

Notes IASC RG MHPSS call on Ebola Response

Monday 18 August

Participants

	Name	Organisation
1	Ruth O'Connell	UNICEF, West & Central Africa Regional Office
2	Ana Maria Tijerino	Médecins Sans Frontières, (MSF) Switzerland
3	Francesca Paola Crabu	International Committee of the Red Cross (ICRC), Liberia
4	Fabienne Rousseau	Action Contre la Faim (ACF) Liberia & Sierra Leone - Ethiopia, Djibouti & Somalia
5	Eliza Cheung	Red Cross Society, Liberia
6	Louise Steen Kruger	International Federation of Red Cross and Red Crescent Societies (IFRC) Reference Centre for Psychosocial Support
7	Fahmy Hanna + Mark van Ommeren	World Health Organisation (WHO)
8	Emmanuel Streel	WHO
9	Carmen Valle	CBM, Sierra Leone
10	Heather Pearson	CBM (recently returned from Sierra Leone)
11	Inka Weissbecker	IMC
12	Barbara Lopez Cardozo	Centers for Disease Control and Prevention (CDC)
13	Minja Peuschel	Save the Children
14	Leslie Snider	War Trauma Foundation
15	Guglielmo Schinina	IOM
16	David Gangsei	CVT; local partners in Sierra Leone and in Liberia
17	Maleeka Salih	MHPSS.net
18	Lucy Hillier	MHPSS.net
19	Saji Thomas	UNICEF Co chair IASC MHPSS RG
20	Margriet Blaauw	War Trauma Foundation, Co chair IASC MHPSS RG

Notes

Prepared by Ileana Barragan (IOM) and Margriet Blaauw

Agenda

1. Brief updates from each organization about activities and plans
2. What are the immediate needs and challenges; how may they be addressed (country level, regional, HQ)
3. MHPSS coordination mechanism: What is in place? How does it work? What are the needs?

1. Brief updates from each participating organization about MHPSS activities and plans related to the Ebola outbreak

Médecins Sans Frontières (MSF)

MSF is present in Guinea, Liberia and Sierra Leone and have been working since March this year on the Ebola outbreak. Soon they will start working in Nigeria. They have increased their capacity on the ground over the past months and have currently more than 1000 staff working on the Ebola outbreak. Their work is patient centered and they work on Family Health Promotion.

Needs and Challenges:

- MSF is calling for support from other agencies, for example in community support and awareness raising.
- The workload is simply too high, especially in Liberia and Sierra Leone, where it is very hard to find staff to work in health facilities.

ICRC Liberia

The ICRC MHPSS delegate has been in Liberia since 23 July (until 17 October 2014). Their main activities have been

- Assessing needs, capacity building and technical coordination with the Ministry of Health (MoH)
- Trained 40 Health workers on Psychosocial Support (PSS), (Stress and anger management and self care) at Redemption Hospital
- Trained 20 Social workers on PSS support (Stress management, loss and grief, Psychological First Aid (PFA) and self care)
- Facilitated a Training of trainers (ToT) on Community based PSS, this included 19 MH clinicians working in the 15 different counties
- Co-facilitated a ToT on Community based PSS. 12 Liberia National Red Cross (LRNRC) PSS counselor, 5 social workers and one Protection officer working with Save the Children
- They have introduced the 4W's, with weekly updating and they are participating on the daily MHPSS committee meeting at MoH level

They are planning

- Starting on 22 August ICRC will facilitate the PSS training for Ebola hot line responders (5 groups- 100 participants)
- To set up a PSS hot line service at MoH level if the first one at LNRC is successful and are
- To set up a Peer Support system at MoH level on September
- Capacity building for ICRC Health officer on Stress management, self care and PFA

Needs and Challenges:

- Staff support – there is a need for qualified PSS staff especially at Education Training Unit (ETU) level
- Referral mechanisms; the discussion at MoH level is still on going
- Food shortage and shortage of non-food items
- Addressing stigma
- Burial services
- More technical support at MoH level from different organizations – WHO, UNICEF
- Travel restrictions

- Supervision of the trainees working in different counties
- Social mobilization, awareness campaign

Red Cross Society Liberia

The Psychosocial delegate has been involved in a Training of Trainers staff. Psychosocial Delegates have been trained. She is involved in delegates' supervision. The work is focused on social mobilization.

Needs and Challenges:

- Safety measures. How do we protect staff?
- There is a need for a focus on what people can do to protect themselves.
- Also, Burial rituals and memorial tradition- how can grieving be addressed without the bodies?

