East and Southern Africa MHPSS Community of Practice Meeting

13th & 14th February 2019, Nairobi
Executive Summary
Purpose

The East and Southern Africa MHPSS Community of Practice (ESA MHPSS COP) was established at a meeting held in Nairobi Kenya on the 13th and 14th of February 2019 by a group of practitioners, researchers and policymakers interested in improving learning and exchange in the MHPSS sector in the region.

The ESA MHPSS COP is a member-led regional collaborative whose purpose is to create a forum to a) contextualize global standards and interventions, b) strengthen the coordination of MHPSS action across regional and national levels, and c) promote innovation, research and good practice in MHPSS.

Membership to the ESA MHPSS COP is open to individuals and organizations. It seeks to build alliances between colleagues, existing networks and collectives, and to facilitate working partnerships with collaborating organizations. It has an active Community of Practice group on MHPSS.net, which can be accessed for key resources, upcoming events, jobs information, and for making connections to others in the region.

This document outlines the key elements of the ESA MHPSS COP and provides a summary of the discussion pertaining to these decisions.

Principles:

The following principles were seen as important factors to enable a culture of learning and exchange at the ESA MHPSS COP. They are intended to guide its operationalization.

- Function as a knowledge hub
- Local identity and representation enabled by
  - Regional leadership
  - Community involvement and engagement
  - Steered by field experiences and priorities
- Relevance to members and sector
- Collective responsibility, benefits and resource mobilization
- Engenders trust amongst members through
  - Shared vision and specific common objectives
  - Sensitivity to political and cultural contexts
  - Effective durable solutions
  - Continuity of people and organizations
  - Shared terminology and vocabulary
- Fosters learning from practice through
  - Reflective practice
  - Provision of safe space

Strategic Focus Areas

The ESA MHPSS COP identified a number of focus areas that should fall within the mandate of the group. Members who are interested in a specific topic could leverage the knowledge and collaborative support of the members to raise the resources and engage in delivery through a coalition of members or singly. Emerging knowledge, insights and lessons learnt from these and any other initiatives could be shared amongst the group. Members could also register their interest in these areas for updates from colleagues or initiate working groups to work together in any one area.

The ESA MHPSS COP would not become a provider of services in these areas, instead functioning through its membership to undertake initiatives in the identified focus areas. These focus areas are
intended to add value to the sector and improve the quality, appropriateness and effectiveness of services at the ground level.

The identified focus areas are:

- Innovation and Research
- Collaboration and Networking
- Information and Knowledge sharing
- MHPSS advocacy and human rights
- Capacity building and technical support
- Resource mobilization/fundraising
- Monitoring and Evaluation mechanisms in MHPSS
- Bridge development and humanitarian sectors
- Coordination (qualified as supporting coordination of MHPSS action by members across region)

**Structure:**

It was decided that the ESA MHPSS COP would be made up of membership of individuals and representatives from organizations, including state and non-state organizations. This was seen as useful in order to reflect the reality of leadership and service delivery in different countries of the East and Southern African region.

The structure of the organization would an umbrella body of all members, with sub-regional focal points for East Africa and Southern Africa, and country-level members who may wish to collaborate on initiatives of their choice.

Leadership will be rotated amongst the members. This ensures that the initiative is member-led and -owned. However, it was also decided that representatives from government agencies should not hold the leadership position, due to the sensitivities around supporting initiatives in the different countries at national level. Representatives from regional bodies however were seen as suitable to hold positions of leadership.

It was suggested that the some focus areas might be better suited to the different structural levels, as is seen in the diagram below.
Membership: Persons and Organizations

The ESA MHPSS COP is open to all members, either in their individual professional capacity or as organizational representatives, whether from state or non-state entities, with an interest in learning about and contributing to the improvement of MHPSS services in the region.

Three issues were highlighted in relation to members: high turnover of members who are organizational representatives, loss of institutional memory and interruptions to institutional continuity. It was recognized that individuals within organizations might find it difficult to engage in the COP without organizational buy-in. Continuity might be addressed by having organizations nominate people and by having a role for organizations to be involved in the COP.

Membership is open to:
- Experts
- Field practitioners
- Academics
- Front-line staff
- Volunteers
- Policy makers
- Donors
- Representatives from organizations
- Representatives from collaborating groups: these involve: INGOS, UN agencies, NGOS, CBOS, Faith-based organizations, Civil society groups (e.g. peacekeepers)

Resourcing

It was agreed that the ESA MHPSS COP would raise funds for its own functioning and operation as well as on behalf of collaborating members who may wish to initiate a project in relation to any of the focus areas at regional, sub-regional, national or local levels.

Key decisions relating to resourcing are that:
- Funds are needed for coordinators and other human resources, infrastructure, and working groups.
- The time period for funds would depend on the activities.
- Collaborating partners (such as research institutions, universities, independent organizations)
- As the COP grows, it would be good practice for members to include it in their strategy for sustainable funding. For example, linking objectives and activities to the UNDAF/CPRE reporting to the SDGs
- Include M&E impact aspects to the purpose and practices of the COP for the aspect of advocating to partners
- In the short-term, necessary to seek voluntary support from individuals and organizations

Contact details of point persons:
- Jonas Kambale, TPO-DRC (kambalo.jonas@gmail.com)
- Morris Tayebwa, EAC-Tanzania (mtayebwa@eachq.org)
- Carmel Gaillard, REPSSI (carmel.gaillard@repssi.org)
- Marcio Gagliato, MHPSS.net (marcio@mhpss.net)
- Maleeka Salih, MHPSS.net (maleeka@mhpss.net)
**Key Actions/Tasks:**

The COP took the following decisions with regards to the key tasks to establishing the operational aspect of the groups.

**Immediate next steps**
- Create group on MHPSS.net
- Documents need to be uploaded to the group: collection of existing reports and publications on research, policies, documents, stories, and good practices in the ESA region
- Draft a push invitation for all potential participants
- Identify key and focal point persons: regional (REPSSI for now), East Africa, Southern Africa
- REPSSI and MHPSS.net as point person for ESA COP for short period of time

**Short-term plans**
- Develop and share a TOR for this group
- ALL members should create a profile on MHPSS.net
- Creating a bigger network i.e. inviting other practitioners to join
- Identify schedule/timeline for next steps- agree on these & disseminate
- Develop a calendar of events where the group members are updated to upcoming events
- An online survey of preferred purpose statements and assess willingness to take on voluntary role for short period of time
- Webinars – end-Feb & end-April
- Next meeting – online, end-April to finalize purpose and TOR and determine next steps

**6-month activity plan**
- Continue pushing email invitation to COP group assembled for contacts and recommendations (with the link, to register), request for country level and regional contacts (snowball technique), and share online links with reference groups and push to key organizations through newsletters and mail-outs
- Ensure that there are push notifications and ongoing communications on emails
- List of key invitees (individuals/organizations/entities), maybe moving towards at least one focal point for each country
- Conduct webinars every 2 months
- How do we begin the conversation for contextualization and localization of MHPSS activities?
  - Analytical study/situational analysis on MHPSS in EAC/SADC
  - Regional forum of duty bearers (in) of MHPSS
- Engage with governments and donors, so that they can appreciate where MHPSS stands and see how different stakeholders relate to the sector
Annex: Process
Agenda

Day 1

9.00am    Welcome and introduction to the meeting
9.20am    Profile Wall: Introductions
10.00am   Summary of the Consultative Process for a COP: Presentation by Vania Alves
10.30am   Meeting Intentions
10.45am   Tea Break
11.15am   Identifying existing connections within the room
11.30am   Group Work: SWOT of COP experiences
12.40pm   Group Feedback
1.40pm    Lunch Break
2.45pm    Welcome to afternoon session and summary of group work discussion
3.00pm    Group Work: Purpose(s), Relationships, Resourcing, and Structure
4.15pm    Tea Break and Close of session

Day 2

9.00am    Welcome and re-acquaintance with previous days’ work
9.15am    Group Presentations
10.00am   Summary of Group Work from previous day: Presentation by Carmel Gaillard
10.20am   Group Work: Refining Purpose(s) and identifying focus areas
10.45am   Working Tea Break
11.00am   Group Presentation
12.00pm   Group Work: Key Activities for next 6 months
12.30pm   Group Presentations
1.00pm    Commitments for immediate next steps
1.30pm    Close of Session and Lunch
1. Introduction and Welcome:

The sessions began with welcoming of the participants. Carmel Gaillard introduced herself as a co-facilitator, and shared the broad motivation for REPSSI and MHPSS.net in facilitating the event.

