Mental Health and Psychosocial (MHPSS) Woking Group Jordan

TERMS OF REFERENCE

INTRODUCTION & BACKGROUND

The purpose of the Mental Health and Psychosocial Support Working Group (WG) is to address the MHPSS needs of the populations served in Jordan by providing overall guidance and coordination of services, activities and assessments in the MHPSS field, and advocating for best practice standards. The WG adheres to the general framework of the global Inter-Agency Standing Committee (IASC) and the Jordan MHPSS Inter-Agency Guidance Note. It maintains a commitment to emergency preparedness, inclusive programming, and a sustainable, responsible and minimum response. All agencies, organisations and ministries working in MHPSS in the Hashemite Kingdom of Jordan are invited and strongly encouraged to participate.

The coordination structure for the MHPSS WG is unique for Jordan, and sits as a sub-sector under the umbrella of both the Health and Protection sectors, while working closely with the Gender-Based Violence and Child Protection sub-sectors. The MHPSS WG was first established in 2007 in response to the increased presence of Iraqi refugees in Jordan. The group currently responds to the MHPSS needs of all vulnerable populations in Jordan, including Jordanians with MHPSS concerns, Syrian refugees and Iraqi refugees.

OBJECTIVES

- Ensure an effective, coordinated and focused inter-agency response to the MHPSS needs of populations of concern in Jordan, aiming to bridge emergency and development programming.
- Provide ongoing strategic direction, promote adherence to standards of best practice and global inter-agency recommendations, and develop relevant guidelines or tools for the MHPSS sector when needed.
- Strengthen the safe and ethical collation, analysis and transparent sharing of data and information pertaining to MHPSS needs, priorities and activities in Jordan, including gap identification.
- Inform inter-agency efforts and planning by highlighting key MHPSS issues, collectively representing the WG interests and perspectives, and advocating for MHPSS needs and priorities.
- Ensure that quality standards are upheld by actors working in the MHPSS sector, maintaining equity and coverage.
- Coordinate the planning and implementation of joint initiatives, including training and capacity building activities.
- Promote the engagement and leadership of the government, and encourage the representation of diverse MHPSS partners and stakeholders within the WG, including government partners, UN agencies, international and local NGOs.
SCOPE OF ACTIVITIES

1. General Coordination & Policy Development

- Coordinate programs, activities and plans with various MHPSS actors through holding regular WG meetings as a platform to exchange information, updates and disseminate work plans and progress.
- Coordinate and facilitate sub-groups related to MHPSS (Zaatari or other).
- Coordinate with the Inter-Sector WG sector leads to ensure that MHPSS priorities are represented in balanced and equitable programming responses.
- Maintain communication with focal points and ministries, encouraging the active involvement of relevant actors and ministries in the WG.
- Ensure that the MHPSS response is guided by relevant national and international policies and standards, including reference to the National Policy for Mental Health.
- Promote MHPSS as a cross-cutting issue among various sectors, and promote the integration of agreed cross-cutting issues within the MHPSS sector (human rights, age, gender, diversity).
- Identify roles and responsibilities within an overall strategy for the delivery of MHPSS services.
- Provide input to policies and plans as required, including referral systems, standard operating procedures, advocacy and resource mobilization documents.
- Based on arising needs, form technical sub-groups to conduct specific tasks, or to peer review documents, proposals or assessments.

2. Assessments, Analysis and Information Sharing

- Collectively coordinate inter-agency assessments and sectoral needs assessments when necessary, keeping in mind exiting information and previous assessments conducted.
- Collectively participate in generating inter-agency updates and other sectoral materials.
- Participate in inter-agency mappings to gain a better understanding of the service landscape and identify gaps and duplication.
- Collate, document and share lessons learned among WG members.
- Disseminate relevant information and useful resources to the WG members.
- Encourage members to join the global platform www.mhpss.net.

3. Monitoring & Reporting

- Ensure the reporting of key initiatives from the MHPSS WG to various coordination bodies, including the Health, Protection and Inter-Sector WGs.
- Encourage members to report on their achievements and challenges.
- Develop/improve monitoring and evaluation mechanisms, in particular outcome and impact indicators.
- Share information on monitoring and reporting procedures with regards to RRP6 and non-RRP6 reporting using the information sharing portal ActivityInfo.
- Promote the collection of disaggregated data for purposes of joint planning, monitoring and advocacy.
4. Technical Support & Capacity Building

- Provide a platform for sharing technical support and recommendations among members if needed, including by the chairs and/or group members.
- Highlight key areas of knowledge and skill building in the MHPSS sector, and promote the training and capacity building of member partners and beneficiaries.
- Support efforts to strengthen the capacity of national authorities and civil society organizations.
- Share and circulate training opportunities and tools among partners.

ROLES & RESPONSIBILITIES

1. Leadership

The MHPSS WG is co-chaired by the International Medical Corps and the World Health Organization. The chairs will divide tasks in an equal and collaborative manner, and will be responsible for:

- Represent the MHPSS WG as focal points in inter-agency, inter-sectoral and other coordination platforms.
- Act as the link between the MHPSS WG and other coordination groups, communicating relevant information to the MHPSS WG, and reporting back to the Inter-Sector, Health and Protection WGs.
- Facilitate the regular MHPSS meetings, including the preparation of agenda and required documents.
- Facilitate the collaborative development and implementation of the sector work plan.

2. Membership

Members of the MHPSS WG will commit to regular participation in WG meetings, activities and initiatives. Agency focal points will represent their respective organizations and will not participate in their individual capacity. They should therefore be knowledgeable about their agency’s mandate, capacities, priorities and activities. Participating members will be responsible for:

- Briefing their organization on the orientation, recommendations, and decisions of the MHPSS WG, and ensure that appropriate mechanisms of information sharing in their own agency enable communication of information back to the WG.
- MHPSS actors are responsible for effectively coordinating their programs and activities, avoiding duplication and working towards good practice standards within their own organizations.
- Active contribution of experiences, perspectives and inputs to the WG, including proactive engagement in assuming responsibilities in the distribution of sectoral tasks and initiatives.
- Serve as advocates in representing the MHPSS WG perspectives when participating in inter-agency and inter-sectoral activities.
- Upholding reporting commitments in a timely manner.
- All new agencies are required to complete the New Agency Checklist prior to attendance in the WG, and are requested to provide a brief summary of intentions before any engagement in programming.
MEETINGS

The MHPSS WG meets regularly on the third Wednesday of the month from 1:00-2:30pm in Amman. The Zaatari-based MH meeting takes place every other Tuesday at 1pm in the camp. In agreement with WG members, the sector chairs may schedule alternative dates in special circumstances, or may call for additional adhoc meetings to discuss specific issues as necessary. An agenda is shared a minimum of 3 days before the meeting and brief meeting minutes, including relevant documents, are circulated within 10 days after the meeting is held.