

## MHPSS Annual Meeting

### Action points

**Date:** 4, 5 and 6 November 2013

**Venue:** UNHCR, Rue de Montbrillant 94, 1201 Genève, Switzerland

**Participants:**

	<b>Name</b>	<b>Organisation</b>
	Kathy Angi	Church of Sweden/ACT Alliance
	Nancy Baron	Psycho-social Services and Training Institute Cairo
	Pierre Bastin	ICRC
	Marie Terese Benner	Malteser International, Cologne, Germany
	Else Berglund	Church of Sweden/ACT Alliance
	Cécile Bizouerne	ACF
	Margriet Blaauw	War Trauma Foundation
	Anna Chiamunto,	University of Liverpool
	Carmel Gaillaird	Reppi
	Ananda Galapatti	The Good Practice Group and mhps.net
	Elise Griede	War Child
	Noreen Huni	REPSSI, South Africa
	Arafat Jamal	IASC Secretariat
	Anne Kubai	Church of Sweden/ACT Alliance
	Katja Laurila	IASC Secretariat
	Jennifer Leger	Handicap International
	Matthias Leicht	CBM
	Ruth O'Connel	mhps.net
	Mark van Ommeren	WHO
	Milena Osorio	ICRC
	Sabine Rakotomalala	CPWG
	Janis Ridsel	Plan International
	Miryam Rivera Holguín	Peru, consultant, has worked with Church of Sweden, WTF and PAHO
	Alison Schafer	World Vision
	Marian Schilperoord	UNHCR
	Guglielmo Schinina	IOM, Geneva
	Marieke Schouten	War Trauma Foundation
	Leslie Snider	War Trauma Foundation
	Alison Strang	mhps.net
	Marian Tankink	War Trauma Foundation
	Saji Thomas	UNICEF
	Wietse Tol	JHU

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	<b>Name</b>	<b>Organisation</b>
	Peter Ventevogel	UNHCR
	Maria Waade	Church of Sweden/ACT Alliance
	Katy Wall	WHO
	Inka Weisbecker	IMC
	Bénédicte Weyl	AFD
	Nana Wiedemann	IFRC Reference Centre for PSP
	Ann Willhoite	CVT
	Janine Wurzer	Care Austria

**Regrets:** Anne Sophie Dybdahl (Save the Children), Chris Underhill (Basic Needs), Ana Maria Tejerino (MSF)

**Co-chairs:** Saji Thomas and Margriet Blaauw

**Minutes:** Prepared by Gabriel Munene, UNHCR

## Action Points

Prior to the IASC MHPSS Reference Group (RG) Annual meeting it was agreed with UNHCR to prepare action points minutes.

### 1. Functioning of the RG

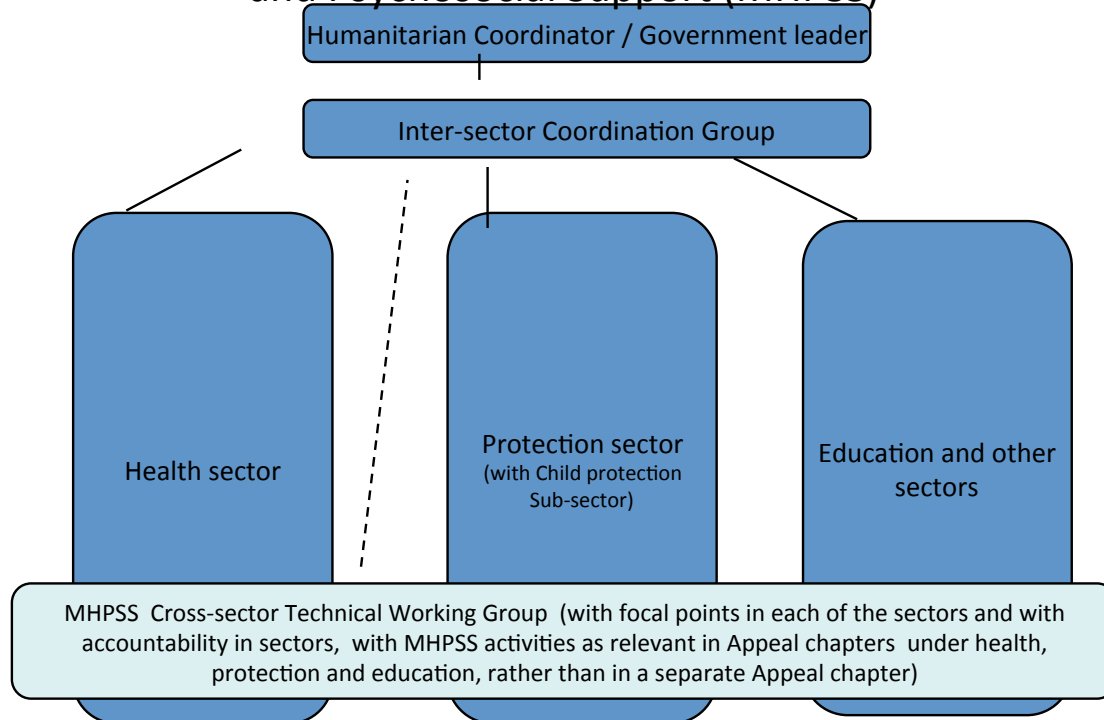
- Administration: need for co-chairs to be supported to execute administrative functions in order to create more time for coordination and advocacy of the RG action plan.
  - UNICEF able to commit funds for a part time person.
  - Develop Terms of Reference (ToR)
- Determine whether update of RG members ToR needs updating or revision.
- Determine any additional mechanisms that need to exist to support work of RG.
  - Formalised structure of RG that takes into account changing environment.
  - Streamline process of contributions to documents.
  - Identify persons in RG sitting in various clusters that can represent MHPSS issues, influencing of decision making/advocacy
  - Conference calls in addition to annual meeting.
  - Increase ways of sharing collective knowledge to new members by identifying a clear and central communication point.
  - Organisations to use mhps.net to communicate on specific areas.
- Think proactively on how to engage more organisations and institutions; actively and timely invite actors from Low and Middle Income Countries.

