

INTER-AGENCY STANDING COMMITTEE
63RD WORKING GROUP MEETING

**IASC Task Force on Mental Health and
Psychosocial Support in Emergency Settings
Progress Report 2005**

21-22 November 2005
Hosted by ICVA, International Council of Voluntary Agencies
ECOGIA, Versoix (Geneva)

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I Background to Task Force

In June 2005 the Working Group of the Inter-Agency Standing Committee (IASC WG) established the IASC Task Force on Mental Health and Psychosocial Support in Emergency Settings. The IASC WG endorsed Terms of Reference that outline a concrete and time-bound plan to develop inter-agency guidance for field testing along the lines of the IASC *Guidelines for HIV/AIDS Interventions in Emergency Settings*. The IASC WG recommended that the Task Force would follow a multi-sectoral approach. The IASC WG committed to provide substantive and financial support to the Task Force

1.1 Membership

Members are: InterAction (CCF, IMC, IRC, and Mercy Corps), INEE, ICVA (ActionAid International, ICMC, Mdm-E, MSF-H, SC-UK and RET), ICRC, IFRC, IOM, UNFPA, UNHCR, UNICEF, WFP, and WHO. The Task Force is co-chaired by WHO (Mark van Ommeren) and InterAction.(Mike Wessells)

II Progress Report on Activities Undertaken in 2005

2.1 Achievements of the Task Force in line with the 2005 objectives.

2005 Objective	2005 Achievements
Collect existing materials: agency documents, guidelines, expert consensus documents, research reviews, and practical manuals	Fully achieved (July 2005)
Workshop to make a draft matrix on interventions to be covered in the guidance.	Fully achieved (Sept 2005)

2005 Objective	2005 Achievements
Finalization of a (pre-final) matrix on interventions to be covered in the guidance.	Fully achieved (Oct 2005)
Agencies take responsibility to write fact sheets with detailed guidance on each intervention	As of date, nearly fully achieved (21/26 action sheets are committed)
First drafts of action sheets to be reviewed by Task Force members	First drafts of action sheets are due on 1 December 2005 and will be reviewed immediately after
Second drafts of action sheets to be discussed in a 3-day workshop	This workshop will occur 15-17 February 2006

2.2 *The pre-final matrix*

The Task Force agreed on a pre-final matrix, describing the list of minimum interventions for which action sheets will be written. For most action sheets, key points to be covered have been identified. The proposed list of minimum interventions drafted by the Task Force is displayed below.

Mental Health and Psychosocial Support in Emergency Settings

Functions	Minimal Response (Minimal response column of matrix)
Coordination	1.1 Establish and/or activate inclusive mental health and psychosocial support coordination mechanisms involving intersectoral participation, at different levels.
Assessment, monitoring and evaluation	2.1. Conduct multidisciplinary, rapid, participatory, coordinated assessments, utilizing existing information. 2.2 Initiate participatory systems/ processes for monitoring and evaluation.
Protection	3.1 Identify and understand prior and current protective frameworks and vulnerabilities, sharing information across sectors 3.2 Prevent and respond to protection threats and failures 3.3 Advocate for implementation of and compliance with relevant national and international instruments
Human resources	4.1 Identify and recruit suitable staff and engage volunteers who have a deep understanding of local culture 4.2 Enforce staff codes of conduct and ethical guidelines 4.3 Provide and promote quality training and supervision of relevant staff and volunteers in mental health and psychosocial interventions 4.4 Prevent and manage mental health and psychosocial problems in staff and volunteers, providing access to psychosocial support mechanisms and key information

Functions	Minimal Response (Minimal response column of matrix)
Community organization and support.	5.1 Facilitate conditions for community mobilization, ownership and control of emergency response in all sectors 5.2 Facilitate community-driven social support and self-help, and train social/community workers to provide psychosocial support services 5.3 Facilitate conditions for appropriate cultural and religious healing practices.
Water and sanitation	6.1 Include specific social considerations (safe and culturally appropriate access for all in dignity) in provision of water and sanitation
Food security and nutrition	7.1 Include specific social considerations (safe aid for all in dignity, considering cultural practices and household roles) in provision of food and nutritional support 7.2 Integrate psychosocial support within food and nutritional services.
Shelter, site planning	8.1 Include specific social considerations (safe, culturally and socially appropriate aid for all in dignity) in site planning and shelter provision 8.2 Include safe and accessible spaces for recreational, learning, social, cultural and religious activities in settlements
Health services	9.1 Provide access to care and treatment for those with urgent mental health disorders and other urgent psychological problems of concern to health workers. 9.2 Protect and care for people with mental disorders living in custodial care 9.3 Link and, when appropriate, collaborate with local/indigenous/traditional healing systems 9.4 Minimize harm from hazardous alcohol and substance use in the community
Education	10.1 Provide early, safe and equal access for girls and boys of all ages to quality, relevant, formal and/or non-formal education opportunities 10.2 Train and supervise educators on how to support children and organize culturally appropriate psychosocial activities in educational settings
Information and communication	11.1 Provide credible information on the emergency and relief efforts and legal rights of the entire affected population. 11.2 Make available culturally appropriate information about constructive coping methods.

2.3 Additional activities in 2005 by the Task Force (beyond the original ToR)

To increase participation:

- The Task Force is presently translating its first output (the pre-final matrix) in Arabic, French and Spanish to outreach to a wider audience in the process of developing the guidance (Translations to be completed by December 2005).
- The Task Force will organize 2 consultation meetings in December 2005 to increase NGO inputs, including local NGOs from the South

III Opportunities/constraints faced by the Task Force in 2005

The crisis in South Asia is both an opportunity and constraint. The crisis takes Task Force members' time away from Task Force activities. However, the crisis also provides the opportunity to informally use the pre-final matrix in planning the response to relieve suffering, and it also allow us to obtain feedback on the value of the matrix.

IV 2005 Resource inputs in the Task Force

- Considerable staff time and travel to meetings (all agencies)
- Cost of workshop in Geneva (WHO)
- Cost of translations of matrix (UNICEF)
- Cost of consultation meetings with NGOs (UNICEF)

V Proposed Actions by the IASC Working Group

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| <ol style="list-style-type: none">1. Endorse the 2005 progress report of the IASC Task Force on Mental Health and Psychosocial Support in Emergency Settings2. Contribute to the Task Force by allocating staff time and financial resources. |
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Prepared by Task Force on Mental Health and Psychosocial Support – November 2005