

BER4 · WP3 · DIGITAL SIMULATION TOOLKIT

Humanitarian Aid & Psychosocial Support (MHPSS)



MHPSS Pyramid	Psychological First Aid	Do No Harm	Cultural Adaptation	Referral Pathway	Responder Care
MAP1 Toolkit Map	SAFE1 Safety Contract	PYR1 Pyramid Builder	SORT1 Tier Sorting	PFA1 Action Strip	
BOUND1 Boundary Cards	REF1 Referral Gate	HARM1 Do No Harm	CULT1 Cultural Mosaic	TIER1 Service Planner	
TIER2 Community Studio	TIER3 Role-Play Cards	PATH1 Referral Pathway	CARE1 Responder Care	AAP1 Four-Pillar Board	
CASE1 Gaza Case Matrix	SIM1 Video Module	OBS1 Dashboard	DEBRIEF1 Action Debrief	EV1 Evaluation Pack	

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MAP1 · Toolkit Map & Resource Index

The toolkit turns the module into visual, printable, community-oriented activities. Psychological First Aid (PFA) is treated as humane support rather than psychotherapy, with clear referral pathways for specialist care.

Module Code & Title	Resource Objective & Operational Focus
MAP1 Toolkit Map	Overview of the resource set and fixed simulation.
SAFE1 Safety Contract	Establish voluntary participation, privacy, boundaries, and opt-out norms.
PYR1 Pyramid Builder	Build the four-tier IASC MHPSS pyramid from basic services to clinical care.
SORT1 Tier Sorting Deck	Sort scenario cards into the four pyramid tiers.
PFA1 Look-Listen-Link	Sequence the core PFA action principles.
BOUND1 Boundary Cards	Distinguish supportive presence from clinical treatment, promises, or diagnosis.
REF1 Distress & Referral Gate	Sort common distress vs persistent functional difficulty vs safety concerns.
HARM1 Do No Harm Deck	Spot probing trauma details, alien language, and dependency risks.
CULT1 Cultural Mosaic	Adapt support using religious coping, female spaces, family systems, and Sumud.
TIER1 Dignified Service Planner	Embed PSS in distribution, shelter, and information delivery.
TIER2 Community PSS Studio	Design child-friendly spaces, women's spaces, conversations, sports.
TIER3 PFA Role-Play Cards	Practice Look-Listen-Link through realistic scenario cards.
PATH1 Referral Pathway	Connect Tier 3 focused support to Tier 4 specialist care.
CARE1 Responder Well-Being	Use traffic-light self-checks and organizational rest controls.
AAP1 Four-Pillar Board	Apply information, participation, feedback, and learning to PSS.
CASE1 Gaza Case Matrix	Examine a multi-tier crisis response matrix.
SIM1 Interactive Video Module	Al Amal Shelter - Support Under Pressure (Digital video simulation module).
OBS1 Performance Dashboard	Observer rubric for principles, tiers, PFA quality, ethics, referral.
DEBRIEF1 Debrief Board	Review decisions, gaps, tensions, and responder care.
EV1 Final Evaluation Pack	Short knowledge and scenario-based assessment.
EXIT1 PSS Action Passport	One concrete PFA, protection, or self-care practice to apply.

FAC Facilitator Guide	Delivery sequence and psychological safety notes.
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SAFE1 · Psychological Safety Contract

Establish voluntary participation, privacy, boundaries, and opt-out norms.

Session Safety Norms:

- **Voluntary Engagement:** Participants choose their level of participation.
- **No Forced Disclosure:** Never demand personal trauma stories or sensitive history.
- **Confidentiality:** Respect group discussions and keep personal reflections private.
- **Opt-Out Authority:** Anyone may step back or take a break at any time without penalty.



