World Vision

WORLD VISION MEER

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

Regional Roadmap

FY 25 - 30

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INTRODUCTION

Spanning countries as diverse as Afghanistan, Albania, Armenia, Bosnia and Herzegovina (BiH), Georgia, Iraq, the occupied Palestinian Territories (oPT), Lebanon, Romania, Syria, Jordan, Türkiye, Ukraine, Moldova, and Yemen, the Middle East and Eastern Europe Region (MEER) faces a convergence of significant challenges. Ongoing conflicts, political instability, climate-induced disasters, and the lingering impact of COVID-19 have all contributed to a precarious environment that undermines the mental health and psychosocial well-being of millions.

Particularly, children and adolescents already vulnerable to violence, displacement, climate change, and poverty, are at increased risk of psychological distress, anxiety, depression, and other mental health problems.

World Vision's extensive presence in MEER highlights the urgent need for holistic, evidence-based, and contextually adapted Mental Health and Psychosocial Support (MHPSS) strategies. This MHPSS Regional Road Map (FY25-30) provides a comprehensive framework to strengthen MHPSS programming across the region, aligned with World Vision's global strategic priorities, World Vision MEER Value Proposition and drawing on the IASC Guidelines on MHPSS, World Vision Global Health & Nutrition Road Map, Child Protection & Participation Road Map, and the Education Road Map.

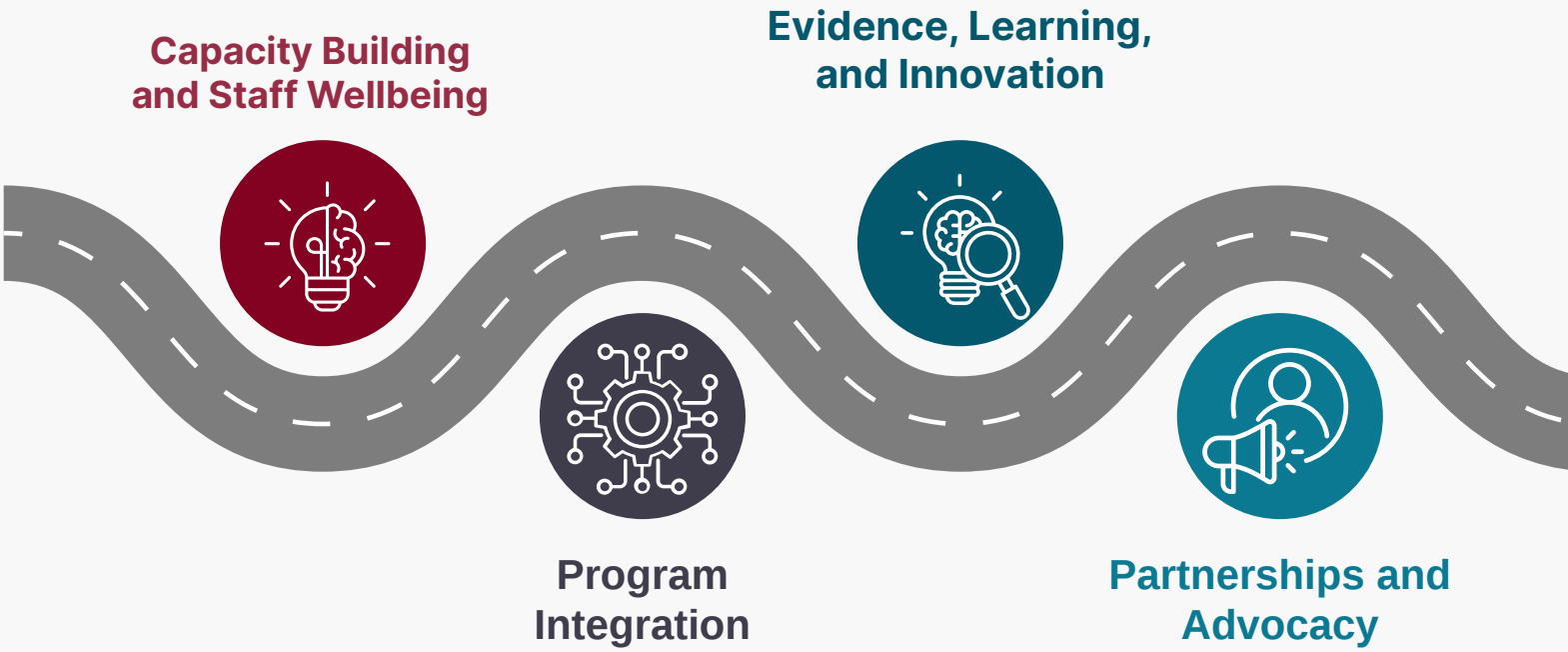
A dedicated MHPSS Road Map for the MEER is crucial due to the region's unique challenges, including sociocultural complexities, conflict-induced adversity, and climate-related shifts, requiring tailored, agile interventions and resource allocation to address the diverse mental health needs of children, adolescents, caregivers, and communities; this region-specific approach ensures responsiveness to immediate, on-the-ground realities, and further enhancements could be achieved through the integration of localized tech solutions and community-based mental health and psychosocial care systems.

