

### IASC MHPSS Reference Group Priorities and Commitments 2014

Priority	Outputs + outcomes	Activities	Commitment	Comments
1. Planning, Monitoring & Evaluation and Research (PMER)	<p>1.1 M &amp; E framework for MHPSS goals and outcomes</p> <p>A common MHPSS M &amp; E framework with a goal, outcome domains and possible indicators</p>	<p>1.1.1 Preparation of a concept note: TOR for the task/ process/ consultancy</p> <p>1.1.2. Scoping Review to inform the development of the M &amp; E framework to measuring common MHPSS constructs</p> <p>1.1.3 RG and field consultations on common PMER framework: identifying a goal, outcome</p>	<p>1.1 Preparation of concept note: Alison Schafer (WV), and Mark van Ommeren (WHO), Ananda Galapatti (Good Practice Group)</p> <p>1.2 Consultant, financial support by UNICEF to the process</p> <p>1.3 WHO hosts the meeting</p> <p>People committed to this initiative:</p>	<p><b>The process</b> will be multi-disciplinary, participatory, global and in the field, with broad consultation to RG members and field practitioners.</p>

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			Practice Group); Miryam Rivera, Martha Bragin (Care Austria), Ann Willhoite (CVT), Alison Schafer (WVI), Pim Scholte (WTF, Unversiteit van Amsterdam), Guglielmo Schinina (IOM); Tol (JHU), Saji Thomas (UNICEF), Inka Weissbecker (IMC)	Status of non-RG members in this process should be clarified.
	1.2. Capacity Development on MHPSS PMER	1.2.1 Communication, information sharing 1.2.2 Materials development / sharing such as <ul style="list-style-type: none"> <li>- Online videos</li> <li>- E-learning</li> <li>- Training Module</li> </ul>	Else Berglund, Kathy Angi, Maria Waade (ACT Alliance), Ann Willhoite (CVT), Anna Chiumento (University of Liverpool), ), Inka Weissbecker (IMC)	Not certain if this can be delivered until after the first outcome is delivered. Clarification is still needed on who is going to lead this process for the RG and funding (such as for the production of online videos and e-learning)

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	1.3. Research Guidance	<p>1.3.1 Position paper/ Guidance Note on Research on MHPSS, such as a small booklet related to the MHPSS in emergency settings series; “What should researchers know” Such document should include:</p> <ul style="list-style-type: none"> <li>- Ethical principles for researchers (based on HHI draft &amp; include the ethical guidance (see 1.4)</li> <li>- Prioritizing research domains that are most likely to influence current MHPSS practice (making research more relevant (referring to existing research prioritization exercises)</li> </ul> <p>1.3.2 Peer review – advisory group</p> <p>1.3.2 Advocacy/ influencing the indicators that are now in the Indicator registry</p>	<p>Inka Weisbecker, IMC</p> <p>Guglielmo Schinina (IOM)), Leslie Snider (WTF), Miryam Rivera, Carmel Gaillard (REPSSI), Ann Willhoite (CVT), Anna Chiumento (University of Liverpool)</p>	<p>Two formal IASC documents to be produced</p> <p>a. 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.</p> <p>b. The Ethical principles for research and PMER (based on Allden et al., 2009) – perhaps just a 2-4 pager in PDF (see 1.4)</p>

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	1.4. Ethical Standards /principles for PMER	1.4.1 Process for developing ethical principles for PMER <ul style="list-style-type: none"> <li>- Leaflet based on 10 principles (Allden et al, 2009)</li> <li>- Circulation to the larger group, revision</li> </ul> 1.4.2 Operationalization with examples 1.4.3 Add the IASC guidelines action sheets 2.1 and 2.2	<b>Funding:</b> IOM able to commit funding ethical principles document Guidance Note on Research on MHPSS  Guglielmo Schinina (IOM)), Leslie Snider (WTF), Miryam Rivera, Carmel Gaillard (REPSSI), Ann Willhoite (CVT), Anna Chiumento (University of Liverpool), Saji Thomas, (UNICEF), , Inka Weissbecker (IMC)	IOM can coordinate the process, use in kind the services of its publication unit for the finalization of the layout and of the print and web versions. It can support the printing of 1000 copies. The intellectual elaboration of the publication should be a group work IOM can only coordinate
	1.5 Advocacy for Planning Monitoring Evaluation & Reporting (PMER)  Both relevance and excellence  Advocacy to be	1.5.1 Towards donors – key messages on PMER for people at different levels – to be discussed at the RG level 1.5.2 Advocacy within the different agencies	Leslie Snider (WTF)  Ann Willhoite (CVT)  Anna Chiumento (University of Liverpool)  Peter Ventevogel (UNHCR)  WHO	