In particular, she noted that REPSSI, starting as a regional initiative, had evolved into an organization with offices in several countries in the region. However, there has been a growing need for a community of practitioners to be able to better represent and articulate the MHPSS issues faced by the people and organizations in the region to the global arena. At the same time, MHPSS.net has been supporting the development of online Communities of Practice on their global platform in response to a need articulated by MHPSS practitioners in other contexts for more learning and exchange at the regional level. So there was a joint idea in exploring the interest for such a process in the ESA region. A consultative process was initiated in September 2018, and carried out by Vania Alves. This event brought together those who showed an interest in the formation of such a community of practice for the region during the consultative process.

Following Carmel’s introduction, Maleeka Salih and Marcio Gagliato introduced themselves to the group as co-facilitators. Marcio shared the background of MHPSS.net, as an online global platform with global membership and hosted by a small team. He noted that REPSSI and MHPSS.net have a long history of working together, as REPSSI is a long-standing member of the Advisory Board member of MHPSS.net.

Carmel noted that the workshop was initiated by REPSSI and MHPSS.net and a tentative agenda designed, but that the facilitators were keen to have the content of workshop to be driven by the participants, including the decision on the need for, and feasibility of, a regional COP. Marcio reiterated that this workshop would require engagement and contribution by all the members, as the group would jointly design the ideas for the scope, purpose and workings of the intended COP. It was, he described, a protagonists’ workshop. Following the introduction, the group activities started with an introductory exercise.

2. Profile Wall: Introductions

Using flipchart paper, the participants wrote a short description of themselves outlining their name, the name of the organization, their position and role, the scope of MHPSS activities in the organization, the location of the organization and what had brought them to the workshop on creating a community of practice. Participants used these descriptions to introduce themselves and these were then placed on a wall.

<table>
<thead>
<tr>
<th>1. Herman Ndayisaba, Director, TPO Burundi.</th>
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<tbody>
<tr>
<td>Psychologist, working on issues of SGBV, PSS assistance for children, integration of MHPSS into primary healthcare, and child protection.</td>
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<tr>
<td>Reasons interested in COP:</td>
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<tr>
<td>• learning from colleagues and their experiences,</td>
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<td>• learning from other programs in the region,</td>
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<td>• new evidence from innovative programming,</td>
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<td>• finding out about research and new resources in the MHPSS domain</td>
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<td>• keep in contact with practitioners</td>
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<tr>
<th>2. Jonas Kombale, Field Coordinator, TPO-DRC</th>
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<tr>
<td>Delivering PSS training on MHPSS and community-based psychosocial support, drafting child policies and implementing them when approved, working with child protection committees. Have worked on issues related to child soldiers, DDI, MASC, and SGBV as well as capacity building of community-based organizations and peacebuilding programmes</td>
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<tr>
<td>Reason interested in COP:</td>
</tr>
<tr>
<td>• learning and gaining more information to implement programs better</td>
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<td>3. Esther Otieno, Senior MHPSS Manager, IRC-Tanzania</td>
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<tr>
<td>Psychologist, working with refugees and serving over 300,000 Burundian and Congolese refugees, provision of services include counseling, psychotherapy, psycho-education, community out-reach, SGBV-related response and support, and technical support and capacity building in MHPSS. Also working in schools, wellness centers, and with staff working with refugees, providing technical support and capacity building.</td>
</tr>
<tr>
<td><strong>Reason interested in COP:</strong></td>
</tr>
<tr>
<td>• to exchange and get information and ideas to incorporate into programming</td>
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<tr>
<th>4. Dr Dieudonne Yiweza, Senior Regional Public Health Officer, UNHCR (joined for Day 1)</th>
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<td>UNHCR works with refugees in the East, Horn of Africa (EHA) covering 10 countries. Not a specialist in MHPSS but have worked in the region supporting MHPSS, which is part of the support provided by UNHCR activities. MHPSS is recognized as a crosscutting issue and there is multi-sectoral assistance and support to those affected. UNHCR recognizes trauma in the community and the need for an integrated system that links clinical health services and social community for effective MHPSS support. The work done includes supporting those affected by SGBV, people with MHPSS needs, those with neurological disorders as well as child protection.</td>
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<td><strong>Colleague will be joining tomorrow.</strong></td>
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<th>5. Michael Byamukama, Country Representative, REPSSI-Uganda</th>
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<td>Our work targets 1) children, adolescents and youth, 2) Policymakers 3) Social and Health Service Workforce. We focus on psychosocial support services, particularly knowledge development, capacity building and advocacy work (particularly PSS mainstreaming into programs). We support children in difficult situations to survive and to go beyond surviving to thriving.</td>
</tr>
<tr>
<td><strong>Reasons interested in COP:</strong></td>
</tr>
<tr>
<td>• looking for sharing and learning from each other</td>
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<tr>
<td>• knowing more about working models of community of practice</td>
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<tr>
<th>6. Heide Rieder, MHPSS Adviser, GiZ/Civil Peace Service in Kenya &amp; also MHPSS Working Group for Urban Refugee in Nairobi</th>
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<tr>
<td>Psychologist and psychotherapist, member for MHPSS Working Group for Urban Refugees in Nairobi to establish MHPSS support structure. Role involves advising on MHPSS programming and providing services to refugees in Nairobi, training, designing psychosocial interventions, counseling, support groups, advocacy and networking, psychotherapy and community-based interventions. Target groups include refugees, IDPs, survivors of SGBV and survivors of genocide. Countries: Burundi Rwanda, Kenya.</td>
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<th>7. Bua Martha Peace, Consultant for Playing to Live, Uganda,</th>
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<td>We provide Care for Caregivers services to front-line workers in the settlements in the Westline Region. A needs assessment has been conducted and there are high levels of stress and other PS problems noted. We are working to provide relief and support for them in these situations.</td>
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<th>8. Josephine Akellot, Director, Health Right International, Uganda (not HRI)</th>
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<td>Focus on MHPSS programming. Key activities include supporting integration of MHPSS into PHC so that this becomes part of the permanent health care system, adapting low intensity psychological interventions, supervision, monitoring and evaluation, capacity building, and knowledge management. We work with healthcare workers in the community providing support to refugees and host communities, and last mile populations, and post-conflict populations. We raise awareness on the psychological dimensions so that lay people can use them to improve their access to care, and help affected people by providing quality diagnoses and quality services.</td>
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<th>9. Ida Andersen, MHPSS Regional Specialist, ICRC</th>
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<td>Advisor covering 8 countries in the region (Senegal, Libya, South Sudan, Mali, CAR, DRC, Burundi, Nigeria, Uganda). Psychologist working with victims of violence, war wounded, people who are missing and/or separated and their families, as well as staff. Also working with outreach and integrating MHPSS into PHC, and providing help to helpers.</td>
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<tr>
<td><strong>Reason interested in COP:</strong></td>
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<tr>
<td>• learn more about providing MHPSS services</td>
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<tr>
<th>10. Katy Wall, Independent MHPSS Consultant based in Nairobi</th>
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<tr>
<td>MHPSS Specialist (Technical and Operational). Program development for clinical psychology, trauma, and international disaster psychology, as well as training, evaluation, curriculum development, and guideline development. Have worked on MHPSS humanitarian support, MHPSS integration into PHC, and supported persons injured or disabled by conflict and their caregivers. Recent and ongoing work includes regional training in MHPSS, CAR, as well as people affected by conflict and trauma, and supporting reconciliation.</td>
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<th>11. Catherine Boland, Clinical Program Manager, Playing to Live &amp; MHPSS Consultant to Save the Children,</th>
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<td>based in the USA, specializing in MHPSS for ESA and Caribbean regions MHPSS and Child Life Specialist, Global Health, specializing in program development, training, mapping and</td>
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assessments, and capacity building for MHPSS. Currently working with Save the Children on a desk review and assessment on conflict and displacement impact on children and youth in the Horn of Africa (particularly South Sudan and Uganda). Also a certified child life specialist, working with children with special needs and children in hospice care, and their families.