IFRC Reference Center for Psychosocial Support

Present in Guinea, Liberia and Sierra Leone

Guinea: The Red Cross Red Crescent (RCRC) has had one Psychosocial Support (PSS) delegate in Guinea in the beginning of the outbreak for one month, training volunteers in doing community outreach and sensitization. One local staff is now in charge of PSS.

Liberia: RCRC has had PSS delegates in Liberia since the outbreak started. Delegates are there approximately one month at a time. The delegates have trained volunteers and worked with the National Society (NS) to build their capacity and support them in getting access to communities.

Sierra Leone: RCRC has had PSS delegates in Sierra Leone since the outbreak started. The delegates have trained volunteers and worked with the NS to build their capacity and support them in getting access to communities. Currently RCRC is in the start of setting up an isolation unit. Trained local volunteers will provide PSS to the survivors and the relatives of the persons in isolation.

WHO

WHO collaborates with many partners, amongst others on coordination, reporting, logistics, referral mechanisms and technical guidance. Promoting public awareness for prevention is key. WHO has cultural anthropologists on the ground. WHO in collaboration with partners is are working on health messages. With respect to MHPSS, WHO is collaborating on the CBM-initiated work to adapt the Psychological First Aid Guide (PFA) to the current situation, including consistent messages relevant to the Ebola outbreak.

CBM

CBM has been working in Sierra Leone and Guinea for a long time. They work amongst others on the Mental Health Leadership and Advocacy Programme (MH LAP). They have redirected their Mental Health staff to work on the Ebola outbreak. CBM is reviewing the PFA Guidelines for the Ebola outbreak. They hope to have the adaptation of the PFA Guide ready soon and to provide training. One of their main focuses is on the grieving rituals.

Needs and Challenges

- One of the challenges is that people are not able to properly grief for their deaths.

- It is currently difficult to coordinate MHPSS programmes. Many people have left and it is not clear who is still working.
- Referral and coordination are also challenges.

IMC

IMC has emergency response teams on the ground in Sierra Leone and Liberia and is collaborating with WHO, national ministries of health, CDC and MSF. They are currently assessing the situation and have started providing support by bringing in additional health care staff, materials and supplies. They are also planning on integrating MHPSS issues into response activities and are exploring MHPSS needs, coordination mechanisms, training materials, the adaptation of PFA, referral pathways and how to address stigma.

Centers for Disease Control (CDC)

CDC is mainly involved in the epidemiological aspects of the outbreak and supports data collection. They are also interested in staff support. What are the screening procedures before deployment etc. (See below under staff support)

Save the Children

Save the Children works in Guinea and Sierra Leone. Their main focus is on children. They provide medical support, do public awareness raising, provide radio messages and psychosocial support. Save has a special PFA Guide focused on children. They intend to scale up their psychosocial activities. They have also distributed survival kits and sanitation supplies

IOM

IOM's focus is on population movement related to the outbreak. IOM is feeding member states and the WHO coordination with data on populations' movements in the region and variations possibly due to the outbreak. IOM has included modules for surveillance and support within its resettlement and assisted voluntary return operation that have not faced any restriction due to the pandemic so far. IOM aims at providing relevant training for border officials and services at border points, but is still seeking funds.

Psychosocial support will be for IOM an integrated part of the response. In this respect IOM will be happy to receive and include in relevant trainings for migration professionals the relevant training materials that are being developed by other agencies.

IOM would like to ask all other involved agency not to forget in their prevention, surveillance and support activities migrants and their needs.

CVT

CVT has capacity building programmes in Sierra Leone: Community Association for Psychosocial Services (CAPS) and Liberia: Liberian Association for Psychosocial Services (LAPS).

CAPS is working closely with the district management team in Kailahun district in its sensitization drives. They work both in Kailahun and Kono districts and they have an office in Freetown. They collaborate with CBM, in the provision of psychosocial support to recovered patients, to overcome stigma.

They are not yet actively involved in the Ebola response, but have regular meetings with the Ministry of Health. However they are working in communities in Lofa County, Bong (Gbarnga), Gbarpolu, Grand Bassa (Buchanan), and they have an office in Monrovia.

MHPSS.net

There is no active group on Ebola on MHPSS.net now, but they are willing to start a group, to facilitate connect between different actors, and share resources and materials.

UNICEF

UNICEF is working on social mobilization, in Sierra Leone, Guinea, Nigeria and Liberia. UNICEF is working on increasing surge support for the child protection sections in each country, the surge support will focus on MHPSS and family separation. More information on assessment results etc. to follow.

