

USAID'S HEALTH EVALUATION AND APPLIED RESEARCH DEVELOPMENT (HEARD) PROJECT



IMPLEMENTATION SCIENCE
COLLABORATIVE

MHPSS WEBINAR SERIES



COVID-19 and Contextual Adaptations to Community-Based Psychosocial Support Interventions for Trauma- Impacted Communities

November 11, 2021

9-10 AM EST | 2-3 PM GMT

About the webinar series

ACCELERATING EVIDENCE-TO-USE IN MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) POLICY AND PROGRAMMING



The Implementation Science Collaborative's MHPSS Webinar Series advances evidence-to-use priorities to inform policy and practice in low- and middle-income countries. This webinar series is supported by the Health Evaluation and Applied Research Development (HEARD) Project, managed by University Research Co., LLC. and co-hosted by the CUNY Graduate School of Public Health and Health Policy Center for Innovation in Mental Health (CIMH) and East, Central, and Southern Africa Health Community (ECSA-HC).

This first webinar, "COVID-19 and Contextual Adaptations to Community-Based Psychosocial Support Interventions for Trauma Impacted Communities" will feature a discussion on the use of pilot and formative research in the design and adaptation of community-based psychosocial interventions, especially in response to COVID-19. It will highlight case studies of promising approaches, lessons learned, best practices, and expert panel perspectives from the work of Heartland Alliance International (HAI), HIAS, and War Child (WCH) in Colombia, Panama, Ecuador, and Jordan.

Our Partners:



SPEAKERS AND PANELISTS



Claire Greene, PhD

Claire Greene is an Assistant Professor in the Program on Forced Migration and Health at the Columbia University Mailman School of Public Health. Her research focuses on improving the effectiveness and implementation of mental health and substance use interventions in humanitarian emergencies.



Felicity Brown, PhD

Felicity Brown is a researcher and clinical psychologist with a background in developing and evaluating psychological interventions for children, adults and families affected by armed conflict, poverty, and other adversities. She is currently Senior Researcher for the Middle East Region in War Child Holland's R&D Department.



Leah James, PhD

Leah James is the Global MHPSS Technical Advisor for Heartland Alliance International, currently based in Cali, Colombia. She has experience designing, implementing, and testing MHPSS and gender-based violence interventions in humanitarian and development contexts, including projects in Colombia, Iraq, Lebanon, Malaysia, Nepal, and Haiti.



Carolina Vega-Legarda, MD

Carolina Vega -Legarda is the MHPSS Research Program Coordinator for the Latin America and Caribbean Region at HIAS. Prior to this role, Carolina was a Housing Program Specialist for HIAS in Ecuador and supported the innovative shelter program for migrants in partnership with Airbnb throughout the region.

SPEAKERS AND PANELISTS



Juan Fernando Botero-Garcia, PhD

Juan Fernando Botero-Garcia is an anthropologist with 14 years of experience in supervising the design and development of socio-economic and political risk assessments for rural and indigenous communities. Currently, he is the Research Manager for Heartland Alliance International in Colombia.



Michel Rattner-Castro, MSc

Michel Rattner-Castro is the Research Manager for the Universidad de Los Andes team supporting Heartland Alliance International. He has extensive humanitarian national and international experience as a clinical psychologist/supervisor at Médecins Sans Frontières and is a professor of clinical psychology at the Universidad El Bosque, Bogota.

MODERATORS



Victoria Ngo, PhD

Victoria Ngo is an Associate Professor at the City University of New York Graduate School of Public Health & Health Policy and is the Director of the Center for Innovation in Mental Health. Also a clinical psychologist, she has expertise in developing, evaluating, and implementing evidence-based treatments for depression, anxiety, and trauma in diverse communities in the United States and abroad.



