**IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings, Progress Report (January – December 2018).**

**Co-Chairs:**

IFRC Reference Centre for Psychosocial Support- Copenhagen

World Health Organization- Geneva

**Composition of the Reference Group:**

There are 53 full MHPSS Reference Group (RG) members, 9 observers plus 7 donor organizations. Five members are classified as ‘networks’ (MHPSS.net, InterAction, INEE, ACT Alliance and ICVA), with 7 UN agencies (UN Migration Agency/ IOM, UNHCR, WHO, UNICEF, UNRWA, UNFPA and OCHA). The International Federation of Red Cross Red Crescent Societies’ Reference Centre for Psychosocial Support (IFRC PS Centre) is a member, alongside more than 30 international NGOs.

During this year, 5 new member organizations joined the group as full members; Americares, CBM International-Basic Needs, Jesuit Refugee Service, Medair and TPO Uganda.

Country-level MHPSS working groups exist currently in 20 emergencies and are supported by the RG. The RG represent the only global Interagency support mechanism for MHPSS working groups and for MHPSS in emergencies as a crosscutting area of work.

For RG goal, overall objective, membership criteria, thematic groups members and workplan please refer to the documents available on the group page on the following [link.](https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-emergency-settings)

**Key Achievements/Products/Outputs in 2018**

* Missions conducted by the Co-Chairs (IFRC & WHO), based on requests from country level MHPSS working groups, to support MHPSS humanitarian operations in seven countries: Afghanistan, Bangladesh, Gaziantep, Syria, Ukraine, Uganda and South Sudan. The mission to South Sudan was conducted jointly with UNICEF CP AOR coordinator.
* Total remote support requests in this reporting period is 250 requests from 62 different agencies (41 RG members) in 36 countries. In addition to the country level support missions, remote-technical support was provided to 15 country level MHPSS working groups. Remote support included also facilitation of global coordination teleconferences for MHPSS response in Indonesia, Bangladesh and DRC.
* Organization of meeting in Geneva 25-26 September to review and finalize Means of Verification of the IASC MHPSS Monitoring and Evaluation Framework. Participants include representatives of 11 RG member organizations who are members of the RG thematic working group on Monitoring and Evaluation.
* Organization of a Humanitarian Technical Sectors Surge Capacity Meeting in Amman 29 October 2018. The meeting brought together leaders across the humanitarian sectors with known surge capacity systems in place, together with MHPSS RG members and donor agencies. The aim was to develop set of recommendations to apply surge capacity mechanism for MHPSS.
* Organization of the first MHPSS in Emergencies Forum in Amman on 31st October, with aim of introducing the work of IASC MHPSS RG to humanitarian actors in Amman including non-members of the group. The forum was co-hosted by the MHPSS working group in Jordan (led by IMC and WHO Jordan) and Save the Children Jordan office. The forum was attended by more than 110 participants.
* IASC MHPSS Monitoring and Evaluation Framework translated and disseminated in Bangla, French, Portuguese, Russian and Spanish.
* IASC MHPSS Referral Guidance Note translated and disseminated at country-level in Bangla, French, Portuguese, Russian and Spanish.
* Publication of MHPSS briefing note for key consideration in addressing MHPSS needs in response to Ebola Virus Disease Outbreak in North Kivu DRC. The briefing was prepared in collaboration with Social Sciences in Humanitarian Actors Platform, Anthrologica and field teams from MHPSS working group in Goma.
* Development of MHPSS Briefing toolkit for the emergency response in Indonesia and DRC in collaboration with MHPSS.NET.
* Publication of Bangla language version of the IASC MHPSS Guidelines.

**Ongoing Activities and Collaborations:**

* Co-chairs currently work with Health and Protection Global Cluster in development of Joint operational framework between both clusters for MHPSS activities.
* Collaboration with the IASC Taskforce on the Inclusion of Persons with Disability in Humanitarian Action Guidelines in development of MHPSS sections in the guidelines. This include regular participation in international meetings and providing technical inputs to the drafting process.
* Collaboration with the IASC Taskforce Accountability to Affected Populations (AAP). AAP Taskforce members also attended the HESPER training facilitated by WHO – Co-Chair of the IASC MHPSS RG.
* Advisory board and steering group members of UN Migration Agency/ IOM’s Operational Manual for Community based MHPSS in Emergency, Displacement and Migration settings; and International Medical Corps’ Mental Health Integration in General Healthcare Toolkit project.

**Challenges in 2018:**

* Country-level programming and financial challenges for MHPSS working groups when inter-facing with clusters. MHPSS is a cross-cutting issue and as such does not belong solely to any sector or cluster. It is difficult for MHPSS issues to be included in humanitarian response plans and to access pooled funds as these are usually determined by clusters.

**Planned Activities/Products:**

* Co-Chair support missions planned in first quarter of 2019 to South of Turkey, South Sudan and Ukraine. Country support activities requested include for example support planning MHPSS operations in Idleb for 2019 to be implemented by MHPSS working group.
* Operationalization of MHPSS Surge Capacity mechanism to support rapid deployment of technical capacity for the field. Support is likely to be through a roster of Senior MHPSS Experts, hosted by standby partner or RG member agency, who would be deployed to work as technical experts in displaced, refugee or migration contexts. This will be supported through a capacity building component.
* Country-level dissemination of IASC RG Common Monitoring and Evaluation Framework for MHPSS and Inter-Agency Referral Form and Guidance Note in French and Spanish. This include publication of Means of Verification, which represent the first interagency consensus on data collection mechanisms in this area of work. The progress in this work will facilitate measuring and monitoring collective impact for MHPSS.
* Support the development and dissemination of Minimum Initial Service Package (MISP) for MHPSS emergencies which will be costed, operational and based on Interagency consensus and focusing on health, education and protection sectors.
* Development of Action Sheet of IASC MHPSS Guidelines focusing on Disaster Risk Reduction and Mental Health and Psychosocial Support.
* Mainstreaming MHPSS work in peacebuilding, humanitarian development nexus and urban contexts through dedicated thematic working groups.

**Attachments:**

* Annex 1: Annual Meeting Report (2018)
* Annex 2: 2019 & 2020 Workplan (2-year)
* Annex 3: Updated Terms of Reference (2018)