PYR1 · MHPSS Pyramid Builder

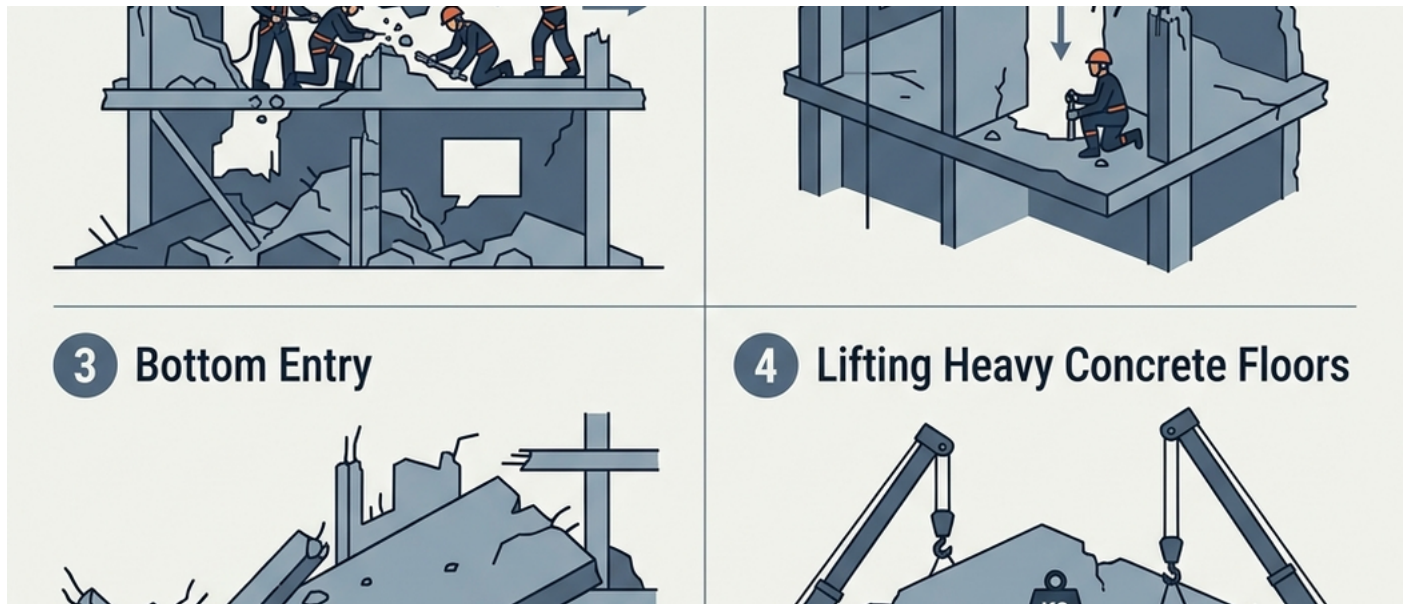
Build the four-tier IASC MHPSS pyramid from basic services to clinical care.

Tier Level	Service Scope & Operational Focus
Tier 1: Basic Services & Security	Food, clean water, safe shelter, basic health services, physical safety, dignity.
Tier 2: Community & Family Supports	Child-friendly spaces, women's spaces, family contact, sports, community gatherings.
Tier 3: Focused Non-Specialized Supports	Psychological First Aid (PFA), focused group support, distress screening, school PSS.
Tier 4: Specialized Services	Mental health clinics, psychiatric care, specialized clinical psychology, medical treatment.

PFA1 · Look-Listen-Link Action Strip

Sequence the core Psychological First Aid action principles.

Action Principle	Operational Standard & Action
LOOK	Check safety, urgent basic needs, separation, and signs of severe distress before approaching.
LISTEN	Introduce yourself, ask about needs and concerns, listen without pressing for details, support calm.
LINK	Connect the person to information, services, loved ones, community support, and practical coping.



BOUND1 · PFA Boundary Cards

Distinguish supportive presence from clinical treatment, promises, or diagnosis.

Action / Practice	Classification & Boundary Rule
Listen without forcing details	Appropriate PFA practice.
Offer practical info & connection	Appropriate PFA practice.
Respect refusal to talk	Appropriate PFA practice.
Diagnosing a mental health condition	Not PFA - exceeds boundary.
Pressing for detailed trauma story	Not PFA - exceeds boundary.
Providing therapy without proper role	Not PFA - exceeds boundary.
Promising unguaranteed outcomes	Not PFA - exceeds boundary.

REF1 · Distress & Referral Gate

Sort common distress vs persistent functional difficulty vs safety concerns.

Distress Level / Presentation	Required Action & Referral Protocol
Common acute distress	Stay supportive, meet basic needs, reconnect social support, observe.
Persistent major functional difficulty	Consult designated MHPSS/referral pathway.
Immediate safety concern / severe crisis	Seek urgent specialist or emergency support through local pathway.
Pre-existing severe condition (care disrupted)	Reconnect person to specialist services as soon as feasible.



