Protection Cluster
South Sudan

© UNHCR/Reason Moses Runyanga. Sumia Hassan fled the conflict in Sudan, which has now entered its second year. To support displaced women like Sumia, UNHCR and partners have established safe spaces that offer psychosocial support and skills training. It was here that Sumia learned to knit—an activity that not only helps her cope but also provides a small income to support her family.

SOUTH SUDAN

Guidance Note

Mental Health and Psychosocial Support – Minimum Service Package (MHPSS MSP)

JUNE 2025

1. Purpose of the Guidance Note

This guidance note outlines the collaborative efforts undertaken by the Protection Cluster in South Sudan, the Gender-Based Violence (GBV) and Child Protection (CP) Areas of Responsibility (AoRs), in partnership with the UNHCR Mental Health and Psychosocial Support (MHPSS) Consultant and members of the MHPSS Technical Working Group, to operationalize the MHPSS Minimum Service Package (MSP) within daily coordination and planning processes. The document serves as a flexible resource that details the strategies employed, identifies effective and good practices, and offers insights for the potential adaptation and integration of the MSP into broader protection initiatives. It is intended to support Protection Cluster partners in advancing the systematic inclusion of MHPSS components in a manner that aligns with their specific contextual realities and operational capacities.[1]

2. Launching the MSP Journey

In 2021, South Sudan was selected as one of five humanitarian contexts, alongside Colombia, Iraq, Nigeria, and Ukraine, to participate in the global pilot of the Mental Health and Psychosocial Support Minimum Service Package (MHPSS MSP). This pilot initiative was designed to evaluate the feasibility, contextual adaptability, and added value of the MSP in enhancing mental health and psychosocial support during emergencies.

In response to the increasing MHPSS needs of crisis-affected populations, the South Sudan Protection Cluster embraced the opportunity in August 2024, to further institutionalize MHPSS integration within its coordination framework. With technical leadership and support provided by the UNHCR MHPSS Consultant, the Cluster convened a foundational three-day workshop in Juba. This workshop engaged Protection Cluster partners and representatives from the Gender-Based Violence (GBV) and Child Protection (CP) Areas of Responsibility (AoRs). The primary objectives of the workshop were as follows:

- Build a shared understanding of the MSP framework
- Support partners in identifying relevant MHPSS MSP activities and implementing them correctly
- Strengthen cross-sectoral collaboration and advocacy for MHPSS integration
- Include MHPSS activities and indicators into the Humanitarian Needs and Response Plan 2025.

The workshop brought together Protection Cluster and AoR members, and partners to begin practical discussions on how to apply the MHPSS MSP within protection programming. It was a space to review current practices, recognize where activities already aligned with the MSP, and identify how these could be implemented more purposefully. This moment served as an entry point to strengthen and expand MHPSS integration within the Cluster's ongoing work.

3. Mental Health and Psychosocial Challenges in Conflict-Affected Settings

In humanitarian settings, Mental Health and Psychosocial Support (MHPSS) encompasses a broad range of interventions—whether locally driven or externally supported—aimed at promoting psychosocial well-being, protecting mental health, and preventing or addressing mental health conditions[2]. According to recent estimates, approximately one in five individuals (22%) residing in conflict-affected regions over the past decade has experienced a mental health disorder, with nearly one in eleven (9.1%) presenting with conditions of at least moderate severity.[3] People affected by crises are frequently exposed to compounding stressors such as armed violence, displacement, bereavement, and economic hardship. These adversities can result in psychological

[1] Inter-Agency Standing Committee (IASC**).** (2023). *Mental Health and Psychosocial Support Minimum Service Package (MHPSS MSP)*. Geneva: IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings. Retrieved from: https://www.mhpssmsp.org

[2] Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC

[3] Charlson F, van Ommeren M, Flaxman A, Cornett J, Whiteford H, Saxena S. New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. Lancet. 2019 Jul 20;394(10194):240-248. doi: 10.1016/S0140-6736(19)30934-1. Epub 2019 Jun 12. PMID: 31200992; PMCID: PMC6657025.

distress, manifesting through symptoms such as anxiety, fatigue, grief, and sleep disturbances. While many individuals demonstrate resilience and recover without formal intervention, others may develop more severe mental health conditions that impair daily functioning. The psychological impact of crises is often exacerbated by the disruption of familial, community, and social support structures, the breakdown of traditional coping structures, and changes in social roles and norms during emergencies. These shifts can make it harder for individuals and communities to access the emotional, social, and practical support they need.

