

# IASC

Inter-Agency Standing Committee  
IASC Reference Group for Mental Health and  
Psychosocial Support in Emergency Settings

# Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support:

## Manual with Activity Codes



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- World Health Organization (WHO) in Syria
- International Medical Corps (IMC) in Libya
- International Medical Corps (IMC) in Lebanon
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## Background

Humanitarian actors in emergencies often encounter challenges in knowing *Who is Where, When, doing What* (4Ws) with regard to mental health and psychosocial support (MHPSS). Such knowledge is essential to inform coordination. 4Ws tools are used in many areas of aid to map activities conducted across large geographical areas. 4Ws tools generally aim to map supports by government and non-governmental agencies, including pre-emergency services and supports.

The IASC Reference group on Mental Health and Psychosocial Support has developed a 4Ws tool to map MHPSS activities in humanitarian settings across sectors. It is envisioned that this tool will be used by groups with MHPSS coordination responsibilities in emergencies with numerous MHPSS actors. The tool exists of 2 parts:

- (a) A 4Ws Data Collection Spreadsheet application (in Excel), available at [mhps.net/4Ws](http://mhps.net/4Ws)<sup>1</sup>
- (b) This manual, which describes how to collect the data.

### **This 4Ws tool for MHPSS is useful for the following:**

- (a) Providing a big picture of the size and nature of the MHPSS response
- (b) Identifying gaps in the MHPSS response to enable coordinated action
- (c) Enabling referral by making information available about who is where, when, doing what
- (d) Informing appeal processes (e.g., Consolidated Appeal Process (CAP))
- (e) Improving transparency and legitimacy of MHPSS through structured documentation
- (f) Improving possibilities for reviewing patterns of practice and for drawing lessons for future response.

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1 (1). Go to [www.mhps.net](http://www.mhps.net).  
(2). Click on the 'Groups' Tab in the center of the main navigation bar. This should take you to a page called Groups Directory.  
(3). On the Groups Directory screen, find the group '4Ws Archives' by either a) looking under the list of All Groups>Assessment, Monitoring, Evaluation and Research or b) entering '4Ws Archives' in the search box.  
(4). Go to the '4Ws Archives' Group and look under the 'Resources' Tab to find the documents.

## Relation to other 4Ws tools by the IASC Clusters

- A number of Clusters are in the process of developing 4W tools.
- It is important that these Clusters tools will cover those MHPSS activities that are relevant to their sector and that such Cluster tools and the MHPSS 4Ws tool will be consistent with one other.
- If all Clusters were successful in collecting relevant MHPSS data through their 4Ws system, then there would be no need to apply the present tool. It is thus important to understand the relationship between the MHPSS 4Ws tool and the various Cluster tools (for an example, Annex 1).

## The 4Ws Data Collection Spreadsheet application

The 4Ws Data Collection Spreadsheet application – an Excel file - contains 3 sheets. The first sheet provides an introduction. The second sheet of the 4Ws Data Collection Spreadsheet application needs to be completed by the organization participating in the 4W exercise. You can find the items to be completed in Table 1. The third sheet is for reference only. This sheet contains the MHPSS activity codes that you can find in Table 2 (see back cover of this publication).

## The MHPSS activity codes

- Table 2 (see back cover) covers codes and subcodes of those MHPSS activities that tend to be most frequently provided in emergencies and it is these activities that are captured by the 4Ws Data Collection Spreadsheet. This list of MHPSS activity codes is not intended to be exhaustive. The category “other (specify)” should be used to document activities not included in the list.
- The list of MHPSS activity codes and subcodes reflects *what often happens* during and after an emergency. It does not necessarily reflect good practice. To maximize the chance that organizations will respond openly, the list neither gives guidance nor recommends against potentially inappropriate activities.
- The activities in Table 2 are divided in (a) community-focused activities (activities 1-6, which are targeted at communities or segments thereof), (b) case-focused activities (activities 7-10, which are targeted at identified persons in the affected population), and (c) general activities (activity 11).
- Psychological support to aid workers should be recorded as a general activity (sub- code 11.5); codes 7-10 should not be used to describe support to aid workers.

- Many users of this tool have asked how the activity codes relate to the Action Sheets and Pyramid of the IASC Guidelines. The relationship is described in annex 2. This annex can be a useful reference during workshops on the IASC Guidelines.
- The list of MHPSS activity codes does *not* include activities that are core activities of specific sectors: e.g., running a health clinic or running a protection activity that does not have a clear psychosocial support component. It is assumed that such activities are being mapped by relevant sectors/Clusters.