GOAL

Protect and promote the mental health and psychosocial well-being of children, adolescents, and caregivers across MEER, enabling them to thrive in the face of conflict, economic instability, and climate change.

STRATEGIC DIRECTION

Grounded in World Vision's commitment to the Most Vulnerable Children (MVC), in alignment with World Vision's Global MHPSS Priorities and Our Promise, this Road Map focuses on integrating MHPSS into all aspects of programming, building local capacity, and strengthening sustainable, contextually relevant interventions. It is organized around four main pillars:



Each pillar is aligned with World Vision MEER MHPSS Maturity Framework, guiding Field Offices (FOs) to progress from lower to higher levels of maturity in areas such as strategic integration, staff training, intervention quality, monitoring and evaluation, partnerships, and resource mobilization. The indicators listed under each pillar are examples for FOs to adapt, inspired by the IASC Common Monitoring & Evaluation Framework 2.0, rather than strict regional-level targets; this MEER MHPSS Maturity Framework serves as the measurement tool for the roadmap's success, with progress reported annually.[1]

[1] Field Offices are encouraged to adapt these indicators based on context, resources, OIOS, IASC MHPSS M&E guidelines, and ongoing MHPSS maturity assessments.

Goal: #1

Capacity Building and Staff Wellbeing

OBJECTIVE 1.1: STRENGTHEN THE CAPACITY OF MHPSS STAFF AND PARTNERS

1.1.1. Dedicated MHPSS Staffing

- Ensure each FO has a designated MHPSS focal person or team with advanced skills in Community-based MHPSS Implementation and Integration and areas such as Psychological First Aid (PFA), Problem Management Plus (PM+), Early Adolescent Skills for Emotions (EASE), Self-Help Plus (SH+), Interpersonal Therapy for Groups (IPT-G), and other evidence-based approaches.
- Example Indicator: Number of FO staff with a full-time MHPSS focal person trained in at least one evidence-based intervention.

1.1.2. Regular MHPSS Training

- Provide comprehensive and ongoing training, coaching, and supervision for staff and partners, covering foundational MHPSS principles, skills, and specialized techniques (e.g., PM+, SH+, EASE, BLOOM...).
- Example Indicator: Proportion of relevant staff receiving refresher MHPSS training at least once a year.
- MHPSS Policies and Guidelines.
- Develop and disseminate among staff and partners clear MHPSS policies, ensuring alignment with global standards (IASC, WHO) and World Vision's internal frameworks.
- Example Indicator: Existence of FO-level MHPSS guidelines updated/reviewed annually.