**Reason interested in COP:**
- hearing from all participants
- facilitating sharing and learning from region.

12. **Martha Nyakuwka**, MHPSS Field Coordinator, Nile Hope, South Sudan

Provision of mental health and psychosocial support to conflict-affected survivors and women and girls, specializing in SGBV prevention and response, including child marriage, as well as advocacy together with the GBV working group. Support for peacebuilding programs and implementing conflict and emergency response, such as responding to IDP needs and the protection of civilian sites and resource mobilization. Working with conflict-affected people, women and girls, community outreach workers.

12. **Ruth Van Rooyen**, Provincial Programs Manager, SARCS/Focal PSS Person for IFRC PSS centre/Member of IFRC Research Group, based in South Africa

Public Health Specialist, Focus on public health and social issues, HIV & TB for the elderly and the children, OVC, SGBV, disaster emergency response, substance issues, and peer/youth behavioral change. Working at different levels doing training and capacity building.

13. **Khangai Mary Odima**, Regional Humanitarian Coordinator (M & D), Save the Children – Denmark

Coordinating work for 4 ESA countries focusing on protecting children in conflict and helping children recover from impacts of conflict. Marking 100 years of service, SC-D is renewing its strong commitment to MHPSS (PCIC/SWDG). There is a regional programming unit in the Horn of Africa. There are 3 levels of MHPSS work: mainstreaming, working with partners, and collaboration with MHPSS partners. For MHPSS, SC-D works through child protection (CCFS, Paed-counselors) and education sectors (wellbeing in education). The four MHPSS strategies of work involve knowledge/learning and working, research, capacity building, advocacy and, with a special focus on integration. SC-D works in ESA (RPU), especially South Sudan and Somalia.

**Reason interested in COP:**
- to share a learning platform.
- to learn about how to get it across sectors, as MHPSS is a not only a protection concern

14. **Morris Taybewa**, Coordinator – Children and Youth, East African Community - Secretariat,

Scope of work is related to the Regional Economic Community and involves developing and coordinating the implementation of policies, legal frameworks, guidelines, standards in health (including mental), for children, refugees, as well as gender (SGBV and SRHR) at national and regional levels. We work with organizations in developing these and draw up the guidelines for countries to follow, the coordinating countries report back on their commitments in relation to these. Most recently, we have done Minimum Standards for Comprehensive Services in education, health services, and social protection for Children and Young People.

**Reason interested in COP:**
- happy to be here because of wide experience in room for learning and sharing.

15. **Marygorret Mogaka**, Deputy Director (Children’s Services), Department of Children’s Services, Kenya

In-charge for child protection, Focal Person for EAC on children matters for Kenya. Focus on child protection, children in conflict with the law, programming for orphans and vulnerable children, violence against children, child trafficking, alternative care and other issues. Provision of MHPSS services and policies for children is part of what we do, including disseminating MHPSS guidelines for the country as part of working with REPSSI.

**Reason interested in COP:**
- learning from each other

16. **Ndeye Marie Diop**, CPIE Specialist, UNICEF- ESARD, Technical Advisor for coordination of CPIE in the region including MHPSS. We work with staff of partners.

17. **Divina James**, Country Representative, REPSSI-Kenya

(Also handling administration and logistics for the workshop, and was out of the room at time of activity)

In addition, the following participants joined the group for Day 2.

18. **Josephine Ngebeh**, Senior Regional SGBV Officer, UNHCR

19. **Alex Kiwesee**, Program Development Director, Hold the Child

Vania made the presentation via Skype to the room, thanking the participants and others not present in the room who had contributed their time and shared their opinions during the consultative process. The presentation comprises the findings from this process. The consultation was carried out from Sept to Nov 2018 with MHPSS practitioners and experts in the region. It constituted a number of informal meetings to assess the need and scope for such a community of practice (COP) and to understand people’s views and perspectives on this.

3.1 Presentation slides
EXPECTATIONS

- Promote quality of MHPSS interventions (standard, uniform approaches);
- Promote and support coordinated capacity building efforts (developing training packages);
- Promote learning opportunities (online and face-to-face);
- Mapping organizations, Technical Working Groups and Platforms;
- Promote exchanges between organizations;
- Promote exchanges between Technical Working Groups;
- Share key resources;
- Create an archive of reports, evaluations, lessons learned and best practices.

MAIN TOPICS OF INTEREST

- Child marriage;
- Disability and inclusion;
- PSS for orphans and vulnerable children;
- Gender Based Violence;
- Indigenous ways through which PSS is provided;
- PSS for the elderly;
- Approached to Trauma;
- Bullying;
- Behaviour change;
- IASC Guidelines on MHPSS in Emergency Settings and other relevant inter Agency resources;
- Woking with the cluster system.

ENTRY POINTS

- Technical Working Groups
- Cluster System
- Local Academia
- Joint initiatives (GP, Educ, GBV)
- National/local platforms
- MHPSS Newsletter
- Focus on specific topics linked to practical informations and tools
- Locally developed interventions
- Regional Discussions
- 13
RECOMMENDATIONS

- Leadership by professionals (not government);
- Clear plan;
- Face-to-face events (minimum 1 meeting per year);
- Target individuals, not only organizations (vacancies, online courses);
- Target and engage practitioners, mainly;
- Organize focused events (e.g., working with South Sudanese refugees with presentations from across the region);
- Involve national staff in the coordination.

CHALLENGES

- Marginalization of countries (development work);
- Language;
- Poor internet connection;
- Funding (at least 1 year; develop sponsorship plan; not project based);
- Organizations’ resistance to sharing information;
- Turnover (commitment from organizations not individuals).

THANK YOU AND GOOD WORK!

3.2 Plenary Discussion

Josepine Akellot clarified, in reference to mention of the Self-Help+ manuals referred to in the presentations, that a number of the relevant manuals for women had been contextualized and translated and were undergoing review and some adjustments. Amongst the communities in which Health Right worked, another concern was about men with substance abuse issues and as a result,
manuals related to these were also being contextualized and translated. Both sets of translations would be rolled out soon.

Marcio made a point on the issue of government leadership that had been raised during the consultation. He noted that opinions differed within the group and that it depended on context, history and culture at country level. Sustainability was an important concern and for that, state engagement was seen as necessary. So this was an issue that may require further thought over the next sessions.

Heide Rieder noted that there were two considerations in relation to the issue of high turnover. Firstly, working with individuals and professionals might be better as they were more likely to remain committed to the region, and secondly, individuals might find it difficult to engage in the COP without organizational buy-in. Continuity might therefore be addressed by having organizations nominate people and also by having a role for organizations to be involved in the COP. Finding ways to engage individuals and organizations would help to mitigate against high turnover of membership.

Carmel noted there was a lot of common ground and shared ideas about the need and interest in having a COP amongst those consulted. At the same time, there were different ideas and points on implementation, process and purpose that need to be discussed over the next days and decided jointly. She stressed the point that discussion and joint decision-making was crucial, as both REPSSI and MHPSS.net are initiators of the process and have committed to only the facilitation of this meeting, with the aim of supporting a process for thinking through and decision-making on the COP. There were no prior set objectives for the workshop, but rather a set of intentions. This brought the group to the next meeting session.