## BOX 1: EXAMPLES OF RECENT 4WS MHPSS ASSESSMENTS ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

### **Jordan (2009) and Nepal (2010)**

Two assessors – representing the local MHPSS cross-cluster coordination group – sent the 4Ws Data Collection Spreadsheet by email to each organization and asked them to return it completed. This led to a partial response only. The assessor subsequently telephoned or visited each organization and discussed the data together with relevant staff. This conversation was important to clarify unclear questions, verify responses and to complete missing data.

It was found that telephone interviews were sufficient for organizations that reported few activities in a clear manner. However, conducting the interviews in person was important when organizations reported many activities or did not complete the file adequately.

A report with analyses of the data was completed and shared with the agencies, who expressed appreciation of the activity. Subsequently, Jordan updated the data in 2010/2011 and in 2012.

### **Haiti (2010)**

In Haiti, an assessor -- representing the MHPSS cross-Cluster working group -- sent the 4Ws Data Collection Spreadsheet file by email to agencies but received a poor response. The assessor then introduced the tool during the group's interagency meeting, explaining how the tool would be used. The message was "this is not just a bureaucratic exercise, rather it is a way to show off the good work you are doing on the ground and to contribute so that there will be no gaps in the response. Also, we will give you a report on the collected data, which will make it easier for you to make adequate referrals". Participants were asked - there and then - to complete a hard copy of the 4Ws file.

A draft report with analysed results was circulated, which prompted belated data sharing by agencies that had not yet completed the exercise, because they wanted to be part of it. The process was repeated on a monthly basis. Over time, the data collection effort focused on following up with agencies that had failed to give their info by emailing, phoning, or meeting them.

The information was useful for agencies to plan their MHPSS activities. For example, one agency observed minimal activities in a particular region with the elderly, so this was built into the program design.

MHPSS was one of the few areas of aid that was able to produce updated, comprehensive 4Ws reports on more than 100 agencies during the Haiti post-earthquake response. Many agencies, including the Government, found the gap analysis provided in the reports relevant. They also appreciated learning about the activities by agencies and receiving their contact details.



## Use of this mapping tool

Before deciding to use this 4Ws tool for MHPSS, consider whether the information is already being collected or may be collected easier through up-and-running 4Ws tools by the Health, Education and (Child) Protection Clusters. It is important to find ways to avoid duplication of 4Ws assessment. It is also important to support Clusters in developing the description of their codes when these relate to MHPSS.

Suggested steps to implement the 4Ws tool for MHPSS:

1. Adapt the 4Ws Data Collection Spreadsheet to the local context<sup>2</sup>. Please note that the spreadsheet includes a number of questions that are optional (see Table 1) and a decision needs to be made whether to ask these questions or not. When in doubt, do not ask too many questions to avoid the risk of bothering busy people for information that may never be analysed.
2. Translate the 4Ws Data Collection Spreadsheet in the local language if applicable. Add the local language translation to the spreadsheet file so that each item of the text is also in the local language. Doing so can be important to get a good response rate from national NGOs.
3. Contact the Government and OCHA (or another coordinating United Nations agency) in the country to inform about this activity and to obtain standard spelling and codes<sup>3</sup> of geographical areas, specifying the boundaries of geographical areas. The coordinating agency will only be able to build one overall geographical map of humanitarian activities across areas of aid if the mapping activities apply the same spelling and definitions of geographical areas.
4. Decide on the scope of the data collection. In emergencies with an overwhelming number of MHPSS actors, one may elect to reduce the workload by initially only collecting data on variables A-M (Table 1) and, then later on, also collect data on codes N-S.
5. Develop a strategy for data collection. The exercise may be completed in several ways (Box 1). It requires considerable influence and persistence to collect complete data. Introducing the tool in coordinating meetings and writing a letter to agencies inviting them to complete the spreadsheet (Box 2 for a sample letter) can be useful first steps. Follow up with phone calls, at meetings or through personal visits tend to be necessary to collect the data from most agencies.

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<sup>2</sup> A few questions and categories may need to be added, deleted or adapted. Also, a decision needs to be made on the extent to which details are needed in describing the location (e.g. recording for town names only, neighbourhood names only, or GPS locations).

<sup>3</sup> For easy reference, codes of geographical areas may be added on a separate sheet of the 4Ws Data Collection Spreadsheet.



## BOX 2: EXAMPLE OF A REQUEST LETTER TO AGENCIES FOR 4WS DATA

Dear.....