In South Sudan, the mental health and psychosocial challenges are particularly pronounced. Prolonged conflict, recurrent displacement, and continued political and socioeconomic instability have led to pervasive psychosocial distress across all demographic groups. Access to formal mental health services is severely constrained, especially in rural and hard-to-reach regions where healthcare infrastructure is either underdeveloped or entirely absent. In such contexts, community-based psychosocial interventions—delivered through mechanisms such as child-friendly spaces, women's and girls' safe spaces, and peer support groups—serve as the most accessible and culturally accepted forms of care. However, these community-based services are frequently overstretched and face significant resource limitations. To address these gaps, there is an urgent need for enhanced coordination, sustained investment, and systematic capacity-building to ensure the delivery of timely, contextually appropriate, and sustainable psychosocial support for populations affected by crisis.

4. Links between MHPSS and Protection

- Shared Goals: Safety, Dignity, and Well-being

Protection and MHPSS interventions in humanitarian settings are grounded in common objectives—ensuring people's safety, preserving dignity, and promoting mental health and psychosocial well-being. Both sectors aim to prevent and respond to violence, abuse, neglect, and exploitation, with a shared emphasis on restoring individuals' rights and resilience in the aftermath of crisis situations.[4]

- Protection Risks as Drivers of Mental Health Issues

Populations affected by conflict, displacement, or disaster often face protection risks such as gender-based violence (GBV), trafficking, child abuse, or forced displacement. These experiences significantly increase the likelihood of experiencing psychological distress and developing mental health conditions including post-traumatic stress disorder, depression, and anxiety.[5] The impact of these protection violations on mental health and psychosocial wellbeing underscores the need for integrated responses.

- MHPSS as a Tool to Strengthen Protection

MHPSS enhances protection outcomes by fostering resilience and supporting recovery. Interventions help individuals regain agency, support positive parenting and child development, and empower survivors of violence. They also contribute to strengthening community-based protection through peer support, safe spaces, and trust-building activities. [6] In humanitarian contexts, MHPSS has been linked to better access to protection services.[7]

- Integrating Programming for Greater Impact

Integrated approaches—where MHPSS is embedded into protection programming and protection principles guide MHPSS interventions—maximize both reach and effectiveness. For example, including MHPSS in GBV case management ensures emotional recovery, while safeguarding confidentiality and informed consent protects dignity and safety.

5. Putting the MSP into Practice: CP and GBV Activities

Following the initial workshop and a comprehensive review of the MHPSS Minimum Service Package (MSP), partners within the Protection Cluster, specifically those working in the Child Protection (CP) and Gender-Based

[4] Inter-Agency Standing Committee (IASC). (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*.
[5] IASC MHPSS Reference Group. (2021). *Briefing note on Protection and MHPSS*.
[6] UNHCR. (2013). *Operational guidance: Mental health & psychosocial support programming for refugee operations*.
[7] Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., ... & Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. The Lancet, 392(10157), 1553–1598.

Violence (GBV) Areas of Responsibility (AoRs), began assessing the extent to which their current interventions aligned with the MSP framework. They also explored opportunities to implement targeted, context-appropriate adaptations.

This section presents practical illustrations of how partners have begun to operationalize MSP guidance in the field. These include established activities such as the operation of child-friendly spaces and safe spaces for women and girls, as well as case management processes, capacity-building initiatives for staff, and community-based psychosocial support. These initial efforts offer valuable insights into what MSP integration can look like in real-world humanitarian settings, even in environments with constrained resources.

MHPSS in the CP AoR

In the child protection context, MHPSS is not treated as a standalone service, but rather as a core component embedded across all child protection interventions such as case management, alternative care, life skills programming, and community-based child protection.

It is prioritized as a **life-saving intervention** for children who have faced violence, exploitation, abuse or neglect. By addressing emotional and psychological needs, MHPSS reinforces the protective environment essential for children to thrive.

