

INTER-AGENCY STANDING COMMITTEE
WORKING GROUP

IASC Subsidiary Bodies

**Reference Group on Mental Health and Psychosocial Support
Work Plan for 2012**

Date circulated: 31/10/2011

I Narrative Summary

The 2012 workplan for the MHPSS RG is split into six sections: 1. Mainstreaming MHPSS into clusters and other co-ordination initiatives; (2) Country implementation; (3) Training; (4) Assessment and information management; (5) Tool development dissemination; and (6) Management of members, and institutionalisation of the guidelines within RG organisations.

The MHPSS RG endeavours to work across all clusters and with relevant IASC Secretariat subsidiary bodies and sub working groups, however priority global clusters for 2012 are: Health, Protection, Education, Camp Coordination and Camp Management, Nutrition, Food Security, WASH and the Global Cluster Coordinators forum. Engagement with the above clusters will occur either through the co-chairs or by the lead RG member organisation(s) that sit within the global cluster (e.g., WHO and IMC for the Global Health Cluster). The RG kindly requests the *Cluster Approach sub-working group* to review, evaluate and recommend to the IASC WG, which areas are classified as cross-cutting issues by December 2012.

Inter-agency implementation of the IASC MHPSS guidelines by RG members will occur in the following countries during 2012: Peru, Nepal, Sri Lanka, Libya, Jordan, Lebanon and DRC. The RG intends to set up 15 focal points in 10 cluster activated countries during 2012 to aid with the dissemination and implementation of the guidelines within ongoing emergencies. It is hoped that the creation of an electronic pdf Handbook for MHPSS WG field coordinators will aid with the implementation of the guidelines in various emergencies. Advocacy and dialogue with donors and Governments more broadly will continue throughout 2012.

There are three training components scheduled to take place in 2012. The first are two advocates trainings, one in the Democratic Republic of Congo and one in the Pacific Region to create a cadre of 50 MHPSS advocates across the two regions. The MHPSS advocates trainings will build upon the previous training and follow up conducted in the Middle East during 2010 and 2011. The second component is training and dissemination of the inter-agency Psychological First Aid guide, which was endorsed by many RG members during 2010. The final training initiative is a partnership between ACT Alliance/ Church of Sweden and Sida's training centre in Härnösand, Sweden, to run a community based psychosocial support training course for RG and ACT Alliance members.

There were many assessment related activities during 2011 which will be field tested during 2012. The first is the inter-agency MHPSS Assessment tool (to be endorsed at the 2011 annual meeting), the second is the RG's 4Ws tool and manual (to be endorsed at the annual meeting), the third is, WHO's Assessment toolkit and finally engagement with the Needs Assessment

Taskforce on the field testing of MIRA (multi-cluster initial rapid needs assessment). All RG members will be engaged in the above field testing of these tools with the expectation that they provide feedback at the 2012 annual meeting. The www.mhpss.net website continues to be the main online work space for the RG, however the website's steering committee requires funds and support to continue providing this web platform. Discussions on how the RG can support the website steering committee will take place at the 2011 annual meeting in Paris, and it is hoped that a strategy for 2012 and onwards will emerge from this meeting. The website steering committee hopes to produce a podcast during 2012 to explain and publicise the website to new users.

WHO's MHGap product will continue to be disseminated during 2012 to MHPSS focal points, and a systematic implementation via an inter-agency initiative will occur in Uganda from 2012 onwards. The RG will continue to engage with the *Communicating with Disaster Affected populations* project team throughout 2012 as their project objectives are closely aligned with the Information, Education and Communication action sheet within the IASC MHPSS guidelines. Based upon learning from the Child Protection and GBV AoRs and the Sphere project, the RG plans to hold 4 consultations during 2012 on the need and interest to create an e-learning course on MHPSS in emergencies. Participation and involvement from academic institutions in this initiative remains a possibility.

The final section of the workplan outlines activities to aid with the (financial) management and coordination of activities within the MHPSS RG. This is usually done through the election of two co-chairs (one a UN agency / IO, and one NGO member) and the allocation of a budget to run the RG 'Secretariat' (N.B some of this money may come from ECHO funding for 2012, see below). The final activity is the ongoing institutionalisation of the guidelines within RG member organisations (including donor/ Government observers). The extent of institutionalisation is measured via an institutionalisation survey conducted once every year.

