

## CP-EiE Collaboration Framework - MHPSS Thematic Paper

Mental health and psychosocial support (MHPSS) is a key issue and programmatic priority for Child Protection and Education sectors. Well-coordinated cross-sector MHPSS interventions can capitalise on the respective technical skills, capacities and value-add of each sector. Collaboration in coordination can maximise the quality and coverage of the response while reducing duplication in efforts.

This Thematic Paper should be used in conjunction with the [CP-EiE Collaboration Framework](#). It supports Education and CP coordination teams throughout the Humanitarian Programme Cycle (HPC), to assess, plan for, target and respond to **collectively achieve the greatest results for the mental health and wellbeing of children, their caregivers and teachers**. If an inter-sector MHPSS working group exists, CP-EiE collaboration efforts should be coordinated through this group.

The Education and Child Protection coordination groups in each country are best placed to determine the most optimal division of MHPSS component activities and orientation of each sector. **Key considerations to inform this decision are:**

- Phase of response
  - *In the first phase of an emergency if schools are interrupted, group activities for children in safe spaces may be needed to maintain routine and provide a protective space where responsible adults can support children re-establish daily routines, supervise play and MHPSS group activities and continue informal learning (Level 2 of the MHPSS Pyramid). Later, recreational activities could be delivered in schools, once the system is recovered and strengthened*
- Each sector's technical and financial capacities, compared to the needs at each level of the MHPSS pyramid
  - *Which activities currently implemented by CP could be better implemented through Education with CP technical support? Vice versa, which activities currently implemented by Education could be better implemented through CP?*
  - *What is the role of the Cluster/AoR/WG in facilitating these links between each sector's allocated activities?*
  - *What is the capacity of partners to take on technical work outside their existing area of implementation/expertise?*
- Each sector's access to children, considering the distinction between universal and specialised services. The [IASC MHPSS Guidelines](#) reflect how the distinction between universal (for all children) and tailored (for some children) approaches *could* apply to MHPSS services (Figure 1) in the following example:

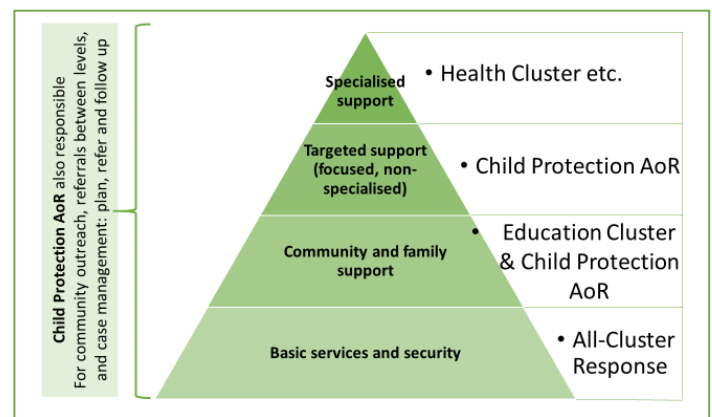
**Level 1:** (the base of the MHPSS pyramid): The guidelines recognise that all children require some form of psychosocial support, such as the safety, stability and predictability of a routine to build resilience [\[provided by all clusters\]](#).

**Level 2:** Recreation, play and informal learning activities that are intended for all children could be delivered through education, which most children should be accessing anyway. By coordinating these activities, the Education Cluster can support Child Protection coordination groups to free up critical CP resources for Level 3 activities as well as time to focus on community based MHPSS with out-of-school children and children who cannot access education through community approaches [\[provided primarily by Education Cluster\]](#).

**Level 3:** Complex and tailored services, such as counselling, for a smaller number of children, thereby maximizing efficiencies and the quality of the response [\[provided primarily by CP\]](#).

**Level 4:** The top layer of the pyramid represents the additional support required for the small percentage of the population whose suffering, despite the supports already mentioned, is intolerable and who may have significant difficulties in basic daily functioning. This assistance should include psychological or psychiatric supports and is [provided by health specialists](#).