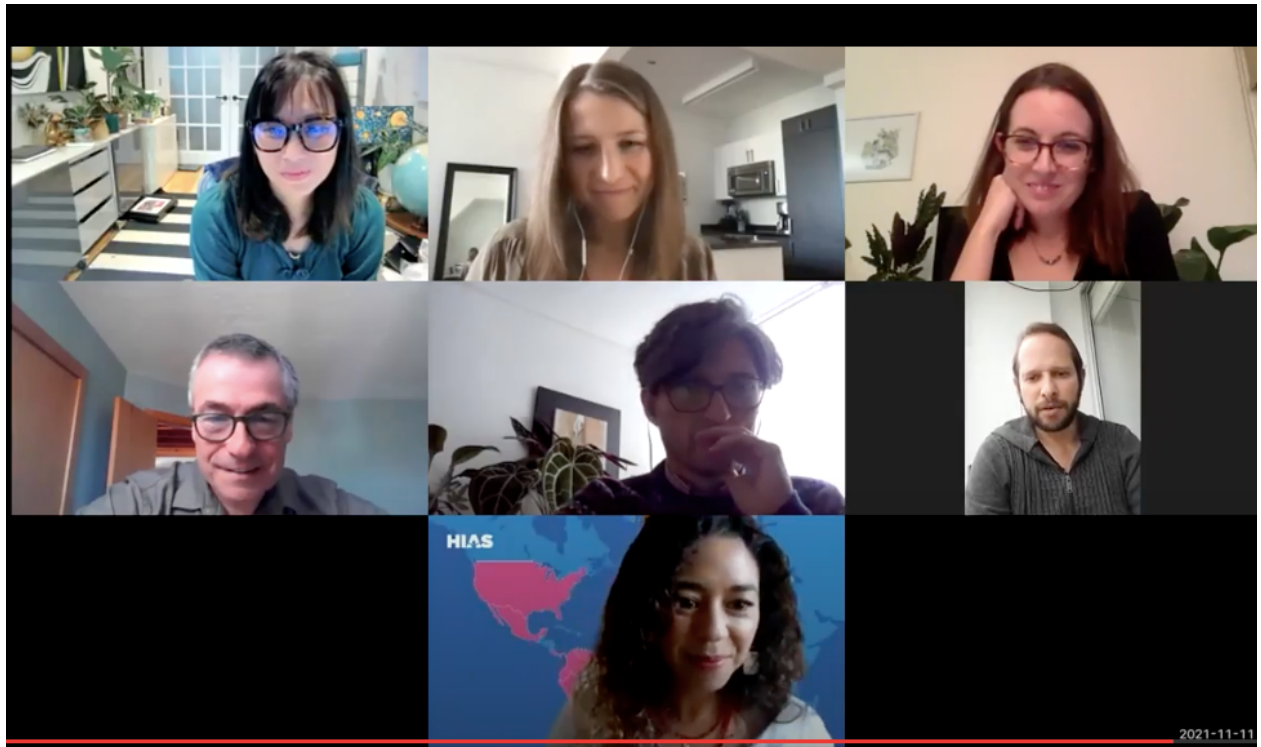
Paul Bolton, MBBS

Paul Bolton is the MHPSS Coordinator for the United States Agency for International Development. His main areas of expertise are program design, implementation, monitoring and evaluation, with much of this work focusing on refugees and internally displaced persons during the disaster post-emergency phase, persons affected by violence, and other adults and children living in difficult circumstances.

WEBINAR AGENDA

WELCOME	Samantha Ski, DrPH Senior Implementation Research Scientist, University Research Co, LLC.
INTRODUCTION TO THE SERIES	Victoria Ngo, PhD Director Center for Innovation in Mental Health
PRESENTATIONS	<i>Using formative research to adapt psychosocial interventions across contexts</i> Claire Greene, PhD Assistant Professor, Columbia University Mailman School of Public Health <i>Working with local advisors to develop and evaluate a family-focused intervention in Jordan</i> Felicity Brown, PhD Senior Researcher for the Middle East Region, War Child Holland <i>A mixed-method study evaluating the effectiveness of a community-based psychosocial support intervention for communities affected by violence in Colombia: Adaptations for COVID-19</i> Leah James, PhD Global MHPSS Technical Advisor, Heartland Alliance International
REMARKS	Paul Bolton, MBBS MHPSS Coordinator, United States Agency for International Development Alena Mehlau, MA MHPSS Lebanon Project Lead, German Agency for International Cooperation
PANEL DISCUSSION	Claire Greene, PhD Felicity Brown, PhD Carolina Vega-Legarda, MD MHPSS Research Program Coordinator for the Latin America and Caribbean Region, HIAS Juan Fernando Botero-Garcia, PhD Research Manager, Heartland Alliance International Michel Rattner-Costa, MSc Research Manager, Universidad de los Andes <i>Moderators:</i> Victoria Ngo, PhD Paul Bolton, MBBS
CLOSING REMARKS	Rosemary Mwaisaka, MSc Manager, Food Security and Nutrition, East, Central, and Southern Africa Health Community

