



Newsletter 61, dated 14th September 2026



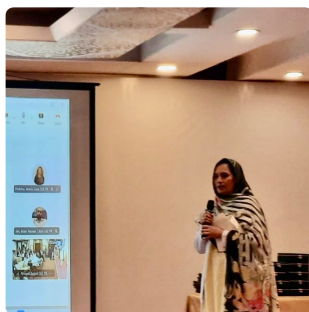
Social Support for vulnerable Afghan Refugees and host Communities (SSARC) Project

In 2017, the German Federal Government launched a project, “Social Support for vulnerable Afghan Refugees and host Communities”, which concluded this month. One of the aims of the project was to support the Government of Pakistan to improve access to public mental health and psychosocial support services (MHPSS) for vulnerable groups at the national and provincial levels through integrating MHPSS into community-based services and primary healthcare.

Among the project’s key outputs, a flagship product was supporting the Mental Health Strategic Planning and Coordination Unit at the Ministry of Planning, Development and Special Initiatives to establish a national coordination mechanism; and implement MHPSS pilot services in Khyber Pakhtunkhwa from July 2025 to June 2026. A 300–page comprehensive [Report on the Pilot Implementation of MHPSS Services](#) is accessible on the MHPSS portal.



A farewell event was organized by the SSARC team in Peshawar last week, which was attended by members from the Director General Health Services, Khyber Pakhtunkhwa, MHSP&C Unit, Chief Commissionerate for Afghan Refugees, Commissionerate for Afghan Refugees, Sports and Youth Affairs, Elementary and Secondary Education Department, Deutsche Gesellschaft Internationale Zusammenarbeit (GIZ) GmbH, International Medical Corps, Handicap International, Relief International, SHARP, and the University of Peshawar.



Director Public Health, Dr. Humera Seemab, presented the MHPSS systematic services scale-up and monitoring plan in Khyber Pakhtunkhwa, through building workforce capacity and integrating MHPSS at primary and secondary healthcare levels.

MHPSS WAY FORWARD

MHPSS must scale up to all districts to close critical workforce and service gaps

SYSTEMIC SCALE-UP & MONITORING

- **PC-1 Scaling Initiative:** Expand the MHPSS model across other districts through formal approval and implementation of the PC-1 project.
- **DHIS-2 Indicator Tracking:** Incorporate additional mental health and psychosocial indicators into the DHIS-2 reporting system, utilizing the implemented model reports and data

WORKFORCE & SERVICE INTEGRATION

- **Hiring Qualified Psychiatrists:** Advocate for qualified psychiatrists at district-level hospitals, addressing the massive workforce gap (currently only 9 districts have psychiatric services, with 1-2 psychiatrists each).
- **Primary Care Integration:** Embed the Comprehensive Mental Health Services Plan (CMSHP) at primary and secondary healthcare delivery levels, establishing clear referral pathways to tertiary facilities.