4. Meeting Intentions

Continuing to explain on the purpose of the workshop, Carmel reiterated that REPSSI and MHPSS.net gave a lot of thought on how to move forward in light of the findings of the consultative process. The organizations were, for themselves, very clear that they did not and do not want to own or set an agenda for the COP. So the use of the word ‘intentions’ in the agenda instead of objectives was very deliberate. There were no set objectives to the workshop; both organizations were open and flexible to the ideas and decisions of the group. Rather the meeting had a set of intentions, and these intentions and their thought process had three components:

The meeting was intended to:

a) bring together professionals, practitioners and experts, with ‘professional’ identified as anybody who has an active and necessary role in MHPSS in the region, including people from both emergency response and development work. It was hoped that relevant community-based front-line workers as well academics would be able to join the group, but that did not happen for this meeting.

b) create, together and collectively, a framework for operationalizing the ESA MHPSS COP and to identify partners inside and outside the room who can be brought into the process as well as recognizing and relating to the COPs that members of the workshop are already part of and that they currently use, and

c) be an open-minded, reflective and flexible process. After two days of deliberations, it may well be that there is a decision that there are alternative ways of meeting the needs expressed by participants in the consultative process and in this room, and so the decision may be not to have an ESA MHPSS COP.

The meeting then adjourned for a tea break.

4. Identifying existing connections within the room
Over the tea break, the profile papers were affixed to the wall.

In this session, Carmel invited the participants to think about the existing connections in the room. They mapped out their individual and organizational connections, using green markers for individual-organizational connections and black markers for individual-individual connections.

There were a number of organizational and individual links as can be seen above. These attested to the ways in which the participants already work together. The next session was aimed towards further exploring communities of practice and other group experiences.

5. Group Work: SWOT of COP experiences

Marcio introduced the session and noted that there were existing communities of practice to which the participants already belonged and where they were already working together and learning from one another, although these might not be identified as formal communities of practice. They were spaces where people networked with a common idea.

In this session, the focus was on trying to identify the factors that assisted such spaces to function effectively as COPs, as a space for learning and doing. In groups, the participants were asked to think about the possibilities and potentials, the pitfalls and the problems, associated with such spaces and how they enabled learning and exchange, and collaboration. What are the lessons learnt from these spaces that can be usefully applied to other COPs?

The aim was to come up with principles and guidelines to help shape COP interactions. Marcio noted the importance of grounding ourselves in the structural realities of our work. As an example, he noted that the structural reality could generate competition between actors and that this was both a structural reality and a challenge sometimes to effective sharing and learning. It was important to
acknowledge that challenge, and to emulate successful ways people have worked together, and continued to work together, despite operating in these structural ground realities. So for a successful COP, it was vital to be able to acknowledge and contain these frustrations. Marcio stressed the importance of participants sharing freely and openly the experiences and expectations of COPs, identifying those factors that had led them to be successful and effective and also to acknowledge the difficulties and frustrations.

One of the group participants suggested a SWOT analysis as a way useful way of thinking through effective COPs.

Group Activity:
1. Share experiences and lessons learnt from previous COP experiences.
   a. What made them effective for learning and exchange?
   b. What could have made them more effective?
2. Choose one example shared in the group and conduct a SWOT analysis for it.
3. Present your group discussions on flipchart
4. Be as creative as you wish in presenting your group discussion.

6. Group Feedback

6.1 Group 1: Presentation and Discussion

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<th>Challenges:</th>
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<td>• Finding a common objective</td>
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<td>• Linking network activities with daily work</td>
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<th>Aspects:</th>
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<tbody>
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<td>• COP should be bottom-up, community-led, community-owned.</td>
</tr>
<tr>
<td>• Face to face meetings needed (1 yr)</td>
</tr>
<tr>
<td>• Understand different cultural dynamics</td>
</tr>
<tr>
<td>• Meetings hosted by different organisations/rotations</td>
</tr>
<tr>
<td>• Webinars as communication tool</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aim:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Advocacy for MHPSS</td>
</tr>
</tbody>
</table>

Divina James presented the group discussion outlined above.

She noted that the discussion had centered on the different kinds of COPs and learning experiences the group members had shared, and that they had then focused on identifying some of those aspects that would be useful for this particular COP.

Sharing the group findings, Divina noted that the challenge would be to find a specific common objective that would link the network activities to the daily work of its members. Of the different aspects that would be useful, she noted that face-face meetings helped events become more participatory and enabled people to learn from each other, so even though they were expensive, findings ways to allow this to happen would be important for the group. It would be important to rotate the meeting locations and functioning amongst the regional members, as this would help to make the COP alive.

She also noted that a strong discussion point had been for the group to recognize and accept existing regional differences on matters of cultural diversity within the group. Using Rwanda as an example,
she noted that there were hidden things that people did not talk about and which might not immediately become apparent to an external observer.

It was decided within the group that webinars were a useful communication tool for learning purposes and the COP would carry out a number of webinars as a means of sharing and updating members as well as learning about interventions and programs.

These discussions raised the question of the aim or purpose of the group. The group wondered whether the aim of the COP could be to advocate for MHPSS, as the issue of advocacy recurred several times within the group discussion. Creating understanding through awareness about MHPSS issues, especially amongst ‘the big people’, was seen as sorely needed. It was suggested that such awareness and advocacy might help decision-makers to know what is happening on the ground and would enable more responsive interventions rather than having things imposed upon communities.

Following the end of presentation, the group members added further clarifications. One of the group noted that there was detailed discussion on the issue of community ownership, and being community-led. In many programs, there were pre-conceived notions. The group noted that the question that should be posed rather was, what would communities like to see happen that would help to change their lives. As an example, he shared that refugees often knew what exactly they needed in order to change their lives, and that this knowledge could be used for direct and better programming.

One of the facilitators noted that humanitarianism was sometimes seen as a way of colonizing spaces, and that bottom-up programming was an excellent way of ensuring that such impositions did not occur. The question also needs to be asked, why do people not speak up? Do they have the space to speak up? This is a global issue.

Another participant pointed out that the COP could use as its mandate, the voicing of community-led initiatives. Furthermore, the members could check to see whether their own practices were driven by the field or community and whether their practices were being shaped to meet the everyday realities of what is being shared by the community.

Another participant shared an example of the importance of reviewing tools and interventions to ensure that they were localized effectively and sensitively. She described an example of where questions on an assessment tool resulted in many people refusing consistently to engage with the issues, providing the same answers and often the answer was about ‘not knowing’. The research team were concerned with the result and it was during one of many events later on in the data gathering phase, that one elderly lady pointed out that the word used in the tool to describe mental health issues was the word ‘crazy’ and that people were scared and unwilling to share their issues in these circumstances. The participant emphasized the importance of proper knowledgeable localization of the tools and interventions utilized in the sector. It was also pointed out that the issues were not only about contextualizing the tool to ensure its suitability for the field but also about the experiences and consequences of applying these tools, and how that is conducted.

With regards to the issue on cultural dynamics, it was pointed out that even networks and networking worked differently in different countries and it was important to bear that in mind when working together. The different political, historical and cultural factors have had an impact on charity work, the development and humanitarian sectors and the history of organization in the different countries of the region.

Despite these differences, another participant noted, where it matters to people, there were good examples of where people could talk and share their experiences and engage in debate till the pressing issues are resolved. The African Child Policy Forum was noted as such an example.
A further comment was made regarding the existence of real fears of giving voice and explicit acknowledgement to ongoing issues. It was noted that in Rwanda, people might be arrested and prosecuted for pointing out certain societal norms, for example in relation to ethnic relations, and this inhibited how much people felt comfortable sharing about themselves.

