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UNICEF Myanmar

Mental Health and Psychosocial Support Multi-Sectoral Strategy 2022-2025

December 2021

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for every child

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UNICEF Myanmar Cross Sectoral MHPSS Strategy was developed through a process of key discussions and interviews UNICEF staff members working in field locations across the country under CP, Health and Nutrition and Education and with Co-chairs of MHPSS and CP AoR,; a desk review of pre-existing information relevant to MHPSS in the country including child specific services and MHPSS information needs; and key Guidance of core MHPSS documents at the global level including UNICEF Mental Health and Psychosocial Technical Note and the GLOBAL MULTISECTORAL OPERATIONAL FRAMEWORK for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers Across Settings and the Minimum Service Package (MSP) for MHPSS in humanitarian settings, developed by UNICEF, WHO and UNHCR (an online version of the current MSP and supplementary materials are available at mhpsmsp.org to support in steps taken and considerations in implementation).

*All questions relating to the content should be directed towards the UNICEF MHPSS team under CP

Glossary of Key Terms

Adolescence

The phase of life between childhood and adulthood, from ages 10 to 18 years. It is a unique stage of human development, encompassing rapid physical growth and sexual maturation combined with emotional, social, and cognitive development. It is an important time for laying the foundations of good health.¹

Caregiver

Caregivers are those responsible for the care of children, and may include mothers and fathers, grandparents, siblings, and others within the extended family network, as well as other child caregivers outside of the family network.

Child

Child is defined as all children and adolescents aged 0–18 years of age (according to the Convention on the Rights of the Child). The term is inclusive of boys, girls, and LGBTQ+ children; children with protection risks or exposed to serious events; and children with disabilities or with mental health and psychosocial conditions.

Community

Community includes men and women, boys and girls, and other stakeholders in child and family wellbeing, such as teachers, health workers, legal representatives, and religious and governmental leaders. Community can be defined as a network of people who share similar interests, values, goals, culture, religion, or history – as well as feelings of connection and caring among its members.

Community mobilization

“Efforts made from both inside and outside the community to involve its members (groups of people, families, relatives, peers, neighbours or others who have a common interest) in all the discussions, decisions and actions that affect them and their future.” (IASC MHPSS Guidelines, Action Sheet 5.1, p. 61²)

Community participation

The process by which individuals, families or communities assume responsibility for their own welfare and develop the capacity to contribute to their development. Community participation refers to an active process whereby the beneficiaries influence the direction and execution of projects rather than merely receive a share of the benefits.

Culture

A set of shared values, beliefs, and norms among a society. Culture is dynamic, changing as societies adapt to new information, challenges, and circumstances.

Family

A socially constructed concept that may include children who live with one or both biological parents or are cared for in various other arrangements such as living with grandparents or extended family members, with siblings in child- or youth-headed households, or in foster care or institutional care arrangements.

¹ WHO and UNICEF, *Helping Adolescents Thrive Toolkit: Strategies to promote and protect adolescent mental health and reduce self-harm and other risk behaviours*, Geneva: World Health Organization and UNICEF, 2021. Licence: CC BY-NC-SA 3.0 IGO

² Inter-Agency Standing Committee, *IASC MHPSS Guidelines*, Geneva, 2007.

Resilience

The ability to overcome adversity and positively adapt after challenging or difficult experiences. Children’s resilience relates not only to their innate strengths and coping capacities, but also to the pattern of risk and protective factors in their social and cultural environments.

Wellbeing

Mental health and psychosocial Wellbeing³

Wellbeing describes the positive state of being when a person thrives. In children and adolescents, it results from the interplay of physical, psychological, cognitive, emotional, social, and spiritual aspects that influence a child’s and adolescent’s ability to grow, learn, socialize, and develop to their full potential.

Mental health and psychosocial conditions

A wide range of disorders that affect an individual’s cognition, emotion and/or behaviour and interfere with the individual’s ability to learn and function in the family, at work and in society. In many circumstances, many of these conditions can be successfully prevented and/or treated. They include mental and substance use problems, severe psychological distress, intellectual disabilities, and suicide risk.⁴

Mental health and psychosocial support

A composite term used to describe any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorders.

Persons with disability

Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.⁵

MHPSS workforce

MHPSS practitioners who have professional, on-the-job training, and technical competencies in mental health and psychosocial support, including those with the following backgrounds: child and adolescent psychology, counselling psychology, psychotherapist, expressive art therapists, family therapist, educational psychologist, social workers, school counsellors, psychiatric care, psychiatrists, psychiatric nurses, occupational therapists, doctors/primary care physicians and nurses trained in mental health and/or staff who meet the necessary years of on-the-job training and technical competencies for the services that they are delivering

³ UNICEF, *Mental Health and Psychosocial Technical Note*, 2019.

⁴ WHO and UNICEF, *Helping Adolescents Thrive Toolkit*, 2021.

⁵ Convention on the Rights of Persons with Disabilities (CRPD), *Article 1*.

CHAPTER 1:

Why this Mental Health and Psychosocial Support Multi-Sectoral Strategy?

Since February 2021, Myanmar has shifted into an increasingly deteriorating and complex humanitarian crisis. The onset of the military takeover has ignited civil unrest and has led to widespread violent crackdowns by the military and armed conflict leading to mass displacement, loss of life and human rights violations including in previously stable areas. The conditions have drastically increased the humanitarian needs of the population in an environment with constricted humanitarian space and bureaucratic barriers. The compounding impact of political unrest and armed conflict on top of the already crippling impact of the Covid-19 pandemic, has greatly threatened the well-being of children, adolescents and caregivers and has increased pre-existing vulnerabilities. Mental health conditions and psychosocial problems of children, adolescents and caregivers can be exacerbated when they are exposed to humanitarian crisis, including prolonged conflict, poverty, mass displacement, violence, exploitation, and disease outbreaks. For children in particular the impacts of distressing conditions in emergencies can disrupt cognitive, social, emotional, and physical development that extends into their adult lives. Furthermore, prolonged periods of children not able to access school, or who are in isolation have increased risk of violence, abuse, and neglect at home.

Mental Health and Psychosocial Support (MHPSS) is defined as any local or external support that promotes or protects the well-being of children and families or individuals. UNICEF identifies MHPSS as a key priority area within emergency response settings and implements MHPSS through a multi-sectoral approach particularly through Child Protection, Health, Education, Early Childhood Development, Disability, and Nutrition programming. MHPSS service provision and programming focuses on the promotion of positive mental health through actions that support people to identify coping mechanisms, to adopt and

maintain healthy lifestyles and create supportive living conditions for well-being. MHPSS service provision also includes prevention measures that address stigma, trauma, hopelessness, and distress.

This MHPSS Multi-Sectoral Strategy outlines the UNICEF principles, standards, and approaches of multi-sectoral MHPSS as outlined from global guidance with a particular consideration of MHPSS integrated through Child Protection, Health and Nutrition, and Education. This strategy further outlines Myanmar specific actions recommended for a multi-sectoral approach, as identified by the MHPSS team, to be taken in achieving minimum MHPSS services and activities over the duration of the strategy 2022-2025.

The actions recommended for a multi-sectoral response were identified based on an evaluation of Minimum Service Package (MSP) for MHPSS in humanitarian settings which is a project that is led jointly by UNICEF, WHO and UNHCR. The MSP aims to develop a more standardized approach to implementation by humanitarian actors responding to initial MHPSS needs in new emergencies and ongoing protracted conflict settings. The Myanmar specific targeted actions recommended in this strategy, aim to address the highest priority needs of the most vulnerable populations in Myanmar within the current context, to provide targeted support to improve the mental health and psychosocial wellbeing of children, youth and adolescents, parents, and caregivers. The strategy provides an overview of the guidance on the priority interventions for relevant sectors and areas of work, with a particular focus on integrating and scaling up MHPSS interventions for children, adolescents, caregivers young people and families within Health and Nutrition, Child Protection and Education.

CHAPTER 2:

Underlying Assumptions and Subsequent Actions

The needs of the population in Myanmar have escalated drastically since the military takeover and furthermore from a crippling third wave of COVID-19 in 2021. The economic and political crisis of 2021, combined with the impact of COVID-19 has driven almost half the population (25 million people) into poverty. People are facing daily protection risks, have limited access to services and increased food insecurity leading to extreme stress. Nationwide there are severe disruptions to routine health services and millions of children are facing an education crisis with disruptions to schooling. An estimated 14.4 million people are now estimated to have humanitarian needs nationwide, 13 million of which who are experiencing moderate to severe food insecurity which will significantly worsen malnutrition among children. A total of 6.2 million are planned to be reached in 2022 by humanitarian actors. The Global Humanitarian Overview (GHO) 2022 outlines the most urgent needs that people will face in Myanmar, which include the impacts of the increasing displacement across conflict affected areas where people are living in undignified conditions without food, shelter, or medical care. The GHO specifically highlights that people are experiencing severe stress because of the conflict, Covid-19 and the economic situation which is affecting their mental health and well-being.