**All levels:** Child Protection should provide technical inputs, outreach to vulnerable children (including out of school), case management, and referrals and integration between MHPSS pyramid levels.



**Figure 1. Clusters' and AoRs' responsibilities mapped against MHPSS Intervention Pyramid**

Source: Author's own, based on GEC 2019 Annual Meeting [Framing Paper](#)

In an optimal scenario, most of level 2 MHPSS activities are implemented by education, with CP supporting on outreach and referral (especially out of school children); this allows CP to provide more level 3 services and have a greater focus on ensuring that the MHPSS pyramid is delivered in an integrated way for children.

The following guidance supports Education and CP coordination groups to determine the best division of MHPSS component activities between their sectors, and their roll-out through each stage of the Humanitarian Programme Cycle:

## Step 1: Needs Assessment, Identification and Analysis

<b>Objective of collaboration:</b>	HNO Chapters & PiNs reflect a mutual understanding of which children are in need of MHPSS
<b>Minimum suggested actions:</b>	<ol style="list-style-type: none"> <li>1. Common approaches to response prioritization and PiN calculation</li> <li>2. Sector needs assessment include cross-sector questions</li> <li>3. Establish information sharing agreements for data useful to both sectors</li> </ol>

### Process of Collaboration:

1a. Strategic and operational considerations	1b. Common understanding of information needs	1c. Joint data analysis	1d. Potential assessments
<p>What key questions are needed to inform joint/ integrated MHPSS response planning &amp; decision making?</p> <p><i>e.g. response &amp; operational decisions (priority children / areas / activities); advocacy &amp; fundraising decisions</i></p> <p>Agree on common MHPSS definitions &amp; approaches to be used by both sectors</p> <p><i>e.g. agree age brackets to use &amp; key MHPSS terminology</i></p> <p><b>See CP-EiE Framework Steps 1.1 &amp; 1.2, and Annex 1</b></p>	<p>Identify the information/ data that both sectors need for MHPSS planning</p> <p><i>e.g. Prevalence of MHPSS needs among children, children's perceptions of their own wellbeing, children's awareness of capacities &amp; resources available in their communities to support their wellbeing, demographic data, displacement data, etc.</i></p> <p>Jointly take stock of the MHPSS information sources that are available between both sectors, &amp; potential additional data sources if existing MHPSS data is not available from either sector</p> <p><i>e.g. Health Sector</i></p> <p>Agree how to systematically share these MHPSS data between CP &amp; Education (considering sensitivity)</p> <p><i>e.g. Frequency of sharing? Format? To whom by whom?</i></p> <p><b>See CP-EiE Framework Steps 1.3 - 1.6, and Annexes 2 &amp; 3</b></p>	<p>Analyse the MHPSS data/ information available from both sectors to achieve a more nuanced analysis, supporting the prioritisation exercise in both sectors.</p> <p>Sector HNO chapters should reflect a common understanding of children's MHPSS needs &amp; cross-reference the other sector.</p> <p>Work together to ensure coherence between CP &amp; Education <b>prioritisation</b> of geographical areas, population groups, &amp; thematic response priorities. Reflect this in each sector's PiN calculation methodology for MHPSS needs &amp; common population groups</p> <p><i>e.g. both sectors apply same/similar calculation methodology to their population of concern; ensure no double-counting</i></p> <p><b>See CP-EiE Framework Steps 1.8 &amp; 1.9</b></p>	<p>If there are gaps in MHPSS data, consider how to collect that data through planned or additional:</p> <ul style="list-style-type: none"> <li>• joint (CP &amp; Education) needs assessments, or</li> <li>• single sector needs assessments which include questions/ involvement from other sector</li> </ul> <p><b>See CP-EiE Framework Step 1.10, and Annexes 4 &amp; 5</b></p>

## Step 2: Strategic Response Planning

<b>Objective of collaboration:</b>	HRP Chapters & targets reflect a strategic division of roles & responsibilities for delivering MHPSS services
<b>Minimum suggested actions:</b>	<ol style="list-style-type: none"> <li>1. Identify common and complementary component MHPSS activities</li> <li>2. Strategise response delivery options to attain greatest impact for children in need of MHPSS services</li> <li>3. Apply consistent approach to MHPSS targeting</li> </ol>