As a final comment before the second group presentation, one of the facilitators posed the question: what can COPs do and what can they not, in these situations? She suggested the importance of coming from a position of curiosity, whatever the program, and that practitioners needed to come into each space recognizing it to be something different. It would not be possible then to duplicate interventions without considering how to alter them for local needs. A COP, it was pointed out, could help to open up the doors to emphasize community ownership and contextualization.

6.2 Group 2: Presentation and Discussion

<table>
<thead>
<tr>
<th>Health Right Uganda</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths:</strong></td>
</tr>
<tr>
<td>• Technical expertise/personnel is present</td>
</tr>
<tr>
<td>• MoU with the different stakeholders, i.e. Ministry of Health, OPM and UNHCR</td>
</tr>
<tr>
<td>• Ability to integrate within Primary Health Care and community structures</td>
</tr>
<tr>
<td>• Ability to adapt and scale out interventions</td>
</tr>
<tr>
<td><strong>Weaknesses</strong></td>
</tr>
<tr>
<td>• No focal points</td>
</tr>
<tr>
<td>• Weak regulatory framework</td>
</tr>
<tr>
<td>• Acceptability of MHPSS countrywide</td>
</tr>
<tr>
<td><strong>Opportunities</strong></td>
</tr>
<tr>
<td>• Coordination</td>
</tr>
<tr>
<td>• Networking</td>
</tr>
<tr>
<td>• Guidelines/minimum standards to be developed</td>
</tr>
<tr>
<td>• Advocacy for MHPSS</td>
</tr>
<tr>
<td><strong>Threats</strong></td>
</tr>
<tr>
<td>• Working in silos</td>
</tr>
<tr>
<td>• Funding</td>
</tr>
<tr>
<td>• Sustainability</td>
</tr>
<tr>
<td>• Acceptance</td>
</tr>
<tr>
<td>• Beneficiaries want tangible benefits</td>
</tr>
<tr>
<td>• Accreditation of regulating bodies</td>
</tr>
</tbody>
</table>

Josephine Akellot presented the group’s discussion captured in the chart above.

She noted that there was also discussion within the group about how to define a COP, but that the previous discussion from group 1 had been helpful in clarifying it for her.

The group decided to focus on one organization as an example for thinking through networks, because the network will constitute of organizations, and further study of its constituting organizations may be useful.

Health Right started with addressing traumas following the conflict, and the idea was to develop interventions after assessing the needs. This was done through clinical community outreach. We had difficulties with integrating MH and PSS, and it is important to differentiate between the two. People worked in silos so we needed to better define MHPSS for the region. It was important to recognize
that approaches can differ and can even create further problems, e.g. psychologists vs. psychiatrists on the issue of drugs or psychotherapy as primary intervention. The ensuing debate resulted in transforming the clinics to prioritize talking therapies to the community first rather than an initial prescription of drugs. With that shift of mind, we learnt our own strength.

It was noted that the Ugandan Ministry follows the medical model but that the PSS department is headed by a psychiatrist who has become more amenable to therapy over time, and that this latter fact was useful. However, even with this, there are some concerns about whether monitoring and guidance was done in a manner that supports the PSS objectives and agenda.

Elaborating on the point of integration of PHC and community structures, Josephone noted that mostly interventions for integrating PHC and community structures were adapted from Western models and that there was little effort in developing own models of support within the region – and also very little investigation into non-talking methods that may be suitable for some of the affected populations.

She also noted the ways in which regulatory requirements could be by-passed by actors in the region, with an interest in carrying out work outside the framework set by the authorities, in this case the Ministry of Health. For example, organizations could register at the Ministry of Social Services instead and conduct PSS work without any supervision or regulation. Hence, she emphasized the need for a coordinating desk that brings together all relevant authorities, so that work can be guided meaningfully. She also pointed out the lack of an MHPSS technical group in the region, to guide best practices. In terms of attitudes, she noted that some actors tended to think of or to present themselves ‘as the best’ and refrained from learning from others. This mindset did not allow for learning across members, and was seen by the group as a weakness.

She noted the importance of having quality services as a means of improving attitudes to MHPSS work. When people experienced quality services and effective outcomes, they tended to destigmatize mental health and psychosocial issues and these services became well accepted amongst the community.

It was also important for effective COPs to have common agendas and good coordination. Explaining the challenges of bringing different psychologists together to form a Psychologists Association, she stressed that a unified approach and vision and collaborative working together across differences would be useful. In that sense, coordination of guidelines and standards might be a way of bringing diverse groups together to a common agenda.

It was also necessary to ensure that people were committed to the COP agenda and stayed engaged in order to avoid rapid turnover and enable a sustainable process.
6.3 Group 3: Presentation and Discussion

**Group work:**
Q. Share experiences, lesson learnt from previous COPs

**Examples of COP’s:**
- Mental health & psychosocial support working group with different partners (Multi-layered MHPSS coordination system)
- Regional child protection network
- Technical working group
- Task forces or network
- Child protection committee exist

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**Q. What made them effective in learning and exchanges**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing resources and standards materials</td>
<td>CoP is not binding, less members are committed to</td>
</tr>
<tr>
<td>Common language</td>
<td>Personal interest, overriding group interest</td>
</tr>
<tr>
<td>Jointly coming together to support inter-agency initiative</td>
<td>TOR is not adapted to expanding scope</td>
</tr>
<tr>
<td>Working the same area</td>
<td>Fatigue on leaders/ champions of the CoP</td>
</tr>
<tr>
<td>Sharing vision</td>
<td>Delegation to individuals not skilled in technical area of the CoP</td>
</tr>
<tr>
<td>Structured</td>
<td>Gaps in representation</td>
</tr>
<tr>
<td>Led by government</td>
<td>Limited resources</td>
</tr>
<tr>
<td>There are professionals, same population with the same expertise</td>
<td>At the regional level it is harder to maintain a regional SOP than national or sub nationals</td>
</tr>
</tbody>
</table>

- TOR & SOPs
- Annual reviews for the 4ws, SOP and TOR
- Clear defined roles across MHPSS pyramid
- Communities are involved/ client to responsiveness
- Joint training for the training group
- Jointly needs assessment for the capacity building members of the working
- The government is leading the working group

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**Q3. What could have made them more effective if they weren’t**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOR &amp; SOPs</td>
<td>At the regional level it is harder to maintain a regional SOP than national or sub nationals</td>
</tr>
<tr>
<td>Annual reviews for the 4ws, SOP and TOR</td>
<td>a) Priority to be covered.</td>
</tr>
<tr>
<td>Clear defined roles across MHPSS pyramid</td>
<td>b) Scope</td>
</tr>
<tr>
<td>Communities are involved/ client to responsiveness</td>
<td>c) Geographic coverage</td>
</tr>
<tr>
<td>Joint training for the training group</td>
<td>d) Technical area of expertise, example within CPFE- Firy MHPSS</td>
</tr>
<tr>
<td>Jointly needs assessment for the capacity building members of the working</td>
<td></td>
</tr>
<tr>
<td>The government is leading the working group</td>
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</tbody>
</table>

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Jonas presented the group discussion, through the slides in the previous pages. The group members discussed several examples of groups working together in the DRC, where there is MHPSS coordination at national and at sub-regional levels, as well as at district and territorial levels. In these cases, people tended to bring problems upwards. However, in some cases there was bi-directional relationships and members could bring identified issues to relevant organizations, for example within the CPCs.

COPs were helpful for sharing materials. In the DRC context, there was cooperation with the government and this was the case for a number of countries. But it was necessary to recognize the difficulties of involving governments in other contexts. In some cooperative groups, the regulations and recommendations were not binding. Also there was the danger of people who joined the groups with strong individual and personal interests rather than being aligned to the group interests. In these cases, the agenda of the group could be taken over or derailed.

With relation to the point on competition, it was noted that a shared vision that might also be of benefit to members might help mitigate the competitive nature of funding, and also it might be possible to utilize the COP to ascertain where there was suitable existing resources and learning.

