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**International
Medical Corps**

GUIDELINES

for Remote MHPSS Programming
in Humanitarian Settings

**Appendix A: Assessment Tool
for Transitioning to Remote
MHPSS Programming**

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Appendix A: Assessment Tool for Transitioning to Remote MHPSS Programming and Service Provision

This tool can support those designing and conducting an assessment for transitioning MHPSS programming and service provision to remote or hybrid modalities in humanitarian contexts. This may be necessary for reasons such as epidemics, poor security, lack of access to in-person services for certain groups. The tool is intended to be used as a template, which can be adapted to different contexts and areas of MHPSS programming.

It is recommended that MHPSS programs conduct risk assessments and contingency plans as a regular part of program design, and use this assessment tool to gather updated information at such a time as when it is recognized that some form of transition to remote programming and/or service provision will be required in the near future.

Information from an assessment is needed to make evidence-based decisions about remote MHPSS program planning, such as:

1. **Barriers and opportunities** to providing or accessing face-to-face MHPSS services or capacity-building efforts.
2. **Existing national guidelines and efforts** support or prevent remote MHPSS service delivery.
3. **Knowledge, attitudes, perceptions and needs** of clients, community members and service providers in regards to remote MHPSS programming and level of comfort working with remote technologies
4. **Actors currently working on mental health** at the national, regional and community level that need to be engaged in transition to remote MHPSS programming.
5. **Capacity building needs** of staff, service providers and partners may have to facilitate effective transition to remote MHPSS programming.
6. **Available and needed resources** at the organizational, community and national level to support the transition.

Below, please see templates to be selected based on the assessment type (country, community, organizational/program, mapping).

Template I: Country-Level Analysis

Purpose

To summarize information relevant to the agency/service provider, clients/beneficiaries and other stakeholders transitioning to remote MHPSS programming, already available before or during the onset of the need to transition. Quick assessment of existing policies and regulations, efforts and systems that may support or prohibit remote MHPSS programming.

Method

Desk research

Sources of Information

Desk reviews can include, but are not limited to:

1. Statements released by governing agencies/ministries, UN agencies
2. Assessments and reports by humanitarian and development agencies, governments or UN agencies
3. Guidance, tools, statements and reports released by humanitarian coordination actors, such as IASC, UN, MHPSS TWGs, Humanitarian Coordination Clusters
4. Scientific and grey literature

Sample Outline

- Introduction
- Rationale for the need to transition to remote programming and/or service provision
- Description of methodology used
- Contextual factors
- Description of the situation/context, including the primary cause and its impact on society, commerce, industry, travel, availability of services.
- Law and policy pertaining to the reason for transitioning to remote service provision, humanitarian/development agencies' ability to program, laws and regulations pertaining specifically to the provision of telemedicine or remote service provision, human resources, logistics. Recent or expected changes to law and/or policy.
- Readiness and openness of government stakeholders to support remote MHPSS programming.
- Technological infrastructure and access, including mobile network and internet coverage, accessibility (e.g., cost, existing government bans on certain platforms, etc.), preferred and widely-used platforms, security and privacy (e.g., surveillance concerns).
- Contextual information related to remote MHPSS programming and service provision, including:
 - Evidence-based guidance
 - Documented lessons learned from relevant previous experience (internal and external reports)
 - Analysis
 - Identified knowledge gaps
 - Expected/perceived challenges and opportunities
 - Recommendations

Template II: Community-Level Analysis

Purpose

To understand the needs and concerns of community members and leaders, clients and service providers as well as barriers to access to remote MHPSS services. Analysis will include whether clients and their family members have the means to confidentially connect to services remotely; existing resources that can be leveraged (e.g., crisis or helplines to connect clients to services, private and safe community spaces for taking calls, etc.); community members' level of openness to engaging with remote MHPSS services and so on.

Methods

Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs).

Sources of Information

Community members and leaders, MHPSS clients/beneficiaries, service providers.

Sample Questions

Service Provider

- What current provisions/resources are in place for remote MHPSS services? What services? Where? How are they provided remotely?
- What could be done to improve the MHPSS framework/system to support the transition to/improvement of remote MHPSS services?
- Do clients/community members have the ability to access remote MHPSS services? What can be done to improve this? Are there any groups or individuals for which it may be more difficult? (Probe: survivors of gender-based violence, older adults, children, people with intellectual or physical disabilities, those with hearing impediments, etc.)
- Do service providers have the ability to provide remote services? What can be done to improve this?
- What other challenges do you foresee in the provision and receipt of remote MHPSS services?
- What are the capacity needs of service providers to be able to effectively continue the provision of MHPSS services remotely?
- Are there any people who may not be able to benefit from remote MHPSS services? Who and Why? Will there be alternative in-person services or support available, such as inpatient care?

