

MHPSS Working Group Minutes of Meeting
January 21th, 2015 – Ministry of Health, Amman
Chaired by Ahmad Bawaneh (IMC) and Hadeel Al Far (WHO)

1. Introduction & Member Updates:

- No new members
- Participating agencies briefed the group on their continuing projects and activities for 2015.
- HI: announced their plan to start Inclusion programs for beneficiaries
- ActionAid: Starting PSS activities in Jordan, targeting Zarqa, Mafraq, Irbid and Zaatari camp. As well as developing a fellowship program with focus on NFIs, PS and Protection.
- MdM: their two clinics in Zataari camp are going to be merged into one clinic soon, while the other clinic in Ramtha will continue to provide services to beneficiaries.

2. World Vision Presentation:

World Vision expert Eric Kitsa delivered a brief presentation on the organization and its activities in Jordan. Some of the highlights presented include:

- WV Has been having operations for the Syrian Crisis in Jordan since April 2013 especially in WASH in Zataari camp
- In September 2013, started Education in emergencies interventions (Remedial education in Irbid (WPC)
- PSS Programing within WV:

Non specialized PSS interventions (much focus on Level 1 and Level 2 of the pyramid)

Linkages and referrals to within the existing referral mechanisms /pathways

** Please see attached presentation for further details.

3. Presentation on TBT:

A brief presentation by TBT experts Leonie Blackwell and Karen Marrington was delivered to the group to explain the concept of TBT. Some of the points discussed are the following:

- TBT belongs in the mind-body model. It effectively and permanently eliminates the specific symptoms of post-traumatic stress which are flashbacks, hyper vigilance and dissociation.

- TBT can be used on everyone who has experienced trauma – adults and children above the age of 4. It is effective irrelevant to gender, literacy, culture, language, age, IQ, or beliefs.

- How can it benefit practitioners?

1. Practitioners can use the technique on themselves to maintain their own welfare by managing stress levels and burnout

2. Practitioners can use the technique with beneficiaries to permanently eliminate the symptoms of specific trauma

3. TBT can eliminate the symptoms of a specific trauma quickly making it a time saving technique
4. Beneficiaries can be taught the technique and use it as a self-help tool
5. TBT is a cost saving tool because it permanently eliminates a specific traumatic aspect of an event. As each aspect of trauma within an event is dealt with it leads to a reduction in relapses and allows the beneficiaries to re-establish a sense of normalcy again

** Please see attached presentation and concept note for further details.

4. Updates on the Informal Tented Settlements (ITS)

Due to the time constraints this item on the agenda was not discussed, while the members agreed to receive in attachment relevant documents and discussion will be postponed to the next meeting.

** Please see attached presentation for further details.

5. Any Other Business:

Following a discussion by the group co-chairs on the importance of referring to the Guidelines on MHPSS Projects adopted by the group, it was recommended to re-circulate the guidelines document (attached) that was developed with the following aims:

- Outline a common understanding of the MHPSS approach according to global standards and recommendations.
- Support the identification and standardization of common terms, interventions and principles of good programming and best practice.
- Provide guiding criteria in reviewing and appraising MHPSS projects submitted for technical evaluation or funding appeals.

6. Training Calendar:

The MHPSS Working Group maintains a shared Google Calendar to track their training activities. This calendar can be accessed with the following information:

Link: <<https://accounts.google.com/>>

Username: mhpsworking.group.jordan

Password: MHPSSworkinggroup

Next Meeting: Wednesday, February 18th at 1:00pm at the Ministry of Health.