HARM1 · Do No Harm Red-Flag Deck

Spot probing trauma details, alien language, and dependency risks.

Risk Action / Practice	Do No Harm Risk & Impact
Probing trauma details unnecessarily	May retraumatize.
Using culturally alien therapeutic language	May stigmatize support or reduce trust.
Creating dependency on external helpers	Can weaken local agency and resilience.
Prioritizing one group without need justification	Can create tension and exclusion.
Chaotic, humiliating aid distribution	Can recreate loss of control and dignity.
Photographing recipients without safeguards	Can violate dignity and trust.

CULT1 · Cultural Adaptation Mosaic

Adapt support using religious coping, female spaces, family systems, and Sumud.

Cultural Dimension	Adaptation & Field Practice
Religious coping	Recognize prayer, Quranic recitation, and communal worship as meaningful supports.
Women-only spaces	Use female facilitators and private spaces in conservative contexts.
Extended family networks	Engage wider family systems, not just nuclear-family models.
School-based support	Reach children at scale through schools and structured activities.
Sumud / steadfastness	Build on cultural resilience narratives rather than a victimhood frame.
Structural realities	Acknowledge that individual support cannot resolve ongoing structural conditions.



TIER1 · Dignified Service Delivery Planner

Embed PSS in distribution, shelter, and information delivery.

Sector	Dignified Delivery & PSS Integration
Distribution	Tickets, organized queues, privacy, avoid identifiable photos.
Shelter	Keep family units together; protect female-headed households; allow prayer space and privacy.
Information	Explain rights, services, eligibility, and complaint options clearly.
Avoid retraumatization	Choose sites carefully and avoid intrusive questioning.

TIER2 · Community PSS Studio

Design child-friendly spaces, women's spaces, conversations, and sports.

Space / Activity	Program Design & Operational Focus
Child-Friendly Space	Structured play, art, sports, informal learning.
Women's Safe Space	Female-only PSS, vocational activity, information sharing.
Community Conversations	Facilitated shared discussion and coping exchange.
Cultural Activities	Storytelling, tatreez, dabke, religious gatherings.
Sport for Protection	Structured sport for connection, energy, and informal support.



PATH1 · Tier 3 to Tier 4 Referral Pathway

Connect Tier 3 focused support to Tier 4 specialist care.

Step	Pathway Title	Protocol Requirement
1	Focused support	PFA / group or school-based support.
2	Observe need	Is functioning, safety, or recovery significantly affected?
3	Consult pathway	Use supervisor or designated MHPSS referral protocol.
4	Refer	Connect to mental health clinic, specialized NGO program, or appropriate service.
5	Follow up	Confirm access without demanding sensitive clinical details.

CARE1 · Responder Well-Being Traffic Light

Use traffic-light self-checks and organizational rest controls.

Status Light	Responder Symptoms & Action Protocol
GREEN - Functioning	Use normal rest, peer connection, hydration, predictable breaks.
AMBER - Strain increasing	Rotate tasks, reduce exposure, use peer support and supervision.
RED - Significant impairment	Step away from high-stress role and access appropriate professional/organizational support.
SYSTEM ACTION	Leadership schedules rest, supervision, time off, and non-stigmatizing access to support.



