
### IASC Reference Group on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings

#### Key Achievements/Products/Outputs in Reporting Period

- Support missions plus remote technical support provided to 15 country-level MHPSS coordination groups.
- Publication and dissemination of the, IASC RG Common Monitoring and Evaluation Framework for MHPSS Programmes in Emergency Settings. The publication of such M & E framework is a first for the IASC and for the field of MHPSS.
- Dissemination of the aforementioned M & E framework in Brazil; at a South Asian workshop in Sri Lanka, at a Syria-crisis regional conference organized by the German Development Cooperation, and in Southern Turkey with UNHCR.
- Development and publication of an Inter-Agency Referral Form and Guidance Note. The development of a standardized referral form and referral process was a key request from country-level MHPSS coordination groups, including from country level health and protection clusters leads.
- Publication of the Portuguese and Korean language versions of the IASC MHPSS Guidelines. This guideline is now, likely, the most translated IASC product with more than 10 translations.

#### Challenges to Achieving Expected Objectives/Activities in 2016 and Possible Work Plan Alterations

- The development of the inter-agency Common M&E Framework for MHPSS Programmes took almost 12 months longer than initially planned due to key technical staff being diverted to support Ebola response and the need to reach inter-agency consensus on the final Framework.
- Difficulties in providing adequate technical support to Yemen and Nigeria (both are level 3 category emergencies), due to complex coordination structures and a paucity of operational in-country MHPSS actors.
- Failure to effectively advocate for greater attention to mental health and psychosocial support in emergency settings at the World Humanitarian Summit. Failure to also obtain an IASC RG MHPSS side event slot at the WHS.

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#### Planned Activities/Products for Remainder of Envisaged Life Span of the IASC MHPSS RG

- Support missions plus remote technical support provided to country-level MHPSS coordination groups.
- Operationalisation of the MHPSS-Capacity building project – to provide inter-agency surge support and additional country-level MHPSS technical support in humanitarian contexts. Possibly to develop a MHPSS-CAP.
- Development and implementation of six guidance notes outlining suggested tools to measure the six impact level indicators related to the IASC RG Common M&E Framework goal.
- Development of MHPSS Resources and Toolkit webpage for country level MHPSS Coordinators. This toolkit will be hosted on MHPSS.net and will link to the GPC’s Handbook for Protection Cluster Leads.
- Publication of Russian, Turkish, Greek and Ukrainian language versions of the IASC MHPSS Guidelines.
- Translation of the Inter-Agency Referral Form and Guidance Note into Arabic, French, Russian Turkish and Ukrainian languages. Referral workshops are planned in Tanzania (February 2017), and in Iraq and Ukraine (April 2017).
- Engagement at the Global DRR Platform in Cancun (May 2017) and developing DRR Guidance for South Asia.
- Proposed transition of Co-Chair leadership from UNICEF to WHO in July 2017, for the period July 2017 – July 2018.

### Co-Chairs:


### WG Sponsors:


### Secretariat Support:

- Sarah Harrison, IASC MHPSS RG Coordinator, IFRC Reference Centre for Psychosocial Support (position jointly funded by IFRC PS Centre and UNICEF – through a grant from OFDA/ USAID), (April 2016 – March 2017).

### Composition of the Task Team:

There are a total of 44 full MHPSS RG members, of which 27 are active members, plus 5 Observer members (ICRC, MSF and 3 donor/technical organisations). Five members are classified as ‘networks’ (MHPSS.net, InterAction, INEE, ACT Alliance and ICVA) and the 3 UN agencies (IOM, OCHA, UNFPA, UNHCR, UNICEF, UNRWA, and WHO). The International Federation of Red Cross Red Crescent Societies is a member, alongside 30 international NGOs.