Needs and challenges:

- Capacity in psychosocial is very limited
- Difficulty in working with implementing partners as many staff have left/ been evacuated, so it is hard to get a clear picture
- Lack of funding at this stage for programme implementation
- Staff care
- Situation of orphans is particularly worrying

2. Initiatives, challenges and Needs

Joint messaging

The importance of sending out joint messages was stressed. The participants agreed to share messages.

Burial Rites

Include family members in the protective message on burials.

It is hard for people to understand that they cannot provide a proper funeral for their relatives; that they cannot wash their dead relatives, and that they often cannot even see them before they are buried. This causes rumors and misunderstandings.

It is therefore important to find ways in which the relatives can be included. Certain elements in the burial can be helpful for the family members to be involved in.

MSF gave the example of allowing one relative helping with the burial, in protective clothes, for example lowering the coffin in the grave (the grave must be 2 meters deep). Showing just the face of the deceased may be helpful for the relatives.

Staff Support & Staff Supervision

IFRC and RC/RC: In Liberia many of the workers have lived through the war and report a lot of grief issues. Staff support and self-care are a priority for the IFRC and Liberian RC. The PFA manual has a part dedicated to self-care.

ICRC: Staff care is also a top priority for ICRC.

MSF

MSF has strict criteria for employment of staff. Furthermore there is a compulsory briefing and debriefing. Some of their staff has been deployed already for the third time during this outbreak.

Staff support is extremely important for MSF. There are discussions with local as well as international staff. Some national staff members have to sleep outside their houses, as their family members do not allow them in. There are terrible rumors going around and they must be managed. Staff support should not only include psychosocial support but should include preventive measures and supervision.

Staff supervision

Staff supervision is a challenge. Communication mechanisms often do not work, or work poorly. Furthermore due to isolation and stigma, staff members are often not even able to discuss with one another.

Stigma

Addressing stigma is a big challenge mentioned by several agencies. Save the Children has been working on stigma. Orphans are said to have been abandoned by communities. There is more information needed from the field.

PFA Adaptation

- The adaptation was initially based on the situation in Sierra Leone, but will be developed to be useful throughout West Africa.
- There is also initiative to work on a PFA facilitator's manual
- As the situation is different from other emergencies it is very important that the PFA messages are 100% in line with and support Public Health needs related to prevention of further spreading of the outbreak and to containing the disease. WHO is having Ebola experts reviewing the adapted PFA Guide. The Ebola experts are currently working around the clock.

3. MHPSS coordination mechanisms

MSF has a person in charge of PSS and would be happy to share this contact

Several organizations indicated that it is difficult to coordinate with the officials, as NGOs are not participating in the relevant meetings and minutes of these meetings provide limited information. It is therefore difficult to know where staff from the ministries is active, and how they can be supported in their work.

Concerns are that in Sierra Leone the Ministry of Social Welfare leads the coordination. The focus of the Ministry is on Child Protection and not on MHPSS as a whole.

CBM hopes MSF can use their position to encourage better coordination in Sierra Leone. MSF cannot promise this. Coordination is not in their mandate.

It is suggested that the group can collaborate and coordinate informally, depending how many actors there are on the group.

4. Issues for follow-up

Information, training materials sharing; sharing of common messages

- Please send relevant document to the co-chair of the MHPSS Reference Group mhpss.refgroup@gmail.com
- and/or share on the Ebola response group of mhpss.net: <http://mhpss.net/groups/regions-and-countries/africa/ebola-west-africa-2014/>

4W's Liberia

- ICRC will share the 4W's as soon as possible

PFA Guide

- The adapted PFA Guide will be made available as soon as it is finalized

Follow-up conference calls

- In times of emergencies the Reference Group normally organizes one single conference call. Collaboration and coordination usually continues on the ground. As this is a different situation, with wider impact, and in case the need is there a follow-up call will be organized in the coming weeks.

5. Contacts and Resources

Psychosocial Sub-Committee in Liberia

The Ministry of Health and Social Welfare is leading a Psychosocial Subcommittee, which is co-chaired by the Carter Center. The adaptation was initially based on the situation in Sierra Leone, but will be developed to be useful throughout West Africa. Organisations looking to collaborate on MHPSS interventions can contact:

- Barbara Hina, MoHSW: barbara.hina@yahoo.com
- Peter Musa, Carter Center: peter.musa@cartercenterliberia.org

Community Association for Psychosocial Services (CAPS), Sierra Leone

Are working closely with the district management team in Kailahun district in its sensitization drives. CAPS works both in Kailahun and Kono districts and they have an office in Freetown.

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