AoR MHPSS MSP Activities – Child Protection (CP)

In South Sudan, children are routinely exposed to armed conflict, grave human rights violations, displacement, and family separation—all of which carry significant psychological and emotional consequences. The Child Protection Area of Responsibility (CP AoR) acknowledges that without adequately addressing mental health and psychosocial well-being, efforts to ensure children's recovery, protection, and development remain incomplete and may result in long-term adverse outcomes. In response, the CP AoR is committed to the systematic integration of Mental Health and Psychosocial Support (MHPSS) within child protection programming, guided by the coordinated implementation of the MHPSS Minimum Service Package (MSP). Through this approach, the AoR aims to ensure that MHPSS interventions are delivered in tandem with core child protection activities across both emergency and post-emergency contexts.

Implemented Activities in CP AoR

The CP AoR and its partners are implementing a wide range of MSP-aligned MHPSS activities across conflict-affected and displacement settings, including Protection of Civilian (PoC) sites, IDP camps, host communities, and returnee areas. These services are being delivered across **all ten states and the two administrative areas (Abyei and Greater Pibor Administrative Area - GPAA)**. Key activities include:

Activity 1.1 **Coordinate MHPSS within and across sectors:** CP AoR actively contributes to national coordination platforms and the MHPSS Technical Working Group to harmonize tools and promote cross-sector integration. Ensures that child-specific MHPSS needs are not overlooked in broader humanitarian planning and delivery. The CP AoR has influenced inter-cluster collaboration and promoted the inclusion of MHPSS indicators in child protection assessments.

Activity 3.4 **Support new and preexisting group-based community MHPSS activities:**

- Adolescent Life Skills and Resilience Sessions. These sessions address emotional regulation, decision-making, and positive identity formation among adolescents.
- Group Psychosocial Support Sessions. Trained social workers and lay counsellors facilitate sessions that help children process distress and build coping strategies.

Activity 3.6 **Provide group activities for children´s mental health and psychosocial wellbeing:** providing psychosocial support through Child-Friendly Spaces (CFS) children engage in structured play, storytelling, and peer support, facilitated by trained community members. These spaces help children manage trauma and rebuild a sense of normalcy.

Activity 3.7 **Promote caregivers´ mental health and psychosocial wellbeing and strengthen their capacity to support children:** the Caregiver Support and Parenting Skills Groups focus on building caregivers' capacity to support children's emotional needs and identify signs of distress.

Activity 3.13 **Provide MHPSS through case management services:** Case Management with MHPSS Integration. Children experiencing severe distress or high-risk protection concerns are provided with individualized support and referred to specialized MHPSS services where available.

Insights and Reflections

In Bentiu PoC, adolescent girls participating in resilience sessions reported feeling more empowered to manage emotional stress and making positive life choices. In Yei, the integration of caregiver support groups within community centers led to improved parent-child communication and reduced punitive practices. Community acceptance of MHPSS interventions has grown where local leaders and protection committees are actively engaged. However key challenges remain. The MHPSS response is limited by a shortage of trained professionals, relying on paraprofessionals needing supervision, and poor coordination across agencies. Stigma and low mental health awareness hinder service uptake, while remote areas lack access to specialized care, leaving complex cases underserved.

Conclusion and Recommendations

As the CP AoR continues to promote the integration of MHPSS into child protection, the focus remains on expanding quality coverage, strengthening coordination, and enhancing community engagement. Field experiences underscore the value of embedding MHPSS within existing child protection systems and investing in local capacity to ensure long-term sustainability. For those planning to implement MHPSS through the Minimum Service Package (MSP), key recommendations include starting with existing structures and human resources, securing community buy-in to combat stigma, consistently training and mentoring frontline workers, and advocating for the inclusion of MHPSS in all humanitarian planning processes.

AoR MHPSS MSP Activities – Gender-Based Violence (GBV)

The Gender-Based Violence Area of Responsibility (GBV AoR) recognizes that mental health and psychosocial well-being are inseparable from the experience and recovery from GBV. Survivors often face not only immediate physical harm but long-term psychological consequences that affect their sense of safety, dignity, and agency. As such, MHPSS is not an optional add-on to GBV programming—it is fundamental. The GBV AoR has made it a priority to promote MHPSS integration across its partner network, emphasizing the need for holistic, survivor-centered responses that acknowledge trauma and support healing.