The burden of mental health of persons living in conflict affected areas is high. Recently updated estimates on the prevalence of mental disorders (depression, anxiety, post-traumatic stress disorder, bipolar disorder, and schizophrenia) in

conflict-affected settings is 22% at any point in evaluation of conflict affected populations assessed. This means that 1 in 5 persons living in a conflict setting is living with a mental disorder compared with the estimate of the Global Burden of Diseases of 1 in 14 (see comparatives estimates in figures blow).¹

Prevalence estimates of mental disorders in conflict settings

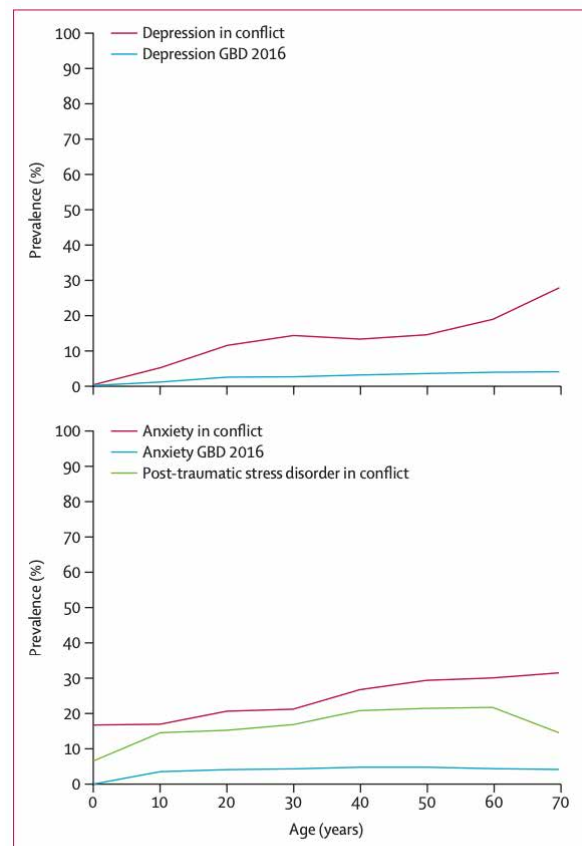


Figure 1: Age-specific prevalence (mean) of depression and any anxiety and post-traumatic stress disorder in conflict-affected populations, 2016
GBD 2016=Global Burden of Diseases, Injuries, and Risk Factors Study 2016.

¹ New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis

[https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(19\)30934-1.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(19)30934-1.pdf)

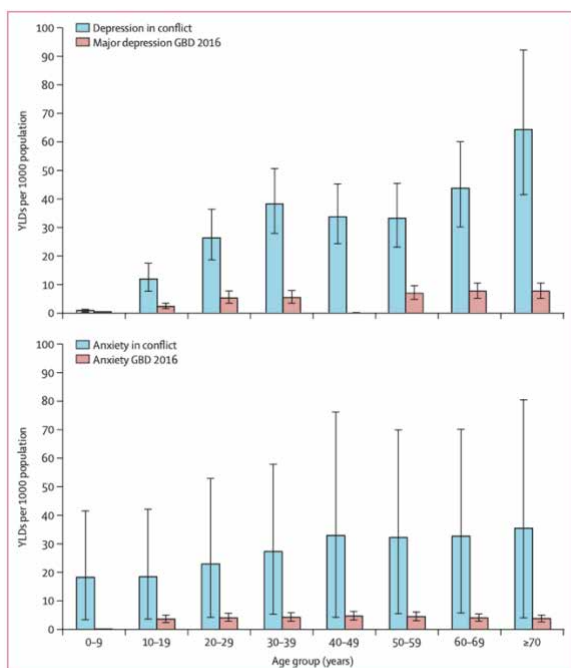


Figure 5: Age-specific years lived with disability (YLDs) per 1000 population (95% uncertainty interval) of depression and any anxiety in conflict-affected populations, 2016
 GBD 2016=Global Burden of Diseases, Injuries, and Risk Factors Study 2016.

It can be assumed that similar rates of mental disorders in Myanmar are to be expected.² Addressing the MHPSS needs of the population calls for a mainstreamed and integrated approach as outlined in the Global Guidance

Document, the Inter-agency Standing Committee Guidelines on MHPSS in Emergency Settings. The IASC guidelines support humanitarian actors to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people’s mental health and psychosocial well-being during an emergency with core principles guiding the response (see core principles of MHPSS in emergency settings below).

UNICEF Myanmar will continue its support to the most vulnerable populations through a coordinated and multi-sectoral approach in the provision of MHPSS, in order to support the well-being of conflict affected children, adolescents and caregivers. This approach will include innovative and integrated MHPSS interventions that build on and strengthen existing resources to address the constraints and challenges within the context of Myanmar including the limited humanitarian space and access, and the minimal specialized mental health services in country particularly in Ethnic languages and in remote locations.

Core principles of the IASC guidelines for MHPSS in emergencies

Human rights and equity	Promote the human rights of all affected persons and protect those at heightened risk of human rights violations; ensure equity and non-discrimination in the availability and accessibility of MHPSS supports.
Participation	Maximize the participation of local children, families and communities in assessment, design, implementation, and monitoring & evaluation of humanitarian response.
Do no harm	Reduce the potential for MHPSS and other humanitarian interventions to cause harm, through for example effective coordination, adequate understanding of the local context and power relationships, cultural sensitivity and competence, and participatory approaches.
Build on local capacities and resources	Support self-help and identify, mobilize, and strengthen existing resources, skills and capacities of children, families, the community, and civil society.
Integrated support systems	Support activities integrated into wider systems (e.g., community supports, formal/non- formal school systems, health, and social services) to advance the reach and sustainability of interventions and reduce the stigma of stand-alone interventions.
Multilayer supports	Develop a multilayer system of complementary supports to meet the needs of children and families impacted in different ways.

² Data concerning mental health conditions among children, adolescents, and caregivers remains scarce. In humanitarian settings, however, **global guidance recommends against conducting surveys on the prevalence of mental health conditions.** Such surveys can be important for advocacy and

have academic value but are of limited practical value when designing a humanitarian response as it is difficult to distinguish between normal psychological distress and mental health conditions in humanitarian settings.

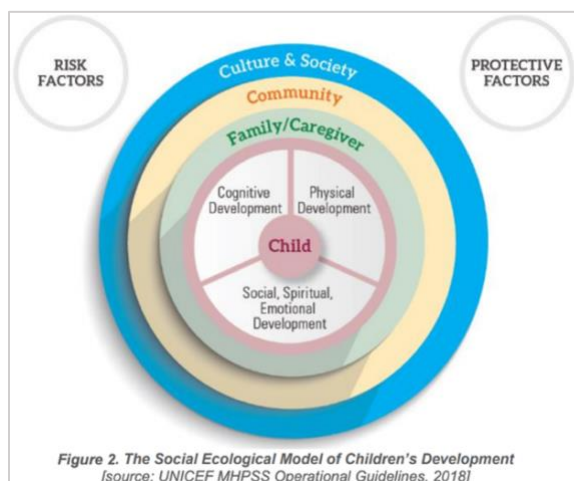
CHAPTER 3:

UNICEF MHPSS Strategy Approaches

UNICEF works to improve the mental health of children, adolescents, families, and communities through the promotion of mental health and psychosocial well-being, the prevention of mental health conditions, the protection of human rights, and the care and treatment of children, adolescents and caregivers affected by mental health conditions. UNICEF's approach to mental health and psychosocial support (MHPSS) builds on the strengths of children, caregivers, and communities. The social ecological model, the three domains of wellbeing and the life course approach create the UNICEF MHPSS framework.

SOCIAL ECOLOGICAL MODEL

UNICEF recognizes that the well-being of children is dependent upon and linked to their environment which encompasses the social ecological framework, which is the view that child development and wellbeing are embedded in their surrounding context. The social ecological framework includes friends, families, schools and communities, sociocultural influences, and political and economic factors. Each component is critical in the safeguarding of children's mental health and psychosocial wellbeing and in supporting their development.



DOMAINS OF WELLBEING

Well-being for children and adolescents, results from the interplay of physical, psychological, cognitive, emotional, social, and spiritual aspects that influence a child's and adolescent's ability to grow, learn, socialize, and develop to their full potential. Domains of wellbeing include:

- **Personal Well-being:** positive thoughts & emotions such as hopefulness, calm, self-esteem, and self-confidence.
- **Interpersonal Well-being:** nurturing relationships, responsive caregiving, a sense of belonging, the ability to be close to others.
- **Skills and Knowledge:** the capacity to learn, make positive decisions, effectively respond to life challenges, and express oneself.