One of the facilitators noted that donors needed education as well in relation to field functionality and that COPs could be useful for advocacy and direction of quality in services. A joint platform for delineating priority areas in MHPSS could be useful, so that it was possible to push up the needs of the communities as the driving force for funding rather than be guided primarily by funding opportunities. Where organizations were doing poor quality work, the sharing in COPs could act as a corrective as organizations learned from one another. There was joint work in developing common quality standards. Furthermore, it was important to recognize that some of the weaknesses and threats arose from structural challenges.

One participant shared an example of how a consortium was useful in seeking funding for a group of organizations, which decided to work together and approached the funder jointly. This resulted in better and longer-term funding. She suggested that it might also be possible to use the 4Ws to map the services in the region and have regular updates from the different MHPSS services and organizations so that there is both accountability and learning. Such updates and sharing will make the COP feel alive and interesting. Furthermore, there was also the idea of carrying out case discussions (with all identifying details removed) so that practitioners can learn from one another.

6.4. Group 4: Presentation and Discussion

**Strengths**
Ruth presented the group discussions. The points are elaborated on the chart in the previous page.

With regards to the point relating to honesty and vulnerability, the group noted it was important to talk about failures and challenges as well as successes and strengths. It would also be useful to talk about how lessons were learnt and the programs or services amended. The COP should be a safe place for this. The group also discussed the points – with whom does the COP engage and how does it engage with them – as very important in creating unifying vision and to ensure a two-way communication in the relationship with members.

The issue of bringing beneficiaries into the COPs was discussed in the group. It was noted that beneficiaries sharing their own experiences and outlining what they need could be a means of guiding the COP.

The group noted that practitioners and organizations often feared duplication and competition so they were reluctant to share information within groups. However, the group member recognized that highlighting common agendas and challenges, for example such as that there were refugees crossing borders and communities, would help to reduce such reluctance. It was noted that the COP could be useful in preparing for emergency responses, by learning from across different contexts what needed to be done and whom to contact.

One of the facilitators commented that the 4Ws mapping need to be strengthened to include not only what actors are doing in the field but also how they are doing it. It might be useful to find ways to focus on the scope of coordination mechanisms and to focus on impacting quality rather than enforcing or coordinating implementation of services, as the latter would increase the politics within the COP.

Another participant noted the importance of using client responsiveness as a guide to service design.

Further, it was commented that there was a balance in identifying shared goals and defining what organizations needed to do. The COP should be clear on whether its mandate is to carry out coordination or to disperse knowledge. This would make a crucial difference in how members functioned within the group.

Another participant noted that there was intent to integrate MHPSS into the 11 clusters, during emergency response, and there were challenges in working with other sectors towards MHPSS integration. It might be possible to advocate on this point using the global standards.
One of the facilitators noted that language could function to exclude practitioners. The humanitarian sector language and terminology was not as prominent in the development sector, and it was an important point to find ways to bridge the two sectors. She also wondered whether part of the COP mandate should include documentation of initiatives as well as raising awareness for.

The morning session was concluded for lunch.

7.0 Welcome to afternoon session and summary of group work discussion

Carmel welcomed the group for the afternoon session. She provided a brief outline of the morning session, and raised the point of revisiting the definition of the COP. In order to reflect and revise the initiating point of departure for the meeting, the definition and purpose of the COP as shared in the invitation letter was presented to the group and discussed further.

Carmel reiterated REPSSI and MHPSS.net’s role as initiators of the process, but noted that decisions on the purpose and operationalization of the COP still needed to be made within the group. This included the decision on the need and feasibility of a COP.

One participant noted the importance of having better understanding of what organizations do in the field, as this would help to avoid duplication of activities. A regularly updated 4Ws mapping of activities would be very useful.

Another participant queried the utility of the COP. She pointed out the challenges of operating a COP that spans a wide region such as the ESA. She pointed out that different networks conduct different types of work and that each network contributed to the workload of practitioners. The questions on how this particular COP would be useful for one’s work, what its specific objectives are, and the added value of being part of the network needed to be thought through.

It was suggested that there could be two sub-regional COPs that link up and cooperate as one regional ESA COP: these could be East Africa and Southern Africa. The actions of the network can be focused on a small area, although the network is big. For instance, RIATT was looked at as an example. Different activities can take place at different scales.

There was a comment on the need for focus on the commonalities of evidence-based practices, and on generating comparable evidence from the region. This could be supported through contextualizing the IASC minimum standards on M&E.
It was noted that some areas did not have a COP local to the area, but a regional COP could generate and promote interest in more local COPs as well.

Carmel noted that the ESA regional focus was initially set up because of the REPSSI interest in both regions. There had been several requests from countries in Eastern Africa for MHPSS interventions and the area had much less coverage than Southern Africa. It was thought that a regional collaborative COP would help to exchange and grow learning in the region.

It was suggested that the groups work more specifically on the purpose on Day 2 and to currently work out issues related to membership and structure. This brought the group to the next session, which focused on possible purposes, as well as relationships, resourcing and structure.

**8.0 Group Work: Purpose(s), Relationships, Resourcing, and Structure**

3 groups were formed and the following questions were allocated:

- **Group 1:** Possible Purpose(s) and Relationships – Who? What? How to reach out or connect? How do you want to make members or potential members feel? What messages to send out?
- **Group 2:** Possible Purpose(s) and Resources – What? For what? For how long? By who?
- **Group 3:** Possible Purpose(s) and Structure – Functions (who? what?) Where? Coordination? Membership?

Following the completion of this activity, the Day 1 agenda was closed.
Day 2

Carmel welcomed the group to the second day of the workshop.

The participants reconvened and began with re-acquainting themselves with the group work from the previous day and preparing presentations.

9.0 Group 1: Purpose and Relationships

Possible Purposes
- To create a space where stakeholders can generate, create, share, connect, coordinate and listen to one another

Relationships

Who?
Persons
- Experts
- Field practitioners
- Academics
- Front-line staff
- Volunteers
- Policy makers
- Donors
- Service Users

Organizations
- Key persons from organizations
- Collaborating groups
- These involve: INGOS, UN agencies, NGOS, CBOS, Faith-based organizations, Civil society groups (e.g. peacekeepers)

What? (Type)
- Support
- Curiosity
- Peer linkages

How
- to reach out or connect?
  - Push email to COP group assembled for contacts and recommendations (with the link, to register)
  - Request for country level and regional contacts (snowball technique)
  - Share online links with reference groups and push to key organizations

- to make members and potential members feel?
  - Included and supported

Additional comments:
- Building regional alliances
- WHO/MOH
- Evidence based approaches
- Leadership and coordination
- Online platform: websites, resources and training materials, and ground positions
- Linking objectives and activities to the UNDAF/CPRE reporting to the SDGs

Catherine presented the group’s discussion. The group decided to be inclusive, since a focus on practitioners might limit and exclude those who could join, benefit from and contribute to the COP.
Membership should be based on scope of work but not necessarily based on location, i.e. members need not currently be in the region but need to have experience and expertise of working in the region. Membership should be supportive, developing peer-peer support, and creating pull factors to increase the members.

It was also important to allow for collaborating partners; they might not be in the COP as members but collaboration would be useful.

Furthermore, it is necessary to further solidify the goals and purposes before asking contacts and recommendations to join, as it is necessary not to contribution to practitioner fatigue of networking and being part of existing practices.

The COP needs to have the following specifics of exchange and communication: have an online group, contact list, email, and the possibility to text in questions on WhatsApp. Members need to send in resources for the COP. Also, the COP needs to have regular webinars. Moreover, there needed to be quarterly working webinars, with presentations and updates from members and perhaps moderated by a panel of five.

The COP might also need to lean on existing partners for budgets, and call on sub-regional groups to support meetings.

The COP will offer its members the benefits to improve quality and focus of their services, including avoiding the duplication of services, self-care, and resource-sharing.