WEBINAR VIDEO



Click on the image above to access the full webinar recording.

PRESENTATION TRANSCRIPTS



English



Spanish

Using formative research to adapt psychosocial interventions across contexts

Claire Greene, PhD

Assistant Professor, Columbia University Mailman School of Public Health



English



Spanish

Working with local advisors to develop and evaluate a family-focused intervention in Jordan

Felicity Brown, PhD

Senior Researcher for the Middle East Region, War Child Holland



English



Spanish

A mixed-method study evaluating the effectiveness of a community-based psychosocial support intervention for communities affected by violence in Colombia: Adaptations for COVID-19

Leah James, PhD

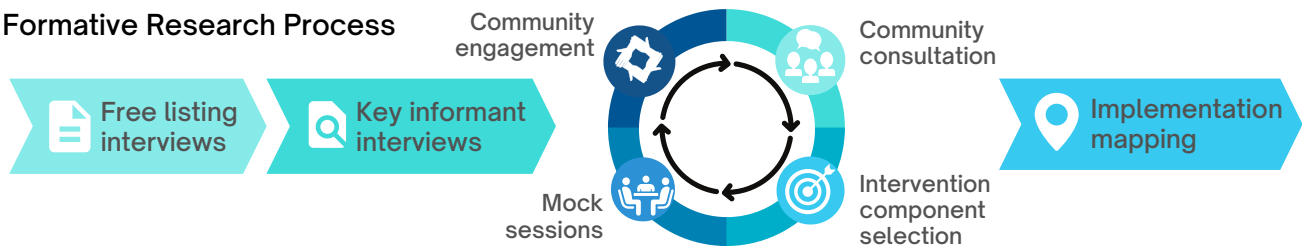
Global MHPSS Technical Advisor, Heartland Alliance International

Using formative research to adapt psychosocial interventions across contexts

Claire Greene, PhD

HIAS, Columbia University, and University of Copenhagen used a formative research process to design and adapt a psychosocial intervention and its implementation across three diverse contexts in Panama (Panama City) and Ecuador (Guayaquil and Tulcan).

Formative Research Process



Implications and Lessons Learned

- When adapting an intervention to multiple contexts, it is important to maintain consistency in the interventions, objectives and mechanisms while allowing for flexibility and tailoring of activities and processes.
- Cross-site learning increases innovation and creativity, while within-site learning increases fit, feasibility, and appropriateness.
- Early community engagement, flexibility, and responsiveness to local priorities generate ownership and commitment.

About the intervention

Entre Nosotras (*Among/Between Us*)

The intervention is designed to mobilize social support, build coping skills, and stimulate collective action to promote the safety and wellbeing of forced migrant women in Ecuador and Panamá. Composed of five sessions delivered by trained lay community members, it uses components of the WHO's Doing What Matters Most in Times of Stress intervention, psychological first aid, and HIAS' community-based MHPSS curriculum.



Visit the MHPSS Knowledge Hub page for this intervention



Visit HIAS' website



Working with local advisors to develop and evaluate a family-focused intervention in Jordan

Felicity Brown, PhD

War Child Holland engaged local study advisors (LSA) and a community advisory board (CAB) in East Amman, Jordan to develop a comprehensive intervention that supports vulnerable families to function better, feel stronger, and ultimately offer a nurturing environment for their children. The LSA was composed of six families representing the major participant groups in the study while the CAB consisted of five practitioners with extensive local experience in delivering support services to the Hashmi community.