Community members and leaders:

- How do you think the current context is effecting/will affect people in your community?
- What do you think will be the impact on people mental health and well-being?
- What support and services should be available for people during this period? How should/could they be provided in the safest possible way?
- How do you think people will ask for or try to reach support and services if they need them? How can it be made easier and more accessible? What challenges do you encounter/foresee?
- Do you believe the provision of remote MHPSS services could result in an increase of uptake of such services? Why or why not?
- Are there any marginalized groups that may need special attention or support?

Clients/MHPSS Beneficiaries:

- Is the current situation causing any changes in your mental health or well-being or treatment?
- Do you need any additional support to address these changes? What? How can this be done?
- How do you think a transition to remote MHPSS service delivery will affect the support and services you currently receive? Do you see any challenges or opportunities in using this modality?
- Will you be able to engage with MHPSS services via phone, videocall? Why/why not?
- Do you have any reservations or fears in terms of receiving services remotely for a period of time? Can you tell me what they are, and what would help to alleviate them? (Probe: access to a confidential and safe space; privacy and ability take services without interruptions, etc.)
- Do you have any advice for how we can ensure that remote MHPSS services are accessible, safe and acceptable for you?

Template III: Organizational and Program-Level Analysis

Purpose

Assessment of strengths and limitations in staff and service provider knowledge and capacity to implement remote programming. What resources, tools and training do they need to do their job effectively? Does the program budget accommodate acquiring additional resources to support the transition?

Methods

Key informant interview, Focus Group Discussion and/or staff workshop.

Sources of Information

MHPSS Management and Program staff, MHPSS Service Providers, Agency Management, Operations management and staff

Sample Questions

- What administrative, operational and managerial activities and tasks (including logistical, human resource and finance) require adaptation for remote programming and service delivery?
- What MHPSS services and activities require mitigation for transition to remote delivery?
- Do the training and supervision practices require changes for remote delivery? What additional training do staff require for transitioning to remote programming and delivery of remote MHPSS services?
 - What remote MHPSS training materials and tools are available that can be adapted and used for capacity building of staff and service providers (*Can also be identified through desk review*).
- What staff care practices are in place (if any) and how can they be adapted to be relevant and useful for remote programming? What additional staff-care practices are required?
- How can documentation and M&E practices and systems be adapted for remote programming, ensuring safety, confidentiality and privacy of all sensitive data?

- What actors and stakeholders should be coordinated with to ensure that the transition is effective, services are not duplicated, gaps in service provision are identified and mitigated?
- What resources are in place, available or needed for transitioning to remote MHPSS programming and service delivery (including human resource, financial, technical)?
- Will tools being used to assess/measure the treatment effectiveness be applicable in a remote setting? What adaptations may need to be made?

Template IV: Mapping

Purpose

To understand what MHPSS services are available to clients and caregivers and to determine what services will transition to remote modality. This also includes assessment of whether and how other actors are implementing MHPSS programming remotely, and what resources can be leveraged to support local communities.

Method

4Ws Mapping

Sources of Information

MHPSS TWG, Health and Protection Clusters, Relevant Ministries, All MHPSS and other relevant service providers, UN Agencies. For more information and advice on conducting 4Ws/service mapping, consult [WHO/UNHCR Assessing mental health and psychosocial needs and resources Toolkit for humanitarian settings](#) Tool 1, Page 30.

Sample (and Simplified) Remote MHPSS Service Mapping/4Ws Tool

Note: 4Ws mapping should be conducted as a part of a coordination group for the MHPSS sector to document the available MHPSS services and related information, MHPSS service providers/agencies should also conduct service mapping of other non-MHPSS services available for referral also, such as healthcare, protection, legal services, NFI, shelter, etc. This template can be adapted accordingly to the context.

Agency/ Provider	Available in-person services	Where the service can be accessed	Focal Point & contact details	Available remote services	How the service can be accessed	Who utilizes these services	Focal point & contact details	Services that will not continue or temporarily close (if any)	Notes on discontinuing services

For context where a recent 4ws mapping has already been completed, consider how the MHPSS coordination group can adapt the existing mapping for any updates.