OBJECTIVE 1.2: PROMOTE STAFF MENTAL HEALTH AND WELLBEING

1.2.1. Staff Mental Health Support

- Offer staff counseling services, mental health workshops, and referral pathways to address vicarious trauma and burnout.
- Example Indicator: Percentage of staff reporting satisfaction with internal mental health support services.

1.2.2. Self-Care and Resilience Training

- Provide regular sessions on stress management, self-care, and resilience-building techniques for all staff.
- Example Indicator: Number of self-care or resilience sessions conducted per FO per quarter.

1.2.3. Work-Life Balance and Recognition

- Implement flexible work policies, time-off arrangements, and recognition programs to enhance staff retention and morale.
- Example Indicator: Percentage of staff reporting a healthy work-life balance in annual surveys.

Goal: #2

Program Integration

OBJECTIVE 2.1: EMBED MHPSS INTO STRATEGIC PLANNING AND IMPLEMENTATION

2.1.1. MHPSS Integration in Strategic Planning

- Integrate MHPSS goals and budgets into FO strategic documents, annual plans, and sector strategies (Health and Nutrition, Child Protection, Education, Livelihoods).
- Example Indicator: Proportion of FO plans, sector strategies and strategic documents with MHPSS explicitly included in annual plans and budgets.

2.1.2. Intentional Integration with Gender Equality Disability and Social Inclusion (GEDSI), Faith and Development (F&D), and Child Protection (CP)

- Ensure MHPSS is designed and delivered in a way that addresses gender equality, disability and social inclusion, child protection concerns, and that leverages faith-based assets where appropriate.
- Example Indicator: Number of integrated MHPSS initiatives that include GEDSI, Faith & Development, and Child Protection components and considerations.

2.1.3. Scalable MHPSS Interventions

- Implement evidence-based and low-intensity interventions (e.g., PM+, SH+, EASE, BLOOM...) at scale, reaching underserved populations and Most Vulnerable Children.
- Example Indicator: Increase in the percentage of children, adolescents, and caregivers reached with MHPSS services in targeted areas.

2.1.4. MHPSS Needs Assessments

- Conduct regular stand-alone or Multi-Sectoral Needs Assessments (MSNA) that include MHPSS questions to inform context-relevant MHPSS program design.
- Example Indicator: Frequency of MHPSS needs assessments conducted per FO and utilization of findings in program adjustments.

2.1.5. Resource Mobilization for MHPSS

- Secure diverse funding streams (grants, private non-sponsorship, sponsorship) to sustain MHPSS programs.
- Example Indicator: Increase in MHPSS-related funding secured.

Goal: #3

Evidence, Learning and Innovation

OBJECTIVE 3.1: PRIORITIZE DATA-DRIVEN PROGRAMMING AND CONTINUOUS IMPROVEMENT

3.1.1. MHPSS Monitoring and Evaluation

- Establish standardized MHPSS indicators (aligned with IASC and WVI OIOS) in FO M&E systems and use data to refine programming.
- Example Indicator: Percentage of MHPSS programs with outcome data collected at baseline and endline.

3.1.2. Evidence-Based Program Design

- Pilot, adapt, and scale successful interventions (e.g., PM+. SH+, DWM, EASE, BLOOM, IPT-G, Thinking Healthy, Caregivers Support...) using robust data and research findings.
- Example Indicator: Number of documented best practices or lessons learned published internally or externally.

3.1.3. Innovation in Service Delivery

- Explore digital mental health platforms, mobile apps, and remote counseling to increase access, especially in conflict or hard-to-reach areas.
- Example Indicator: Number of FO piloted innovative MHPSS delivery methods and reporting on user feedback.

3.1.4. MHPSS Needs Assessments

- Create communities of practice, national learning events with partners and working groups, regional webinars, and cross-FO exchanges to disseminate best practices and facilitate peer learning.
- Example Indicator: Frequency of MHPSS learning events and participation rates from different partners, duty bearers, and stakeholders.