### 2. Coordination

In emergencies with numerous agencies working on mental health and psychosocial support across sectors an inter-sectoral Technical Working Groups (TWG) should be established for mental health and psychosocial support (MHPSS). Accountability for MHPSS actions in the health, protection and education sector should remain in the Health, Protection and Education Cluster. Strategically and practically, it often works best when the TWG is jointly coordinated by a representative of the health and protection or CCCM cluster.

Please see slide below (prepared by Mark van Ommeren, WHO)

## Reaching agreement on model for coordinating Mental Health and Psychosocial Support (MHPSS)



### 3. MHPSS and SGBV

- Discuss how the RG can be more involved in the work of the Sexual and Gender-based Violence (SGBV) Area of Responsibility (AoR) and address this area better.

### 4. Advocates training

- Use lessons learnt from Advocacy training and customize training to the audience group rather than entire training on guidance.

### 5. Psychological First Aid (PFA)

- Ensure clarity among donor and implementing community that it is a best practice that should be used within a toolbox and not as a standalone intervention

### 6. Nutrition and MHPSS

- Need to continue working towards strengthening the relationships between the two sectors as well as Early Childhood development (ECD) and child protection.

### 7. Case management

- Need to develop common language for case management that can aid RG advocacy on the issue. Follow what is under 4Ws.

**8. MHPSS.net**

- Organizations to make use of mhps.net to link their thematic information based on their mandates (e.g. Intervention Journal will integrate its website in MHPSS.net).
- MHPSS.net will strengthen its search function and include document-rating feature in updated version of site.
- MHPSS.net will create follow-up mechanism after webinars.

**9. Review and implementation of IASC MHPSS guidelines**

- Funds available for a limited timeframe.
- Clearly define the goal of the review: evaluating the guidelines and their operationalization.
- ToR for a consultant will be developed with input from RG members
- A scientific study will be result in a report
- The report can be a base for documents to be used for advocacy purposes
- Hash out the methodology of the review once objective is clear.
- Look at specific audiences that maybe need additional work e.g. donors, users of the guidelines, regions that face challenges using the guidelines.

**10 M&E**

**MHPSS Outcome framework**

- WHO to host a meeting on this initiative.
- Alison, Ananda and Mark to work on a concept and share with the RG to provide direction and invite feedback from RG.
- Ensure group working on the framework is representative (cross sector, geographical diversity, and NGOs-non-NGOs)

**Ethical Considerations**

- IOM able to commit funding to an initiative to prepare a document (2-pager) on the ethical principles for research and Planning, Monitoring & Evaluation, and Research (PMER) (based on Allden et al., 2009)
- Prepare a booklet in the series “what should xx know?” About research, which would include (again) the ethical principles for research and PMER, the research priorities and other key points for researchers in MHPSS in emergencies.

**11. Next meeting**

- No decision has been made.
- During the meeting in 2012 Care Austria had tentatively offered to host the meeting of 2014. They were not present when this issue was discussed on the last day of the meeting.
- Potential alternatives were discussed, such as Egypt, but also Geneva.
- It was discussed if a meeting in a Low or Middle Income Country will increase the participation. The attendance of this annual meeting was high. Several participants used the opportunity to combine the meeting with other meeting in Geneva.

**Suggestions for future meetings**

Margriet Blaauw (co chair) received the following suggestions bilaterally after the meeting

- Agreement of ground rules before the meeting
- Ensure an environment that makes it easier for non-native speakers to join the discussion (e.g. discussions work in smaller groups)