Definition of MHPSS
The composite term mental health and psychosocial support (MHPSS) is used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.

Overall purpose
The primary goal of the MHPSS Taskforce is to improve mental health and psychosocial support interventions in KPK/FATA. The MHPSS Taskforce will function as a coordinating body for the humanitarian community and government authorities on standard setting and regulatory frameworks. The oversight will be provided by the Protection Cluster.

Membership of the Taskforce
The membership of the MHPSS Taskforce includes relevant cluster coordinators or cluster focal points for MHPSS, relevant government authorities, and I/NGOs with relevant technical expertise in MHPSS. Members of the Taskforce are expected to participate regularly and actively. They are expected to share information monthly on MHPSS activities with the Taskforce from within their clusters and organisations.

Objectives:
The aims of the MHPSS Taskforce are as follows:

1. To support interagency coordination for MHPSS at KP/FATA level;
2. To provide a forum for sharing of activities of the government, national and international organizations providing MHPSS. To maintain an updated matrix on who is doing what and where (4W), including target populations and specific responses.
3. To foster collaboration amongst agencies and diverse stakeholders (such as governments and communities);
4. To build the capacity of relevant service providers, including government counterparts, to comply to the guidelines and standards;
5. To develop and contextualise relevant guidelines and set standards for quality provision of MHPSS in the KPK/FATA context;
6. To advocate for MHPSS integration into programming through the development and dissemination of key information and advocacy messages on MHPSS to the relevant clusters and the affected population, as needed
7. To develop a Monitoring and Evaluation system of MHPSS activities;
8. To support the collection and dissemination of data for purposes of joint planning, monitoring and evaluation
9. To ensure for the implementation of IASC Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings; and to promote and support the use of IASC guidelines by all clusters.

Responsibilities and Key Activities of the MHPSS Taskforce (to be re-evaluated in 6 months)

The MHPSS Taskforce serves as the reference body for coordination, guidelines development, technical advice and oversight of MHPSS in KP/FATA.

1. Improving co-ordination and information sharing on monthly basis or needs basis in case of an emergency
   _ Conduct regular mapping of the 4Ws in all of the key areas related to MHPSS; This will be taken from the current 4Ws produced by all clusters and it will be the responsibility of cluster coordinators to provide this to the taskforce on a monthly basis.
   _ Develop and maintain a training information matrix; which will be added to the Protection Cluster training matrix.
   _ Identify and document key achievements, best practices, lessons learned, and other information on effective mechanisms to provide MHPSS, and utilize the information for future planning and programming;
   _ Distribute regular and consistent reports to all stakeholders to keep them informed about the nature and extent of MHPSS and how it is being addressed.
   _ Update the MHPSS ToR on a 6 month basis (initially);
   _ Develop and action plan for the period

2. Mainstreaming MHPSS into other clusters/sectors
   _ Ad hoc participation to relevant cluster/sector meetings to represent specific MHPSS concerns as appropriate;
   _ Enhance the participation of other clusters/sectors in the MHPSS working group;
   _ Support the safe collection of MHPSS data as needed and when possible;

3. Building capacity of MHPSS partners to provide quality MHPSS
   _ In collaboration with other clusters and experts, support the capacity building of relevant stakeholders and service providers;
   _ Incorporate MHPSS services into Protection Cluster referral pathways
   _ Work with partners to develop and/or revise MHPSS materials according to local context
Leadership

The group will be co-chaired by the Protection and Health Cluster Leads initially until suitable organizations are found that have a mandate for MHPSS, along with the technical expertise and capacity to lead the MHPSS taskforce. This will be reviewed after 6 months. The coordinating clusters will be responsible to ensure the smooth running of the MHPSS working group and support the field by designing effective MHPSS guidelines and standards, and provide technical support to relevant stakeholders.

Meetings

The group will meet on a monthly basis during its inception phase; i.e. six month after which it will be reviewed.

A draft agenda will be circulated to members of the group at least five days before the regular monthly meeting, giving the members the opportunity to suggest additional items for discussion. Draft minutes will be circulated within one week after the meeting date. The minutes will then be circulated to relevant working groups in the field.

Principles

The work of the MHPSS group will be guided by the following principles;

_ Confidentiality; ensuring that MHPSS seekers/or those in need of MHPSS, their families and information sources are protected.
_ Safety; all actors will prioritize the safety of the beneficiaries at all times.
_ Respect; actions and responses of all actors will be guided by respect for the personal choices, wishes, rights and the dignity of the beneficiaries.
_ Neutrality; a non-partisan approach in providing services.
_ Impartiality; non discrimination on the basis of nationality, race, religion, political views, social or other status.
_ Participatory approach; ensuring to the extent possible, consultation with all members of the community (women, girls, boys and men) in MHPSS activities/ programs.
_ Independence; working without influence of states, government bodies, parties to a conflict or other political entities.

Reporting

The MHPSS Taskforce will keep the Protection Cluster informed of its activities and strategies and the chairs will liaise to ensure complementarities of the two forums. The MHPSS will closely
link up with other working groups within the Protection cluster such as; Child Protection Sub Cluster, GBV Sub Cluster and ADTF in areas of common interest. The chairs of the group will participate in all Protection Cluster meetings and provide feedback on main developments.

Due to the interdisciplinary nature of MHPSS interventions, all relevant clusters will select Focal Points to regularly participate into the MHPSS group. The Focal Points will then update their respective cluster with relevant information from the group.

Amendments

This Terms of Reference is a working document and may be altered to meet the current needs of all members (at national level and field level) by agreement of the majority of the members. Unless there is a specific request from members to make amendments, the Terms of Reference will be reviewed once a year to re-affirm responsibilities of the working group.