Goal: #4

Partnerships and Advocacy

OBJECTIVE 4.1: STRENGTHEN COLLABORATION, ADVOCACY, AND STIGMA REDUCTION

- **4.1.1. MHPSS Partnerships**
  - Develop or join strategic alliances with local NGOs, UN agencies (e.g., WHO, UNICEF), faith-based organizations, academic institutions, and governments for coordinated MHPSS responses.
  - Example Indicator: Number of new or strengthened MHPSS partnerships formed and actively maintained.
- **4.1.2. MHPSS Coordination**
  - Participate in and lead coordination mechanisms (clusters, working groups, consortia) at local and national levels, involving children and youth in advisory capacities.
  - Example Indicator: Frequency of FO participation in MHPSS coordination meetings and documented outcomes (e.g., integrated or joint programming).
- **4.1.3. Targeted Advocacy**
  - Develop advocacy strategies to influence policy changes, increase funding, and reduce mental health stigma.
  - Example Indicator: Number of mental health policy reforms or funding commitments influenced by World Vision's advocacy efforts.
- **4.1.4. Public Awareness and Stigma Reduction**
  - Engage media, social networks, and community forums to promote positive mental health narratives and challenge harmful stereotypes.
  - Example Indicator: Increase in media coverage or community campaigns addressing mental health stigma at local or national levels. Proportion of targeted communities reporting improved attitudes toward mental health.

IMPLEMENTATION AND USE OF THE ROAD MAP

This MEER MHPSS Regional Road Map (FY25-FY30) provides Field Offices with a clear, actionable framework to enhance mental health and psychosocial well-being across fragile and conflict-affected contexts. By utilizing the World Vision MEER MHPSS Maturity Framework, Field Offices can prioritize MHPSS, understand its key components, and integrate these understandings from strategic planning to annual processes and KPIs. This roadmap serves as a practical guide for:

ANNUAL PLANNING

Incorporate MHPSS activities, budgets, and staff capacity targets into annual plans, ensuring alignment with regional objectives.

MONITORING,EVALUATION AND LEARNING

- Employ the example indicators to track progress, while customizing them to local contexts.
- Leverage the WV MEER MHPSS Maturity Framework to move from basic (“Doing Harm”) to advanced (“Doing Good”) levels of integration.
- Field Offices are encouraged to co-design MEAL tools with children, youth, community members, faith leaders, and frontline staff to ensure local relevance.

STRATEGY REFRESH/REVIEW

Use the pillars and example indicators to assess progress, identify gaps, and adapt strategies during mid-term and end-of-year reviews.

PROGRAM DESIGN AND QUALITY IMPLEMENTATION

Reference the recommended MHPSS interventions, staff wellbeing measures, and cross-sector integration points to develop robust, context-specific programs.

COLLABORATION AND ADVOCACY

- Forge or strengthen partnerships with local stakeholders, including faith leaders and community groups, to expand the reach and sustainability of MHPSS efforts.
- Engage in advocacy initiatives that address policy barriers, secure funding, reduce mental health stigma.

FIELD OFFICE STAKEHOLDERS AND THEIR ROLES IN ROAD MAP IMPLEMENTATION

Stakeholder Role	Primary Responsibilities for Road Map Implementation
MHPSS Focal Points / Mental Health Staff	Act as the primary liaison with the Regional Adviser; lead MHPSS integration, training, supervision, and reporting within FO; convene MHPSS working groups at national/subnational level.
Technical Leads (Health, Nutrition, PRT, CP, GEDSI, Education, Livelihoods, F&D)	Integrate MHPSS into sector strategies and interventions; ensure sector staff are trained on relevant evidence-based approaches (e.g., SH+, DWM, PM+, PFA, BLOOM, EASE...); co-lead cross-sectoral design and adaptation.
Programme Managers / PQ Managers/Directors / MEAL Managers	Ensure MHPSS outcomes and indicators are reflected in program logframes and annual plans; align MEAL systems; supervise quality implementation and learning loops.
Project Managers / Area Managers	Oversee field-level implementation of MHPSS activities; ensure contextualization, supervision of frontline teams, and engagement with community actors.
Operations Managers	Coordinate logistics, procurement, and operational planning and excellence to enable smooth implementation of MHPSS activities; support access to safe spaces, materials, and transportation.
People & Culture (P&C) Managers	Support the integration of staff care and wellbeing within departments and programs by promoting access to mental health and peer-support services, coordinating internal care initiatives, and aligning HR policies with mental health duty of care principles. Collaborating with MHPSS focal points to ensure staff resilience, inclusion, and psychological safety are prioritized across the organization.
National Directors / Response Directors	Champion MHPSS within FO strategic priorities; ensure resource allocation, advocacy, and inclusion in external representation and national partnerships.

