

Bureau of Population, Refugees and Migration (PRM)

**Mental Health and Psychosocial Support
(MHPSS) Evaluation Action Plan**

1. Staffing shortages of partner organizations

- **Evaluation Report Recommendation**

PRM should prioritize programs that build the capacity and skills of MHPSS professionals, particularly those who can train staff and community members to refer those with MHPSS needs to Primary Health Care (PHC), train PHC clinical staff to refer to higher level services, encourage relicensing and the training of new MHPSS professionals from the service user population so they can practice in their new countries, and encourage NGOs to support a diverse range of practitioners and volunteers.

- **PRM Response**

PRM's priority is funding the provision of MHPSS services for forcibly displaced and stateless persons. PRM has supported capacity strengthening programming which targets MHPSS professionals and MHPSS programs in the past and will continue to look for opportunities to do so in the future. For example, PRM currently supports the Syrian American Medical Society in Türkiye to provide scholarships for Syrian refugee students who want to go into specialized health fields including MHPSS.

PRM will continue to advocate within the U.S. government (USG) to encourage strengthening the capacity of MHPSS service provision in broader health programming done within humanitarian assistance, including programs that augment PHC provider ability to respond to MHPSS needs and support licensing and continuing education of new MHPSS professionals.

PRM will also encourage non-governmental organizations (NGOs) in forced displacement settings to support a diverse range of MHPSS practitioners and volunteers, as well as to ensure access to translators when MHPSS professionals do not speak the language of populations of concern.

PRM is currently developing an MHPSS policy that will address the need for capacity strengthening for MHPSS programming internally and with international organization (IO) and NGO partners as well as an Equity and Inclusion policy to ensure MHPSS programming is inclusive, accessible, and culturally relevant.

2. Targeted advocacy

- **Evaluation Report Recommendation**

PRM should engage in targeted advocacy with host governments to facilitate service users' entry into the labor market (and children's entry into education) to reduce stressors that drive MHPSS concerns.

- **PRM Response**

The USG strongly supports and seeks to advance implementation of the Global Compact on Refugees, of which enhancing refugee self-reliance, including through inclusion, is one of the four key objectives. To that end, PRM actively stresses the need for diplomatic efforts to enhance access to formal labor markets and education for forcibly displaced and stateless persons, which could reduce stressors that drive MHPSS concerns. In particular, PRM seeks to ensure forcibly displaced and stateless persons have the right to work, in addition to related rights such as freedom of movement and access to financial services.

Further, recognizing that forcibly displaced and stateless persons may be particularly vulnerable, PRM will continue to support partners to implement the Graduation Approach, which is a proven sequenced and time-bound poverty alleviation methodology layering consumption support and job placement with case management and coaching support for at least 12-18 months.

Looking ahead, PRM will consider opportunities to more purposefully link investments in labor markets and education efforts to the reduction of factors which contribute to MHPSS vulnerabilities. For example, one PRM-funded protection priorities project with Save the Children focuses on strengthening capacity of UN High Commissioner for Refugees (UNHCR) operations to center children's well-being in sectoral interventions. One component of the project created a specialized course for UNHCR child protection and other technical sector colleagues (health, education, livelihoods, WASH, and Camp Coordination and Camp Management [CCCM]) to include child protection mainstreaming and integration, including MHPSS for children, within their regular sector programs.

3. Explicit, rapid close out strategies

- **Evaluation Report Recommendation**

PRM should require their grantees to develop explicit, rapid close out strategies and plans to ensure sustainability and continuity of services for service users and fund short term implementation of these strategies when grants are not renewed.

- **PRM Response**

PRM's NGO Guidelines require applicants to describe their sustainability plans in proposal applications. Additionally, PRM updated its 2023 NGO Guidelines to emphasize a focus on sustainability specifically for MHPSS programming. Looking ahead, PRM will consider strategies for providing guidance to program officers on how to review the sustainability aspects of MHPSS proposals and promote responsible closeout of MHPSS programming.

4. COVID-19 impacts and adaptations

- **Evaluation Report Recommendation**

PRM should work with implementing partners (IPs) to determine where and when hybrid approaches will and will not be feasible and advisable and work to develop these approaches.

- **PRM Response**

PRM updated its NGO Guidelines in 2023 to encourage implementing partners to include the use of hybrid approaches for MHPSS programming in their programming to close mental health gaps and mitigate health risks when feasible and appropriate.

5. Self-Care

- **Evaluation Report Recommendation**

PRM should ensure that future funding allows for self-care interventions for MH professional and volunteers.

- **PRM Response**

PRM recognizes the need for self-care support of staff in all programming. In FY 2023, PRM revised its MHPSS indicators for NGO programs to assess the extent to which PRM-funded MHPSS programs are being used to support MHPSS services for humanitarian staff and volunteers. PRM also updated its FY 2023 NGO Guidelines to reflect an interest in MHPSS programs that support MHPSS services for staff and volunteers. Finally, PRM will continue encouraging IO partners, such as UNHCR, to promote their commitment to supporting the mental health and well-being of their personnel, other humanitarian personnel, and volunteers, and to provide MHPSS services to them when needed.