I am writing you on behalf of [*name of coordination group*]. We are seeking your help as we are making a report on mental health and psychosocial support (MHPSS) work in [*geographical area*]. We will report Who is Where doing What until When (4Ws). This will help identify any gaps in order to improve the response.

We are seeking to map all programming, including pre-existing services by the government and NGOs.

You will find attached an Excel-based Data Collection Spreadsheet, which shows the kind of information that we are seeking. **Could you please be so kind as to complete the Data Entry Sheet of this file for each location where you are offering services or supports? Could you send the completed file to me by [*date*]**?

Afterwards, I would very much like to phone / visit you to discuss the information to ensure that I have understood you well. If possible, I would like to phone / visit you on [*date*]. Would that be possible?

We aim to make the report and the data publicly available to enhance transparency, coordination and collaboration among all organizations. We will send you the results of the exercise, which will help you in making referrals.

If you have any questions, please kindly email or phone me at [*email address, telephone number*].

Thank you for considering.

Sincerely .....

6. Be inclusive when approaching agencies for data. It is important to map pre-existing governmental and nongovernmental services, local universities, local religious institutions, and community based groups.
7. When requesting data, always explain the purpose of the exercise and inform that the collected data will be in the public domain.
8. Review received data for major inconsistencies or errors. Agencies need to be re-contacted when responses do not make sense (e.g., two counsellors cannot counsel 2000 people in one month).
9. Where possible, visit the agency and interview the person responsible for the programme. Interviewers may ask additional questions to gain a deeper understanding of the programme (see Annex 2). The answers to these questions can be helpful knowledge for those responsible for coordinating MHPSS activities. However, these additional questions should only be asked if it is clear how answers to these questions will be used to improve the response.
10. Merge the data into one “overall response spreadsheet file” with different sheets containing data for different geographical areas.
11. Clean up the data in the overall response spreadsheet file. For example, ensure that agency names, town names, etc are written using uniform spelling, which is important for subsequent statistical analyses.
12. Compare the collected data with relevant data collected by the Health, Education and (Child) Protection Clusters and resolve major inconsistencies by contacting the relevant agencies.

13. Categorize responses where necessary. Data on target groups should be coded after data collection.<sup>4</sup>
14. Add filters to the overall response spreadsheet file's columns so that one may easily find data on activities/agencies of interest. A tutorial on how to add and use filters, titled "Excel Auto Filter," can be found at [http://www.youtube.com/watch?v=234GasE\\_W9k](http://www.youtube.com/watch?v=234GasE_W9k). This will increase agencies' capacity for appropriate referral.<sup>5</sup>
15. Prepare a report summarizing the data.<sup>6</sup> The report should discuss any evident gaps in response. The report may include the following basic analyses:
  - (a) Pie charts, histograms or tables. For example:
    - (i) Frequencies of different on-going and planned activities (using the 11 codes described in Table 2 on the back cover, see Annex 4 for an example)
    - (ii) Frequencies of different activities per 100,000 people general population
    - (iii) Frequencies of activities for different target groups
    - (iv) Frequencies of sub-activities (using the 45 sub-codes described in Table 2)
    - (v) Comparison of frequencies of community-focused vs case-focused activities.
  - (b) Mapping the reported activities on the IASC MHPSS Guidelines' pyramid (See Annex 3).
  - (c) Pie charts, histograms or maps showing key information geographically. It can be relevant to communicate the size of the population in different geographical areas or to report data frequencies per 100,000 people general population.
  - (d) List contact details of all agencies that provided data.
16. Immediately, disseminate the report and the overall response spreadsheet file to key stakeholders, including to:
  - (a) All those who have provided data;
  - (b) All those who were requested to provide data but did not provide it (Of note, this may motivate them to belatedly share data or to participate in future revisions of the 4Ws);
  - (c) Government;

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4 The following codes may be considered: no specific subgroup = 1; women = 2; men = 3; children (0-6) = 4; children (7-12) = 5; children (13-18) = 6; elderly =7; other specific population subgroups (specify e.g., torture survivors, disabled persons) = 8; service providers (specify eg, teachers, eg) = 9. Of note, multiple codes may be used.

5 Examples of Haitian, Jordan and Nepalese data files with filters can be found at [mhps.net/4Ws](http://mhps.net/4Ws) or Footnote 1 for instructions.

