

PROGRESS REPORT

April - October 2019

IASC-Associated Entity - Mental Health and Psychosocial Support in Emergencies Reference Group

Co-Chairs:

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Entity Associated with the IASC: Mental Health and Psychosocial Support in Emergencies Reference Group

2019 Progress Report

BACKGROUND:

Co-Chairs:

IFRC Reference Centre for Psychosocial Support- Copenhagen

World Health Organization- Geneva

Composition of the Reference Group:

The IASC Mental Health and Psychosocial Support Reference Group (IASC MHPSS RG) was established in December 2007 and is now an IASC associated structure accountable to the Operation, Policy and Advocacy Group of IASC. This group is one of the most active IASC associated entities with active NGO participation. There are 56 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. Country-level MHPSS Technical Working Groups, co-led by different organisations (e.g., national NGOs, International NGOs and/ or UN agencies) in cooperation with relevant Government Line Ministries exist currently in 21 emergencies, and all are supported by the RG. The RG represent the only global interagency support mechanism for country-level MHPSS working groups and for MHPSS in emergencies as a crosscutting area of work within the cluster/ sector humanitarian architecture.

Annual Meeting of IASC MHPSS Reference Group was convened this year in Netherlands, hosted by War Trauma Foundation-Holland, on 9-10th October 2019, with participation of most MHPSS RG Members and Chief of IASC Secretariat.

2019 Priority Areas of Work

PRIORITY AREAS OF WORK	CONCRETE DELIVERABLES	STATUS	LEADS	COMPLEMENTARITY/ PARTNERSHIP
Support country level MHPSS Technical Working Groups and RG Member Agencies in acute and protracted crisis.	Directed technical support provided to at least 2/3 of country level MHPSS Technical Working Groups in emergencies every year.	[ONGOING]	Co-Chairs: IFRC and WHO	21 country level MHPSS in emergencies Technical Working Groups. Leadership of the MHPSS TWGs at country level include; Governments/line Ministries, local NGOs, WHO, IOM, UNHCR, IRC, HI, IMC and ACF.
Integrate MHPSS into work of humanitarian coordination structures including IASC Groups, IASC Associated bodies, Global Clusters, coordination and funding structures and mechanisms.	Establishing a system of focal points from IASC MHPSS Reference Group Member Agencies, based on their respective Agencies mandates and area of work, for mainstreaming MHPSS as a cross cutting area of work in all clusters, AoRs and global coordination mechanisms.	[ONGOING]	IFRC, WHO UNHCR, UNICEF, UNFPA, IOM, Terre des Homme and Save the Children	OCHA, IASC Secretariat, IASC Results Groups, Health Cluster, Protection Cluster, CP AOR, GBV AOR, UNMAS Camp Coordination and Management, Nutrition, Education Clusters, INEE, Alliance for Child Protection in Humanitarian Action, Family Strengthening Taskforce Donor Group on MHPSS and Programme Committee of the Global Summit on Mental Health and Psychosocial Support in Emergencies
Develop, disseminate and operationalize of IASC MHPSS Reference Group publications and tools .	Finalize Full Package of IASC Common Monitoring and Evaluation Framework for MHPSS. Translation of IASC MHPSS Reference Group Materials in new languages based on field requests.	[ONGOING]	56 MHPSS RG Members	56 MHPSS RG Members, Donors, academic institutes; Johns Hopkins University, University of Melbourne, and University of Athens
Operationalize interagency surge capacity for MHPSS .	Develop and operationalize an interagency surge capacity for MHPSS at country level to be operational in 2020.	[ONGOING]	Co-Chairs: IFRC and WHO	Dutch Surge Support for WASH
Advocate for MHPSS mainstreaming for general population and for most vulnerable and establish link and consensus with new areas of work including DRR, Peacebuilding and disability.	Establish within RG thematic groups, of minimum 5 agencies, tasked with establishing links with IASC and non IASC actors and developing guidance on thematic areas prioritized at country level including MHPSS and peacebuilding, DRR and MHPSS, urban context MHPSS. MHPSS for people with sensory and physical disabilities, and MHPSS for children and families.	[ONGOING]	IFRC, WHO, UNICEF, UNHCR, HI, CBM, Save the Children and GIZ.	56 MHPSS RG Members, global coordination clusters, AORs and mechanisms and UN DRR

Achievements

➤ **Achievement 1: Support country level MHPSS Technical Working Groups and RG Member Agencies in acute and protracted crisis.**

First time organization of meeting of country-level MHPSS Technical Working Group chairs from Ukraine, Nigeria, South Sudan, Syria, Turkey, Jordan, Bangladesh, Iraq and Greece. The following video is a documentary summarizing this event https://www.youtube.com/watch?v=sAy3nvECA_c&feature=youtu.be

Country-level missions this year were conducted by co-Chairs to support MHPSS humanitarian operations in six countries: Bangladesh, Greece, Gaziantep/NE Syria, South Sudan, Uganda and Ukraine. All support missions are requested by country-level MHPSS WGs.

Responding to over 250 remote support requests this year. Remote technical support provided to country-level MHPSS working groups leads and individual operational humanitarian agencies and hosting of global inter-agency teleconferences on the MHPSS responses Ebola outbreak in the Democratic Republic of Congo and Mozambique.

➤ **Achievement 2: Integrate MHPSS into work of humanitarian coordination structures including IASC Groups, IASC Associated bodies, Global Clusters, coordination and funding structures and mechanisms.**

Finalization of Standard 10: MHPSS Distress within the Child Protection Minimum Standards.

