

## **MHPSS Working Group**

### **Terms of reference November 2017**

#### **Background**

The Mental Health Psychosocial Services working group (MHPSS WG) is a working group within the Afghanistan Health Cluster and strongly linked with Protection Cluster to respond barriers to effective MHPSS implementation of humanitarian projects and capacity building of state services. This WG will be established at the capital level, with exploration for feasibility at field level:

The IASC definition of MHPSS in IASC guidelines on mental health and psychosocial support in emergency settings – any type of local or external support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders (IASC 2007) – will be used at this time to support coherent approach to MHPSS activities and to use a standard and consistent language when explaining MHPSS needs and programmes.

#### **Membership**

MHPSS WG membership is open upon their acceptance of the principles of attendance (see below) to all UN agencies including IOM and UNHCR, international and national NGOs, Red Cross and Red Crescent members, and state agencies with a clearly defined role in MHPSS. Any other interested parties should contact the cluster chair, who will consult the participants and then revert to the interested party with a decision as promptly as possible. The MHPSS WG chair should review membership monthly and if appropriate make recommendations to the participants about inviting other interested parties to participate in meetings, either as members or observers.

#### **Working Principles**

This WG will be in effect for three months to specifically focus on the below objectives. Any plans and strategies shall be developed by members of the MHPSS WG in respect of each other's mandates and different areas of expertise and operational capacities; Building on members' individual strengths and expertise in specific sectors that link to MHPSS as well as MHPSS itself, to enhance complementarity. In addition principles of transparency and sensitivity will be applied as standard, with due regard for principles of neutrality, impartiality and confidentiality.

#### **Objectives of the MHPSS WG**

The IASC definition of MHPSS is used here to support consolidation of the following objectives:

- Support effective coordination of MHPSS activities in the state, among protection actors and other thematic working groups and or sub clusters (e.g., GBV Sub cluster and Mine Risk Sub cluster), including but not limited to: (i) sensitization, awareness, trainings and workshops (including capacity building for stakeholders

regarding specific MHPSS related technical knowledge gaps, (ii) information management and prioritized response to MHPSS concerns, and iii) *retrospective, ad-hoc and planned* integrated research.

- Ensure that mental health and psychosocial assessments of MHPSS needs in the state are standardized, either through state led under BPHS implementers or NGO led training on clinical assessments and general needs assessments; Where assessments are NGO led, ideally trainings on standardized assessments will be first coordinated at MHPSS WG level.
- On the basis of assessed protection needs, develop MHPSS SoPs clearly identifying roles and responsibilities. This includes determining the required actions, and monitoring and ensuring the timely implementation of actions. Disseminate SoPs to all relevant actors and target groups using participatory methods where possible at all times; using documentation as support.
- The MHPSS WG should aim to establish strategic relations with other stakeholders such as mother's affected by post-natal depression within IDP and community groups,; reflecting participatory assessment and community based approaches in assessments, analysis and programme implementation, and the mainstreaming of age, gender and diversity in such processes.
- Ensure MHPSS concerns are fully taken into account by relevant actors during needs assessments, response analysis/strategies and programming; in particular where psychosocial methods/approaches are used to support mainstreamed protection concerns.
- Establish and promote inclusive monitoring, evaluation, accountability and learning mechanisms in the state, to be used according to an agreed schedule and standards.
- Monitor suitable opportunities for advocacy strategies at NGO, state, provincial, national and international level.

### **Relationship with other bodies**

The MHPSS WG aims to have a strong working relationship with coordinating bodies involved in humanitarian assistance and mental health/psychosocial support, specifically:

*The Department of Mental Health within the Ministry of Public Health (MoPH)* MHPSS is a sector that is particularly sensitive and complex within Afghanistan and any objective set by the WG can only be achieved through the support and collaboration with the MoPH.

*Public Nutrition Department (PND) within the Ministry of Public Health (MoPH)* In order to effectively implement the above objectives, in particular the standardization of PSS in Health Facilities, Mental Health's position as a contributing factor to food insecurity and insecurity in Afghanistan will be implemented only after consultation, inputs and collaboration with the PND is essential.

*Ministry of Labourers, Social Welfare, Martyrs and Disabled Persons* Social Workers and School Counsellors linked to the University of Kabul and Herat Psychology Departments.

*Department of Reproductive Health within the Ministry of Public Health (MoPH)* As above, the contribution of Mental Health, psychosocial methods and response mechanisms within the formalized (and informal) health system within Afghanistan must also be implemented within the context of other core services including reproductive health. Reflecting on the circumstances that can surround female health and wider gender integrated reproductive health, sensitized responses to participatory adult learning models can also be supported by MHPSS focus and education.

#### *Other Clusters and Working Groups*

MHPSS has up until now been a multi-sectoral and cross-cutting issue that is at different levels reflected in other clusters and working groups. In order to effectively monitor its mainstreaming and integration into other clusters and at capital and provincial state levels the MHPSS WG will participate in other cluster meetings where feasible and appropriate. The MHPSS WG will promote MHPSS mainstreaming into all other sectors and share technical information and advice (such as mental health standards and checklists) and promote training for all other sector members on mental health basics and psychosocial methodologies to support response to challenges arising in the field associated with conflict response across all sectors.

#### **Principles for attendance in the MHPSS Working Group:**

All agencies are requested to send at least one representative to MHPSS WG meetings and may nominate one or more focal point(s) on MHPSS who will attend meetings in the absence of representative.

- Agencies attending the MHPSS WG are committed to preserving confidentiality and respect regarding the identity of MHPSS beneficiaries and wholly apply “do no harm” principles whenever sharing data on incidents. Source of information on MHPSS issues is to be concealed unless otherwise indicated by the source.
- The MHPSS WG is the primary forum for coordination and means of coherent programming of MHPSS integrated, mainstreamed and/or singular activities among agencies engaged in MHPSS in Afghanistan. As such, the MHPSS WG is to be notified about any plans UN agencies, other international organization and international and national NGOs have to follow up on MHPSS concerns/activities/objectives/actions etc discussed in this forum.

- Agencies should participate in the MHPSS WG with a view to sharing information – with full respect for their respective mandates and principles of confidentiality - on MHPSS issues, and to contributing actively to the identification of solutions to issues that prevent effective MHPSS implementation.
- MHPSS WG minutes and information shared are considered confidential and only shared internally with MHPSS WG members. Agencies wishing to use such information for purposes other than activities of the MHPSS WG must seek the approval of the source of the information and the chair of the WG.
- The MHPSS WG may decide to grant an agency observer status in the working group. If any agency were granted observer status they would be exempted from participating in decision making within the WG but not exempt from confidentiality code of conduct.

These principles outlined are binding on all agencies attending the MHPSS WG, and the WG as a unit can review the attendance and participation of any agency (not restricted to attending representative) if the principles are found not being adhered to.

**Agreed Deliverables:**

- Workplan – short term (see annex 1)
- Finalised ToR – short term
- Mapping of WWW – short term
- Mapping of gaps – long term