6 Examples of reports from Jordan, Libya, and Nepal can be found at [mhps.net/4Ws](http://mhps.net/4Ws) or Footnote 1 for instructions. In particular the 2011 report on Jordan is a good example of how data may be presented (to be specified and uploaded).

- (d) Humanitarian Coordinator;
  - (e) All sector/Cluster leads;
  - (f) Country Office of OCHA or any another United Nations agency responsible for mapping services;
  - (g) Relevant humanitarian websites.
17. Discuss the gaps with stakeholders and move towards improved programming.
18. Update the data and reports regularly (e.g., disseminate a revised report once a month in rapidly evolving crises). Updating data may be done by telephone or email and tends to require little effort for the organizations in the field.

## Resources needed

- The time and human resources necessary to complete the 4Ws depends on the scale of the crisis.
- In very large crises with numerous MHPSS actors, one may need a full time information-manager during the first months and a part-time information-manager in following months.
- At a minimum, the information-manager needs to have the following abilities and aptitudes:
  - (a) Ability to maintain good interpersonal relations;
  - (b) Ability to quickly learn to understand the meaning of the different MHPSS 4Ws categories;
  - (c) Persistence in data collection;
  - (d) Aptitude to quickly learn to use spreadsheet programmes (e.g. Excel);
  - (e) Aptitude to quickly learn to maintain a data base, to conduct basic analyses, and to prepare charts and reports;
  - (f) Knowledge of local language or access to translation.
- The information-manager will likely need to work with a part-time technical expert who supervises the work, e.g., s/he checks whether the collected data makes sense and ensures that the analyses and report are appropriate.

## Limitations

- Collecting data from different agencies requires leverage. In many situations only agencies with coordination responsibilities will be able to successfully collect the data.
- The data collection relies largely on self-report. Some actors may decide to provide self-enhancing data.
- The method assesses the absence and presence of services and supports, but it does not cover their quality.

The latter 2 limitations may need to be acknowledged in reports produced from the data.

## Opportunities

- Opportunities exist to develop specific database software programmes (e.g. *Access*) and applications (e.g. for smartphones) to facilitate data collection.
- This 4Ws tool can also be used in various ways to analyse humanitarian activities in the MHPSS field. For the results of an analysis of 160 programmes across the globe, please see Annex 5.

**TABLE 1: ITEMS TO BE COMPLETED IN THE SECOND SHEET OF THE 4WS DATA COLLECTION SPREADSHEET**

- A. Date of providing or updating this information
- B. Name of implementing agency\*
- C. Name(s) of other organization(s) with whom this activity is done (in case of a joint activity)\*\*
- D. Name of the focal point
- E. Phone number of the focal point
- F. Email address of the focal point
- G. Region / district where the activity occurs
- H. Town/ neighbourhood where the activity occurs
- I. Government/ OCHA geographical code for the location
- J. MHPSS activity code
- K. MHPSS activity subcode
- L. Description of the activity in one sentence (for subcode “Other” or for any other activity that is not clearly described by the subcode)
- M. Target group(s) (specify age group(s) where relevant)
- N. Number of people in target group directly supported in previous 30 days
- O. This activity is (1) currently being implemented, (2) funded but not yet implemented, or (3) unfunded and not yet implemented
- P. Start date for implementing the activity (for current activities, provide actual start date and not the originally proposed start date)
- Q. End date (specify on what date committed funding to implement the activity ends)

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**Optional** (The following 5 optional items give a better understanding of possible quality and volume of the services available but: may be too detailed for the first weeks or months of an acute major crisis.)

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- R. Number and type of MHPSS workers who do this activity (e.g., 4 community volunteers, 1 psychologist and 1 nurse)
- S. Topic and length of non-university training on MHPSS (e.g. nurses received 1 day on psychological first aid)
- T. (if applicable) Availability of the activity (e.g. child friendly space or clinic is open 40 hours/week )
- U. Where is MHPSS provided? (people’s homes, clinic, public spaces etc.)
- V. Do people have to pay to use these services/supports?

\* The organisation to be named here should be the implementing agency rather than the donor.

\*\* During data analysis, care should be taken to avoid double counting of joint activities.