Implemented Activities

Activity 2.3 **Care for Staff:** There is growing recognition that staff mental health directly affects service quality. Burnout, vicarious trauma, and chronic stress are common among GBV responders. The GBV AoR encourages partners to adopt staff care strategies—including retreats, peer support, and regular leave—to promote resilience among frontline workers. Investing in staff well-being is both a duty of care and a prerequisite for effective programming.

Activity 2.4 **Support MHPSS competencies:** MHPSS Training for Case Managers. Equipping case managers with MHPSS knowledge ensures they can identify signs of distress, respond appropriately, and link survivors to specialized care when needed. Training also improves their ability to support peers and manage the emotional demands of their roles, which is critical in high-stress humanitarian settings.

MHPSS in the GBV AoR

In GBV programming, MHPSS is understood both as a critical service for survivors and a strategy to build community resilience.

Survivors of GBV often experience symptoms of depression, anxiety, post-traumatic stress, and social isolation, particularly in protracted emergencies like South Sudan.

Addressing these needs requires more than referrals, it demands a shift toward integrated, multisectoral care. **MHPSS interventions in GBV work are designed not just to treat distress, but to rebuild a sense of control and connection for survivors.**

These efforts are guided by core protection principles confidentiality, dignity, and non-discrimination and must be contextually appropriate, locally led, and delivered by trained staff who understand the gendered nature of trauma.

Activity 3.2 **Orient frontline workers and community leaders in basic psychosocial skills:** The capacity of frontline staff to provide empathetic, safe, and informed support is foundational. Trainings on Psychological First Aid (PFA) and safe referral practices help ensure that the first point of contact for survivors is stabilizing rather than harmful. Community leaders also play a role in reducing stigma and facilitating access to support, especially where formal services are limited.

Activity 3.4 **Support new and preexisting group-based community MHPSS activities:** Group-Based Psychosocial Support for Survivors. Facilitated peer groups promote emotional resilience and collective healing. These sessions normalize the experience of distress, challenge isolation, and support community-level coping. When well-structured, they reduce long-term reliance on one-on-one support services and allow for shared learning and solidarity.

Activity 3.9 **Provide MHPSS through Safe Spaces for Women and Girls:** WGSSs function as more than physical shelters; they are trusted environments where MHPSS can be delivered safely. Group and individual counselling, peer support, and recreational activities help survivors process trauma, develop coping strategies, and rebuild social bonds. Skill-building programs (e.g., tailoring, bead-making) are used not only for economic empowerment but also as psychosocial interventions that foster confidence and reduce stigma. These spaces also serve as platforms for sharing critical information about services, rights, and GBV prevention—expanding their impact beyond individual care.

Activity 3.13 **Provide MHPSS through case management services:** Survivor-Centered Case Management. MHPSS is embedded in case management through a trauma-informed approach. Caseworkers are trained to respect the survivor's pace, provide psychological first aid, and ensure decisions remain in the survivor's hands. This reinforces empowerment and helps reduce the risk of re-traumatization. Integrating MHPSS into case management also strengthens referral quality and follow-up, ensuring that psychosocial needs are not sidelined in protection responses.

Insights and Reflections

MHPSS activities implemented by GBV AoR partners—both within WGSS and community outreach—have led to observable improvements in survivors' emotional well-being, family relationships, and social reintegration. Many women report feeling less isolated and more empowered after participating in psychosocial sessions and skills programs. However, significant barriers remain. MHPSS is often under-prioritized in emergency funding and planning, viewed as secondary to physical health or material aid. This de-prioritization reinforces stigma and creates service gaps. Additionally, without robust monitoring and evaluation mechanisms, the impact of MHPSS activities remains difficult to measure, limiting opportunities for learning and scaling-up. There is also a need for stronger integration between community-based approaches and national systems, to ensure continuity and sustainability.