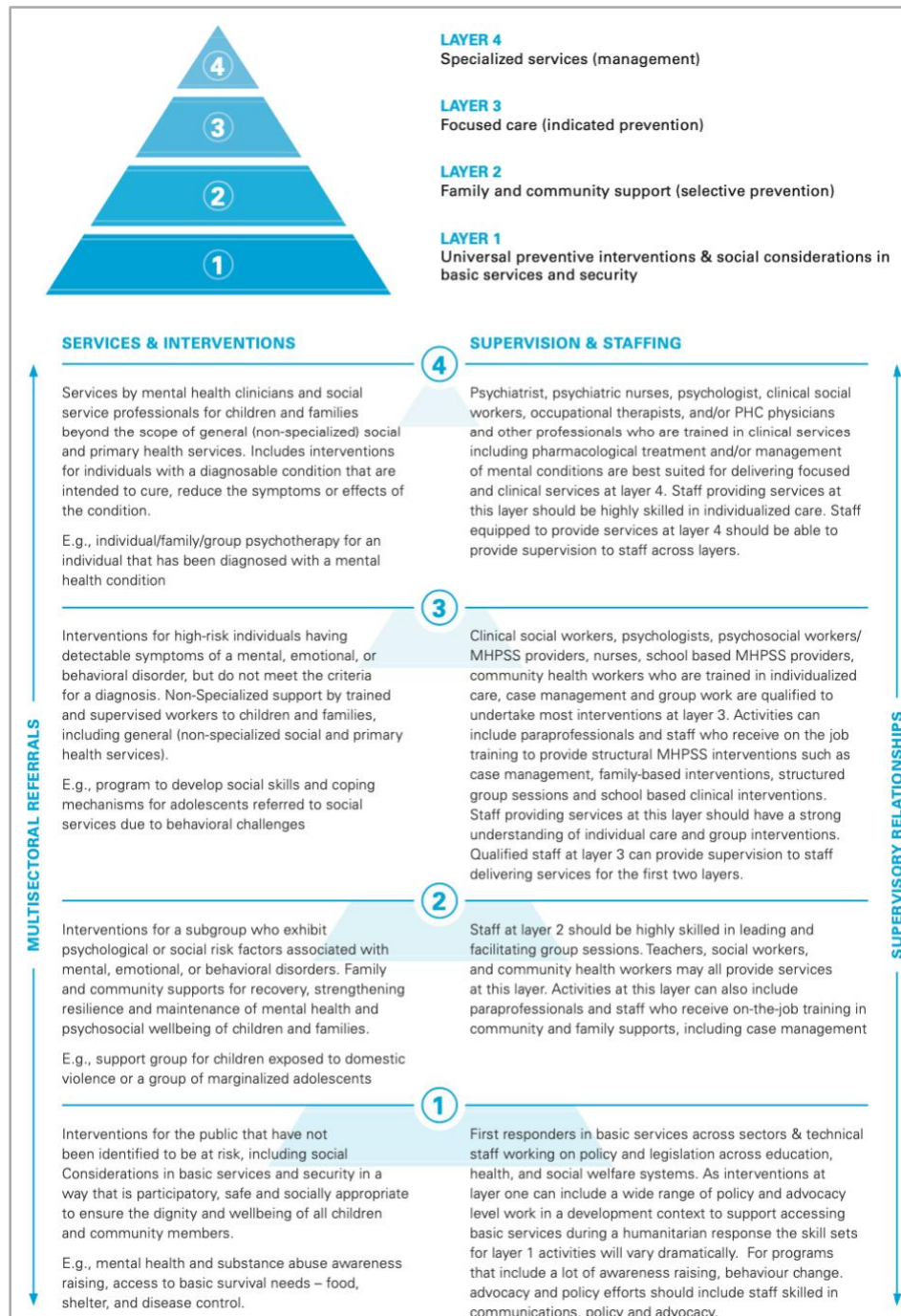
LIFE COURSE APPROACH

A life course approach in addressing mental health and psychosocial well-being includes the acknowledgment and consideration of developmental stages and environmental elements influencing risk and protective factors within general age ranges and life course stages from perinatal to adulthood. The life course approach of UNICEF ensures the provision of MHPSS to children and adolescents at different ages, includes an analysis of risks, gaps, capacities and opportunities for child, adolescent, parent/caregiver, and community participation.

IASC PYRAMID OF MHPSS INTERVENTIONS

The IASC MHPSS intervention Pyramid outlines the multi-layered MHPSS response needed to ensure that all sectors are able to facilitate referrals up and down the layers of the MHPSS intervention pyramid. The UNICEF framework of the intervention pyramid is structured around the social ecological model with outcomes across the child/adolescent level, the caregiver

level, the community level; and society and its systems which create an enabling environment for MHPSS. It is designed to inform multi-sectoral programme planning and can be tailored and adapted to a specific programme or sector. The pyramid includes interventions as well as approaches which integrate skills and considerations in providing services in a way that is beneficial to the mental health and psychosocial wellbeing of the population.



MULTI-LAYERED & MULTI-SECTORAL APPROACH TO MHPSS

UNICEF considers MHPSS as a crosscutting issue and promotes a multi-sectoral approach through Child Protection, Health and Nutrition, Education, Disability, and Early Childhood Development programming. MHPSS needs of children, adolescents, and caregivers are identified and addressed through coordinated multi-sectoral and community based MHPSS services that ensure family and community support systems are strengthened to provide MHPSS activities and protection with meaningful participation of children, adolescents, and caregivers. MHPSS interventions and referral mechanisms should ensure that children, adolescents, and caregivers are identified through key MHPSS service entry points (including child protection, education, and health) as needing specialized mental health services and are provided or referred to appropriate services.

MHPSS THROUGH CHILD PROTECTION SERVICES

Integration of MHPSS interventions directly link into child protection activities as they act as key entry points for MHPSS and build on child well-being. Child protection in emergency situations is critical to restore and strengthen the resilience of children and to prevent and respond to a range of forms of violence, abuse and exploitation including mental health and psychosocial distress. Vulnerability of children increases when they lack protective factors including mentally well caregivers and coping capacity of children. MHPSS can support to reduce risk and strengthen protective factors and plays a critical role in creating social environments that support optimal development, well-being, and future potential through engagement and participation of families, caregivers, communities, and children themselves.

MHPSS THROUGH HEALTH & NUTRITION SERVICES

Within healthcare services and systems, MHPSS interventions aim to orient health workers or volunteers in basic psychosocial skills, particularly in emergency settings as persons who are impacted by serious physical health conditions or injuries within humanitarian crisis are highly likely to experience distress and are at a greater risk of mental health conditions. Many sexual and reproductive health issues such as early and unwanted pregnancy, miscarriage, abortion, infertility, infant loss, diagnosis of sexually transmitted infections, intimate partner violence and sexual violence can lead to distress. Healthcare providers trained in basic psychosocial support can have significant impact on the well-being of children, adolescents, and caregivers receiving SRH services and emergency care. Community health workers and volunteers can provide basic psychosocial support as part of health-related awareness raising activities particularly when promoting inclusion and addressing stigmatization of people living with HIV/AIDS, infectious diseases, obstetric fistula, SRH education with adolescents and when addressing loss of a family member through follow up care. Additionally, within nutrition services, it is pivotal to recognize and respond to distress of caregivers particularly in situations of food shortage where they are often unable to support children with a positive and emotionally nurturing environment to meet the emotional needs of children as they themselves are deprived of food and distressed. Good nutrition, stimulation and emotional responsiveness of caregivers are needed for children's brain development and growth. Combining nutrition interventions with ECD can support caregivers in improving responsiveness, confidence and encouraging their ability to feed and nurse their children. Integration can include ECD messages provided with nutritional counselling, baby friendly spaces, and mother baby and child group activities.

MHPSS THROUGH EDUCATION SERVICES

The integration of MHPSS into education services and systems, can protect children from the negative impacts crisis by creating a sense of stability through routines, by cultivating hope, reducing stress, promoting collaborative behaviour, and encouraging self-expression and can strengthen the potential for effective learning through creative engagement. Training can include building capacity of teachers and other education personal in supporting children with diverse physical and mental disabilities to support them better through meaningful

participation. Training and support of teachers and other education personnel can support their mental health and psychosocial well-being as they work in a stressful and demanding occupation, so they are able to effectively support in particular, at-risk children including those with MHPSS WH, children with developmental delays, developmental disabilities or protection vulnerabilities. Education-based MHPSS interventions aim to support children's stimulation, learning and skills development including cognitive and social and emotional skills such as emotional regulation, problem solving skills and the capacity to develop and maintain healthy relationships.



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CHAPTER 4:

Overall Vision of Multi-Sectoral MHPSS Approach in Myanmar

Within the current crisis, the level of mistrust and fear can greatly reduce the chances for persons seeking supportive MHPSS services outside of the trusted community and the reduction in humanitarian space and access has left communities to rely on themselves. Field responders, volunteers, and community focal points in remote and/or highly impacted areas are in need of MHPSS capacity building to support affected populations with the increase in violence and displacement, particularly in IDP camps and in urban settings. A community-based approach and innovation is needed as it is proving difficult to reach people in need, with deteriorating security situations and bureaucratic barriers leaving isolated populations including children, youth, and adolescents without access to a spectrum of services including a learning environment and access to health services.

VISION OF MULTI-SECTORAL APPROACH

UNICEF Myanmar aims to mainstream MHPSS through a cross sectoral and multi-layered approach to safeguard and promote psychosocial wellbeing and prevent and treat mental health conditions through the promotion of family and community supports and through the integration of psychosocial considerations in basic services. In particular, the Myanmar multi-sectoral MHPSS strategy will invest in MHPSS integrated services and capacity building of the humanitarian sector workforce and in particular of Health and Nutrition, Education and Child Protection as these are key access points to support populations in need of MHPSS support. The multiple entry points and the capacity of the workforce working within multisectoral supports are needed to address the range of MHPSS needs

of all children and caregivers. This approach can ensure functional referrals up and down the layers of the pyramid and to provide support through basic psychosocial skills, considerations, and targeted interventions. The broad support approach also ensures that MHPSS activities do not over-target sensitive groups such as survivors of GBV or children formally associated with armed groups, LGBTQI and other at-risk groups as this can lead to enhanced stigma and potentially further exclusion and discrimination within their communities. All MHPSS activities should consider specific needs relating to gender, disability and inclusion of children and caregivers to ensure referral pathways for sensitive groups, as well as promote the inclusion and wellbeing of all community members and individuals.

VISION OF MULTI-SECTORAL COORDINATION

Delivering essential MHPSS interventions to children, adolescents, and caregivers through a multisectoral approach requires strong coordination within UNICEF and inclusion of MHPSS into programming of different sectors. The multi-sectoral approach can ensure continuity of services, continuum of care and supports in addressing gaps and strengthening links to multi-sectoral services. The UNICEF MHPSS team suggests for sector leads to elect a designated MHPSS focal point within their sector to ensure MHPSS activities are well coordinated and appropriately designed and based on the sector specific programming and considerations. Coordination with the sector specific MHPSS Focal Points will ensure that implementation of the MHPSS activities outlined in detail in chapter 5, will be coordinated with the technical support

and oversight of the MHPSS team. The MHPSS team asks for the commitment of sector leads and staff in achieving the coordinated implementation of the identified priorities of MHPSS services of the multi-sectoral MHPSS strategy.