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	<p>focused on PROCESS and a</p> <p>“Developmental approach”</p>		<p>Saji Thomas, (UNICEF)</p> <p>Inka Weissbecker (IMC)</p>	
2. Institutionalization and use of the IASC MHPSS Guidelines	2.1 Review of the use and implementation of the guidelines	2.1.1 Review of ToR consultants	<p>Saji Thomas (UNICEF)</p> <p>Peter Ventevogel (UNHCR)</p> <p>Guglielmo Schinina (IOM)</p> <p>Martha Bragin (on behalf of Care Austria), Ann Willhoite (CVT), Alison Schafer (WVI), Cécile Bizouerne (ACF), Nancy Baron (Psycho-social Services and Training Institute Cairo), Marieke Schouten &amp; Leslie Snider (WTF), Mark van Ommeren (WHO)</p>	
		2.1.2 Advisory Group	<p>Lead: Saji Thomas</p> <p>UNHCR, WHO, IOM, Care Austria, WTF, Psycho-social Services and Training</p>	

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			Institute Cairo, UNICEF, CVT, World Vision, mhps.net, IMC	
3. MHPSS Advocacy	3.1 Joint Advocacy Goal	3.1.1 Drafting by group 3.1.2 Broad consultation	CVT, IOM, mhps.net, IOM, IMC	IOM can only take on the coordination with CCCM and eventually participate in coordination efforts with OCHA. No more.
	3.2. Tailored Messages for different target groups	3.2.1 Drafting by group 3.2.2 Broad consultation	CVT	
	3.3 Advocacy materials	3.3.1 Drafting by group 3.3.2 Broad consultation	CVT, ACT, IMC	
	3.4 Advocacy initiatives focused towards different actors	3.4.1 Meetings with policy makers 3.4.2 Meetings with donors 3.4.3 Meetings with UN and Clusters system	3.4.1: CVT, REPSSI, Miryam Rivera, IMC 3.4.2: CVT, ACF, UNICEF, IMC 3.4.3: CVT, Plan, IOM (CCCM), UNICEF	

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4. To be decided:  Possible additional modules or 2-4 page pdf add-on to the Guidelines:	4.1 MHPSS & Nutrition 'module or add-on'	To be decided	WVI, ACF, Ruth O'Connell, UNICEF	
	4.2 MHPSS & Disability 'module or add-on'	To be decided	REPSSI (children & disability)	
	4.3 MHPSS in Urban Settings 'module or add-on'	To be decided	Nancy Baron (Psycho-social Services and Training Institute Cairo), Plan, ACF, WVI, UNHCR, IFRC, Alison Strang (mhps.net), IMC	
	4.4 Staff care 'module or add-on'	To be decided	Tineke van Pietersom (Antares Foundation), CVT, Pim Scholte (WTF & Antares), Leslie Snider (WTF)	
	4.5 MHPSS & SGBV 'module or add-on'	To be decided	Ruth O'Connell (mhps.net), WVI (minor support), Guglielmo Schinina (IOM), Nana Wiedemann (IFRC), Care Austria	IOM can take the coordination of this group, drafting ToR to share with the others and organize the meetings teleconferences

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5. Coordination in Emergencies	5.1 Support to coordination in Emergencies  5.2 Surge capacity  5.3 Field support for MHPSS Groups	To be defined	5.1 Plan, mhps.net, Malteser Int., UNICEF. IMC  5.2 CVT, IOM (only when an IOM programme is activated), IMC	
6. Functioning of the Reference Group	6.1 Update ToR	Review the inclusion criteria specific for academic engagement with the group.		
	6.2 Communication	6.2.1 Regular conference calls  6.2.2 Quarterly updates on daily activities	Co-chairs, UNICEF	
	6.3 Contributions by agencies	6.2.1 Provide input/feedback on relevant documents/papers + other issues		
	6.4 Membership	6.4.1 Information/institutional memory sharing through monthly mail-outs  6.4.2 Contact less/non-active members  6.4.3 Support to members in the field		



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	6.5. Administration	6.5.1 Funding & administration  6.5.2 Look at cost efficiency: <ul style="list-style-type: none"> <li>- Make a list of administrative tasks</li> </ul>	6.5.1 UNICEF and WTF  6.5.2 IOM &WHO	IOM needs to know the needs in time to eventually commit-mobilize resources. So far we can offer office space, workstation and basic communication costs.