Conclusion and Recommendations

The Gender-Based Violence Area of Responsibility (GBV AoR) emphasizes the critical importance of systematically integrating Mental Health and Psychosocial Support (MHPSS) into GBV programming, as well as across related sectors such as health, child protection, and education. A holistic, survivor-centred approach must address both protection and psychosocial needs to ensure comprehensive care. Strengthening intersectoral coordination—particularly through an active and well-resourced MHPSS Technical Working Group—is essential for fostering collaborative support mechanisms, facilitating knowledge exchange, and enabling timely capacity development among implementing partners.

Robust and functional referral pathways to health and social support services are vital for ensuring continuity of care, particularly for survivors with complex and multifaceted needs. MHPSS interventions must be attuned to the diverse experiences of affected populations, including individuals with disabilities, caregivers, survivors of trauma, and those coping with grief and loss. Designing interventions that are responsive to these specific vulnerabilities enhances their effectiveness and contributes to sustainable recovery.
Investing in integrated and inclusive MHPSS services is fundamental to promoting healing, restoring dignity, and building resilience among survivors and within their communities.

6. Guidance for Partners – Steps to Implement the MSP

This section shares some of the key lessons we've learned so far through our experience introducing the MSP in the Protection Cluster, along with ideas that may help others integrate the MSP more effectively into their own work. These aren't prescriptive steps—they're practical examples of what's worked for us. Whether partners are just beginning to explore the MSP or looking to strengthen existing MHPSS efforts, the steps below can offer a useful starting point.

While the Minimum Service Package (MSP) encompasses a broad array of activities and tools, there is often a tendency to implement all components simultaneously. However, evidence and field experience suggest that a more effective approach involves identifying priority needs and determining what is both feasible and impactful within the given operational environment. Adopting a step-by-step methodology helps in selecting coordinated and contextually appropriate actions that are realistic and capable of achieving meaningful outcomes.

Step-by-Step: Using the MSP to Strengthen MHPSS in Protection

Step	What to Do
Coordinate	Assign focal points. Connect regularly with protection, health, and MHPSS actors. Raise MHPSS in routine coordination meetings and intersectoral forums.
Who is doing what	Add 1–2 MHPSS questions to protection assessments. Join multi-sectoral assessments to map needs, gaps, and service coverage.
Plan and Design	Adapt MSP activities to local needs and capacity. Involve communities in planning. Link MHPSS actions to protection outcomes.
Build Capacity	Provide basic MHPSS training (e.g., PFA) for staff and volunteers. Offer refreshers. Encourage joint training across organizations and sectors.
Implement Core Activities	Start with activities that can be layered onto existing work—like group sessions or psychosocial support in safe spaces. Tailor to skills and resources.
Monitor and Reflect	Track MHPSS Impact. Monitor changes in well-being and functioning alongside protection indicators. Hold short, regular reflection sessions to review and adjust activities.
Care for Staff	Prioritize staff well-being through peer support and simple stress management activities. Include staff care in proposals and budgets.

7. Selecting MHPSS activities within the MSP

Source: https://www.mhpssmsp.org/en

Section 1: Inter-Agency Coordination and Assessment

- 1.1 Coordinate MHPSS within and across sectors
- 1.2 Assess MHPSS needs and resources to guide programming

Section 2: Essential Components of all MHPSS Programmes

- 2.1 Design, plan and coordinate MHPSS Programs
- 2.2 Develop and implement a monitoring and evaluation (M&E) system
- 2.3 Care for staff and volunteers providing MHPSS
- 2.4 Support MHPSS competencies of staff and volunteers

