IASC Reference Group on Mental Health and Psychosocial Support

2018 Annual Meeting
Kempinski Hotel, Amman
30 October & 1 November 2018
IASC MHPSS Guidelines Review (2014)

- **Awareness** of the IASC MHPSS Guidelines remains high at HQ level, but this awareness **does not necessarily** translate to knowledge on the **content** of Guidelines at country level.
- The presence of strong leadership of country-level MHPSS WGs is required to translate awareness of the Guidelines into MHPSS programming.
- The **availability and quality** of MHPSS human resources at country level remains a challenge.
- **Institutionalisation** of the Guidelines & **programming** in line with the Guidelines requires a **stronger level of MHPSS capacity** throughout the humanitarian system.
What would we like the person to do?

<table>
<thead>
<tr>
<th>Assessments/Situational analysis</th>
<th>Convene MHPSS WGs</th>
<th>Support MHPSS WGs</th>
<th>Capacity building initiatives</th>
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</thead>
<tbody>
<tr>
<td>Advocate for MHPSS with clusters/sectors</td>
<td>Strategy development – MHPSS in HRPs</td>
<td>MHPSS referent point</td>
<td>Mentoring</td>
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</tbody>
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### Overview of mechanisms

<table>
<thead>
<tr>
<th>ProCap/ GenCap</th>
<th>Rapid response Teams (RRTs)</th>
<th>Standby partner capacity rosters (RedR, Canadem, NRC, DRC)</th>
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<tbody>
<tr>
<td>• Deployed to support whole humanitarian system and HCTs.</td>
<td>• Cluster function – Unicef.</td>
<td>• Govts and separate agencies with rosters of various professions.</td>
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<td>• Managed through NRC OCHA Secretariat &amp; Steering committee.</td>
<td>• Mixture of INGO &amp; UN agencies.</td>
<td>• Agreements with UN agencies &amp; INGOs to send staff.</td>
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<td>• Longer deployments, possible throughout the year.</td>
<td>• Deployed for 4-12 weeks</td>
<td>• Hosting &amp; technical supervision done by receiving agency.</td>
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<td>• Deployed to a UN Agency.</td>
<td>• Very rapid deployment to do assessments and strategy (HRP, flash appeals).</td>
<td>• Overall management by standby roster agency.</td>
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<td>• Senior level staff focusing on strategy development &amp; policy</td>
<td>• Can be deployed as a team to Unicef at country level.</td>
<td>• Programming staff</td>
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<td></td>
<td>• Programming staff</td>
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The options

Consortium project by RG member agencies

- Capacity building component of roster members
- Maintenance of roster members
- % time of Technical Advisors contracts dedicated to deployment
- Hosted by project RG member agency in-country
- Request made by in-country MHPSS WG
- Request from IASC MHPSS Co-Chairs

A

B

- Agreement with existing standby partner rosters e.g., RedR, NRC, DRC
- Capacity building component & maintenance of roster (separate project)

Request made by in-country MHPSS WG

Request from IASC MHPSS Co-Chairs
Criteria to review mechanisms

- Multiple contexts (refugee, IDP & migration).
- Multiple types of emergencies (natural disasters, protracted, conflict, rapid-onset, infectious diseases).
- Allows for quick deployment.
- Long (3+ months) and short (4-12 weeks) deployment lengths.
- Set-up time.
- MHPSS RG input & ownership.
- Cost to set up and cost to sustain.
- Neutrality.
- ‘Host’ agency services?
- Legal bottlenecks.
- Vetting roster members.
2018 Thematic Groups

Advocacy (Save)

Community based MHPSS (IOM & REPSSI)

Disability & inclusion (Health Works, HI, WHO)

Disaster risk reduction (MHPSS.net, WHO)

Monitoring and Evaluation (WHO)

Peacebuilding (IOM, WTF)

Staff and volunteer care (GIZ, HIAS, Save)
2019 Thematic Groups

- Advocacy (Save)
- Community based MHPSS (IOM & REPSSI)
- Disability & inclusion (Health Works, HI, WHO)
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- Urban context
- Gender
- Children and Families?
- Children and Families?