VISION OF MULTI-SECTORAL MHPSS ACTIVITIES

The actions recommended for the multi-sectoral MHPSS approach in Myanmar aim to scale up the provision of MHPSS services according to the IASC intervention pyramid. The scale up of services would include specialized and non-specialized service provision through task shifting, community based MHPSS and would ensure that all field responders have capacity in basic psychosocial skills to reduce critical distress and provide referral support to specialized and non-specialized MHPSS and protection services. Additionally, the actions include creating safe spaces and learning opportunities through targeted MHPSS interventions to support well-being, self-help and positive coping strategies and achieve buy-in from teachers, caregivers, youth, and children to ensure participatory engagement through community based and digital MHPSS interventions. Furthermore, the actions aim ensure that specialized mental health services are available and accessible to support people with mental health conditions, land mine survivors, gender-based violence survivors, recently released detainees and victims of torture and children formally associated with armed groups. The actions recommended for multi-sectoral approach in Myanmar aim to create a range of environments that promote and protect adolescent mental health, provide caregiver support, provide

adolescent psychosocial interventions that are participatory and ensure caregivers/family develop skills for parenting and supporting children and adolescents in distress.

MULTI-SECTORAL MHPSS THEORY OF CHANGE

A theory of change explains how activities are understood to produce a series of results that contribute to achieving the final intended impacts. To frame the Myanmar MHPSS multi-sectoral MHPSS approach change conception, the socio-ecological model, the life course approach, and the mental health continuum of care are fundamental to its logic. The continuum of mental health interventions and the range of MHPSS needs of the population outlines the value of promotion, prevention, and care to be integrated throughout UNICEF MHPSS programming and activities across sectors and in this theory of change. The MHPSS theory of change under this strategy is applied taking into account these conditions plus having further context analysis of current Myanmar. Previously, MHPSS assessments for the identification of psychosocial and mental health needs in the humanitarian response were carried out, as well as consultations with key informants at the field levels that were highly relevant for the identification of gaps across the MHPSS response. The following pages outline the Multi-Sectoral MHPSS Theory of Change in detail for overview.

MHPSS THEORY OF CHANGE (CONCEPTION)

A theory of change explains how activities produce a series of results that contribute to achieving the intended impact or outcome. The MHPSS theory of change is an application of the social ecological model that explains how mental health and psychosocial support interventions directed at the child, the family/caregiver, the community, and within society and culture can help to improve people's mental health and psychosocial wellbeing.

Multisectoral framework: The framework is structured around outcomes across the child/adolescent level, the caregiver level, the community level; and society and its systems which create an enabling environment for MHPSS.

Inputs	Problem Analysis
<ul style="list-style-type: none"> - UNICEF in Myanmar is developing immediate responses through CP, Health, Nutrition and Education Sections responding to the MHPSS needs of children, adolescents, parents, and caregivers. - UNICEF Myanmar and implementing partners have multidisciplinary teams and projects in numerous locations with the capability of providing MHPSS to children through multi-sectoral services in a high complexity environment. - UNICEF MHPSS assessment tools and surveys were conducted to identify the needs of children and caregivers and identified gaps of MHPSS skills to support in the development of capacity building training for BPS + PFA for Children and key MHPSS messages for dissemination to support children and caregivers in distress. - Key discussions and interviews with UNICEF staff members working in field locations across the country under CP, Health and Nutrition and Education where MHPSS issues, gaps and opportunities were identified by staff. - Key discussions and initiatives developed through joint coordination with the Co-chairs of GBV/CP/MHPSS sub cluster working groups identified several gaps for the MHPSS Response at National and Subnational Levels in Myanmar. 	<ul style="list-style-type: none"> - The military takeover in February 2021 has ignited civil unrest and has led to widespread violent crackdowns by the military and armed conflict leading to mass displacement, loss of life and human rights violations including in previously stable areas. - As of 6 December, an estimated 284,700 people remained internally displaced in Myanmar with an additional 370,000 people living in protracted displacement. The crisis has exacerbated pre-existing vulnerabilities of all persons in Myanmar and in particular has changed the lives of children, parents and caregivers and drastically increased the humanitarian needs of the population. - Innovation in providing MHPSS services is needed in the current crisis as it is proving difficult to reach people in need with deteriorating security situation and bureaucratic barriers leaving isolated populations including children, youth, and adolescents without access to a range of basic health, education and protection services including MHPSS - Within the current context the level of mistrust and fear can greatly reduce the chances for persons seeking supportive services outside of the trusted community. - Field responders, volunteers, and community focal points in remote and/or highly impacted areas are in need of MHPSS capacity building to support children with the increase in violence and displacement, particularly in IDP camps and in urban settings as humanitarian access and space has greatly reduced since the military takeover, leaving communities to rely on themselves during acute crisis situations. - Serious gaps that exist in mental health and psychosocial wellbeing in Myanmar are a result of historic under-investment in, and lack of action on, the promotion of positive mental health, and the prevention among, and care for, children, adolescents, and caregivers with mental health problems. -Prevalence of mental disorders (depression, anxiety, post-traumatic stress disorder, bipolar disorder, and schizophrenia) in conflict-affected settings is 22% at any point in evaluation of conflict affected populations assessed
<p>Determinants of Mental Health & Psychosocial Wellbeing</p>	<p>Lack of secure attachment due to displacement and chronic exposure to violence, in combination with lack of nurturing care spaces, violence, exploitation, abuse in the home, caregiver living with a mental health condition, poverty, COVID-19 and other disease outbreaks, race and gender, exposure to adverse experiences, prolonged conflict terrorism, mass displacement, family separation, Intensifying natural disasters and climate change.</p>
<p>Barriers for Implementation</p>	<p>Stigma and structural discrimination, Lack of political will, Lack of (and access to) health care and services and skilled workforce, Poor quality of limited services; Lack of data, research and analysis; human rights violations, violence, abuse, coercion in formal and informal institutions, Lack of sustainable resources and political will, lack of MHPSS financing within Universal Health Coverage Benefit packages/schemes with countries, Scale of social determinants: poverty, inequalities, (gender based) violence, childhood adversity, Poor integration of physical and mental healthcare and comorbidities, lack of shared community identity or dispersion in urban areas.</p>

MAIN IMPACT OUTCOME (LONG-TERM)

The ultimate impact that this strategy targets is that “mental health and psychosocial wellbeing of children, adolescents, and their caregivers is supported and protected to survive and thrive in their communities and societies.”

This long-term impact is achieved when MHPSS is integrated into and is strengthened across sectors through the following three outcomes.

3 key outcomes:

Outcome 1:

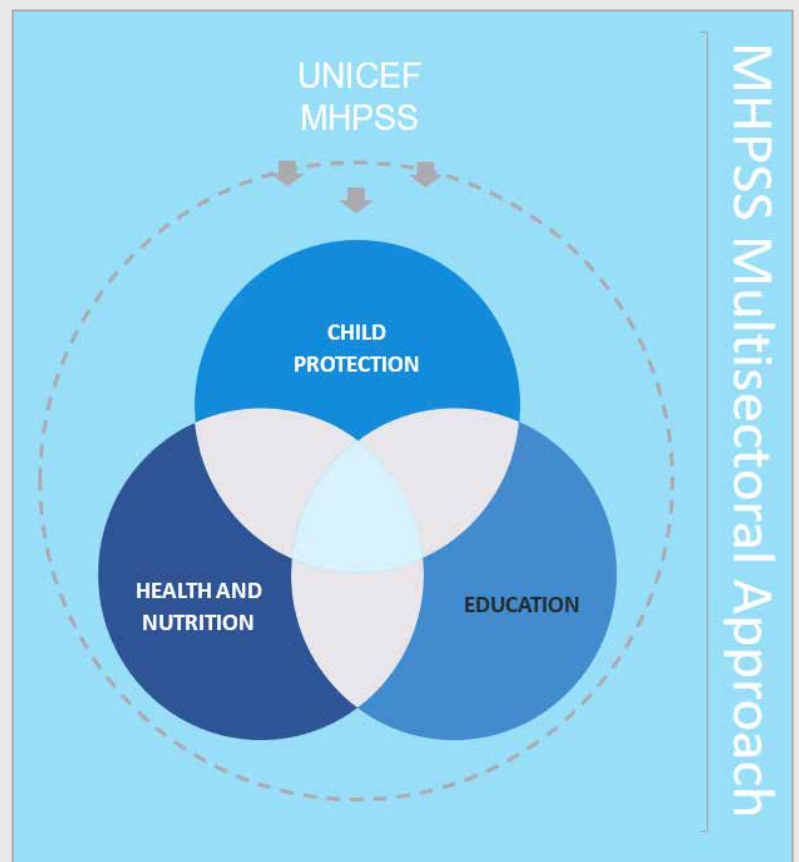
Improved child and adolescent mental health and psychosocial wellbeing

Outcome 2:

Improved caregiver mental health and psychosocial wellbeing including for parents, caregivers, mothers, family, and teachers

Outcome 3:

Improved MHPSS capacity for non-stigmatizing, accessible, available, and quality MHPSS service delivery across child protection, health and nutrition, and education and through community-based supports

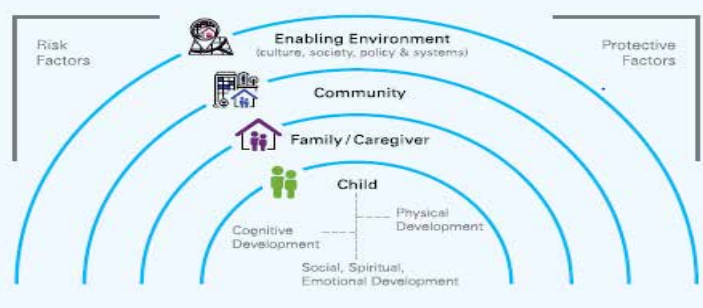


The outcomes are further detailed and elaborated into **intermediary outcomes** that contributes to mental health and psychosocial support across sectors³ by Addressing individual’s mental health and psychosocial wellbeing of children and adolescents by responding to their individual needs, their relational needs, and the skills and knowledge necessary to develop adequate resilience and coping skills to recover from distress related events.

³ See Annex 2: MHPSS programming activities by UNICEF Myanmar (multi-sectoral layer intersections)

What are we going to do ?

THEORY OF CHANGE



IMPACT



Mental Health and psychosocial wellbeing of children, adolescents, and their caregivers is supported and protected to survive and thrive in their communities and societies.

