

MTRG- MHPSS

Meeting Minutes



15 November
2022



Members
Present

WHO, HI, MTI, INTERSOS, Caritas Czech Republic, GENDERDOC-M, , MDM, MENSANA, WVI, RefAID, UNAIDS , UNHCR, Keystone Moldova, GENDERDOC-M, IRC, World Vision



Agenda

14:00-14:05	Welcome
14:05-14:10	Follow-up items from last meeting
14:10-14:30	<u>Updates:</u> Ministries, UN organizations, INGOs/NGOs, and other WG members are invited to share any relevant updates (e.g. events, challenges, developments, etc.)
14:30 - 15:50	<u>Discussion Items</u> 1. International assistance through the lens of collaboration with state services and institutions 2. RRP 2023 – Narrative, etc.
14:50 - 15:25	<u>Presentation:</u> ❖ GenderDoc-M: Best practices for reaching vulnerable and marginalized populations/ LGBTIQ+ ❖ World Vision with RefAID: Presentation on Digital MHPSS platform
15:25-15:30	Announcements/ AOB



Follow-up Items from
previous meeting

Action	Responsible Party	Due date	Status
Submit nominations for Co-chair	Any interested parties	Nov. 4, 11:59	Completed
Review nominations; vote if multiple nominations; announce winner	TRG Co-Chair	Nov. 11	Completed
Needs assessment survey - input	All MHPSS TRG partners	November 8, 2022	Completed
Needs assessment survey: analyze data / prepare report	TRG Co-Chairs	November 21, 2022	In process
IEC materials: identify needs	All MHPSS TRG partners	November 15, 2022	Pending
Identify “Best practices” speaker for next meeting	TRG Co-Chairs	November 15, 2022	Completed



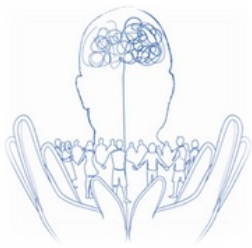
Updates & Achievements

WVI: Preparing to launch the digital platform that will help with mapping of services, a presentation on the platform will be made today at this meeting pending the arrival of the RefAid Director.

MDM: Offering different psychological services in addition to medical support. MDM was focusing on supporting refugees, but now providing support to Moldovan personnel that are supporting refugees (PFA, self-care, etc.). Now doing an assessment in North, South; they are collecting data (focus groups) to better understand the needs of the refugees, staff, etc.

UNHCR: Asked if there were any upcoming trainings coming up”. It would be helpful to know what

WVI: Is having an upcoming training on Child Protection in Emergencies/ Child Protection. It will take place on 21-23 November. Target audience will be WVI personnel. WVI also has a proposal approved that will present PM,; this will not be take place until December or January.



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Updates & Achievements

MTI: Continue to conduct support group sessions and individual counseling sessions and activities with children. Had meetings with MENSANA and others to discuss implementation of PM+; first training likely won't happen until February, and this will be a PM+ TOT. Details will be announced soon. They are working on selection criteria now.

PROJECT HOPE: Working through partners to provide activities (since May); this week will begin implementing project "Regina Patches" project which will provide MHPSS (mostly to children) covering art therapy, protection activities and individual sessions.



Discussion Points

International assistance through the lens of collaboration with state services and institutions: The Co-Chair pointed out the importance of MHPSS in the response as well as in the local context and advised there is a need to focus both on refugees and local people. She highlighted that many Ukrainians are not asking for mental health services, and it could be because they have different coping mechanisms. The questions are: 1) Why do we have fewer requests for MHPSS services?, and 2. How can we respond? The government says we can provide services, but access to medication is not guaranteed. It is important to launch the discussion as to why there is low utilization and also how can we ensure medication and general services are more readily/ consistently available for those in need. She also pointed out that there is a large request for benzodiazepines. The WHO Regional Representative pointed out that this was the true throughout the region. For example, there was also a big request for CASH; this sort of aid was more acceptable than MHPSS as it had less stigma. He asked if anyone had an example of how they were addressing these issues. INTERSOS said they were providing services but were still assessing as to why there was underutilization. HI reported that the answer given by the refugees was that they said they were focused on "more important things" and didn't have time for such things. She stated that they used art interventions and this seemed to be more welcomed and people seemed to be amenable to working with their hands. She suggested this softer, less direct approach could be a good access point as it created a connection, and this allowed people to then request individual sessions. A lot of people are also in transit before moving on; thus, they are more focused on documents and other more practical activities. In the RACS and communities where people have decided to stay, they are more open to this. MDM pointed out that they had observed that people are resistant to admit they have problems. They want to present that they are OK, and they have their own way of defining what is OK. HI reported that there were requests for trainings on things such as parenting, relationships, communication. When other partners come in, they sometimes impose their own perspectives about what is needed, but this does not represent the views of the refugees. The UNHCR Regional Representative suggested that she heard that art was an acceptable form of MHPSS for the Ukrainians. She suggested that this could be useful training to offer. The Co-Chair agreed that this seemed to be an emerging theme and should be considered. Another participant pointed out that the refugees also got tired of repeating their story over and over and didn't see the utility.

RRP 2023 – Narrative, etc. The Co-chair reported that she had been working on the MHPSS narrative and was awaiting the draft general RRP from the Refugee Coordination Forum. She advised that the draft narrative was shared with the TRG and she was awaiting feedback from group. The draft needed to be submitted in 3 days, so she asked people to please have a look and suggest edits, modalities, etc. The Chair from the Disability Task Force stated that their members have identified it is a big challenge providing essential medications and medical devices. She stated it would be helpful to have this reflected in the RRP so donors could be aware. It is important to ensure people with serious chronic diseases can access the materials, services, devices, etc. they need, including psychiatric medications. The nationals should be included as well. The Co-chair edited the narrative to reflect this. She asked people to please review the narrative on their own and provide input before the deadline.

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Presentations

Presentation by GenderDOC-M: *See recording*
Presentation about RefAID/ WVI: *See recording*



Future Action
Points

ACTION	RESPONSIBLE PARTY	DUE DATE
Review and provide inputs to the MHPSS narrative in the RRP	All MHPSS TRG partners	<i>November 18, 2022</i>
Review and provide inputs to the MHPSS narrative, general narrative; follow-up with partners for activities clarification	TRG Co-Chair	<i>November 18, 2022</i>
Needs assessment survey: analyze data / prepare report (in process)	TRG Co-Chair	<i>November 29, 2022</i>
IEC materials: Identify needs (in process)	All MHPSS TRG partners	<i>November 29, 2022</i>
Develop questions and methodology for FGDs to explore underutilization of MHPSS services; submit to Moldova Ethics review Board	TRG Co-Chairs	<i>November 29, 2022</i>



Useful Links

[Moldova MTRG MHPSS](#)

[NOV 15 MHPSS TRG Meeting.mp4](#)