IASC Task Force facilitators and external consultant at the end of the orientation workshops in March, 2007. Additional feedback and comments from workshop participants and key agencies working in the mental health and psychosocial sectors were compiled in the Feedback Report written by the independent consultant at the end of July, 2007.

This compilation of key lessons learned and recommendations from field testing the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* in Sri Lanka reflects both the objective information gained from feedback discussions and questionnaires, and the views of the IASC Task Force facilitators and the independent consultant.

### 1. Objectives and Expectations of Field Testing and Orientation Workshops

Prior to and during the 'field testing' and workshops in Sri Lanka, there was some confusion as to the objectives of the workshops. Some participants thought the purpose was to field test the Guidelines with a view to further revisions and adaptations of the Guidelines; others thought the objective was to learn how to implement the guidelines; and some participants expected to learn new technical skills to promote psychosocial approaches. The lack of clarity regarding the objectives and expectations of the workshops resulted in very divergent expectations, and in the feedback discussions some participants expressed a sense of disappointment in both the process and outcome of the workshops.

#### Recommendations:

- **The IASC Task Force needs to clarify and agree on the objectives of the 'field-testing':**
  - Is it really field-testing, with a view to revising the Guidelines according to the feedback at some future date?
  - Is it an orientation, to introduce the Guidelines and seek endorsement and commitment from Government and agencies?
  - Is it 'early implementation', which implies efforts to operationalize the Guidelines?
- **Once the IASC Task Force agrees on the objectives of the 'field testing' process, language and terminology should be revised to reflect the agreed objectives and expectations. (We would recommend the use of 'orientation' or 'case study' rather than 'field testing'.)**

### 2. Planning and Organisation of Workshops

In Sri Lanka, there were 5 weeks for organisers to plan the workshops. This was insufficient time to brief agencies or participants on the purpose and objectives of the workshops, select appropriate participants, translate and distribute the guidelines (in local languages) prior to the

workshops, and arrange the logistics for the workshops.

### **Recommendations:**

- **At least 2 months preparation time is needed prior to orientation workshops to sensitize organisations, organise the logistics of the workshops, and prepare and distribute materials.**
- **The IASC Task Force should identify an agency or national consultant (perhaps through the IASC Country Team) who will accept responsibility and has the time to conceptualize and organize the orientation workshops. This work should be done through a consultative process that engages various local stakeholders and is sensitive to local issues of power and exclusion. It also involves the preparation and distribution of materials, provision of technical support, and post-orientation follow-up and evaluation.**
- **Funding must be provided for a period of six months, to cover the costs of the agency/personnel involved in organizing and implementing the workshops, workshop materials, technical support, and follow-up activities.**

### **3. Structure and Organisation of Workshops**

The model of orientation workshops is useful in preparing agencies and practitioners to use the IASC Guidelines, but workshops should be adjusted to respond to the country-specific context, and different levels, functions, and priorities of participating agencies.

In Sri Lanka, the workshops intermixed people whose primary work is psychosocial programming with people who work in sectors such as water/sanitation and shelter, and have limited exposure to psychosocial programming. Moreover, some of the workshops were very large with 40-50 participants, and participants varied greatly in terms of work experience and responsibilities within their agencies. With such large group size and great variability in the levels of expertise, experience, responsibility, and language ability, it was very difficult to engage all the participants in the most effective manner.

In feedback discussions, it was emphasized that the cultural norm and practice in Sri Lanka is top-down management and implementation strategies. Many participants said that until the head of their agency commits to using the Guidelines, there was little they could do as individuals to promote the Guidelines. They suggested that it would be preferable for the IASC Task Force members to first orient and introduce the guidelines with heads of agencies, to elicit willingness to support implementation of the guidelines within and through their own agencies.

Other participants felt the key role for IASC Task Force members was to advocate for the Government to accept the IASC Guidelines as an international standard. In the current political context in Sri Lanka, they felt it was crucial to gain approval and commitment from the relevant Government ministries at national level, prior to introducing the Guidelines at district and local levels. Indeed, this is the way UN agencies usually work when doing development, yet the question arises whether this should also be the case for IASC Guidelines. It takes years for Governments to adopt documents. Humanitarian actors should be able to take documents such as this forward without formal Government commitment, although that would be extremely helpful.