AAP1 · AAP Four-Pillar Board

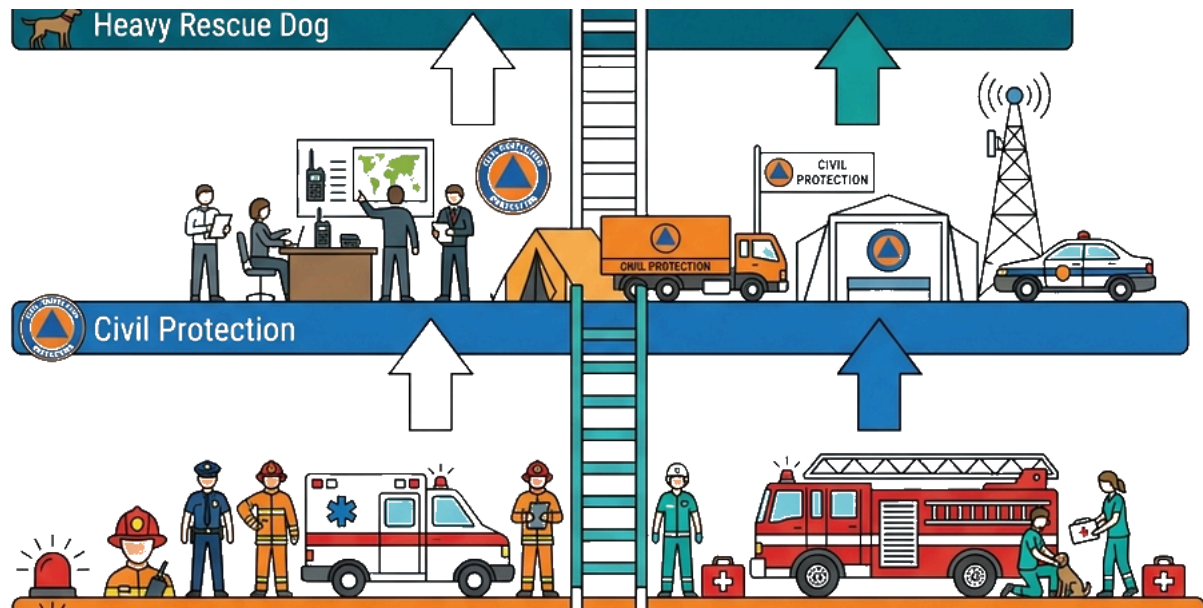
Apply information, participation, feedback, and learning to PSS.

AAP Pillar	Operational Requirement in PSS
Information	Transparent communication on programs, eligibility, and processes.
Participation	Affected people influence program design and decisions.
Feedback Mechanisms	Accessible channels for complaints, suggestions, and concerns.
Learning	Adapt programming according to what affected populations report works.

CASE1 · Gaza Border 2021 Tier Matrix

Examine a multi-tier crisis response matrix.

Pyramid Tier	Gaza Border 2021 Response Component
Tier 1	Emergency shelter, food, water, family reunification.
Tier 2	Safe spaces for women and children, structured activities, Arabic psychoeducation.
Tier 3	PFA training, displaced-family group support, school-based interventions.
Tier 4	Referral to mental health clinics for severe cases.
Community approach	Local leaders, women's committees, youth groups, storytelling, embroidery circles, sports.



SIM1 · Al Amal Shelter - Support Under Pressure (Interactive Video Module)

UPGRADE NOTICE: The 5-round tabletop decision text (SIM1-R through SIM1-5) has been upgraded into an interactive digital video simulation. Click the video frame below or use the button to launch the simulation directly from the server.

Scenario Overview: Al Amal Shelter experiences severe overcrowding following an earthquake. Participants balance PFA delivery, community support, referral protocols, responder well-being, and accountability under intense field pressure.



■ **CLICK HERE TO WATCH THE SIM1 VIDEO SIMULATION**

Direct Video Link: http://disastersimulation.beready4life.com/video/BeR4_Humanitarian_Aid_Psychosocial_Support_Toolkit_EN.mp4