## ANNEX 1. RELATIONSHIP BETWEEN THE MHPSS 4WS ACTIVITIES CODES AND THE HEALTH CLUSTER'S HEALTH RESOURCES AVAILABILITY MAPPING SYSTEM (HERAMS) CODES

MHPSS 4Ws activities codes	Comment	Relevant HeRAMS codes
7. (Person-focused) psychosocial work	Coded in HeRAMS C81 only if the (case-focused) psychosocial work is provided in the community	<b>C81 (community care of non communicable diseases, injuries &amp; mental health)</b> Promote self-care, provide basic care and support, identify and refer severe cases for treatment, provide follow-up to people discharged by facility-based health and social services for people with chronic health conditions and disabilities
8. Psychological intervention	Coded in HeRAMS C81 only if the psychological support is provided in the community	
7. (Person-focused) psychosocial work	Coded in HeRAMS C84 only if the (case-focused) psychosocial work is provided through PHC/general health care	<b>P84 (primary care: mental health)</b> Mental health care: support of acute distress and anxiety, front line management of severe and common mental disorders
8. Psychological intervention	Coded in HeRAMS C84 only if the psychological support is provided through PHC/general health care	
9. Clinical management of mental disorders by nonspecialized health care (eg PHC, post-surgery wards)	Coded in HeRAMS C84	
7. (Case-focused) psychosocial work	Coded in HeRAMS S82 Or S83 only if the (case-focused) psychosocial work is provided through specialist health care	<b>S82 or S83:</b> Specialized mental health care
8. Psychological intervention	Coded in HeRAMS S82 Or S83 only if the psychological support is provided through specialist health care	
10. Clinical management of mental disorders by nonspecialized health care providers (eg PHC, post-surgery wards)	Coded in HeRAMS S82 Or S83	

## ANNEX 2: ADDITIONAL SEMI-STRUCTURED INTERVIEW QUESTIONS TO GAIN A DEEPER UNDERSTANDING OF ACTIVITIES

The following are additional, optional semi-structured interview questions that may be asked by an interviewer with broad expertise in MHPSS with the aim to get a deeper understanding of the programme. These questions are not part of the 4Ws system. Answers to these questions are nonetheless useful to inform a coordinated response.

- When you say you implement [EXAMPLE: child-friendly spaces or counselling], could you describe exactly what you do?
- How do you invite people to participate? Do you have inclusion or exclusion criteria?
- What types of training programmes have your staff attended? What topics did their training focus on? When and for how long? Who provided the training?
- How much technical supervision are you able to provide? How is it organized?
- Could you tell me about your referral procedures? To whom do you tend to make referrals?
- Do you link with (other) community-based organizations? IF YES, how? Which organizations do you link to?
- (for international agencies) Do you link with national government and national nongovernmental programmes? How?
- How do you monitor and evaluate your programs?

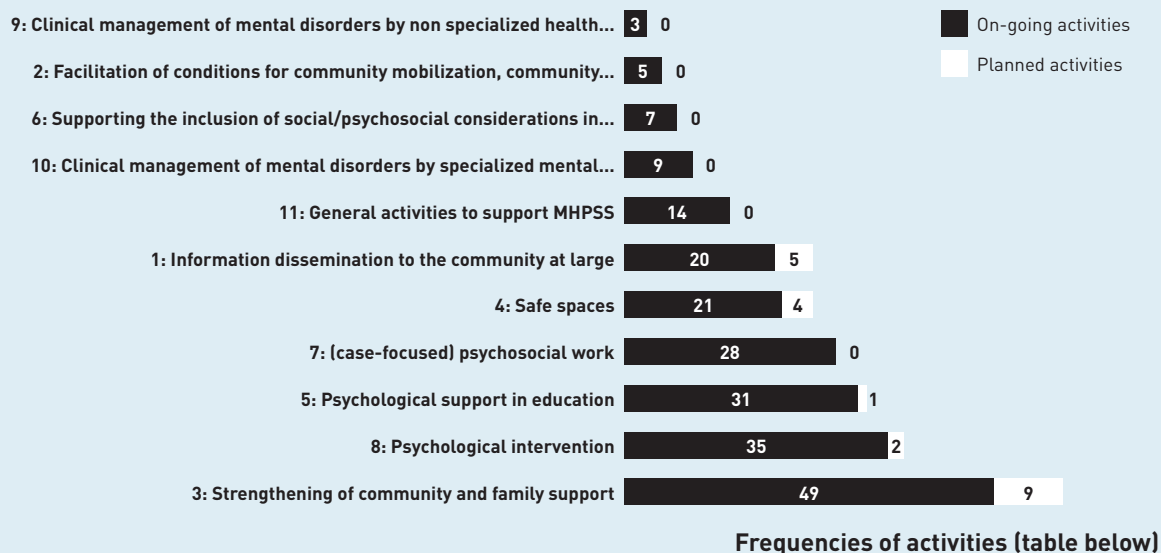
### ANNEX 3: COMPARING THE 4WS MHPSS ACTIVITY CODES WITH THE IASC MHPSS GUIDELINES