## **Recommendations for Orientation Workshops:**

- **It is very important to carefully select participants in workshops and not to issue open invitations to multiple-day workshops with invitations of all backgrounds and levels.**

**Based on ‘lessons learned’ in Sri Lanka, we would encourage consideration of a 3-tier model of orientation workshops. Yet, as no single model applies to all contexts, this model is not intended to lock local planners into a single approach. In fact, it is likely that local actors will create alternate models that may be much better adapted to their particular context.**

**First Tier** (national-level, likely conducted in the capital): Orientation by IASC Task Force members with IASC country team (UN and NGO agency heads), government decision-makers in relevant government departments, and the relevant in-country IASC Cluster leaders. The objective of these orientation briefings and meetings would be to obtain government and agency commitment to endorse, integrate, implement and promote the guidelines.

**Second Tier** (national-level, likely conducted in the capital): Five-day orientations for key MHPSS workers, both nationals and internationals, such as people who are psychosocial/mental health ‘focal points’, psychosocial/mental health coordinators, or otherwise technically responsible for psychosocial and mental health programmes in their agency/Department/Cluster in different regions of the country. Participants would thus come from multiple regions beyond the capital; include women, men, and members of different ethnic and religious groups; and would have expressed in advance a willingness to subsequently conduct an orientation workshop in their region, making this an ‘Orientation of Orienters’ (OoO) approach.

Facilitators for these ‘Orientation of Orienters’ should be a combination of IASC Task Force members and national focal points in MHPSS.

**Third Tier:** Orientation at regional and field level, facilitated by people who completed the five-day orientation workshop (second tier). These diverse workshops would respond to the specific needs and context of each geographical region, be conducted in the local language(s), and could include:

- Orientation to regional-level UN / NGO agency field office heads, regional-level government decision-makers in relevant government departments, and the relevant regional-level IASC Cluster leaders
- Orientation to mental health/psychosocial staff on the guidelines (2-3 days). The participants would be mainly made up of staff that tend to attend MHPSS regional-level coordination meetings in emergencies. Participants would be informed in advance that the workshop will not teach them counseling or any other specific field skills (e.g. there will be no certificate!), that the orientation will focus on learning about the IASC framework for MHPSS, and that the workshops aim to lead to better MHPSS programming. The number of participants in such orientation may need to be limited to a maximum of 20-25 people.
- Brief (e.g. ½ day - 1 day orientations) to people working in core humanitarian services (e.g. watsan, nutrition, food, general health services). Participants would be informed in advance that the workshop will not teach them counseling or any other specific field skills, but that on the contrary the orientation will focus on learning about the IASC framework for MHPSS and that the workshops aim to lead to effective use of a MHPSS lens in normal humanitarian programming, to ensure that normal humanitarian

programming does not undermine psychosocial well-being.

#### **4. Content and Format of the Guidelines**

Based on the selected worksheets presented during the workshops and group exercises in the use and application of the Guidelines, workshop participants viewed the Guidelines as technically sound, and most participants saw them as relevant. There was hardly any critique of the contents of the guidelines.

However, there was considerable feeling that the Guidelines are overwhelming, and should be formatted in a way that is more 'user friendly', and adapted to the local context. In follow-up discussions by the independent consultant, it was found that very few participants or key actors in the MHPSS field had actually read or browsed the Guidelines, saying that they did not have the time to wade through such a dense document. The general message was: "the content is good and useful, but accessibility is difficult."

Some workshop participants were unable to read the Guidelines due to delays in translating the document in full into Tamil and Sinhalese. There were many divergent views as to the value of translating the document in full into local languages. Many of the key actors felt that the quality of translations was poor, and distorted the content of the Guidelines. Others thought that it would be preferable for each agency to select the relevant Action Sheets, and adapt and translate these for the field, instead of translating the document in full.

#### **Recommendations:**

- **The IASC Task Force should develop and distribute a colorful, illustrated, user-friendly 'Guide to the Guidelines'.**

This introductory pamphlet should include:

WHAT: Describing the focus, function and global nature of the Guidelines

WHY: Emphasizing the need to maximize 'lessons learned' and minimize harm, and the importance of a multi-sectoral approach

HOW: Describing the ways in which the Guidelines can be used as:

- A guide for policy-makers
- A check-list for program planning and emergency response
- A 'reference book' rather than a manual to be read in full

KEY CONCEPTS: Outline the six Core Principles

- **Add an index at the end of the guidelines, for easy reference.**
- **Colour-code the different Action Sheets**
- **Translations of the Guidelines into local languages should be discussed with key actors and the workshop organizers prior to the orientation workshops. The time and effort to produce quality translation of such large document should not be under-estimated (at least 2 months). It may be preferable to only translate the field version.**