### Process of Collaboration:

2a. Identify areas of collaboration	2b. Agree roles & responsibilities	2c. Document in plans	2d. Formulate indicators
Based on the assessed needs, what are the	Consider comparative advantages & limitations of implementing these	Response plans/ HRP chapters	Activity level MHPSS indicators should be developed to avoid collecting overlapping data

<p>common &amp; complementary component activities of MHPSS at each level of the MHPSS pyramid?</p> <ul style="list-style-type: none"> <li>o Outreach activities (identifying children in need of MHPSS – in schools &amp; communities)</li> <li>o Referral mechanisms</li> <li>o Semi-structured PSS sessions at school or in community settings</li> <li>o Recreational activities at school or in community settings</li> <li>o Training teachers on MHPSS/SEL delivery / identification &amp; referral</li> <li>o Awareness raising &amp; communication campaigns</li> </ul> <p><b>See CP-EiE Framework Step 2.1 - 2.3</b></p>	<p>component MHPSS activities through one or the other sector, including:</p> <ul style="list-style-type: none"> <li>o Each sector's access to children, especially the most vulnerable</li> <li>o Technical strengths of sector &amp; partners</li> <li>o Delivery capacity of sectors &amp; partners</li> <li>o Do the required MHPSS activities fit within the Education space/schedule/ curriculum, etc.?</li> </ul> <p>Agree which sector is responsible for implementing which component of MHPSS activities; document &amp; share with partners in both sectors, e.g.:</p> <ul style="list-style-type: none"> <li>o Who develops/ selects/ vets the technical approach/ materials?</li> <li>o Who delivers ToTs/ trainings, to whom?</li> <li>o Who delivers which MHPSS component activities, at which pyramid level?</li> <li>o Who delivers activities in which locations (community/school/multi-purpose centres/...)?</li> <li>o Situate each activity on the MHPSS pyramid; is there any overlap/gap? How could they be addressed?</li> <li>o Adapt the pyramid to your context providing examples for each level</li> </ul> <p><b>See CP-EiE Framework Step 2.4 – 2.6, and Annex 6</b></p>	<p>should clarify the MHPSS roles &amp; responsibilities, &amp; cross-reference the other sector</p> <p>To calculate targets for MHPSS activities, consult the other sector to ensure coherence</p> <p><i>e.g. total number targeted does not exceed population &amp; aligns with agreed roles &amp; responsibilities</i></p> <p><b>See CP-EiE Framework Step 2.7 – 2.9</b></p>	<p>(double counting) &amp; where possible to collect complementary data</p> <p><i>e.g. teachers trained in PSS vs. children benefitting from PSS</i></p> <p>Develop an appropriate indicator arrangement for MHPSS activities in both sectors &amp; produce clear guidelines on it. This should facilitate joint monitoring of the MHPSS response, providing a comprehensive understanding of how CP &amp; Education sectors are cumulatively contributing to MHPSS outcomes, discern complementary services, reduce double-counting, etc.</p> <p>This could include (<a href="#">Annex 8</a>):</p> <ul style="list-style-type: none"> <li>o Joint indicators</li> <li>o Cross-referencing indicators</li> <li>o Complementary indicators</li> <li>o Mechanisms for aggregating indicators</li> </ul> <p><i>e.g. both sectors may want to measure number of children receiving PSS support &amp; use a joint indicator to assess overall reach.</i></p> <p><i>e.g. training teachers on PSS is an activity conducted by both sectors, but both CP &amp; Education actors report to Education sector</i></p> <p><b>See CP-EiE Framework Step 2.10, and Annex 8</b></p>
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## Step 3: Resource Mobilisation

**Objective of collaboration:** Common and complementary MHPSS activities are fundraised for, and funds are allocated for maximum joint impact