SUPPORTING MECHANISM: MEER MHPSS NETWORK

Structure	Function
Regional MHPSS Network	Composed of MHPSS focal points and select sector leads from each FO. Facilitated by the Regional MHPSS Adviser.
Purpose	Technical exchange, joint problem-solving, cross-FO learning, coordination of capacity building/sharing and implementation.
Engagement Frequency	Quarterly regional calls, ad hoc technical workshops, shared progress and updates, and an annual review forum.

GLOSSARY OF TERMS AND ACRONYMS

Aligned with WHO, UNICEF, and WVI standards

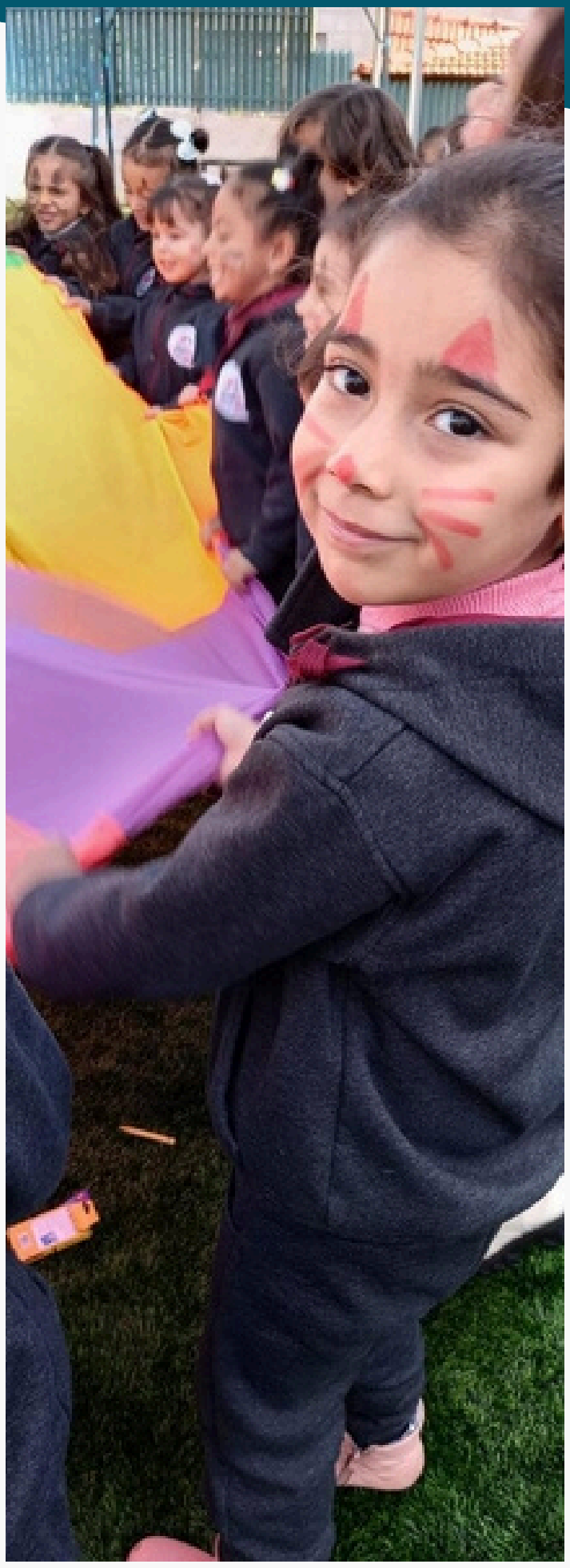
MHPSS	**Mental Health and Psychosocial Support** – Any support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health conditions. It includes both clinical and community-based approaches and spans a range of interventions from basic psychosocial support to specialized mental health care. (IASC, WHO)
FO	**Field Office** – A national or sub-national operational unit within World Vision responsible for implementing programs and engaging with national partners and communities.
MVC	**Most Vulnerable Children** – Children identified as being at the greatest risk of harm, exclusion, or unmet needs due to factors such as poverty, displacement, disability, or exposure to violence. They are the central focus of World Vision's programming efforts.
IASC	**Inter-Agency Standing Committee** – The highest-level humanitarian coordination forum of the UN system, which developed the Guidelines on MHPSS in Emergency Settings and the Common Monitoring & Evaluation Framework for MHPSS.
PFA	**Psychological First Aid** – A humane, supportive, and practical response offered to people in the immediate aftermath of crisis events. PFA involves listening, comforting, assessing needs, ensuring safety, and connecting people to helpful resources and social support. (WHO, 2011)
PM+	**Problem Management Plus** – A WHO-developed, low-intensity psychological intervention for adults affected by adversity. It includes stress management, problem-solving, behavioral activation, and social support techniques, and is designed for delivery by non-specialists. PM+ can be delivered individually or in groups and has been successfully adapted for use in humanitarian settings.
SH+	**Self-Help Plus** – A group-based, low-intensity stress management course developed by WHO for adults affected by distress and adversity. It uses audio recordings and illustrated manuals to deliver principles from Acceptance and Commitment Therapy (ACT) in a scalable, structured format.
EASE	**Early Adolescent Skills for Emotions** – A group intervention by WHO for adolescents aged 10–14 with emotional difficulties. It includes structured sessions for adolescents and parallel sessions for caregivers, focusing on emotional regulation, problem-solving, and caregiver support.
MSNA	**Multi-Sector Needs Assessment** – A comprehensive, coordinated assessment tool that captures information across key sectors to inform humanitarian responses. It often includes MHPSS indicators and is designed to reflect community-level needs and vulnerabilities.

