

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?

Assessments/
Situational
analysis

Convene MHPSS
WGs

Support MHPSS
WGs

Capacity
building
initiatives

Advocate for
MHPSS with
clusters/ sectors

Strategy
development –
MHPSS in HRPs

MHPSS referent
point

Mentoring

Overview of mechanisms

ProCap/ GenCap

- Deployed to support whole humanitarian system and HCTs.
- Managed through NRC OCHA Secretariat & Steering committee.
- Longer deployments, possible throughout the year.
- Deployed to a UN Agency.
- Senior level staff focusing on strategy development & policy

Rapid response Teams (RRTs)

- Cluster function – Unicef.
- Mixture of INGO & UN agencies.
- Deployed for 4-12 weeks
- Very rapid deployment to do assessments and strategy (HRP, flash appeals).
- Can be deployed as a team to Unicef at country level.
- Programming staff

Standby partner capacity rosters (RedR, Canadem, NRC, DRC)

- Govts and separate agencies with rosters of various professions.
- Agreements with UN agencies & INGOs to send staff.
- Hosting & technical supervision done by receiving agency.
- Overall management by standby roster agency.
- Programming staff

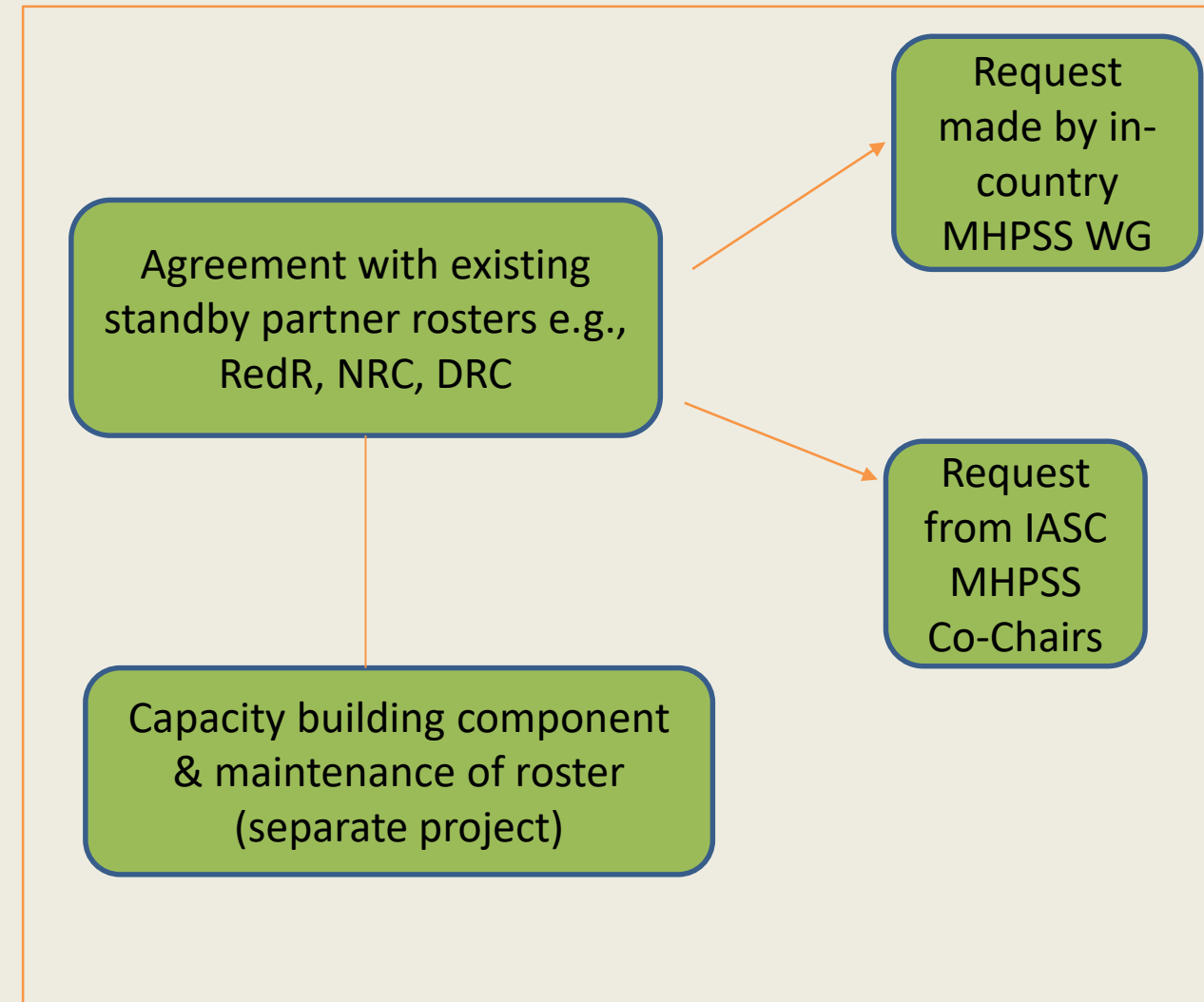
The options

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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

B



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 Areas???

Programming for Men & Boys?

Gender

Children and Families?

Advocacy
(Save)

Community based MHPSS
(IOM & REPSSI)

Disability & inclusion
(Health Works, HI, WHO)

Disaster risk reduction
(MHPSS.net, WHO)

Urban context

Monitoring and Evaluation
(WHO)

Peacebuilding
(IOM, WTF)

Staff and volunteer care
(GIZ, HIAS, Save)

Minimum Service Package