Roles of the LSA and CAB

- Developed a vignette description of a family with high support needs
- Assisted in cultural and contextual adaptations to the core module
- Selected outcome measures to prioritize
- Validated measurement tools and proposed additional items to capture salient concepts
- Contributed to key implementation factors such as gender and nationality matching of facilitators, home versus center-based sessions, etc.

Implications and Lessons Learned

- Engaging community stakeholders in the development process have made the program more grounded in the reality of the local community.
- Main challenges
 - Ensuring equal and consistent representation of mothers, fathers, and children in the LSA
 - Aligning project structures and timelines with meaningful community participation and planning

About the intervention

Nurturing Families Programme

This intervention considers the impact of both the broader family and the context in which they live. It takes a whole-family approach to promote a shared understanding of individual challenges, strengths, and goals. Through joint sessions with a trained non-specialist facilitator, family members develop problem-solving and conflict-management skills and learn how to regulate their emotions and support one another.



Visit the MHPSS Knowledge Hub page for this intervention



Visit War Child Holland's website



A community-based PSS intervention for communities affected by violence in Colombia: Adaptations for COVID-19

Leah James, PhD

In response to the COVID-19 pandemic, Heartland Alliance International and La Universidad de los Andes tested the feasibility of using remote, hybrid, or socially-distanced in-person modalities to implement their community-based psychosocial support group intervention in Quibdó, Colombia.

COVID-19 Adaptations

- Piloting of in-person, remote, and hybrid groups (n=39)
- Remote session adaptations
 - Smartphone lending library, phone credit top-ups
 - Tech literacy training for staff and participants
 - Informed consent and safety planning checklist
 - Delivery of supplies and snacks to participants

Implications and Lessons Learned

- All modalities were overall feasible, but remote sessions were most attended.
- Challenges with the remote sessions included issues with connectivity, confidentiality, and sense of community/collaboration.
- Educating participants about risks and benefits and then allowing them to choose their preferred modality is critical for ensuring equitable access.
- More work is needed to transfer benefits of peer-support frameworks to remote modalities.

About the intervention

This eight-week community-based group intervention aims to promote wellbeing through a participatory, psychosocial support approach which recognizes Afro-Colombian culture as a key component of community support. The model emphasizes community problem-solving using skills inspired by WHO's Problem-Management Plus model. In addition, expressive sessions including art and dance aim to strengthen culturally-based coping mechanisms. The intervention lasts approximately two hours with potential extension to three hours for art or dance workshops.



Visit the MHPSS Knowledge Hub page for this intervention



Visit HAI's website



PANEL DISCUSSION

1

What are the most common underlying reasons for psychosocial burden during the COVID-19 pandemic?

- Worsened financial situation and loss of livelihood
- Loss of support and social connectedness outside of the home (e.g. neighbors do not feel comfortable helping)
- Lack of accessible services
- Fear of contracting COVID
- Fear of death and what it means for the family (e.g. who will take care of the children)

2

What are some guidelines/strategies for implementing mental health policies for COVID-19 frontliners? How would you address burnout in providers?

- As an organization, there must be a (1) global and (2) a more local response. On a broader level, the organization must provide mental health care to staff that are flexible, timely, and adapted to the local context. Teams can have “team care” sessions, with topics and interventions tailored to the specific sources of burnout or stress they are experiencing. In HIAS' experience, they conducted these sessions in-person, as many staff members expressed that in-person sessions opened the door for connection and provided a safe space to share about unhealthy cycles that were exacerbated during the lock-down period. These sessions were aligned with government guidelines on social distancing and safety. Calls and WhatsApp chat groups also became really helpful for following up and providing support for staff.
- On an individual level, frontline workers can take actions to cope with stress through their day-to-day actions (e.g. how they nurture themselves, the amount of media they choose to expose themselves to, etc.) As a preventive strategy, organizations can support this by reminding and educating staff members about the importance of these day-to-day choices.

3

War Child Holland (WCH) used a community advisory process to develop its intervention. Would you use this same consultative process again? Would you change anything based on the experience?