MHPSS OUTCOMES

Outcome 1:

Improved child and adolescent mental health and psychosocial wellbeing

Outcome 2:

Improved caregiver mental health and psychosocial wellbeing, including for parents, caregivers, mothers, family and teachers

Outcome 3:

Improved MHPSS capacity for non-stigmatizing, accessible, available and quality MHPSS service delivery across child protection, health and nutrition, education and through community-based supports

MHPSS INTERMEDIARY OUTCOMES*

Outcome 1.1
Outcome 1.2
Outcome 1.3



Outcome 2.1
Outcome 2.2
Outcome 2.3



Outcome 3.1
Outcome 3.2
Outcome 3.3



What are we going to achieve ?

ACTIVITIES*

- A. Coordinate MHPSS within and across sectors.
- B. Assess MHPSS needs and resources to guide programming.
- C. Conduct community-level basic needs assessments on perceived MHPSS needs and coping mechanisms
- D. Orient and train frontline workers, health workers, teachers and community leaders in basic psychosocial support skills.
- E. Facilitate PSS response, providing information links to any needed services and supports for children and caregivers.
- F. Disseminate key messages to promote mental health and psychosocial well-being through community members and humanitarian actors using digital media.
- G. Promote and support new community-led self-help interventions for parents and caregivers.
- H. Support caregivers to promote the mental health and psychosocial well-being of children and adapt parenting orientation, skills training on caregiver self-care and stress management
- I. Support education personnel to promote the mental health and psychosocial well-being of children by develop/select and adapt programme tailored to Socio Emotional Learning SEL content and training materials
- J. Provide MHPSS through protection case management services,
adapting case management training curricula according to the MHR to include continuity of care and key MHPSS topics
- K. Provide early childhood development (ECD) activities and support social, recreational and cultural activities
- L. Provide PSS group activities for children ?s and adolescent's mental health and psychosocial well-being by facilitating access to safe spaces
- M. Initiate or strengthen the access and provision of psychological interventions by facilitating remote intervention and Helpline access to MHPSS services as needed

* See Annex: MHPSS Programming activities by UNICEF (multi-sectoral)

* See Annex: UNICEF Myanmar MHPSS comprehensive theory of change

CHAPTER 5:

Actions Recommended for Multi-Sectoral MHPSS Approach in Myanmar

The UNICEF MHPSS team has identified prioritized activities to be implemented and mainstreamed within the first year of the strategy based on the needs assessment. Additionally, the team has identified as core activities to be developed and implemented in the following two years of the strategy that are specific to Child Protection, Education, Health and Nutrition that continue to build upon the prioritized MHPSS activities implemented in the first year of the strategy.

PRIORITIZED MHPSS ACTIVITIES & ACTIONS OF 2022

The prioritized activities are based on the Minimum Service Package (MSP) for MHPSS in humanitarian settings, developed by UNICEF, WHO and UNHCR. The MSP presents key evidence-based interventions for humanitarian agencies to use in acute or protracted

emergencies, to develop a more standardized approach to implementation by humanitarian actors responding to initial MHPSS needs. The Myanmar specific prioritized activities recommended aim to address the highest priority needs of the most vulnerable populations in Myanmar within the current context, to provide targeted MHPSS support particularly through Health and Nutrition, Child Protection and Education to improve the mental health and psychosocial wellbeing of children, youth and adolescents, parents, and caregivers. The MHPSS multi-sectoral activities and actions recommended outline an action plan, where coordination with each relevant sector will be critical in the design and implementation of the multi-sectoral MHPSS interventions. An online version of the current MSP and supplementary materials are available at mhpsmsp.org to support in implementation. The following tables outline the prioritized activities of 2022.

Prioritized MHPSS Multi-Sectoral Activities – 2022

Inter-agency coordination and assessment for the MHPSS response
<ul style="list-style-type: none"> • Coordinate MHPSS within and across sectors • Assess MHPSS needs and resources to guide programming All sectors
Essential components of MHPSS programme activities
<ul style="list-style-type: none"> • Care for staff and volunteers providing MHPSS All sectors • Support MHPSS competencies of staff and volunteers All sectors • Orient humanitarian actors and community members on MHPSS All sectors • Orient frontline workers & community leaders in basic psychosocial support skills All sectors
Strengthen self-help and provide support to communities
<ul style="list-style-type: none"> • Disseminate key messages to promote mental health and psychosocial well-being H&N/E/CP • Support community led MHPSS activities H&N/E/CP • Provide early childhood development (ECD) activities H&N/E/CP • Provide group activities for children’s mental health and psychosocial well-being E/CP • Support caregivers to promote child mental health and psychosocial wellbeing H&N/E/CP • Support education personnel to promote child mental health & psychosocial wellbeing E/CP • Provide MHPSS through safe spaces CP
Provide focused support for people impaired by distress or mental health conditions
<ul style="list-style-type: none"> • Initiate or strengthen the provision of psychological interventions H&N/CP • Provide MHPSS through protection case management services CP

CORE MHPSS ACTIVITIES SPECIFIC TO CHILD PROTECTION, EDUCATION, HEALTH AND NUTRITION 2023-2025

The MHPSS team has identified as core activities to be developed and implemented in the following two years of the strategy that are specific to Child Protection, Education, Health and Nutrition. These activities will further build on the prioritized and emergency response focused activities of the first year. The core MHPSS activities to be developed and implemented in 2023-2025 are specific to Child Protection, Education, Health and Nutrition as these

are key access points in supporting the well-being of children and caregivers. The identified activities are outlined as core activities within the UNICEF Technical Note on MHPSS which outlines key priorities of interventions and activities through Child Protection, Education, Health and Nutrition. The Myanmar specific core MHPSS activities will be designed through close coordination of each UNICEF sector specific MHPSS Focal Point to ensure quality in design and implementation of the activities. The following tables outline the core MHPSS activities of 2023-2025 specific to Child Protection, Education, Health and Nutrition.

Core MHPSS Multi-Sectoral Activities 2023-2025

Child Protection
<ul style="list-style-type: none"> • Ensuring safe, nurturing environments at home, school and in the community • Establishing adolescent specific activities that promote mental health and wellbeing • Supporting opportunities for children’s stimulation, learning and skills development • Strengthening family and community support networks • Raising awareness of child and family well-being and protection needs
Education
<ul style="list-style-type: none"> • Promoting and ensuring safe and nurturing environments for school-age children at home, school and in the community. • Creating safe and friendly learning environments for children and adolescents of all ages, genders, and abilities. • Building capacity of teachers and other educators in the knowledge and provision of MHPSS • Strengthening services and systems for nurturing, responsive care. • Strengthening services and systems within the community to promote and support mental health and psychosocial well-being of children, adolescents, and their caregivers. • Facilitating community-based programs to support the care of adolescents by their caregivers.
Health and Nutrition
<ul style="list-style-type: none"> • Improving capacity of primary health care to provide quality mental health services • Supporting interventions that promote mental health and prevent mental health conditions and substance abuse among school-age children and adolescents • Supporting increased knowledge and skills of parents/caregivers to support their children who require specialized MHPSS care and treatment • Improving the provision of child and family friendly health care services

CHAPTER 6:

References and Weblinks

- COVID-19 Operational Guidance for Implementation and Adaptation of MHPSS Activities for Children, Adolescents, and Families.
<https://www.corecommitments.unicef.org/kp/covid-19-operational-guidance-for-implementation-and-adaptation-of-mhpss-activities-for-children%2C-adolescents%2C-and-families.url>
- IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings. IASC Reference Group Mental Health and Psychosocial Support Assessment Guide, IASC RG MHPSS, 2012.
- IASC. IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings: With means of verification (Version 2.0). 2021
<https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common-monitoring-and-evaluation-framework-mental-health-and-psychosocial-support-emergency>
- Mental health of adolescents in Myanmar: A systematic review of prevalence, determinants and interventions, April 2021
https://www.researchgate.net/publication/350699295_Mental_health_of_adolescents_in_Myanmar_A_systematic_review_of_prevalence_determinants_and_interventions
- Nowhere to Run: Deepening Humanitarian Crisis in Myanmar
<https://progressivevoicemyanmar.org/2021/09/07/nowhere-to-run-deepening-humanitarian-crisis-in-myanmar/>
- OCHA
[Myanmar Humanitarian Update No. 13 | 9 December 2021](https://www.ocha.org/en/this-is-humanitarian-update-no-13-9-december-2021)
- UNDP (2021) COVID-19, coup D'état and poverty. Compounding negative shocks and their impact on human development in Myanmar. April 2021.
- UNICEF MHPSS Technical Note
<https://www.unicef.org/documents/mental-health-and-psychosocial-technical-note>
- The Minimum Services Package is available for field testing. For more information, please see:
<https://mhpssmsp.org/en>
- United Nations Children's Fund, *Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children and Families Across Settings (field demonstration version)*. New York, UNICEF, 2021.

Annexes

ANNEX 1: UNICEF Myanmar Prioritized MHPSS Multi-Sectoral Core Activities/Actions – 2022

Activity: Inter-agency coordination and assessment for the MHPSS response

Action: Coordinate MHPSS within and across sectors

- Develop, strengthen, update, and implement joint referral pathways to facilitate access to the full range of MHPSS services and activities and to additional support (e.g., Protection including CP and GBV, Health, Education, Livelihoods, and community-based support) as needed (e.g., a directory of services and referral information, common referral forms and pathways, standard operating procedures (SOPs).