MHPSS activity code (4Ws)	IASC Guidelines action sheet number	Level of IASC Guidelines pyramid
1. Disseminating information to the community at large	Information on the current situation, relief efforts or available services: 8.1 Messages on positive coping: 8.2	3 If tailored to specific groups 2 If tailored to the population in general and on positive coping methods 1 If tailored to the population in general and on the emergency, relief efforts, and legal rights
2. Facilitating conditions for community mobilisation, community organisation, community ownership or community control over emergency relief in general	5.1	1
3. Strengthening community and family support	Communal healing ceremonies: 5.3 Other: 5.2	3 if focused support is given to promote the social integration of individuals or marginalized groups 2 if activity focuses on strengthening community and family supports
4. Safe spaces	As part of protection; 3.2 (key action 5) As part of community organization: 5.1 (key action 5) As part of strengthening community or family support 5.2 (key action 4) As part of education 7.1 (key action 1)	2 (and sometimes 3)
5. Psychosocial support in education	As part of education 7.1	1, 2, or 3
6. Supporting including social/ psychosocial considerations in protection, health services, nutrition, food aid, shelter, site planning or water and sanitation	In protection: 3.1, 3.2 In health services (social aspects) 6.1 (key action 1) In nutrition. 9.1 In shelter and site planning 10.1 In WATSAN 11.1	1 (usually)
7. (Person-focused) psychosocial work	Psychological first aid (PFA) : 4.4 (key action 6), 5.2 (key action 5), 6.1 (key action 5) Other: Touched upon in 5.2 (key action 5)	Variable
8. Psychological intervention	Individual or group psychological debriefing: not covered Basic counselling for individuals: not covered Basic counselling for groups or families: not covered Interventions for alcohol/substance use problems: 6.5 Psychotherapy: not covered	4. If it involves formal psychotherapy 3. Other
9. Clinical management of mental disorders by nonspecialized health care providers (eg PHC, post-surgery wards)	6.2	4
10. Clinical management of mental disorders by specialized mental health care providers (eg psychiatrists, psychiatric nurses and psychologists working at PHC/general health facilities/mental health facilities)	If specialist attached to PHC: 6.2 Mental health facilities: 6.3	4
11. General activities to support MHPSS	Situation analyses/assessment: 2.1 Training / orienting: 4.3 Technical or clinical supervision: 4.3 Psychosocial support for staff / volunteers: 4.4 Research: not covered	Not applicable (except for training and supervision, which can be mapped on the pyramid depending on content of the training and supervision)



## ANNEX 4: EXAMPLE OF 4WS DATA REPORTED IN JORDAN (2010/2011)

Chart (3) Concentration/frequency per activity type



Activity Code	Description of 4Ws Activity Codes
Activity 1	Information dissemination to the community at large
Activity 2	Facilitation of conditions for community mobilization, community organization, community ownership or community control over emergency relief in general
Activity 3	Strengthening of community and family support
Activity 4	Safe spaces
Activity 5	Psychosocial support in education
Activity 6	Supporting the inclusion of social/psychosocial considerations in protection, health services, nutrition, food aid, shelter, site planning or water and sanitation
Activity 7*	(case-focused) psychosocial work
Activity 8*	Psychological intervention (e.g., counselling, psychotherapy)
Activity 9*	Clinical management of mental disorders by non-specialized health care providers (e.g. PHC, post-surgery wards)
Activity 10*	Clinical management of mental disorders by specialized mental health care providers (e.g. psychiatrists, psychiatric nurses and psychologists working at PHC/ general health facilities/ mental health facilities)
Activity 11	General activities to support MHPSS

\* Of note: some activities under Activity 7 or 8 may also be coded under Activity 9 and 10 when these occur in health care settings. Categories 7-10 are thus not mutually exclusive.

