Inter-Agency Standing Committee

**IASC SUBSIDIARY BODies**

IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings

ANNUAL REPORT 2012

Circulated: January 2013

## Key Achievements against Work plan Targets

***List 5 to 10 achievements and successes in line with the 2012 Work Plan***

* Close field level support to MHPSS working groups and direct support in emergencies in Syria and surrounding countries (Lebanon, Jordan, Turkey, Iraq and Egypt); Sahel/ West Africa, Nigeria and the DRC.
* Two new members working in the field of mental health successfully became members the IASC MHPSS RG: Centre for the Victims of Torture and Merlin.
* Successful first conference on ‘MHPSS for refugees and migrants in urban settings’, held in Cairo in April 2012. It is hoped that this conference can become an annual event.
* In collaboration with the CCCM Global level cluster, UNCHR, IFCR and IOM, completion of a booklet for MHPSS guidelines for Camp Co-ordinators and Camp Managers. The booklet is currently being designed/ proof read and will be sent to the printers in early 2013 and then disseminated. It is also hoped to create a mobile phone app of the booklet to ease it use and practicality in the field.
* Successful facilitation of a 5-day training on community-based psychosocial support in emergencies and a 9-day training of trainers on community-based psychosocial support in emergencies at Sida’s training centre in Harnosand, Sweden.
* Close collaboration and engagement with the CPWG regarding the drafting of the Child Protection in Emergencies Minimum Standards and the child friendly spaces project.
* Close collaboration with the Global Education Cluster on ‘Protecting Education’ project to ensure that MHPSS needs and concerns were addressed.
* Finalisation and production of the IASC RG MHPSS in Emergencies Rapid Assessment Tool and the 4Ws - Who is doing What, Where and When.
* RG Co-Chair representation in October 2012 at the World Health Assembly meeting to ratify a global mental health response strategy.

## Challenges faced in 2012

***List up 5 challenges and constraints faced by the Subsidiary Body***

* Lack of funding and systematic follow up of key items on the 2012 workplan - for example the production and dissemination of an MHPSS advocacy video for field level staff, lack of funding to carry out advocates trainings, and lack of funding to provide surge capacity support to field level MHPSS working group Coordinators.
* Challenges in interacting with the Global Protection Cluster - particularly around the new GPC website and the GPC Help Desk.
* Delays in creating stronger linkages with the Global Nutrition Cluster due to the maternity leave of the Unicef Co-Chair and the lack of Co-Chair RG presence in Geneva.

## Any outcomes of your Subsidiary Body in relation to the Transformative Agenda in 2012

***Please list work done in relation to the Transformative Agenda***

* Leadership - provided support and technical guidance to field level MHPSS WG in Sahel/ West Africa, Syria, Jordan, Lebanon and the DRC.
* Coordination - production and dissemination of the IACS RG MHPSS Rapid Assessment tool and the MHPSS 4Ws - Who is doing What Where When database document for use at the field level.
* Building global capacity for preparedness - facilitation of 2 training courses (one basic and one ToT) on community-based psychosocial support in emergencies.
* Advocacy and Communications - As a result of active lobbying by MHPSS members based in Australia, AusAID stated their “commitment to advocate for the protection of people living with disability, including those with mental disorder(s) by 2014” in their Humanitarian Action Policy. This represented a great achievement as it means we can begin discussions with AusAID about MHPSS responses, not only in humanitarian aid but also in other aspects of their recovery and development work. Secondly, discussions with OCHA have helped to ensure that an MHPSS perspective is increasingly included in CAP and Rapid Response Plans. Thirdly, the RG Co-Chairs and members HQ in the USA have initiated a dialogue with USAID and OFDA on MHPSS issues and priorities in emergencies. It is hoped to continue this dialogue in 2013.

## Outstanding work of your Subsidiary Body requiring the attention of the IASC Working Group in 2013

***Please list issues requiring the IASC Working Group’s attention***

* Final decision on the name, structure, mandate and methods of working of the subsidiary bodies (re: possible name & function change to Field Implementation Reference Group).
* Final decision on the list of cross-cutting issues (XCI), their mandate, and how they work within the cluster system.

Prepared by:

IASC RG on Mental Health and Psychosocial Support in Emergency Settings, January 2013