Action: Assess MHPSS needs and resources to guide programming

- Incorporate MHPSS considerations and questions into the planning, design, implementation, and analysis of multi-cluster/sector assessments (e.g., Education, Protection, Health, CCCM, Shelter, as well as AoRs such as CP, GBV).
- Conduct community-level needs assessments to collect and analyse information on perceived MHPSS needs and coping mechanisms; risk and protective factors; at-risk groups; cultural understandings and manifestations of mental well-being and distress; terms used to discuss mental health and well-being; ways of help-seeking; barriers to receiving care; community-led MHPSS activities; and wishes of community members regarding types of support needed. Disaggregate by gender, age and disability and ensure mixed-gender data collection teams where appropriate.
- Facilitate inclusion of the findings from MHPSS needs assessments in humanitarian response planning tools and funding documents (e.g., Humanitarian Needs Overviews, Humanitarian Response Plans, Refugee Response Plans, Strategic Preparedness and Response Plans, cluster strategies, calls for funding).

Activity: Orient humanitarian actors, frontline workers, and community members on MHPSS

Action: Orient humanitarian actors and community members on MHPSS

- Organize and develop informational materials appropriate to the context and the affected population (e.g., considering diversity and inclusion of persons of different ages and genders), considering culture, literacy, and access to technology (e.g., discussion sessions, radio broadcasts, videos, posters, information leaflets, PowerPoint presentations, handouts).

Action: Orient frontline workers and community leaders in basic psychosocial support skills

- Identify relevant settings and target groups including frontline workers in the humanitarian response and key community leaders to whom people may turn for support (e.g., frontline workers including those at working at points of entry and reception facilities, guards, health workers, ambulance drivers, food distribution workers, WASH workers, camp management and shelter workers, teachers, youth and women's leaders, religious leaders, community leaders and local authorities).
- Select/develop and adapt orientation materials on basic psychosocial support skills for selected target groups (e.g., psychological first aid (PFA) for adults and children, GBV Pocket Guide for supporting survivors of GBV when a GBV actor is not available).
- Implement orientations on basic psychosocial support skills, supported by staff with MHPSS technical expertise.

Action: Care for staff and volunteers providing MHPSS

- Train humanitarian workers (frontline workers, managers, and support staff) on basic psychosocial support skills (including self-care) to support themselves and each other effectively
- Make support available before, during and after assignments and contracts (e.g., consultations with a therapist/psychologist; resources listing available professional and peer-support options).
- Select/develop and adapt orientation materials on basic psychosocial support skills for selected target groups (e.g., psychological first aid (PFA) for adults and children, GBV Pocket Guide for supporting survivors of GBV when a GBV actor is not available)

Activity: Strengthen self-help and provide support to communities

Action: Disseminate key messages to promote mental health and psychosocial well-being

- Facilitate participatory discussions with community members of different ages and genders and other relevant stakeholders (e.g., persons working in health, protection or education settings, government actors, persons with lived experience of mental health problems) to adapt or develop culturally and age-relevant key messages
- Adapt or develop key messages based on findings from community discussions and in coordination with other humanitarian agencies and relevant national/local actors
- Get community feedback on perceptions and the use of communication materials and messages before and after dissemination, and ensure accuracy of translation
- Disseminate key messages to community members and humanitarian actors using media appropriate to the context, considering culture, literacy, accessibility, and access to technology (e.g., discussion sessions, posters, information leaflets, radio messaging, social media campaigns, community theatre, comic strips)
- Engage staff with MHPSS technical expertise to provide technical oversight of the development and dissemination of MHPSS messages
- Develop participatory campaigns in multiple and accessible formats to promote the mental health and psychosocial well-being of persons with mental health conditions or psychosocial/intellectual disabilities, to promote and protect their rights (e.g., inclusion and access to services and opportunities) and highlight their capacities
- Monitor and evaluate perceptions, use and impact of communication materials and messages

Support community led MHPSS activities

- Identify pre-existing community-led initiatives, structures, and support mechanisms (e.g., support groups, faith communities and other interest groups) and assess the support needed to preserve or expand activities.
- Promote and support new community self-help interventions to strengthen coping resources and social supports (e.g., peer support networks, discussion groups on specific topics of concern, support groups for people with disabilities and their caregivers).
- Facilitate links and referrals to any needed services and supports (e.g., mental health services, health, protection and education services, livelihoods support).
- Engage staff with MHPSS technical expertise to provide technical oversight as needed (e.g., ensuring that activities promote well-being and do not cause harm)
- Support social, recreational, and cultural activities

Provide early childhood development (ECD) activities

- Identify opportunities for integrated ECD activities (e.g., in nutrition, health, education, child protection programmes)
- Support new or pre-existing early childhood care supports by facilitating learning through play, creating opportunities for caregivers and young children to interact and play, and promoting informal parent gatherings
- In consultation with caregivers and other relevant stakeholders, develop/select and adapt messages, orientation, training, and programme materials on ECD (e.g., on early stimulation and responsive caregiving) and on caregiver mental health and psychosocial well-being

- Select, train, and supervise facilitators and/or outreach workers to lead and support ECD activities (e.g., orientations, message dissemination, caregiver capacity-building, support to new or pre-existing early childhood care supports)
- Orient staff in relevant sectors on integrating and delivering key ECD messages as part of their work (e.g., health and social care staff in existing nutrition, health, and prenatal care programmes).
- Disseminate ECD messages using media appropriate to the context, considering culture, literacy, and access to technology (e.g., posters, information leaflets, radio messaging, social media campaigns)
- Provide skills training to expectant and new caregivers to improve their knowledge and skills in ECD (e.g., through coaching, demonstration, practice, role-playing)
- Facilitate links and referrals to any needed services and supports (e.g., mental health services, health, protection, nutrition, education and other relevant services for young children and caregivers)
- Provide targeted MHPSS skills training to caregivers supporting children with developmental delays and developmental disabilities to promote the children's development by communicating effectively, providing nurturing care and creating an enabling environment
- Provide targeted MHPSS skills training to caregivers of children with specific protection vulnerabilities, as relevant to the context (e.g., children associated with armed forces and armed groups, child survivors of GBV)
- Promote caregivers' support networks by establishing or strengthening social groups, peer-to-peer support groups, play groups and self-help group
- Provide structured group MHPSS interventions for caregivers
- Take steps to support the sustained integration of ECD activities and considerations (e.g., into health, social care, and education systems)

Provide group activities for children's mental health and psychosocial well-being

- Select age- and gender-appropriate structured activities and programme content based on needs and resources identified in assessments and community priorities identified through participatory discussions
- Develop/adapt training curricula and information, communication, and education (ICE) materials for the selected activities
- Incorporate sessions for caregivers into structured group activities. Share information on how emergencies affect children and on supportive caregiving practices
- Train facilitators to deliver the selected structured group activities, including group facilitation skills for children of different ages
- Facilitate access to safe spaces for structured group activities.
- Provide information to affected communities and families on why structured group activities are being offered and how to access them (e.g., the impact of crises on well-being and development, and the goals and expected outcomes of the activities being offered)
- Facilitate links and referrals to any needed services and supports for children and caregivers (e.g., mental health services, health, protection, and education services).
- Engage staff with MHPSS technical expertise to supervise facilitators and oversee structured group activities.
- Train teachers, child-care workers, and other community members such as youth leaders in structured group activity curricula so that programmes can be sustained in the longer term.

Support caregivers to promote the mental health and psychosocial well-being of children

- Identify opportunities for integrated caregiver activities (e.g., in health, education, child protection or nutrition programmes).
- Assess the needs and priorities of caregivers to inform the development of materials and planning of activities.

- Develop/select and adapt orientation, skills training, and IEC materials on caregiver self-care (e.g., stress management and coping skills), positive caregiving, child development and supporting children in distress
- Select and train facilitators to provide orientations, capacity-building
- Facilitate access to a safe space in which to conduct activities as needed.
- Engage staff with MHPSS technical expertise to provide ongoing supervision to facilitators and oversight of activities (e.g., ensuring that activities promote well-being and do not cause harm).
- Facilitate links and referrals of caregivers and other family members to any needed services and supports (e.g., social services, mental health services, health, protection, and education services).
- Provide targeted MHPSS skills training to caregivers supporting children with developmental delays and developmental disabilities to promote their children’s development by communicating effectively, providing nurturing care and creating an enabling environment.
- Provide targeted MHPSS skills training to caregivers of children with specific protection vulnerabilities, as relevant to the context (e.g., children associated with armed forces and armed groups, child survivors of GBV)
- Promote support networks for caregivers by establishing or strengthening social groups, peer-to-peer support groups, play groups and self-help groups
- Provide structured group MHPSS interventions to caregivers.

Support education personnel to promote the mental health and psychosocial well-being of children

- Assess needs and capacities to support the mental health and psychosocial well-being of children in learning spaces and the mental health and psychosocial well-being of teachers and other education personnel (through consultations with communities, caregivers, teachers, and other education personnel and with education authorities such as education ministry officials, if possible).
- Develop/select and adapt programme content and training materials to support the well-being of teachers and other education personnel (e.g., check-ins that gauge teachers’ emotional condition and needs for additional support; peer-to-peer networks/support groups; social and emotional learning workshops; stress management techniques), based on needs and priorities identified in assessments and through participatory discussions
- Train and supervise facilitators to support the well-being of teachers and other education personnel to provide orientations, capacity-building and supportive follow-up on promoting the mental health and psychosocial well-being of children
- Provide orientations to teachers and other education personnel – including personnel supporting teachers (e.g., head teachers, principals, school supervisors and other education officials) – on the rationale for integrating MHPSS into education in emergencies and the role of teachers in crisis contexts.
- Provide capacity-building to teachers and other education personnel via in-service training, mentoring and peer learning methods.
- Engage staff with MHPSS technical expertise to provide ongoing supervision to facilitators and oversight of activities.
- Facilitate links and referral pathways from education settings to any needed services and supports (e.g., mental health and psychosocial support services, health services, etc.).
- Facilitate access to safe spaces in which to conduct activities as needed.
- Provide additional skills training to teachers and other education personnel to support children (e.g., additional support for children with developmental delays and developmental disabilities, children with protection vulnerabilities).
- Provide social and emotional learning (SEL)⁴¹ opportunities for teachers and other education personnel to develop their own social and emotional competencies, so that they can interact positively with children and serve as role models for them to follow.
- Provide social and emotional learning for children through school-based activities and through formal and non-formal school curricula.
- Take steps to promote the inclusion of MHPSS elements, including SEL, in pre- and in-service training.
- Advocate for the revision of national teacher competency frameworks to promote the integration of MHPSS elements, including SEL.