- The partnership formed with the community advisors was essential for the quality of the intervention design, implementation, and research. They are an integral part of the project team. It is definitely something that WCH would use again. Ideally, these advisory groups could be set up on a longer term basis, and be engaged in a broader sense with WCH's ongoing programming.

PANEL DISCUSSION

4

What are the main considerations when using technology to deliver MHPSS services?

- Security protocol to ensure safety and privacy of the participant when participating from home, especially those who may have a perpetrator of violence living in the home (e.g. use of code words to convey when someone else is within hearing distance, use of participant IDs instead of names in the phone contacts, etc.)
- Provision of mobile phones and data
- Technology literacy trainings for participants and staff
- Follow-up calls with participants between sessions

5

What are strategies to ensure that target populations have equitable access to remote interventions?

- **Use community promoters to identify individuals with access challenges.** HIAS used community promoters to identify individuals who would be hard to reach through technology and who required in-person services implemented in safe community spaces or in offices with appropriate COVID-19 precautions.
- **Offer multiple modalities for the intervention and allow participants to choose their preferred modality.** HAI offered remote, in-person, and hybrid options and gave participants clear information on their associated risks and benefits.
- **Set up a library of smartphones.** In addition to offering mobile phones to participants who wished to participate remotely, HAI also provided mobile data top-ups to all remote participants.
- **Provide Zoom training.** HAI trained participants and staff on how to use Zoom to ensure they were able to perform all the functions required for the sessions.
- **Use alternative online tools, such as WhatsApp voice messages.** Because it was difficult for many participants to find reliable signal or electricity to charge devices, WCH and HIAS turned to WhatsApp voice messages to deliver psychoeducation messages in a ‘conversational’ manner, with participants and facilitators responding to the prior voice note only when they had time and connection. This approach required less bandwidth than a group video or audio call, increasing accessibility. Participants, researchers, and facilitators found this method most feasible and liked the flexibility of responding at a time when they had privacy and connection. Researchers also noted that more disclosures and ideas were shared when using this method compared to online meetings.
- **Deliver intervention materials to participants' homes.** HIAS arranged for kits with intervention materials to be delivered to individuals' homes who could not reach MHPSS services via phone or mobile conferencing/chatting options. With an orientation from a psychologist, the participants were then able to progress through the intervention materials independently, meeting with MHPSS groups and/or the psychologist at least once a month. These flexible strategies enabled HIAS to downscale in-person activities and personalize service delivery strategies to reach populations in need of MHPSS.

PANEL DISCUSSION

6

Can you share examples of local governments adopting or adapting any of these programs on a larger scale in a given country?

- As the programs are still in the formative or implementation phases, there are no concrete examples yet of government adoption or scale-up. However, there are plans to advocate for this in the future. For example, HIAS plans to conduct trainings with social workers from local government departments in Panamá and Ecuador and with students and teachers in local universities. HAI plans to disseminate their findings to the Unit for Comprehensive Victim Support and Reparation, the Ministry of Health and Social Protection, the Governorship of the Chocó department, and the Mayor's Office of the municipality of Quibdó. These activities are planned for January to March 2022.

7

What are key messages that you would offer donors who want to continue to fund MHPSS programs?

- **Flexibility and multisectoral thinking.** A lot of organizations implementing MHPSS interventions had to shift courses dramatically during the pandemic, highlighting the importance of flexibility and multi-sectoral thinking. It is important for donors to think more flexibly, not just in terms of requirements and deadlines, but also in the types of components and strategies to fund under the umbrella of MHPSS services, such as economic inclusion and protection programs.
- **Simplification of approaches and methodologies.** Ensuring sustainability of MHPSS programs requires listening to the community and simplifying approaches and methodologies. Communities understandably feel frustrated when programs end abruptly; therefore it is important to assess the capacity and political will of local systems to independently implement the intervention.
- **Cultural adaptation.** The inclusion of cultural elements in MHPSS intervention protocols are key to increasing ownership and sustainability, as tailoring interventions to the local context make it easier for participants to apply the skills they have learned to their daily lives. Cultural adaptation processes should not just occur at the beginning; they must be an ongoing effort to ensure that programs remain appropriate and acceptable.

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