II Workplan for 2012

Please note that the RG is seeking funding from ECHO's Enhanced Capacity Response Fund for some of the activities listed in the 2012 workplan. IMC-UK is kindly acting as the lead organisation and contract manager. Discussions are underway with ECHO and a proposal has been shared with them. If ECHO funding is not forthcoming then the activities will either be dropped or carried forward to 2013 providing alternative funding sources are not confirmed.

III Key Expected Outcomes 2012

Based on II above, please highlight, in bullet points, a maximum of five proposed outcomes that the group plans to achieve in 2012.

Field testing and evaluation of the MHPSS Assessment tool, 4Ws tool and MIRA in new emergencies throughout 2012.

- Training, dissemination and evaluation of the Psychological First Aid Guide in 5 countries.
- Training of 50 'MHPSS Advocates,' in total, from the Democratic Republic of Congo and the Pacific Region.
- Establishment of 15 focal points in 10 cluster activated/ emergency prone countries.
- Continued dissemination of the guidelines including advocacy with donor-governments.

III Work Plan for 2012

Goal*: To promote the use of the IASC Mental Health and Psychosocial Support in Emergency Settings (MHPSS) Guidelines in humanitarian responses to emergencies.

Objectives*	Outputs and Activities*	Indicators (with targets)*	Assigned Focal Points	Timeframe
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* A goal is a higher level, long-term result or change the group wants to achieve over a longer period of time. (Example: A more effective humanitarian coordination system.)

* Objectives are intermediate results or changes that need to be achieved during the workplan period in order to move closer to achieving the goal. (Example: Strengthened accountability to affected beneficiaries)

* Outputs are the tangible steps, services, and products provided by the group on annual basis to achieve its objectives. (Example: IASC's role on accountability to affected populations clarified.) Activities are actions that need to be undertaken to produce the outputs. (Example: Develop policy on accountability to affected populations for the Working Group's endorsement.)

* Indicators describe how the group intends to measure progress made towards stated outputs. Targets reflect the level of progress the group strives to achieve during the reporting period. (Example IASC policy on accountability to affected populations endorsed by target date. Target date: 30 September 2012)