During discussion, one participant asked to modify religious leaders as faith-based leaderships. Another noted the importance of targeting individuals and stakeholders. Another emphasized the importance of including academics from research institutions and universities.

10.0 Group 2: Purpose and Resources

<table>
<thead>
<tr>
<th>Possible Purposes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Contextualizing global standards, interventions and M&amp;E tools at national and regional levels</td>
</tr>
<tr>
<td>• Advocating and coordinating ESA research</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related points</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Focus on development and humanitarian sector linkages</td>
</tr>
<tr>
<td>• Developing a pool of ESA COP culturally sensitive tools</td>
</tr>
<tr>
<td>• Developing a compendium of good practices for the region</td>
</tr>
<tr>
<td>• Facilitating practitioner-researcher meeting platforms</td>
</tr>
<tr>
<td>• Advocate and mainstream MHPSS at all levels</td>
</tr>
<tr>
<td>• Sharing/having a platform for sharing practices (immediate)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What? For what? For how long?</strong></td>
</tr>
<tr>
<td>• Funds are needed</td>
</tr>
<tr>
<td>• For coordinators and other human resources,</td>
</tr>
<tr>
<td>• Infrastructure, and</td>
</tr>
<tr>
<td>• Working groups.</td>
</tr>
<tr>
<td>• The time period for funds would depend on the activities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By who?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Collaborating partners (such as research institutions, universities, independent organizations)</td>
</tr>
</tbody>
</table>

By who?
Additional comments:
- As the COP grows, it would be good practice for members to include it in their strategy for sustainable funding.
- Include M&E impact aspects to the purpose and practices of the COP for the aspect of advocating to partners

Ida presented the discussion. She noted a lot of discussion within the group around the complexities of funding, but stressed that the group was keen to have a COP that worked towards a specific purpose and not only for sharing experiences and lessons. It was decided that the specific purpose was contextualizing of the guidelines and tools as this was seen as something very much required in the region, and that there is need to ensure that research is initiated within the region, that research priorities are identified by internal and not external agendas to the region. External actors will need to adapt to the identified needs.

Furthermore, there was a desire to see greater linkages between the humanitarian and the development work, bridging the two areas for as seamless functioning as possible.

Ida emphasized the group consensus on the need for initial voluntary work and that the COP would require funds for effective functioning in the longer-term. Voluntary work from members is needed, especially at the beginning when the COP is being established. The volunteers will need to put the key documents and specific proposals together.

Comments from other group members clarified the point that there should general consensus on how long to volunteer for, as this would be time taken from normal duties and need some agreement from organizations as well.

Another participant highlighted the need for identifying key actors in the region and for making regional alliances between them and the COP. There is a need to align what the COP does with what national and regional goals, for example such as the SDGs reporting. In this way, governments and other agencies will be able to provide support for the funding and make linkages to the COP.

It was also highlighted by one member that part of the strategic conversations with potential organizations should include the COP being included in its planning, so that there is something solid developed with partners.

It may be necessary to have a vision statement for the group that will help to bring in potential stakeholders: the statement will need to clarify the impacts of the COP on the ground and should be able to highlight the benefits for an organization or individual in joining the group.

11.0 Group 3: Purpose and Structure

Possible Purposes
- Strengthening coordination of COP at regional levels for innovation and research for the best practices.

Structure (tentative)
• Coordination:
  o membership (by rotational leadership on voluntary basis)
  o develop a TOR
  o membership of professionals, organizations
• Collaborating with: IOM, REPSSI, UNHCR, WHO, MOHs

Esther presented the group discussion. She explained that the group decided on the possible purposes of the COP as being around strengthening coordination in the region for innovation and best practices. Apart from sharing, coordination and meeting, the COP should also be a good platform for research. It was agreed that the region needed innovation support at country-levels.

It was noted that structurally, the COP members at country level could pick up best practices and document these and create innovations for what works best at country level. They could also work together on strengthening the M&E aspects, and work on the development of minimum standards specific to countries.

Esther noted that in the group discussion, it was thought that, at regional level action groups might be constituted and tasked with specific activities. They may investigate allocated topics, discern best practices and then share information amongst all members, as well as work together with sub-regional and national members.

Moreover, noting the need for rotational leadership, she pointed out the need for rules that allow effective governance and accountability. There may need to be bi-annual or annual rotations and review. The development of a TOR for the COP was seen as important. Equally, it was important for people with passion to drive the leadership of the group at regional level. For practical purposes, it was thought best to ensure regional leadership was not given to a member that was representing a government entity at national level but rather to allow for such representation and leadership to be taken on at country levels where and if desired.

Elaborating on the theme, one of the group commented on the need for ensuring that countries and communities get to ‘speak back up to the top’, especially in the matter of contextualizing global
standards. At the same time, there is need for internal discussions how to make such tools relevant for communities and their different cultural and political dynamics.

Another participant emphasized that the relationships between the structural elements should not be hierarchical, but rather bi-directional and even lateral. The primary concern would be encouraging people to work effectively and productively together, with ensuring practical impacts and sustainability and deepening connections.

12.0 Summary of Key Points from Previous Day

Carmel presented the key points on the shape and principles for the COP.
The facilitators added a point on MHPSS and human rights. Although this was not explicitly mentioned in the previous day discussions, several points referred to rights-related issues, and it was seen as important to make an explicit reference to the issue and propose it to the group of participants.

It was also noted that the focus areas needed further amendments and revisions in line with the ideas put forward by the groups, and to revisit the notion of focus areas.
In relation to service users being in the COP, it was noted that service users, while important to be engaged and consulted in process, should not be included in the group solely as a representative of the target or beneficiary group because a) there were diverse experiences and opinions amongst service user groups which could not be represented by one or even a few people, and b) it would not be good practice to label or identify someone as being useful to the group purely on the basis of one element of their life history or experience, mental/emotional state or episode of illness. Furthermore, it was stressed that practitioners needed a safe space in which to discuss the challenges and hardships of service delivery, and some service users might need to be protected from these aspects.

13.0 Group Work: Refinement of Purpose of COP

Following the discussion, groups were tasked with refining the purpose and focus of the COP.

13.1 Group 1: Presentation and Discussion

<table>
<thead>
<tr>
<th>Purpose:</th>
<th>Strengthening the coordination at regional levels for innovation, research and good practice in MHPSS</th>
</tr>
</thead>
</table>
| Focus:   | • Innovation and Research  
          | • Coordination and Networking  
          | • Information and Knowledge sharing |
Michael presented the group discussion.

In addition to explaining the key points, he clarified that the group wanted to ensure there was sharing of experiences and operations between members, and leveraging resources. The COP was not merely a coordination mechanism or entity.

Marcio raised a point in relation to the politics and challenges of coordination, since this was a very specific definition and agenda point within the humanitarian sector. He cautioned against taking on an explicit and active coordination role, as it might constrain their role and activities as these are specific in the IASC guidelines so distinguishing the term would be crucial.

It was pointed out by other participants that the coordination of activities did not have the explicit definition of what is meant by the IASC guidelines, but that with qualification, it was necessary to use the coordination word as it described a specific activity inherent to the community of practice to manage and support its members.

A longer debate ensued on the meaning of coordination, and how it was to be understood and utilized by the COP. It was decided that the coordination referred to in the COP was not the coordination of a full response to emergencies and crises but rather supporting the coordination of MHPSS actions amongst its members across the region.

The question was raised on, who would do the coordinating? Would the action or working groups need coordination, or would there be a set of technical activities requiring coordination? It was reiterated that the COP would support coordination but would not be a coordination mechanism, and would not have a mandate to coordinate. Rather, it would support and influence through effective knowledge/information management and collaboration, and communication between members on activities and projects, but not necessarily in a mandated or systematic manner.