- Create and/or support structures and practices that promote teacher-parent communication about children’s well-being (e.g., fostering teacher-parent cooperation processes by organizing pre-planned teacher-parent meetings at regular intervals, conducting awareness-raising and skills-building sessions for caregivers and for teachers).
- Support or reactivate collective activities around learning spaces (e.g. through parent-teacher associations, mothers’ groups, community education committees; by creating opportunities for older community members to impart cultural and traditional knowledge to younger generations; by organizing learning and recreational events facilitated jointly by education personnel, students, caregivers and community groups) to maximize exchanges and cooperation between education personnel, caregivers and the community.
- Build the capacity of school leaders to better support their own mental health and psychosocial well-being and those of education personnel.
- Advocate for policies and professional development activities that promote the mental health and psychosocial well-being of education personnel.

Activity: *Provide focused support for people impaired by distress or mental health conditions*

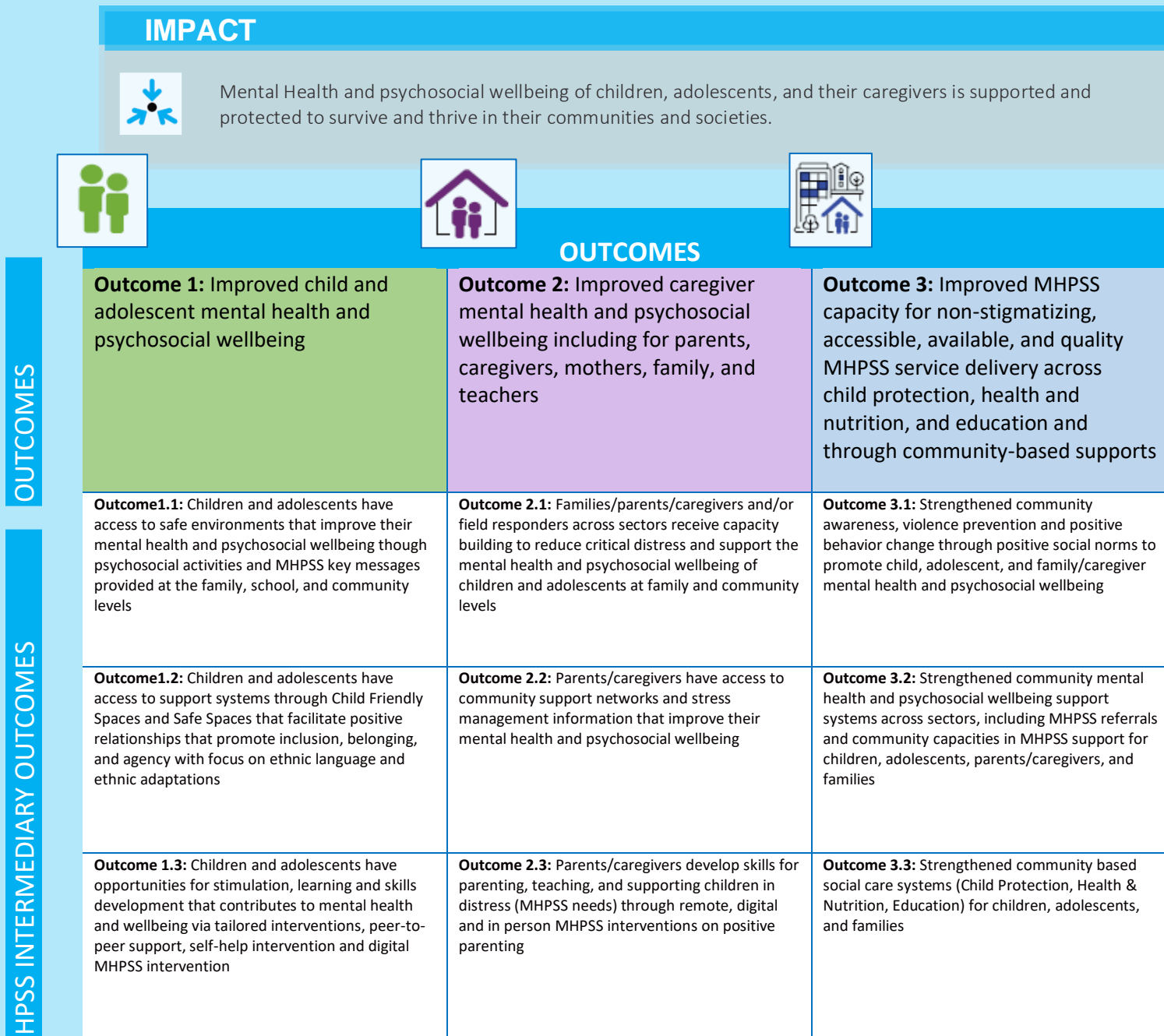
Initiate or strengthen the provision of psychological interventions

- Expand the availability of competent, supervised staff who can provide psychological interventions in additional settings and geographical areas.
- Facilitate referrals to other services as needed (e.g., more specialized mental health-care providers, general health-care providers, protection and education actors, livelihoods, and community-based support).

Provide MHPSS through protection case management services

- Adapt case management training curricula to include key MHPSS topics appropriate to the capacity of the available workforce.
- Train case workers and supervisors on the relevant MHPSS topics and skills.
- Adapt case management tools and templates to include a brief assessment of MHPSS needs and considerations in the care plan.
- Work with caregivers, family members and close contacts, where safe and appropriate, to build their capacity to support the person in-need (e.g., through responsive caregiving practices and education on development, mental health, and psychosocial well-being).
- Engage staff with MHPSS technical expertise to provide ongoing technical oversight (e.g., ensuring that activities promote well-being and do not cause harm) to case workers providing MHPSS, through care planning meetings and individual sessions.
- Train case workers in psychological interventions where appropriate to the local context
- Support caregivers and family members of persons with physical disabilities, psychosocial disabilities, and mental health conditions by providing respite and building capacity on MHPSS responses and approaches; strengthening coping skills; and creating a supportive family environment

ANNEX 2: UNICEF Myanmar MHPSS comprehensive theory of change



ACTIVITIES

- A. Coordinate MHPSS within and across sectors** by developing, strengthening, updating, and implementing coordination pathways through the MHR to facilitate access to the full range of MHPSS services and activities and to additional support across sectors (e.g., CP Health, Education, Mine Action, etc.) as needed (e.g., TWG MHPSS a directory of services and referral information, Programme Section Support, etc.).
- B. Assess MHPSS needs and resources** to guide programming incorporating MHPSS considerations and questions into the planning, design, implementation, and analysis of MHPSS multi-cluster/sector assessments (e.g., *Education, Protection, Health, as well as AoRs such as CP, GBV*).
- C. Conduct community-level basic needs assessments** on perceived MHPSS needs and coping mechanisms and facilitate inclusion of the findings from MHPSS needs assessments in humanitarian response planning tools and funding documents (e.g., *Humanitarian Needs Overviews, Humanitarian Response Plans, Refugee Response Plans, Strategic Preparedness and Response Plans, cluster strategies, calls for funding*).
- D. Orient and train frontline workers, health workers, teachers, and community leaders in basic psychosocial support skills** by selecting, developing, and adapting orientation materials on basic psychosocial support skills BPS and PFA + PFA for Children for selected target groups and field responders across sectors.
- E. Facilitate PSS response, providing information links to any needed services and supports for children and caregivers** (e.g., mental health services, health, protection, and education services) through field responders, health workers and teachers, volunteers, child-care workers, and other community members so that MHPSS programme can be sustained in the longer term.
- F. Disseminate key messages to promote mental health and psychosocial well-being** through community members and humanitarian actors using digital media and on-site mechanisms appropriate to the context, considering language, ethnicity, culture, literacy, accessibility, and access to technology (e.g., *discussion sessions, posters, information leaflets, radio messaging, social media campaigns, community theatre, comic strips*).
- G. Promote and support new community-led self-help interventions for parents and caregivers** to strengthen coping resources, through digital key messages and social supports (e.g., *ParentText, parenting support intervention awareness, discussion groups on specific topics of concern, support groups for people with MH issues, disabilities, and caregivers support*).
- H. Support caregivers to promote the mental health and psychosocial well-being of children** by identifying opportunities for integrated caregiver activities (e.g., in health, education, child protection or nutrition programmes) **and adapt parenting orientation**, skills training on caregiver self-care and stress management (e.g., caregiver intervention, stress management and coping skills), positive caregiving, child development and supporting children in distress.
- I. Support education personnel to promote the mental health and psychosocial well-being of children by develop/select and adapt programme tailored to Socio Emotional Learning SEL** content and training materials to support the well-being of teachers and other education personnel (e.g., *check-ins that gauge teachers' emotional condition and needs for additional support; peer-to-peer networks/support groups; social and emotional learning workshops; stress management techniques*).
- J. Provide MHPSS through protection case management services, adapting case management training curricula according to the MHR to include continuity of care and key MHPSS topics** appropriate to the capacity of the available workforce and facilitate links and referrals to any needed services and supports (e.g., via Helpline, mental health services, health, protection and education services, livelihoods support).
- K. Provide early childhood development (ECD) activities and support social, recreational, and cultural activities** by orient staff in relevant sectors on integrating and delivering key ECD messages as part of their work (e.g., health and social care staff in existing nutrition, health, and prenatal care programmes).
- L. Provide PSS group activities for children's and adolescent's mental health and psychosocial well-being** by facilitating access to safe spaces, fix and mobile child /youth friendly spaces with structured group activities.
- M. Initiate or strengthen the access and provision of psychological interventions** by facilitating remote intervention and Helpline access to MHPSS services as needed (e.g., *more specialized mental health-care providers, general health-care providers, protection and education actors, livelihoods, and community-based support*).

