

# Mental Health & Care Practices and Protection

Action contre la Faim ▶ MHCP ▶ 2016



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## What do we do in ACF?



## Introduction

ACF's mission consists of saving lives by eradicating hunger through prevention, detection and treatment of malnutrition, particularly during and after emergency situations, in the aftermath of conflict, war and/or natural disaster. From crisis to development, ACF tackles the underlying causes of malnutrition and its effects. By integrating its programs into local and national systems, and by using advocacy and research, ACF makes sure that short-term interventions become long-term solutions. ACF's general technical strategy is based on the conceptual frame of the causes of malnutrition adapted from the 1997 UNICEF extended health-care model. It considers the immediate, underlying and fundamental causes that determine the nutritional status of individuals and populations.

Since 2002, ACF has positioned itself as a pioneer in its work on **mental health and care practices** in programs to fight hunger. Taking into account the psychosocial element in the understanding, prevention and treatment of malnutrition, MHCP programmes include the reinforcement of childcare practices and of the parent-child relationship, promoting the child's physical and mental progress. Recognizing the importance of the mental health well-being of the caregiver and of the child for providing adequate child care practices, ACF has developed a strong mental health and psychosocial support component in its MHCP programs. In emergencies, mental health and psychosocial support programs are implemented for responding to population needs in improving psychosocial well-being and increasing resilience.

To date ACF's Mental Health and Care Practice (MHCP) **programs** cover six objectives, namely to: 1. Prevent malnutrition by strengthening and changing care practices 2. Prevent the deterioration of childcare practices in crisis situations 3. Improve treatment and limit the negative consequences of malnutrition on the health and development of the child 4. Provide psychological support during or after the event of natural disasters and conflicts. 5. Strengthen the quality of ACF programs and 6. Integrate psychological and social impacts into the analyses.

The Inter-Agency Standing Committee (IASC) defines **humanitarian protection** as "all activities aimed at ensuring full respect for the rights of the individual in accordance with the letter and the spirit of relevant bodies of law, e.g. human rights law, international humanitarian law and refugee law". Humanitarians and human rights actors support and work with the primary duty bearers (the States) to ensure that individuals' and communities' exposure to risks of violence are reduced and addressed and that their rights are upheld and needs fulfilled. As stated by the Global Protection Cluster, protection in humanitarian action is fundamentally about helping people stay safe from – and recover from – the harm others might do them: essentially acts of violence, coercion and deliberate deprivation.

**Protection Mainstreaming** refers to the imperative for each and every humanitarian actor to prevent, mitigate and respond to protection threats that are caused or perpetuated by humanitarian action/inaction by ensuring the respect of fundamental protection principles in humanitarian programmes – no matter the sector or objective. **Protection Integration** refers to what non-protection actors can do, with or without the technical support of protection actors, to prevent, mitigate and respond to protection threats faced by the affected populations to achieve protective outcomes. **Protection Standalone** refers to what protection actors can do to prevent, mitigate and respond protection to threats faced by the affected populations to achieve protective outcomes.

Due to the types of setting where ACF operates, MHCP programs have inevitably responded to **cases of violence, coercion and abuse**. In conflict settings, where women, men, boys and girls suffer from extreme distress, psychological support cannot be delivered without going beyond the traditional boundaries of counselling. Individuals need social, medical and legal support as well as constant information regarding their situation. Stability and safety must be put in place and trustful relationship between patient and psychosocial worker should be developed for engaging in meaningful psychological support.

The **purpose** of this document is to showcase protection related work done by the MHCP programs as well as to highlight what ACF does not do. The document gives an overview of what ACF MHCP programs currently do in terms of a) mainstreaming protection b) preventing and responding to child protection and sexual and gender based violence issues and c) integrating protection into other sectors. Its main target audience are ACF country programs around the world as well as external partner agencies.

### How ACF mainstreams protection in all the programs

#### Prioritizes safety and dignity

ACF programs ensure that the location of facilities and routes to them are away from potential threats such as sexual and physical assault. They ensure that the services are respectful and inclusive of cultural and religious practice. In conflict settings, programs consult with displaced communities and communities about their needs so as to avoid community tensions that could lead to violence of one group or another.