## ANNEX 5: 4WS ANALYSIS OF 160 REPORTED MHPSS PROGRAMMES ACROSS THE GLOBE\*

Activity	Reported in N [%]:
<b>Community-focused (Any 1 - 6: 70.0%)</b>	
1. Information dissemination to the community at large	
1.1. Information on current situation	21 (13.1)
1.2. Psycho-education/ awareness raising	31 (19.4)
1.3. Other information provision	0 (0.0)
Any category 1	43 (26.9)
2. Facilitation of conditions for community mobilization, community organization, community ownership or community control over relief activities in general	
2.1. Supporting community-initiated humanitarian activities	13 (8.1)
2.2. Supporting community action through facilitating meetings/ spaces	17 (10.6)
2.3. Other community mobilization	5 (3.1)
Any category 2	27 (16.9)
3. Strengthening community and family support	
3.1. Supporting community-initiated social support	34 (21.3)
3.2. Strengthening parenting/ family support	23 (14.4)
3.3. Facilitation of community support to vulnerable individuals	37 (23.1)
3.4. Structured social activities	19 (11.9)
3.5. Structured recreational/ creative activities	27 (16.9)
3.6. Early childhood development activities	10 (6.3)
3.7. Facilitation of conditions for indigenous traditional, spiritual or religious supports	11 (6.9)
3.8. Other community/ family support	2 (1.3)
Any category 3	77 (48.1)
4. Safe spaces	
4.1. Child-friendly spaces	34 (21.3)
4.2. Other safe spaces	5 (3.1)
Any category 4	38 (23.8)
5. Psychosocial support in education	
5.1. Psychosocial support to teachers at schools	8 (5.0)
5.2. Psychosocial support to pupils at schools	25 (15.6)
5.3. Other psychosocial support in education	2 (1.3)
Any category 5	27 (16.9)
6. Supporting the inclusion of social/ psychological considerations in protection, health services, nutrition, food aid, shelter, site planning, or water and sanitation	
6.1. Orientation/ advocacy with aid workers	26 (16.3)
6.2. Other support for inclusion in sectors	2 (1.3)
Any category 6	26 (16.3)

## ANNEX 5: 4WS ANALYSIS OF 160 REPORTED MHPSS PROGRAMMES ACROSS THE GLOBE\* (CONT.)

Activity	Reported in N [%]:
<b>Case-focused (Any 7 – 10: 62.5%)</b>	
7. (Case-focused) psychosocial work	
7.1. Psychological First Aid	15 (9.4)
7.2. Linking vulnerable individuals to general humanitarian resources	18 (11.3)
7.3. Other case-focused psychosocial work	5 (3.1)
Any category 7	32 (20.0)
8. Psychological intervention	
8.1. Basic counseling for individuals	63 (39.4)
8.2. Basic counseling for groups/ families	32 (20.0)
8.3. Interventions for alcohol/ substance use	8 (5.0)
8.4. Psychotherapy	15 (9.4)
8.5. Individual or group psychological debriefing	5 (3.1)
8.6. Other psychological interventions	0 (0.0)
Any category 8	78 (48.8)
9. Clinical management of mental disorders by non-specialized health care providers (e.g. primary health care, post-surgery wards)	
9.1. Non-pharmacological management	5 (3.1)
9.2. Pharmacological management	4 (2.5)
9.3. Identification, referral, and follow-up by community workers	22 (13.8)
9.4. Other non-specialist clinical management	0 (0.0)
Any category 9	28 (17.5)
10. Clinical management of mental disorders by specialized health care providers (e.g. psychiatrists, psychiatric nurses, and psychologists working at primary health care/ general/ mental health facilities)	
10.1. Non-pharmacological management	24 (15.0)
10.2. Pharmacological management	10 (6.3)
10.3. Inpatient mental health care	8 (5.0)
10.4. Other specialist clinical management	2 (1.3)
Any category 10	31 (19.4)
<b>General activities to support MHPSS (63.1%)</b>	
11.1. Situation analysis/ assessment	34 (21.3)
11.2. Training/ orientation	81 (50.6)
11.3. Technical or clinical supervision	26 (16.3)
11.4. Psychosocial support for staff/ volunteers	12 (7.5)
11.5. Research, monitoring and evaluation	32 (20.0)
11.6. Other general activities	6 (3.8)
Any category 11	101 (63.1)

\* Reproduced from: "Mental health and psychosocial support in humanitarian settings: linking practice and research". Lancet. 2011 Oct 29;378(9802):1581-91. (webannex Table A1)



**TABLE 2. MHPSS ACTIVITY CODES AND SUBCODES**

**READ THIS FIRST!**

- MHPSS stands for mental health and psychosocial support.
- The list includes the most common activities that are conducted under the heading of MHPSS in large humanitarian crises.
- The list is not exhaustive. You should use the category 'other (describe in column C of the data entry sheet)' to document activities not included in the list.
- The list is descriptive rather than prescriptive. No judgement is passed whether included activities are appropriate or not. A number of the mentioned activities are or can be controversial. For guidance on recommended practices, see IASC (2007).
- **INSTRUCTION: FILL IN THE RELEVANT MHPSS ACTIVITY CODE (SEE COLUMN A BELOW) AND SUBCODE (SEE COLUMN B BELOW) IN COLUMNS A AND B OF THE DATA ENTRY SHEET. IF ONE WORKS BROADLY IN AN AREA, THEN CHOOSE THE SUBCODE 'OTHER'.**