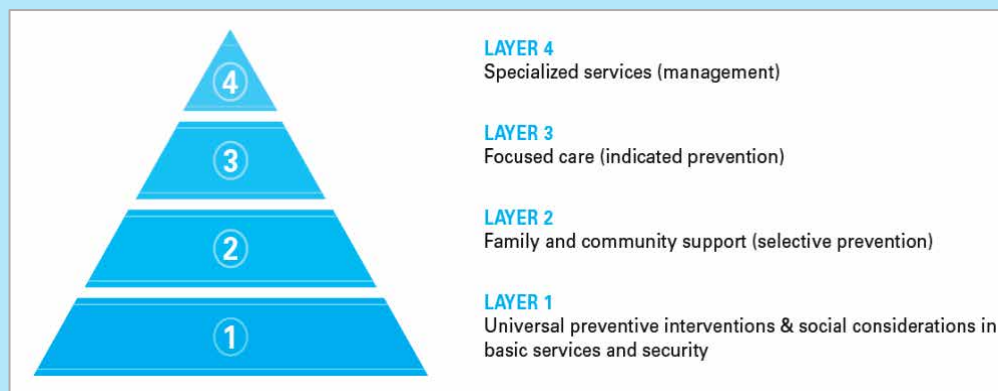
ANNEX 3: MHPSS PROGRAMMING ACTIVITIES BY UNICEF MYANMAR (MULTI-SECTORAL LAYER INTERSECTIONS)

SECTOR	ACTIVITIES													
	A	B	C	D	E	F	G	H	I	J	K	L	M	
CHILD PROTECTION	■	■	■	■	■	■	■	■	■	■	■	■	■	
HEALTH	■	■	■	■	■	■	■	■						
NUTRITION	■	■	■	■	■	■	■	■						
EDUCATION	■	■	■	■	■	■	■	■	■					
ECD	■	■		■	■	■	■	■	■		■			
MINE ACTION	■	■		■	■	■								
	A. Coordinate MHPSS within and across sectors.	B. Assess MHPSS needs and resources to guide programming	C. Conduct community-level basic needs assessments on perceived MHPSS needs and coping mechanisms	D. Orient and train frontline workers, health workers, teachers, and community leaders in basic psychosocial support skills	E. Facilitate PSS response, providing information links to any needed services and supports for children and caregivers	F. Disseminate key messages to promote mental health and psychosocial well-being through community members and humanitarian actors using digital media	G. Promote and support new community-led self-help interventions for parents and caregivers	H. Support caregivers to promote the mental health and psychosocial well-being of children and adapt parenting orientation, skills training on caregiver self-care and stress management	I. Support education personnel to promote the mental health and psychosocial well-being of children by develop/select and adapt programme tailored to Socio Emotional Learning SEL content and training materials	J. Provide MHPSS through protection case management services, adapting case management training curricula according to the MHR to include continuity of care and key MHPSS topics	K. Provide early childhood development (ECD) activities and support social, recreational, and cultural activities	L. Provide PSS group activities for children's and adolescent's mental health and psychosocial well-being by facilitating access to safe spaces	M. Initiate or strengthen the access and provision of psychological interventions by facilitating remote intervention and Helpline access to MHPSS services as needed	
Multisectoral Referrals	1 2 3 4	1 2 3 4	1	1	1	1	1	1	1 2	1 2	1 2 3	1 2	1 2 3	3 4

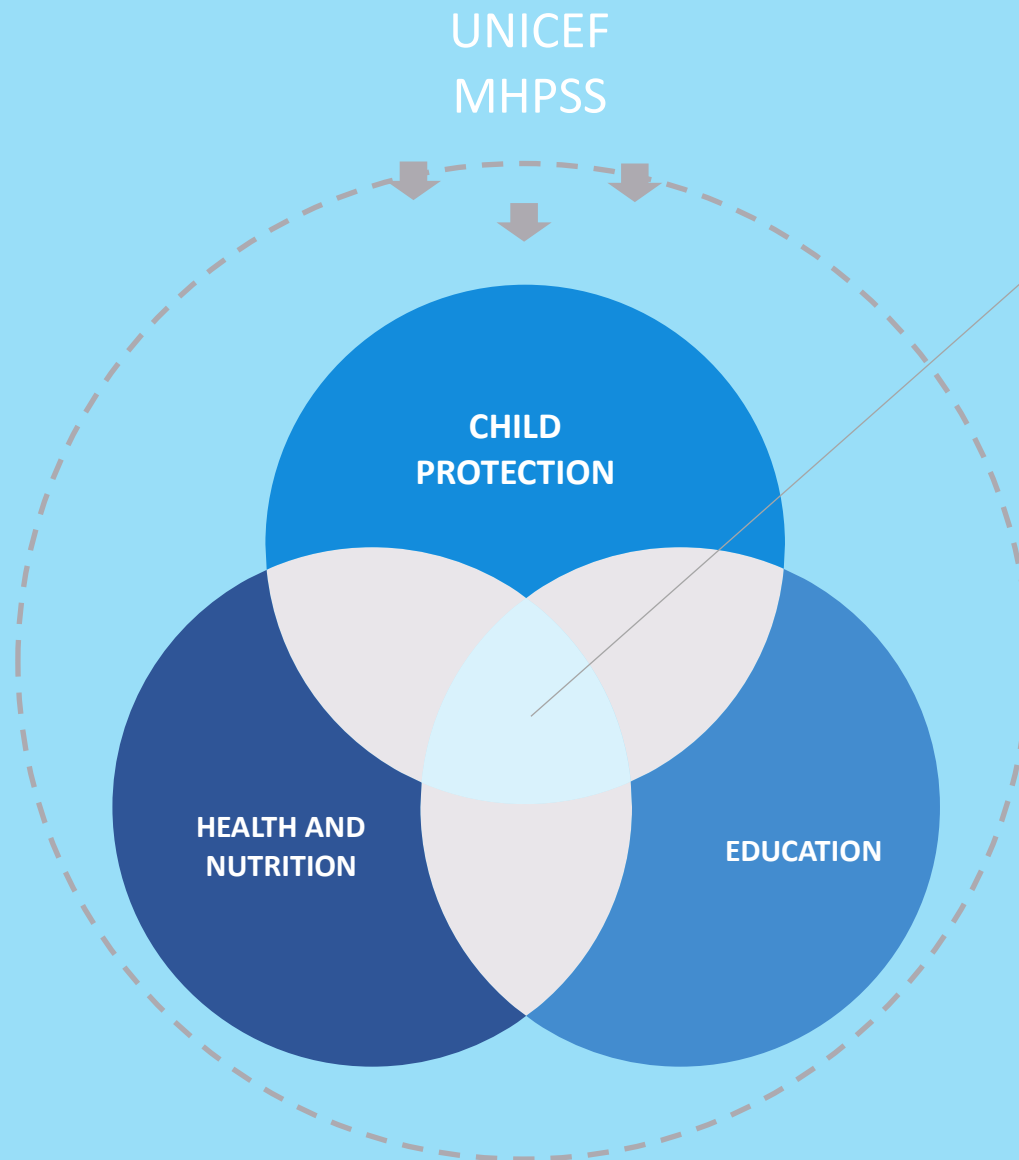
This UNICEF MHPSS Theory of Change has identified the need for a work that encompasses a broad-spectrum awareness, basic PSS skills training and preventive work through the different multi sectoral approach under level 1 of the intervention pyramid.

This application is targeted by basic psychosocial skills capacity building and MH awareness for children, adolescents, parents, caregivers, and community within society, who may be affected by exposure to violence, in- conflict situations due to the situation in Myanmar and other family life course distress related events.

In combination with this work, it is observed the need to cover the continuum of care through MHPSS interventions specifically focused from levels 2 and 3. Complementarily, encompassing specialized psychological interventions for those that require attention due to severely disabling conditions characterized of the level 4 of the IASC MHPSS pyramid.



MHPSS Multisectoral Approach



MULTI-SECTORAL ACTIONS

Coordinate MHPSS within and across sectors by developing, strengthening, updating, and implementing coordination pathways through the MHR to facilitate access to the full range of MHPSS services and activities and to additional support across sectors (e.g., CP Health, Education, Mine Action, etc.) as needed (e.g., TWG MHPSS a directory of services and referral information, Programme Section Support, etc.).

Assess MHPSS needs and resources to guide programming incorporating MHPSS considerations and questions into the planning, design, implementation, and analysis of MHPSS multi-cluster/sector assessments (e.g., *Education, Protection, Health, as well as AoRs such as CP, GBV*).

Orient and train frontline workers, health workers, teachers, and community leaders in basic psychosocial support skills by selecting, developing, and adapting orientation materials **on basic psychosocial support skills BPS and PFA + PFA for Children** for selected target groups and field responders across sectors.

Facilitate PSS response, providing information links to any needed services and supports for children and caregivers (e.g., mental health services, health, protection, and education services) through field responders, health workers and teachers, volunteers, child-care workers, and other community members so that MHPSS programme can be sustained in the longer term.

Disseminate key messages to promote mental health and psychosocial well-being through community members and humanitarian actors using digital media and on-site mechanisms appropriate to the context, considering language, ethnicity, culture, literacy, accessibility, and access to technology (e.g., *discussion sessions, posters, information leaflets, radio messaging, social media campaigns, community theatre, comic strips*).

Promote and support new community-led self-help interventions for parents and caregivers to strengthen coping resources, through digital key messages and social supports (e.g., *ParentText, parenting support intervention awareness, discussion groups on specific topics of concern, support groups for people with MH issues, disabilities, and caregivers support*).