<p>Mainstreaming MHPSS into Clusters and other co-ordination initiatives.</p>	<p>Education Cluster</p> <ul style="list-style-type: none"> ▪ Active involvement in the Protecting Education project advisory board. ▪ Disseminate INEE toolkit ‘What Education Actors Need to Know’. <p>Protection Cluster (CP & GBV AoRs)</p> <ul style="list-style-type: none"> ▪ Finalise factsheet on natural disasters, DRR and MHPSS (GPC & CPWG) ▪ Engagement with child friendly spaces & GBV project/ guidance (CP & GBV AoRs) ▪ Engagement (field testing & drafting) of CP in emergencies minimum standards (CPWG) ▪ Improve quality of child friendly spaces and psychosocial programming (CPWG) <p>Health Cluster</p> <ul style="list-style-type: none"> • GBV and MHPSS project (along with Protection Cluster) • Meeting of MHPSS in emergencies organisations. <p>CCCM Cluster</p> <ul style="list-style-type: none"> • Creation of ad-hoc chapter/ practical checklist of MHPSS & camp management guidelines. <p>Other clusters/ co-ordination bodies</p> <ul style="list-style-type: none"> • Participate in Global Cluster co-ordinators group • Cross-cutting issues review • Disseminate relevant action sheet within nutrition & food security global clusters for field dissemination. • Disseminate relevant action sheets within WASH global cluster for field dissemination. 	<p>Education:</p> <ul style="list-style-type: none"> ▪ Attendance at project meeting in GVA & teleconferences ▪ 100% of Global Cluster actors have access to INEE Toolkit. <p>Protection</p> <ul style="list-style-type: none"> ▪ Production of factsheet on natural disasters, DRR & MHPSS. ▪ Field testing of psychosocial guidance sheet of CP in emergencies minimum standards. ▪ Guidance document on CFS, GBV & PS programming. <p>Health Cluster</p> <ul style="list-style-type: none"> ▪ Recommendations from GBV-MHPSS conference. ▪ Facilitation of 1 meeting for MHPSS in emergencies organisations. <p>CCCM Cluster</p> <ul style="list-style-type: none"> • Camp management & MHPSS guidelines booklet. <p>Others</p> <ul style="list-style-type: none"> • 100% of food security, nutrition & WASH global cluster members have access to relevant MHPSS action sheets. • Recommendations & clarification on IASC cross-cutting issues from ‘Cluster approach’ sub-working group. 	<p>Education Cluster: Co-Chairs, Unicef, INEE PSS Taskforce.</p> <p>Protection Cluster</p> <p>GPC: Co-chairs, UNHCR, Unicef & Care Austria.</p> <p>CPWG: Co-chairs, Terre des Hommes, Plan, Save & Unicef</p> <p>GBV AoR: Co-chairs, Unicef & UNFPA.</p> <p>Health Cluster: WHO, Unicef, Co-chairs, UNFPA and IMC.</p> <p>CCCM Cluster: ACT Alliance (LWF) and IOM.</p> <p>Other Clusters:</p> <p>GCC: Co-chairs</p> <p>Cross-cutting (CASWG): Co-chairs</p> <p>WASH Cluster: ACT Alliance (NCA).</p> <p>Nutrition & Food Security Clusters: ACF-France & Care Austria.</p>	<p>Education</p> <p>Protecting Education project – Dec 2012</p> <p>Education Cluster – Dec 2012.</p> <p>Protection</p> <p>CP Minimum standards – Dec 2012</p> <p>Factsheet on natural disasters & DRR – Sept 2012.</p> <p>CFS & PS – Dec 2012.</p> <p>Health Cluster</p> <p>MHPSS meeting – Oct 2012</p> <p>GBV & MHPSS project – Dec 2012.</p> <p>CCCM Cluster</p> <p>MHPSS/CCCM guidelines – July 2012</p> <p>Others</p> <p>Cross-cutting issues: 30 Sept 2012.</p> <p>Nutrition, Food security & WASH: ongoing</p>
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Country Implementation	<ul style="list-style-type: none"> ▪ Dissemination to global level clusters of ‘What Protection/ Health / Education actors need to know’ document. ▪ Identification of 15 MHPSS focal points in 10 cluster activated/ emergency prone countries. ▪ Provide co-ordination support to countries working on implementation of the guidelines – Peru (Unicef), Nepal (HealthNet TPO), Sri Lanka (WV-Aus, WTF, GPG), Libya (IOM), Jordan (Advocates), Lebanon (Advocates) and DRC (Advocates). ▪ Creation of an electronic pdf handbook for MHPSS WG Co-ordinators. ▪ Production of MHPSS Advocacy video ▪ GBV & CP advocacy & joint messaging in relevant emergencies. ▪ Roll out of MHGap in Uganda ▪ Advocacy with Governments 	<ul style="list-style-type: none"> ▪ 100% of Education, Health and Protection global cluster organisations have access to relevant MHPSS document & disseminate to the field where relevant. ▪ 15 focal points (persons & orgs) ‘recruited’ and actively using focal point forum on www.mhpss.net website. ▪ Active WGs with co-ordinators & Govt counterparts in Peru, Nepal, Sri Lanka, Libya, Jordan, Lebanon and DRC. ▪ 100% of focal points and WG co-ordinators have received country implementation guidance document. ▪ MHPSS WG Co-ordinators handbook. ▪ Media footage from at least 4 MHPSS RG members for advocacy video. ▪ Joint advocacy messages ‘protection alerts’ disseminated through the GPC. ▪ MHGap integrated within the PHC system in Uganda ▪ Presentation to donors of MHPSS Guidelines & advocacy package 	<ul style="list-style-type: none"> ▪ Education/ Health/ Protection document: Co-Chairs, Unicef, TdH, SAVE & UNHCR. ▪ Focal points: Co-chair led by all RG members ▪ Co-ordination support: Co-chairs, WTF, World Vision. ▪ Handbook: Co-chairs & HealthNet TPO. ▪ Advocacy video: Unicef ▪ Joint advocacy messages: GPC, Co-chairs, TdH, Unicef, UNHCR & SAVE. ▪ WHO, World Vision, Ugandan Ministry of Health and Makerere University ▪ Govt advocacy: Sida (ACT Alliance), USAID (IMC), DfID (Unicef & SAVE), AUSAID (Plan & WV), Dutch (HealthNet TPO, War Trauma & War Child), Chaine de Bonheur (TdH). 	<ul style="list-style-type: none"> ▪ Ongoing ▪ Focal points: Sept 2012 & ongoing ▪ Co-ordination: Ongoing ▪ Handbook: Dec 2012 ▪ Advocacy video: Dec 2012 ▪ Joint messages: ongoing ▪ mhGap Uganda – Dec 2012 & ongoing ▪ Govt advocacy: Dec 2012.
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Training	<ul style="list-style-type: none"> ▪ MHPSS advocates training in DRC and Pacific region. ▪ Training on Psychological First Aid guide. ▪ Community based psychosocial support (CBPS) basic training Sida Centre, Harnosand, Sweden. 	<ul style="list-style-type: none"> ▪ 50 advocates trained in DRC and Pacific region ▪ Trainings conducted in Sri Lanka & Pacific region ▪ 10 staff from RG member organisations trained in CBPS. 	<ul style="list-style-type: none"> ▪ DRC Advocates training: Co-Chairs, SAVE & IOM. ▪ Pacific region: WV-Aus ▪ PFA guide trainings: War Trauma, WV-Aus, Unicef & WHO ▪ ACT Alliance (Church of Sweden) & Sida. 	<ul style="list-style-type: none"> ▪ DRC & Pacific Advocates: Oct 2012 ▪ PFA trainings: Dec 2012 ▪ CBPS training: May 2012.
Assessment and Information Management	<ul style="list-style-type: none"> ▪ Finalise, disseminate & field test MHPSS Assessment Tool. ▪ Field testing of 4Ws tool and manual ▪ Management and representation of MHPSS RG members on www.mhpss.net steering group. ▪ Integrate MHPSS into MIRA, support the field testing of MIRA and the work of the Needs Assessment Task Force more broadly. 	<ul style="list-style-type: none"> ▪ 100% of MHPSS RG members receive & endorse MHPSS Assessment tool. ▪ 75% of focus countries (DRC, Sri Lanka, Peru, Nepal, Jordan, Lebanon & Libya) receive and use 4Ws tool and manual ▪ MHPSS RG attendance at www.mhpss.net steering group annual meetings & telecoms. ▪ MHPSS indicators integrated into MIRA and support for field testing of MIRA in new emergencies in 2012. 	<ul style="list-style-type: none"> ▪ MHPSS Assessment Tool: IMC, Co-Chairs, all RG members ▪ 4Ws tool: Co-Chairs, WHO & all RG members ▪ www.mhpss.net steering group: Co-chairs, IFRC, & TdH. ▪ MHPSS & MIRA: Co-chairs & IMC. 	<ul style="list-style-type: none"> ▪ MHPSS Assessment tool – Dec 2012 ▪ 4Ws tool – Sept 2012 ▪ www.mhpss.net – Jan 2012 & ongoing. ▪ MIRA: Dec 2012