**Minimum suggested actions:**

1. Agree which common activities to jointly fundraise for, and which sector-specific activities should be reinforced by the other sector
2. Decide appropriate costing strategy for common MHPSS activities
3. Joint project vetting to avoid duplication in MHPSS services or locations

### Process of Collaboration:

3a. Define resource mobilisation & advocacy responsibilities	3b. Costing	3c. Agree complementary allocation of resources
<p>Identify donors that fund MHPSS activities, &amp; in which sector.</p> <p>Agree which common activities to both/jointly fundraise for, &amp; which sector-specific complementary activities should be reinforced by the other sector to strengthen their response</p> <p><i>e.g. Education fundraises for school-based referral mechanisms &amp; teacher training on safe identification &amp; referral, to strengthen CP's MHPSS response at level 3 of the MHPSS pyramid</i></p> <p>Both sectors fundraise for “joint funding”, &amp; for the other sector,</p> <p><i>e.g. Joint allocation strategies for pooled funds or donor proposals</i></p> <p>Both sectors advocate on each other's complementarity role, &amp; support messaging on resource needs</p> <p><i>e.g. CP's cost per beneficiary may increase as more specialised services are delivered (i) one-to-one rather than in a group, &amp; (ii) by specialised workers who have smaller caseloads, due to the specificity of their work. For example, one teacher can provide class-based PSS each week to an entire classroom of children,</i></p>	<p>Develop an appropriate costing methodology for MHPSS component activities, using same/similar unit costs for common activities where possible</p> <p>Document &amp; disseminate the costing methodology</p>	<p>Assess which sector has/ can access MHPSS resources &amp; if cross-sector resource allocation is needed to achieve the most effective / efficient response?</p> <p><i>e.g. CP sector holds majority of MHPSS funds, but joint planning determined maximum impact for children would be achieved through teacher-delivered MHPSS. CP sector funds &amp; delivers MHPSS training for teachers.</i></p> <p>Advocate to the HCT for, &amp; facilitate, joint project sheets &amp; joint pooled fund proposals (e.g. through joint HPF allocation strategy). Where possible, develop joint allocation strategies &amp; donor proposals, &amp; require that partners submit integrated proposals</p> <p>In sector guidance to partners for HRP project sheet submission / HPF allocation strategy, delineate which component MHPSS activities are included in each</p>

<p>while MHPSS level 3 activities will focus on some of the children of this classroom</p> <p>See CP-EiE Framework Step 3.1 – 3.4</p>	<p>See CP-EiE Framework Step 3.5</p>	<p>sector &amp; instructions for multi-sector Project Sheets/ HPF proposals</p> <p>Conduct joint project vetting to avoid duplication in MHPSS services or locations</p> <p>See CP-EiE Framework Step 3.6 – 3.9</p>
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## Step 4: Joint Implementation and Monitoring, and Evaluation of Collaboration

**Objective of collaboration:** Common and complementary MHPSS activities are conducted and monitored in a way to maximise impact on children, and efficiency and effectiveness of the response

**Minimum suggested actions:**

1. Provide partners with implementation, quality standards, and reporting guidance for delivering MHPSS component activities
2. Ensure functional cross-sector referral mechanisms are in place
3. Establish mechanisms to jointly review MHPSS component activities