#### Supports access to services

The accessibility of services relates to more than just the accessibility for persons with disabilities, and the distance that affected populations must travel (often by foot) to arrive at services. It also includes the affordability of services, the hours of operation, the gender of staff, and the availability of staff who can speak the same language. ACF is often present in remote parts of the countries and staff tries to actively reach out to particularly vulnerable groups such as pregnant and lactating women, infants, child headed households and people suffering from severe psychological distress. Programs guarantee that

staff are representative of all layers of society (e.g. gender, age and ethnicity) and ensure that, if services are available, community members are aware of the services and how to access them.

### Ensures participation & empowerment

ACF programs begin by identifying and consulting with local authorities and key community members, from all layers of society. Programs consult on: what the coping strategies are, where people go when they get sick, what kind of treatments they can expect, whether women are allowed to access services and whether they need to be accompanied by male members of their families. ACF employs women in leadership positions. MHCP programs target childbearing-aged women and favor her empowerment by working with them and the communities on improving the resources and the decision power of the caregivers as well as their health and psychological situation.

## How ACF works on Child Protection and SGBV

1. ACF **maps** local service providers such women's groups, health workers, police, teachers, religious leaders and schools, and their strengths and weaknesses, in order to build on existing mechanisms.
2. If needed, ACF **advocates** for the implementation of activities in the community such as recreational, sports or cultural activities for children to help recreate a routine and help them build their resilience.
3. ACF makes sure that there is coordination and a referral system between all sectors including education, protection, health and psychosocial support providers and that **referral pathways and services** are adhered to by ACF staff as well as through procedures and protocols that ensure confidentiality, safety/ security, respect and non-discrimination.
4. In terms of **mental health and psychosocial support (MHPSS)** pre-existing community networks to provide psychosocial support are strengthened. If needed a detection and referral system is set up and psychosocial support, including psychological support, is provided. ACF raises awareness with community members on the symptoms of psychosocial distress in both children and adults, and of strategies to deal with these.
5. ACF strengthens teams of psychosocial workers and health-service providers and trains them on **Psychological First Aid** as well as sex and age-appropriate responses when dealing with violence and harmful practices. All staff are trained on the IASC Guidelines on mental health and psychosocial support. Psychosocial workers and psychologists are trained on adequate methodologies and approaches for providing adequate and culturally relevant psychosocial and psychological support.
6. ACF specializes in activities **specifically for babies**: a) carries out assessments with the community to decide whether Baby Friendly Spaces (BFS) are needed, safe and appropriate b) identifies locations,

resources and people who could take part in running a BFS and c) implements activities for babies, caretakers and pregnant women in coordination with health, hygiene education and nutrition partners.

7. ACF works with the community to **increase awareness** of physical and sexual violence including regarding risks, consequences, support services, and why violence is not acceptable.

Examples of what ACF does not do in protection:

- ✗ Provide family reunification and alternative care
- ✗ Develop specific programs for working with children associated with armed forces and armed groups
- ✗ Provide legal support to survivors of physical or sexual violence
- ✗ Set up “safe houses” for women victim of violence
- ✗ Train armed forces and police

**Example of ACF Program for Rohingya refugees in Aceh, Indonesia:** After the assessment, it is established that anxiety and depression are prevalent at different levels in Rohingya groups. Beneficiaries suffer from anxiety and/or depression as a result of separation from family members or experiences - including rape, physical assault or having witnessed violence or death - throughout the journey or in the camps. The population is screened for psychologically vulnerable persons. The interventions that are set up include a) group psychological support b) individual psychological support c) providing care practice psychosocial sessions and d) building capacity of the local health workers. Child Protection and SGBV cases are managed with the support of IOM, UNHCR and local services (health post, hospital, community centers etc.)

### How ACF integrates protection into other sectors

- ✓ Advocates with stakeholders with regard to safety and site planning, such as: setting up child-friendly spaces; providing adequate lighting; avoiding overcrowding and housing children and unrelated adults together; and construction of an adequate number of latrines and bathing facilities
- ✓ Provides training on psychological first aid (PFA) and IASC psychosocial recommendations in emergencies
- ✓ Presents assessment information on protection to those working in other sectors ensures that time is taken to discuss the implications of this information for their work
- ✓ Develops clear standard operating procedures including identification and referral mechanisms between protection and other sector programmes.
- ✓ Whenever possible, runs socially and culturally appropriate, and technically accurate joint programmes that combine MHPSS and child protection components with WASH, FSL , DRR and Nutrition and Health interventions.