GLOSSARY OF TERMS AND ACRONYMS

Aligned with WHO, UNICEF, and WVI standards

BLOOM	**Building Lifelong Opportunities for Mental Health** – A brief psychological intervention developed by WHO and UNICEF for children aged 5–10 experiencing emotional or behavioral difficulties, and their caregivers. BLOOM consists of 9 sessions: 3 with caregivers alone and 6 with both caregivers and children together. It aims to reduce emotional and behavioral challenges, improve children's daily functioning, and strengthen caregiver-child relationships. It is designed for delivery by trained non-specialists (e.g., teachers, social workers, community facilitators) with classroom-based training and structured supervision. BLOOM can be implemented in schools, clinics, homes, or community centers, particularly in settings affected by poverty, violence, displacement, or lack of access to services.
IPT-G	**Interpersonal Therapy – Group Format** – A group-based, time-limited psychotherapy for depression and mood conditions that improves mental health by enhancing interpersonal functioning. It is one of WHO's recommended psychological interventions for low-resource and humanitarian settings.
DWM	**Doing What Matters in Times of Stress** – A WHO self-help guide and toolkit based on Acceptance and Commitment Therapy (ACT) principles. It provides stress management strategies through an illustrated manual and audio recordings, designed for use during adversity or crisis, including conflict, displacement, or economic hardship.
ToC	**Theory of Change** – A strategic planning tool that outlines how and why a desired change is expected to happen in a specific context. It maps the logical sequence of inputs, activities, outputs, outcomes, and impacts to achieve long-term goals.
MEAL	**Monitoring, Evaluation, Accountability, and Learning** – An integrated framework used in humanitarian and development work to assess program quality and results, ensure accountability to affected populations, and promote organizational learning for continuous improvement.
GEDSI	**Gender Equality, Disability, and Social Inclusion** – An approach that promotes equitable access and participation for all, especially those marginalized due to gender, disability, age, ethnicity, or other factors.
F&D	**Faith and Development** – A World Vision programmatic approach that engages faith actors and spiritual resources in promoting child well-being, addressing social norms, and encouraging community transformation.
CP	**Child Protection** – All activities and systems aimed at preventing and responding to violence, abuse, neglect, and exploitation of children, both in humanitarian and development contexts.