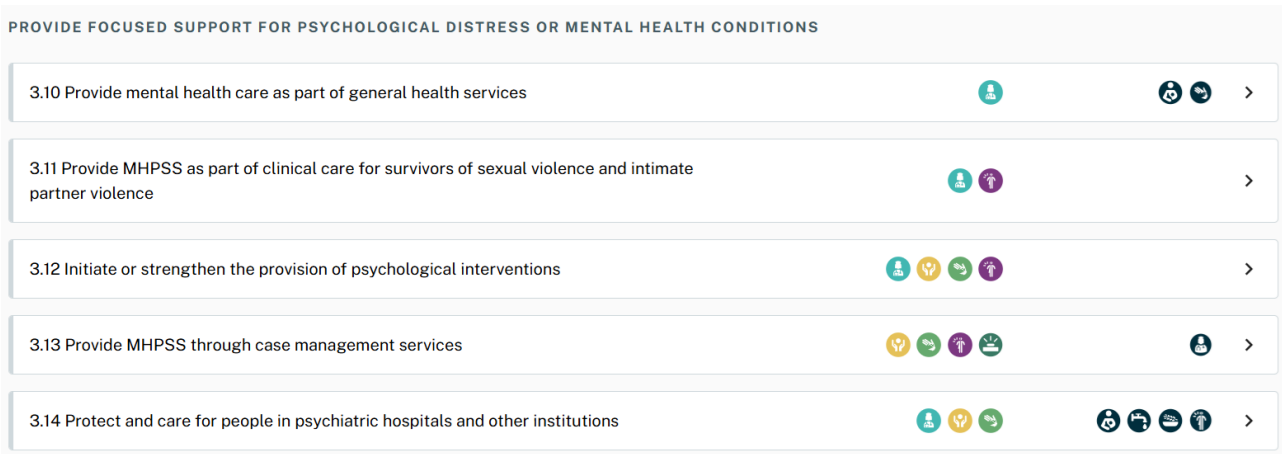
Section 3: MHPSS Programme Activities

ORIENT HUMANITARIAN ACTORS AND COMMUNITY MEMBERS ON MHPSS

- 3.1 Orient humanitarian actors and community members on MHPSS and advocate for MHPSS considerations and actions
- 3.2 Orient frontline workers and community leaders in basic psychosocial support skills

STRENGTHEN SELF-HELP AND PROVIDE SUPPORT TO COMMUNITIES

- 3.3 Disseminate key messages to promote mental health and psychosocial well-being
- 3.4 Support new and pre-existing group-based community MHPSS activities
- 3.5 Provide early childhood development (ECD) activities to support young children and their caregivers
- 3.6 Provide group activities for children's mental health and psychosocial well-being
- 3.7 Promote caregivers´ mental health and psychosocial well-being and strengthen their capacity to support children
- 3.8 Promote the mental health and psychosocial well-being of education personnel and strengthen their capacity to support children
- 3.9 Provide MHPSS through women and girls safe spaces



Understanding MSP Activity Icons and Protection's Role

The Mental Health and Psychosocial Support Minimum Service Package (MHPSS MSP) includes a system of visual icons to identify which sectors, clusters, or Areas of Responsibility (AoRs) are best positioned to lead or support specific activities. For the Protection Cluster, the primary icons of relevance include:

Protection

Child Protection (CP)

Gender-Based Violence (GBV)

These icons serve as practical guidance for Protection actors to:

- Determine which MHPSS activities fall directly within their scope of responsibility
- Identify areas requiring cross-sector collaboration, particularly with actors in Health, Education, or other service sectors
- Align ongoing protection programming with the MSP's recommended core actions

While the Protection Cluster and its AoRs may not directly implement all MHPSS activities, their contribution remains essential. Protection actors are instrumental in ensuring that protection principles — such as safety, dignity, participation, and accountability — are integrated across MHPSS interventions.[8]

[8] Inter-Agency Standing Committee. (2023). Mental Health and Psychosocial Support Minimum Service Package (MSP). https://www.mhpssmsp.org/en

8. Upholding the Do No Harm Principle in MHPSS Support

Protection actors engaging in MHPSS must be guided by the Do No Harm principle, particularly when providing frontline support to individuals in distress. While basic psychosocial support can be delivered by trained staff and community members, it is essential to recognize the boundaries of one's role. Protection personnel are not expected to diagnose or treat mental health conditions unless qualified to do so. In cases of acute distress or suspected mental health disorders, the most appropriate and ethical action is to refer individuals to specialized MHPSS providers. Ensuring safe, confidential, and timely referrals is one of the most important contributions protection actors can make. This approach not only respects the dignity and rights of affected individuals but also ensures they receive the professional care they need.[9] [10]

9. MHPSS TWG Contributions to the Protection Cluster

The Mental Health and Psychosocial Support (MHPSS) Technical Working Group (TWG) plays a critical role in South Sudan's humanitarian system, coordinating across sectors—including health, protection, education, and GBV—to promote a comprehensive and aligned approach to psychosocial well-being. Using a Nexus lens, the TWG bridges emergency response with longer-term recovery and resilience-building.