<p>Tool Development and Dissemination</p>	<ul style="list-style-type: none"> ▪ Consultations on the development of an e-learning course on MHPSS in emergencies ▪ Finalise and field test WHO MHPSS Toolkit ▪ Financial and content support to www.mhpss.net website ▪ Development of www.mhpss.net podcast. ▪ Disseminate to field level WGs and focal points – WHO MHGap product. ▪ Engagement with ‘Communicating with Disaster Affected populations’ and Info as AID project database teams. 	<ul style="list-style-type: none"> ▪ 4 RG consultations on e-learning MHPSS course in emergencies ▪ WHO-MHPSS toolkit published and disseminated to 100% RG members & focal points. ▪ www.mhpss.net podcast developed and placed on website. ▪ 100% of MHPSS WG & focal points receive MHGap product ▪ 5 RG members report back on the use of Info as aid database in 3 emergencies during 2012. 	<ul style="list-style-type: none"> ▪ E-learning course: Co-chairs, all RG members ▪ MHPSS Toolkit: WHO ▪ Podcast: TdH, www.mhpss.net steering group. ▪ MHGap product: WHO & Co-Chairs. ▪ Info as Aid: Co-Chairs, all RG members. 	<ul style="list-style-type: none"> ▪ E-learning course: Dec 2012 ▪ WHO-MHPSS toolkit: Oct 2012 ▪ Podcast: July 2012 ▪ MHGap product: July 2012 & ongoing. ▪ Info as aid: Sept 2012
<p>Management of members and institutionalisation</p>	<ul style="list-style-type: none"> ▪ Institutionalisation of the guidelines & Communication staff within each agency are oriented on the relevant action sheets of the MHPSS guidelines ▪ Manage the RG finances & in-kind support ▪ Engage new members to join the RG. 	<ul style="list-style-type: none"> ▪ Institutionalisation survey ▪ Activities undertaken and funded in accordance with the work plan. ▪ Donor reports ▪ 2 new members join the RG 	<ul style="list-style-type: none"> ▪ Communications staff: All RG member organisations. ▪ Management of finances: Co-Chairs, ACT Alliance, Unicef ▪ Membership: Co-Chairs 	<ul style="list-style-type: none"> ▪ Comms: Oct 2012 ▪ Finances: Dec 2012. ▪ Members: Sept 2012 (annual meeting).