ANNEX: FIELD OFFICE MHPSS ACTION PLAN TEMPLATE



HOW TO USE THIS TEMPLATE

This **Field Office MHPSS Action Plan** Template is provided as a practical example to support World Vision MEER Field Offices in translating the **MHPSS Regional Road Map (FY25–30**) into actionable, measurable steps. It is aligned with the **MHPSS Maturity Framework**, helping offices plan, implement, and track MHPSS activities with clear indicators and progression goals.

Each row of the template reflects a maturity domain, providing a sample activity, suggested indicators, sources of evidence, timeline, and resource needs. The inclusion of both "Current" and "Target" maturity levels enables teams to self-assess and set realistic improvement targets. Field Offices are encouraged to tailor this tool to their own operating environment, programming priorities, and capacity.

This template is best used during annual planning, sector strategy reviews/refresh, grant design, and technical implementation discussions.

FIELD OFFICE MHPSS ACTION PLAN TEMPLATE (FY25)

Maturity Domain	Planned Activity	Source of Evidence	Lead Team/ Person	Timeline	Indicator/ Target	Current Maturity Level	Target Maturity Level	Resources Required	Status/ Notes
MHPSS Integration in Strategic Planning	Revise FO annual plans to include MHPSS outcomes and budgets	Strategic plan, annual plan drafts	PQ Director + MHPSS Focal Point	Q2 FY25	MHPSS reflected in 100% of sectoral plans	2	4	Planning workshop, facilitation	Not started
MHPSS Training and Supervision	Deliver MHPSS foundational and targeted training (e.g., PM+, EASE) to relevant staff, and establish regular supervision to ensure quality and EBP	Training attendance records, post-training assessments, supervision logs/reports	MHPSS Focal Point, Certified Trainer, and Designated Supervisor	Q3–Q4 FY25	85% of frontline and sectoral staff trained and receiving structured supervision (monthly or per protocol)	3	5	Trainer fees, supervision time allocation, training materials, supervision tools/forms	Planning phase
MHPSS Interventions	Scale up delivery of EBIs like SH+, BLOOM, EASE in 3 new communities	Program reports, session attendance	Sector leads + MHPSS Focal Point	Q2–Q4 FY25	300 children/ caregivers reached	3	5	Facilitator kits, transport	Ongoing
MHPSS Monitoring and Evaluation	Integrate and track core MHPSS indicators across all project logframes	MEAL systems, indicator dashboards	MEAL Team + MHPSS Focal Point	Q2 FY25	Indicators tracked in 100% of new projects	2	4	MEAL Manager time allocation, templates	Not started
MHPSS Partnerships	Establish 2 strategic partnerships with national MHPSS actors for joint delivery	MoUs, meeting notes	MHPSS Focal Point + Partnerships Lead	Q3 FY25	2 active MOUs with defined joint workplans	2	5	Partnership negotiation support	In development
MHPSS Resource Mobilization	Submit 3 donor proposals with a strong MHPSS component and budget	Proposal submissions, donor feedback	GAM Team + MHPSS Focal Point	Q2–Q4 FY25	At least $200,000 in MHPSS funding secured	2	4	Proposal writer, technical support	Proposal 1 submitted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