It would be important to avoid the hierarchical implications of being a coordination mechanism so that the COP membership can function smoothly. The COP structure as described was a set of equal and lateral entities, and this aspect was important to protect.

It was agreed that coordination of activities within the COP was necessary in order to navigate the network, and also in order to bridge the gaps between development and the broader healthcare and social services. The COP could act as a bridge between the development and humanitarian sectors, and need not necessarily confine itself to the coordination terminology in the humanitarian sector. It was seen that a coordinator would be necessary for the COP so that the planned activities can be carried out.

It was noted that the competition that results within and around coordination mechanisms is a result of the invested big interests of larger organizations. While using the coordination word, it would be important to cognizant of the heavy and loaded nature of this word in some contexts, especially that of the humanitarian sector. Nonetheless, the qualification of the word should be sufficient to pinpoint this as a non-threatening element to the COP activities.

It was decided that the nature of supporting coordination work within the ESA MHPSS COP would be emphasized so that it was immediately apparent, and to also include a footnote on the definition of coordination to distinguish it from the humanitarian definition of coordination.
Coordination already exists in the region in the development sector and has been satisfactorily deployed as in the case of RIATT. It is necessary to support the membership, and is part of the entity as coordinating information-sharing for its members. They do not have authority to dictate actions or curtail activities of the organizations, and it also serves to coordinate thinking, emerging trends and ideas of responding as a collective, and synchronizing referrals.

It is necessary to unpack the different terms used in the longer-term. The term coordination could also be researched and unpacked further in the ESA region by the COP, and existing mechanisms can be supported in improving their coordination functions.

It was decided that the conversation on coordination could continue further over time, but that for the time being, the supporting element and its confinement to the MHPSS activities of the COP would be noted.

13.2 Group 2: Presentation and Discussion

| Purpose: | Contextualize global standards and strengthen the coordination of ESA COP MHPSS activities across national and regional levels for innovation and research to inform good practices |

Alex presented the discussion, and noted that the group had highlighted the national level element to the purpose but that it overlapped focus from the previous group’s presentation. The group also brought in the element of contextualizing global standards.

Carmel commented on the word ‘contextualization’ and noted that it referred to: taking and domesticating standards but also informing those at global levels on how the region is developing these tools, and in the long-term contribute to development at the global level.

13.3 Group 3: Presentation and Discussion

| Purpose: | To create a space where stakeholders can innovate, coordinate, collaborate, and contextualize MHPSS for the East and Southern Africa region |

**Focus Areas/Pillars:**
- Innovation: new practices, research, generate and create
- Collaboration: support, resources (financial/human), advocacy, coordinate MHPSS, networking
- Contextualization: global standards @ regional and national levels, tools, research, mainstream

**Targets:**
- Region, sub-region and country
- Year 1, 2, 3...
- Specific goals and targets
- Short-term and long-term goals
- Prioritizing (volunteer time)

Each of the pillars represents an activity that members can join, as needed.

Catherine presented the discussion.

It was possible to look at the pillars as being areas that the regions can choose to focus on for different years, as needed. For example, sub-regions could start with different pillars according to
their needs. Countries might choose which pillars were relevant to their needs and also practically relevant in funding context. Each year might have different targets, priorities and short-term and long-term.

This could be a manual for people to choose and engage in relation to the priorities of the region, sub-region or country.

**13.4 Plenary Discussion**

Carmel facilitated the discussion to further focus on and decide on the purpose of the COP. She noted that there was very much overlap between the groups in terms of scope and direction of the COP.

In drawing up a final version that incorporated the different elements agreed upon, there was much discussion amongst the participants. It was noted that further discussion could finalize the wording in order to share with others and refine through consultation at the next meeting.

There was discussion about whether the space being created was physical or primarily conceptual – not so much an environment as a community. An alternative word of forum was suggested, but it was decided that the first draft of purpose should only use those words that had already been presented and discussed.

Using suggestions from the group, the following wording was crafted, noting that there were three actions undertaken by the COP in three areas – contextualize standards and interventions, strengthen coordination of MHPSS action, and promote innovation, research and good practice.

There was further discussion of the word ‘space’ and ‘forum’, however there was broad consensus on the purpose and scope of the ESA MHPSS COP.

**14.0 Group Work: Activities for next 6 months**

**14.1 Group 1: Presentation and Discussion**

<table>
<thead>
<tr>
<th>Next steps for the ESA MHPSS COP</th>
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<tr>
<td>• Electing two representatives for the COP/one from East Africa and the other from Southern Africa.</td>
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</table>
• ALL members should create a profile on MHPSS.net
• Create an ESA MHPSS COP online where all participants could apply to become members
• Resource sharing including reports, publications, etc.
• Creating a bigger network i.e. inviting other practitioners to join
• Develop a calendar of events where the group members are updated to upcoming events
• Push notifications and communications
• Develop and post a TOR for this group

The group also worked further on the definition and proposed the following, which was accepted by the group as a placeholder, prior to confirmation at a later date: To create a forum to contextualize global standards and interventions; strengthen the coordination of action across regional and national levels; and promote innovation, research and good practice in MHPSS

14.2 Group 2: Presentation and Discussion

COP #1 (Catalyst group)
• Create group on MHPSS.net
• Survey of preferred purpose statements
• Survey: how interested are you in the sub-groups? Would you be willing to lead or be a focal point? Scope out willingness to engage in voluntary action.
• Identify schedule/timeline for next steps- agree on these & disseminate
• Identify key and focal point persons: regional (REPSSI for now), East Africa, Southern Africa
• Develop TOR
• REPSSI and MHPSS.net as point person for ESA COP
• Identify key invitees for initial push invitation (individuals/organizations/entities)

COP #2 (All members)
• Draft push invitation for all potential participants
• Maybe move towards a focal point for each country?

Activities over longer-term:
• Webinars
• Collection of existing research, policies, documents, stories, and good practices in the ESA region
• Contextualization/localization
  o Analytical study/situational analysis on MHPSS in EAC/SADC
  o Regional forum of duty bearers (in) of MHPSS

14.3 Group 3: Presentation and Discussion

• We need to organize a series of webinars.
• Documents need to be uploaded to the group
• How do we begin contextualization and localization and conversation about MHPSS?
• Over a specified period of time, carry out a situation analysis in EAC and SADC and whole ESA region, perhaps it would be good to have a study/lit and desk review of the resources in the region
• Governments and donors need to appreciate where MHPSS stand, and how different stakeholders come in, for example if the PSS is based in the Ministry of Health?
• We need to have this discussion at regional levels and then we can bring this to the national level as different perspectives and we can encourage national level discussions
• There are questions around who coordinates and who are the actors in this sector.

14.4 Plenary Discussion: Immediate next steps:
• Morris and Jonas will take short-term responsibility as focal points for members of the East African region and for members of the Southern African region respectively. Where needed, Jonas will support communications in French.
• There will be one webinar towards end of February and another one in 6-8 weeks time, likely with a focus of the Horn of Africa from the Save the Children. Thereafter, the COP will target conducting a webinar approximately every 2 months.
• An online COP on MHPSS.net has been formed and will be made available to all members.
• Participants to report back to their organizations and ensure that a representative will be available at the next meeting. New representatives must be briefed on the initiative.
• Next online meeting: towards end of April
• Carmel, Maleeka and Marcio will be the points of contact for now at MHPSS.net and REPSSI

Josephine Ngebeh noted that the UNHCR innovation unit could support the innovative component in the future.

Carmel announced that REPSSI and its partners have a PSS forum every second year, and that for this year’s conference, abstracts are being accepted till end of 15th February. A short abstract would suffice, if any participants were interested to submit papers, or knew of others who may be interested in submitting these.

Carmel thanked the participants for their time and effort, and the REPSSI Representative Uganda for her time in supporting the organization of the event,

The meeting ended with a group photo, followed by lunch.

Nairobi, Feb 13 & 14 2019, the initial meeting of the newly-formed ESA MHPSS COP