	Column A: MHPSS activity code (4Ws)	Column B: Examples of interventions with subcodes. Record all that apply.
Community-focused (targeted at communities or segments of communities)	1. Disseminating information to the community at large	1.1 Information on the current situation, relief efforts or available services in general 1.2 Raising awareness on mental health and psychosocial support (e.g., messages on positive coping or on available mental health services and psychosocial supports) 1.3 Other (describe in column C of the data entry sheet)
	2. Facilitating conditions for community mobilisation, community organisation, community ownership or community control over emergency relief in general	2.1 Support for emergency relief that is initiated by the community 2.2 Support for communal spaces/meetings to discuss, problem-solve and plan action by community members to respond to the emergency 2.3 Other (describe in column C of the data entry sheet)
	3. Strengthening community and family support	3.1 Support for social support activities that are initiated by the community 3.2 Strengthening parenting/family supports 3.3 Facilitation of community supports to vulnerable people 3.4 Structured social activities (e.g. group activities) 3.5 Structured recreational or creative activities (do not include activities at child-friendly spaces that are covered in 4.1) 3.6 Early childhood development (ECD) activities 3.7 Facilitation of conditions for indigenous traditional, spiritual or religious supports, including communal healing practices 3.8 Other (describe in column C of the data entry sheet)
	4. Safe spaces	4.1 Child-friendly spaces 4.2 Other (describe in column C of the data entry sheet)
	5. Psychosocial support in education	5.1 Psychosocial support to teachers / other personnel at schools/learning places 5.2 Psychosocial support to classes/groups of children at schools/learning places 5.3 Other (describe in column C of the data entry sheet)
	6. Supporting including social/psychosocial considerations in protection, health services, nutrition, food aid, shelter, site planning or water and sanitation	6.1 Orientation of or advocacy with aid workers/agencies on including social/ psychosocial considerations in programming (specify sector in column C of the data entry sheet) 6.2 Other (describe in column C of the data entry sheet)
Person-focused (targeted at identified people)	7. (Person-focused) psychosocial work	7.1 Psychological first aid (PFA) 7.2 Linking vulnerable individuals/families to resources (e.g., health services, livelihoods assistance, community resources etc.) and following up to see if support is provided. 7.3 Other (describe in column C of the data entry sheet)
	8. Psychological intervention	8.1 Basic counselling for individuals (specify type in column C of the data entry sheet) 8.2 Basic counselling for groups or families (specify type in column C of the data entry sheet) 8.3 Interventions for alcohol/substance use problems (specify type in column C of the data entry sheet) 8.4 Psychotherapy (specify type in column C of the data entry sheet) 8.5 Individual or group psychological debriefing 8.6 Other (describe in column C of the data entry sheet)
	9. Clinical management of mental disorders by nonspecialized health care providers (eg PHC, post-surgery wards)	9.1 Non-pharmacological management of mental disorder by nonspecialized health care providers (where possible specify type of support using categories 7 and 8) 9.2 Pharmacological management of mental disorder by nonspecialized health care providers 9.3 Action by community workers to identify and refer people with mental disorders and to follow-up on them to make sure adherence to clinical treatment 9.4 Other (describe in column C of the data entry sheet)
	10. Clinical management of mental disorders by specialized mental health care providers (eg psychiatrists, psychiatric nurses and psychologists working at PHC/general health facilities/mental health facilities)	10.1 Non-pharmacological management of mental disorder by specialized mental health care providers (where possible specify type of support using categories 7 and 8) 10.2 Pharmacological management of mental disorder by specialized health care 10.3 Inpatient mental health care 10.4 Other (describe in column C of the data entry sheet)
General	11. General activities to support MHPSS	11.1 Situation analyses/assessment 11.2 Monitoring/evaluation 11.3 Training / orienting (specify topic in column C of the data entry sheet) 11.4 Technical or clinical supervision 11.5 Psychosocial support for aid workers (describe type in column C of the data entry sheet) 11.6 Research 11.7 Other (describe in column C of the data entry sheet)