MHPSS Co-Chairs are members of the Steering Committee for the Joint Operational Framework project between the Global Health and Global Protection clusters. This project will provide recommendations on how to better operationalize country-level collaborations between the health and protection clusters, with specific reference to the tracks of MHPSS, Gender-based violence and Victim Assistance within mine action.

Joint country-level support mission to South Sudan, between the Co-Chair of the IASC MHPSS RG and the Child Protection AoR.

Presentation of a briefing on IASC MHPSS RG progress, achievements, and challenges, hosted by IASC Secretariat, at the Palais des Nations in June 2019.

Participation jointly with Chief of IASC Secretariat, in a high-level advocacy side-event on MHPSS, during the Yemen pledging conference in Geneva in February 2019.

Participation, representing IASC MHPSS RG, in UNMAS Annual conference in Geneva, Global Health Cluster Annual Meeting and Global Protection Cluster Annual Meeting.

Providing inputs on the MHPSS aspects of Gender Based Violence in Emergencies Minimum Standards developed by GBV AoR.

Lead and convene a working group on 'Scaling up MHPSS during and after emergencies' at the MHPSS in Crisis Settings International Summit, hosted by the Netherlands Government in October 2019.

Supporting the newly-established Donor group on MHPSS in collecting and developing the top 7 recommendations requested by the group to inform their terms of reference and drive their collective work moving forward. The Donor MHPSS group consists of Australia, Bahrain, Canada, Denmark (Danida), EU (ECHO), Germany (BMZ), Italy, Japan (JICA), Netherlands (MoFA), Sweden (SIDA), Switzerland (SDC), UK (DfID) and the USA (USAID). The group is convened by DfID and the Netherlands MoFA.

Collaboration with the IASC Taskforce on the Inclusion of Persons with Disabilities in Humanitarian Action Guidelines in the development of the MHPSS sections in the guidelines. This included regular participation in international consultations, regular meetings and providing technical inputs to the drafting process.

Collaboration, through attendance at meetings and teleconferences, with IASC Results Group 2 on Accountability and Inclusion in humanitarian response.

➤ **Achievement 3: Develop, disseminate and operationalize of IASC MHPSS Reference Group publications and tools.**

One of the key achievements of the IASC MHPSS RG is dissemination of IASC MHPSS Guidelines. These guidelines are currently translated in 16 languages and represent globally the gold standard reference and the key interagency tool for MHPSS implementation. The co-chairs and member agencies are actively engaged in dissemination activities including global and regional courses for humanitarians, online dissemination events and internal institutionalization of the Guidelines.

In June 2019, Launching, for the first time, of Greek Version of the Guidelines was implemented at University of Athens and Babel Center for Migrants in a large international conference with participation of more than 150 participants representing key stakeholders of emergency response in Greece, this was followed by a capacity building workshop on the guidelines attended by more than 15 organizations.

Drafting and piloting of IASC Common Monitoring and Evaluation Framework for MHPSS Programmes in Emergency Settings (IASC MHPSS product). This Framework will allow agencies, for the first time, to measure collective MHPSS impacts.

➤ **Achievement 4: Operationalize interagency surge capacity for MHPSS.**

Planning for international MHPSS surge capacity roster to support rapid and medium-term deployment of technical MHPSS capacity to country level humanitarian, refugee and migration operations. Roster will be hosted by a Standby partner on behalf of the MHPSS group. Operationalization of the mechanism is planned in 2020.

➤ **Achievement 5: Advocate for MHPSS mainstreaming for general population and for most vulnerable and establish link and consensus with new areas of work including DRR, Peacebuilding and disability.**

Thematic working groups, timebound, with clear deliverables and TORs established with minimum of five agencies, on the following topics; MHPSS and DRR (example of work: developed draft framework on MHPSS and DRR), Disability and MHPSS (example of work: provided MHPSS inputs to the IASC guidelines on inclusion of people with disabilities in humanitarian action), Peacebuilding and MHPSS (mapping of MHPSS and peacebuilding initiatives), Urban context MHPSS (example of work: Convening first international conference on this topic in 2020), and Children and Families MHPSS (example of work: Engaging with beneficiaries from children and families to provide inputs on next annual MHPSS RG meeting).

Forward-Looking Priority Areas of Work for 2020

Identified priority areas of work will continue in 2020, the following key activities are already planned:

- Forthcoming co-Chairs country-level support missions to Afghanistan, Libya, Myanmar and Turkey.
- Publication of final version and country-level dissemination of full package of IASC Common Monitoring and Evaluation Framework for MHPSS Programmes in Emergency Settings (IASC MHPSS product). This Framework will allow agencies, for the first time, to measure collective MHPSS impacts.
- Operationalization of interagency surge support mechanism for MHPSS.
- Development of guidance for national NGOs and CBOs on caring for humanitarian staff and volunteers working in emergency settings.
- Continued support to the Donor-MHPSS group.

Workplan for 2020-2021 was reviewed during annual meeting on 9-10 October and will be finalized by end of 2019 with inputs from all RG members.

Key Dates

- Country-level MHPSS WG Chairs/ Co-leads retreat, Q2 2020 (possible locations include: Ukraine or Uganda).
- Publication of guidance on Disaster Risk Reduction and mental health and psychosocial support in April 2020.
- Annual meeting of IASC MHPSS RG in 2020 Q4 in Uganda.