6. Ongoing MHPSS training

- **Evaluation Report Recommendation**

To minimize the impact of future global health events, health service providers should receive ongoing training on MHPSS service provision.

- **PRM Response**

PRM's NGO guidelines encourage applicants to include program proposals that support MHPSS training and address sustainability aspects of such programming. This includes ongoing MHPSS training for service providers.

7. PRM MHPSS policy

- **Evaluation Report Recommendation**

PRM's MHPSS strategy would benefit from updates to reflect the Bureau's PSS community-based and cross sectoral programming, COVID-19 adaptations, and expected funding modalities, outcomes, and impact.

- **PRM Response**

PRM is developing a bureau-wide MHPSS policy that will address changes in the global context, including COVID-19, capacity strengthening, and sustainability. The policy will consider the findings, conclusions, and recommendations of this evaluation. PRM will also seek to reflect the cross-sectoral work of the bureau in its MHPSS policy.

8. Minimum Service Package (MSP)

- **Evaluation Report Recommendation**

PRM should coordinate with international and national MHPSS working groups to support and coordinate with other donor, IO, and NGO/Community-based Organization (CBO) strategies for rolling out the Minimum Service Package (MSP) and for integrating mental health and clinical psychological services into the national health care systems and psychological and social support in national and community social welfare systems.

- **PRM Response**

PRM will seek to more closely coordinate with the Inter-Agency Standing Committee's (IASC) MHPSS Reference Group in its forthcoming MHPSS policy. PRM will also explore and address current existing gaps in guidance to Refugee Coordinators on engaging with humanitarian MHPSS working groups at the country level. PRM will explore collaboration with other donors, IOs, and NGOs to support the implementation of the MHPSS MSP and the integration of MHPSS into healthcare systems at the local and national levels.

The aforementioned project with Save the Children (see PRM Response column under Targeted Advocacy) also supports the development of a roadmap for the integration of MHPSS MSP into child protection programming and linking with other sectors.

9. Localization

- **Evaluation Report Recommendation**

PRM should encourage NGOs, through its Accountability to Affected Populations (AAP) requirements, to develop specific local strategies for reaching the hardest to reach.

- **PRM Response**

In FY 2023, PRM updated its standard NGO performance indicators for MHPSS programs to disaggregate data by sex. Additionally, all PRM NGO programs are required to report on the number of individuals reached, disaggregated by population of concern including refugees, IDPs, stateless, returnees, asylees, other migrants and non-migrants.

New required AAP indicators were also added in the FY 2023 NGO Guidelines, including:

- Number of community meetings or formal consultations held which were focused on program design or adjustments.
- Amount of PRM humanitarian funding distributed to local, national, or refugee-led organizations (in U.S. Dollars); and
- Number of pieces of feedback recorded during the reporting period (resolved/unresolved).

The updated standard PRM indicators will allow NGO partners to report with increased specificity which individuals PRM programming is reaching and identify hard-to-reach individuals for service as well as program design and implementation. PRM will use the disaggregated data and its AAP policy to support the refinement of PRM funded programming to engage hard-to-reach people. Finally, PRM's newly developed Equity and Inclusion policy will be used to increase the reach of PRM-funded programming.

10. Monitoring and Evaluation

- **Evaluation Report Recommendation**

PRM should encourage IPs to organize some monitoring and evaluation systems that address outcomes and impact that includes basic cost and

expenditure data, and to use the IASC Monitoring and Evaluation (M&E) framework.

- **PRM Response**

PRM currently requires NGO partners to include details of monitoring and evaluation plans, including staffing, tools and resources, as well as performance and outcome indicators, in their proposals for PRM-funded programming. PRM also refers applicants to IASC M&E Framework as part of the Notice of Funding Opportunity (NOFO) application process.

11. Cost benefit analyses

- **Evaluation Report Recommendation**

PRM should encourage IPs to develop simple cost-benefit analyses to assist in determining where to target limited resources in a given population based on the PoC profiles, needs, infrastructure availability, and existing resources.

- **PRM Response**

PRM is committed to meeting the needs of particularly vulnerable individuals and communities. As such, it will encourage IPs to consider cost-benefit analyses for MHPSS programming and use this information in the context of community needs to make efficient use of limited resources offered on behalf of the American people.

12. MHPSS workforce development

- **Evaluation Report Recommendation**

PRM should prioritize support for IPs that address human resource requirements from training community-based volunteers, recredentialing refugee psychiatrists and/or training for local and national psychiatrists,

clinical psychologists, psychiatric nurses, and PHC (Primary Health Care) clinicians in addressing humanitarian mental health needs.

- **PRM Response**

PRM led USG contributions to the UNHCR, *Executive Committee of the High Commissioner's Programme Conclusion No. 116 (LXXIII) on mental health and psychosocial support* in October 2022, available at: [UNHCR Executive Committee Conclusion on MHPSS](#).

This Conclusion addresses enhancing MHPSS capacity, training opportunities, and strengthening MHPSS provision and supervision.

PRM agrees that programs that clearly address the human resources needed for MHPSS workforce development will likely be the most successful. PRM will prioritize creative approaches to fortifying MHPSS workforce development through the NGO guidelines, IO engagement, and MHPSS policy.