As a strategic partner to the Protection Cluster, the TWG has supported the integration of MHPSS into coordination, planning, and delivery. This partnership has involved providing tailored technical guidance, contributing to strategy documents, and ensuring coherence with national frameworks. By translating technical expertise into practical tools and processes, the TWG has helped shape a more holistic, survivor-centered protection response. A key focus of the TWG's support has been facilitating the Cluster's understanding and use of the MHPSS Minimum Service Package (MSP). Through joint workshops, technical briefings, and bilateral support, the TWG helped partners align their existing activities with MSP components and build capacity for safe, quality implementation. It also engaged in policy development, working alongside ministries and coordination bodies to embed MHPSS into national systems.

A specific workshop was held with the Protection Cluster members to support them integrating MHPSS activities in the 2025 HNRP using the MSP. As a result of the workshop, a guidance note was written to align the HNRP MHPSS indicators according to the MSP.

This collaboration has underscored the importance of sustained coordination, technical leadership, and collective action. The TWG has promoted effective community-based approaches, peer learning, and cross-sector integration—ensuring that MHPSS is not siloed but embedded within protection and health services.
Yet challenges remain. Funding constraints, limited reach of services, and frontline capacity gaps pose real risks to sustainability. To address these, it will be vital to focus on high-impact, scalable activities such as Psychological First Aid, structured group support, and localized psychosocial programming. Continued investment in tools, training, and cross-sector collaboration is needed to maintain momentum.

Finally, deeper government engagement and ownership must be prioritized. Strengthening institutional capacity, aligning efforts with national strategies, and supporting local actors—who are best positioned to deliver culturally relevant and accessible care—will be key to ensuring that MHPSS continues to advance within protection coordination and reach those who need it most.

[9] Inter-Agency Standing Committee. (2023). *Mental Health and Psychosocial Support Minimum Service Package (MSP)*. https://www.mhpssmsp.org/en
[10] Inter-Agency Standing Committee (IASC). (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC.

CONCLUSION: Integrating MHPSS in Protection Programming in South Sudan

This Guidance Note reflects the collective efforts of the Protection Cluster, Child Protection and Gender-Based Violence AoRs, the MHPSS Technical Working Group (TWG), and UNHCR in integrating Mental Health and Psychosocial Support (MHPSS) into protection coordination in South Sudan. Anchored in the field-testing of the MHPSS Minimum Service Package (MSP), this journey has demonstrated that MHPSS can be effectively embedded into protection programming through coordinated, step-by-step action.

Through joint workshops, regular follow-up, and technical support, partners have gained greater familiarity with the MSP, mapped existing activities to its components, and enhanced cross-sectoral coordination. CP and GBV AoRs have begun aligning case management, safe space activities, community engagement, and staff care with MHPSS principles—showing how integration is both possible and impactful, even in challenging operational contexts.

Key lessons:

- Integration works best when it builds on what partners are already doing, rather than introducing parallel systems.
- Strong coordination—especially between the Protection Cluster and the MHPSS TWG—is essential for alignment, advocacy, and technical support.
- Community-based approaches, peer learning, and simplified tools are critical for scale and sustainability.
- Protection actors have a vital role in shaping MHPSS interventions that are safe, ethical, and grounded in dignity.

Despite meaningful progress, challenges persist. Funding limitations, service gaps—particularly in rural areas—and the need for stronger national ownership remain real constraints. Moving forward, it will be essential to prioritize high-impact, low-resource interventions (e.g. PFA, peer support), strengthen frontline capacity, and embed MHPSS within national strategies and coordination platforms.

Ultimately, this work has reaffirmed that MHPSS is not an optional add-on, but a core component of protection. Continued collaboration, investment, and leadership will be key to ensuring that individuals and communities affected by crisis in South Sudan can access the care, support, and dignity they deserve.

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