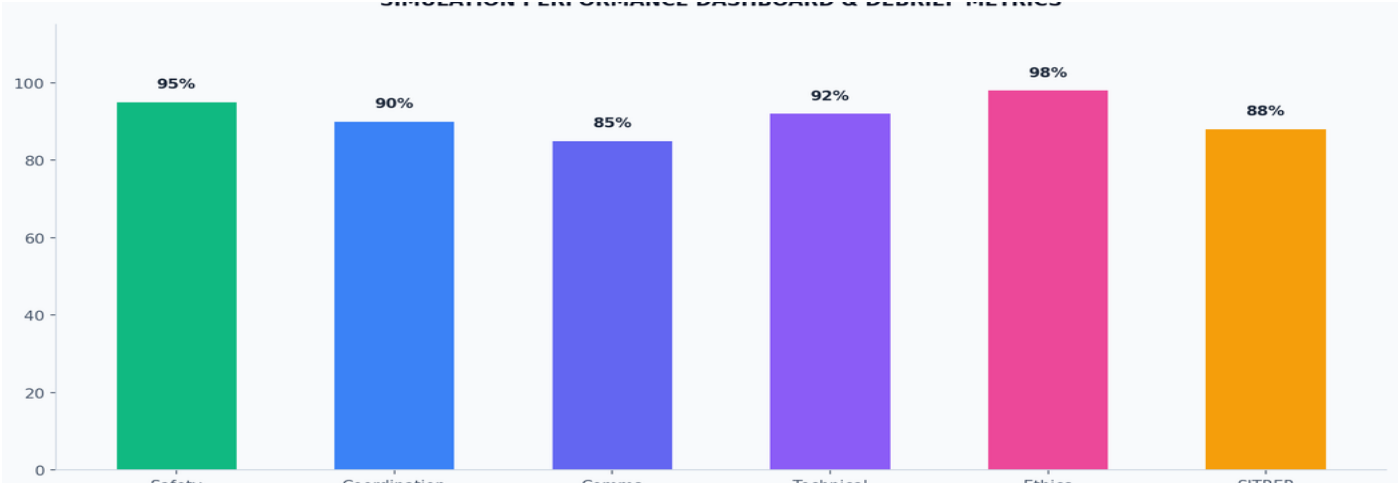
OBS1 · MHPSS Performance Dashboard

Observer rubric for principles, protection, coordination, equity, privacy, and communication.

Correct MHPSS tier [] EXCELLENT [] SATISFACTORY [] NEEDS IMPROVEMENT	PFA Look-Listen-Link [] EXCELLENT [] SATISFACTORY [] NEEDS IMPROVEMENT	No forced disclosure [] EXCELLENT [] SATISFACTORY [] NEEDS IMPROVEMENT	Do No Harm [] EXCELLENT [] SATISFACTORY [] NEEDS IMPROVEMENT
Dignified basic services [] EXCELLENT [] SATISFACTORY [] NEEDS IMPROVEMENT	Cultural adaptation [] EXCELLENT [] SATISFACTORY [] NEEDS IMPROVEMENT	Appropriate referral [] EXCELLENT [] SATISFACTORY [] NEEDS IMPROVEMENT	Community/family support [] EXCELLENT [] SATISFACTORY [] NEEDS IMPROVEMENT
AAP applied [] EXCELLENT [] SATISFACTORY [] NEEDS IMPROVEMENT	Responder well-being [] EXCELLENT [] SATISFACTORY [] NEEDS IMPROVEMENT	Clear boundaries [] EXCELLENT [] SATISFACTORY [] NEEDS IMPROVEMENT	Respectful communication [] EXCELLENT [] SATISFACTORY [] NEEDS IMPROVEMENT

DEBRIEF1 · PSS Debrief Board

Review decisions, gaps, tensions, and lessons.



1. Which action most restored agency during the scenario?

Notes: _____

2. Which choice risked retraumatization and how was it avoided?

Notes: _____

3. How did local culture shape the PSS program design?

Notes: _____

4. Was the referral pathway used appropriately for specialist cases?

Notes: _____

5. What supported responder well-being under stress?

Notes: _____

6. What community feedback changed the operational plan?

Notes: _____

7. Which tier had the broadest reach across affected families?

Notes: _____

EV1 · Final Evaluation Pack

Short knowledge and scenario-based assessment.

FACILITATOR OPERATIONAL DIRECTIVES & PASSPORT TRANSFER

✓ 1. Pre-Simulation Mission Briefing & PPE Check

✓ 2. Recognition-Level Vertical/Confined Decision Logic

✓ 3. Strict Core Inject Sequence Across Groups

✓ 4. Mandatory 60-Second SITREP After Major Events

✓ 5. Debriefing: Connect Technical Actions to Ethics

1. Name the four IASC MHPSS pyramid tiers. Answer: _____	2. What are the three PFA action principles? Answer: _____
3. State two things Psychological First Aid is not. Answer: _____	4. Give two examples of Tier 2 community support. Answer: _____
5. Why is Tier 1 psychologically relevant in emergencies? Answer: _____	6. Give two Do No Harm risks from the module. Answer: _____
7. Name three cultural adaptations highlighted for Palestine/MENA. Answer: _____	8. List the four AAP pillars. Answer: _____
9. Give two structural protections for responder well-being. Answer: _____	10. When should a lower-tier worker use the referral pathway? Answer: _____

EXIT1 · PSS Action Passport & FAC · Facilitator Guide

Psychosocial Action Passport commitments and Facilitator Guide rules.

1. One PFA habit I will use in future responses: _____
2. One action I will avoid because it may cause harm: _____
3. One cultural adaptation I can apply in local context: _____
4. One responder-care practice I will support in my team: _____
5. Facilitator Rule: Open with psychological-safety norms and explicit opt-out options. _____



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