### Process of Collaboration:

4a. Define modalities of working together	4b. Enhance response quality	4c. Identify & mobilise partners	4d. Joint Monitoring Plan and 4e. Evaluation of collaboration
<p>Provide guidance on each sector's differentiation &amp; delivery of complementary &amp; common MHPSS component activities</p> <p><i>e.g. which activities, to which children, in which locations, at which times</i></p> <p>Ensure functional cross-sector referral mechanisms are in place, with SOPs. Monitor the referral process</p> <p><i>e.g. # referrals per year, from whom to who? Evaluation of referral process: was it safe, timely, &amp; appropriate?</i></p> <p>Each sector should participate in the other sector's (&amp; potential MHPSS WG) meetings to facilitate the systematization of a joint MHPSS approach</p> <p><i>e.g. a MHPSS task force could be created to ensure a coherent approach &amp; develop appropriate guidelines</i></p> <p>See CP-EiE Framework Step 4.1 -4.3, and Annex 7</p>	<p>Enhance the technical quality of the MHPSS response by leveraging the technical strengths of each sector to:</p> <ul style="list-style-type: none"> <li>○ define activity standards</li> <li>○ select/ develop technical content &amp; trainings</li> <li>○ deliver TOTs &amp; trainings</li> <li>○ quality monitoring</li> </ul> <p>Reinforce sector member's capacities related to both sectors</p> <p><i>e.g. Education partners trained on safe identification &amp; referral</i></p> <p>See CP-EiE Framework Step 4.4 &amp; 4.5</p>	<p>Many partners work in both CP &amp; Education – plan with them how to maximise the benefits of this on coverage &amp; quality of the MHPSS response, while avoiding duplication.</p> <p>Look at sector membership &amp; consider alternative allocations to leverage efficiencies &amp; strengthen the quality of responses, through:</p> <ul style="list-style-type: none"> <li>○ non-traditional partnerships <i>e.g. CP actors implementing EiE activities</i></li> <li>○ different member types, <i>e.g. implementing partners, government, donors, community-based organizations</i></li> <li>○ members who deliver multi-sector services but are only members of one sector</li> </ul> <p>Communicate to implementing partners which sector is responsible for coordinating which MHPSS activities (they may implement one MHPSS activities under each sector)</p> <p><i>e.g. if a partner implements community-based PSS (coordinated under CP) &amp; PSS in schools (coordinated under Education), this partner needs to coordinate with &amp; report to both sectors</i></p> <p>Coordinators help partners to understand each sector's allocated activities, &amp; facilitate partners' engagement in the other sector, as necessary, for certain activities</p> <p><i>e.g. for training teachers on MHPSS (or other agreed activity), CP partners will coordinate with &amp; report into Education</i></p> <p>See CP-EiE Framework Step 4.6 &amp; 4.7</p>	<p>Agree roles &amp; responsibilities of each sector to collect, analyse &amp; share MHPSS monitoring information</p> <p>Develop reporting guidance for common &amp; complementary MHPSS activities, clarifying how implementing partners should report to improve reporting accuracy &amp; reduce double counting</p> <p><i>e.g. Indicator on teachers trained on MHPSS is reported to Education, even if implemented by CP actors; Indicator on children receiving counselling reported to CP, even if school-based counselling</i></p> <p>Follow up with individual partner discussions on reporting procedures to avoid confusion &amp; misreporting on common MHPSS activities</p> <p>Establish mechanisms to jointly review component MHPSS activities, including</p> <ul style="list-style-type: none"> <li>○ Aggregation indicators</li> <li>○ Joint monitoring visits</li> </ul> <p>Agree sector responsibilities for consolidating data &amp; reporting on cumulative progress</p> <p><i>e.g. Each quarter, IMO consolidates CP &amp; Education MHPSS data &amp; produces MHPSS dashboard. Rotate responsibility between Education &amp; CP IMOs</i></p> <p>See CP-EiE Framework Step 4.8 - 4.10, and Annex 8</p>

**South Sudan example of collaboration on delivering school-based MHPSS**

Child Protection and Education sectors determined during strategic planning phase that the most effective approach to reaching children with PSS is through a school-based, teacher-delivered approach. The sectors then worked together and with their partners, to define how to deliver the required component activities:

- CP sector leads the technical design of tools, trainings and manuals, and tools
- Education partners facilitate and organise teacher training for MHPSS at school level. They liaise with trained CP partners to deliver the trainings to teachers (this could be within the same organisation if implementing both CP and Education in the location).
- Education partner is responsible to report to 4Ws: “# teachers trained on PSS” (Reporting responsibility is explicit in the HRP)
- CP Sub-cluster and MHPSS taskforce developed a School Level Checklist for Education partners to use to monitor minimum key MHPSS and CP elements at the school level
- CP partners support in the establishment of school-based referral mechanisms and training of teachers on safe identification & referral