

HUNGARY
MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT TASK FORCE
TERMS OF REFERENCE

INTRODUCTION & BACKGROUND

Since February 24th the relations between Russian Federation and Ukraine escalated to armed conflict, with a massive incursion of Russian armed forces (including shell artillery) on the Ukrainian territory. While the Ukrainian army is mobilized into preventing Russian forces from advancing in Ukrainian territory, casualties among civilians are being reported and several thousand Ukrainian families are fleeing their residence towards the western board of the country that neighbors with Moldova, Romania, Hungary, Slovakia, Poland and Belarus. Hundreds of Ukrainians are managing to cross the border of those countries and it is expected that the numbers grow in the next few days. Worth noting that most of the neighboring countries to Ukraine have not coped with an emergency in decades and hence feel ill equipped to face the demands of a humanitarian situation, including their capacities to respond to psycho-social needs of migrants and refugees. In addition, UN partners presence in some of those neighboring countries is minimal, with WHO being the main UN agency with operational relationships with the countries. Hungary is exceptionally rich of partners presence that have Budapest as the venue for their headquarters, regional or subregional offices. All agencies and organizations working in MHPSS are therefore invited and strongly encouraged to participate in MHPSS Task Force meetings. The MHPSS Task Force will operate under the coordination framework of the Protection and Health clusters under the leadership of UNHCR and WHO respectively.

OBJECTIVES

1. Provide a technical platform for better coordinated and focused inter-agency emergency response to the MHPSS needs of populations of concern in Hungary
2. Strengthen the safe and ethical service provision aligned with IASC standards, analysis and transparent sharing of data and information pertaining to MHPSS needs, priorities and activities in Hungary, including needs assessments
3. Promote and support for quality MHPSS interventions through joint capacity building activities to ensure quality standards
4. Promote the engagement and leadership of the government and encourage the representation of diverse MHPSS partners and stakeholders within the TF, including government partners, UN agencies, I/NGOs

SCOPE OF ACTIVITIES

1. General Coordination
 - a. Coordinate programs, activities and plans through regular Task Force meetings
 - b. Develop/ update MHPSS Service Mapping periodically to understand the availability of MHPSS services (needs, gaps, coverage), and to aid with referrals.

- c. Develop/ update Emergency Response Plan in every meeting to follow up with the progress of action
 - d. Provide input to policies and plans as required, including referral systems, standard operating procedures, advocacy and resource mobilization
2. Assessments, Analysis, and Information Sharing
 - a. Ensure the sharing of assessment results within the group, provide technical support for the development of the assessment tools, and coordinate joint assessments
 - b. Disseminate relevant information and useful resources to the Task Force members.
 - c. Encourage members to join reliable global platforms like mhps.net, mhinovation.net, interventionjournal.com.
 - d. Create an accessible, user friendly, effective, and functional online platform to share and disseminate MHPSS reports, tools, documents, materials and lessons learned developed by member agencies
 - e. Encourage members to report on their MHPSS activities, staff capacities, achievements, and challenges in monthly basis to the MHPSS Task Force
3. Technical Support & Capacity Building
 - a. Create time and space during Task Force for sharing technical support and recommendations among members if needed, including by the chairs and/or group members.
 - b. Develop a capacity building plan based on interagency capacity assessments and organise training workshops to build the technical and institutional capacity of humanitarian agencies and government institutions (workshops, seminars, conferences, training sessions)
 - c. To mainstream MHPSS into other sectors so that it is an integrated part of the overall humanitarian response.
4. MHPSS Policy Making / Advocacy
 - a. Maintain communication with focal points and ministries, encouraging their active involvement in the Task Force
 - b. Align the Task Force objectives and activities with national Mental Health Strategy
 - c. Support national mental health systems regarding emergency response
 - d. Publish periodic situation reports of MHPSS Task Force with humanitarian response web site, OCHA, MHPSS RG
 - e. Create a bridge between international donors and NGOs in order to establish partnership opportunities for MHPSS projects

GUIDING PRINCIPLES

- Confidentiality
- Do no harm
- Human rights
- Participatory approach

- Impartiality and non-discrimination
- Respect for cultural context
- Neutrality and equality
- Transparency
- Multi layered support

ROLES & RESPONSIBILITIES

1. Leadership

The MHPSS Task Force has been initiated in March 2022. The group will be co-chaired by interested actors that will be identified through group meetings. The co-chairs can be rotated on a periodic basis, with replacements to be selected from the Task Force. As all members of the Task Force are equal, the co-chair would not have any supervisory role. The co-chairs will divide tasks in an equal and collaborative manner, and will be responsible to:

- Convene the Task Force to facilitate communications, meetings, and support the implementation of the emergency response plan
- Update service mapping regularly
- Establish an MHPSS capacity building plan
- Follow the recent developments and publications on MHPSS in global platform to share with Task Force members, share announcements on global capacity building initiatives and technical webinars
- Create and keep the MHPSS Task Force reporting system functional

2. Membership

Members of the MHPSS Task Force will commit to regular participation in meetings, activities and initiatives. Participating members will be responsible for:

- MHPSS actors are responsible for effectively coordinating their programs and activities, avoiding duplication and working towards good practice standards within their own organizations
- Upholding reporting commitments in a timely manner
- Update information regularly from all new actors to include geographic coverage and case load which shall be used to evaluate membership to the Task Force
- Fulfill responsibility of information sharing for periodic reports of the task force to maintain membership

MEETINGS

The Budapest based MHPSS Task Force meets weekly with physical or remote participation of its members. In agreement with Task Force members, the co-chairs may schedule alternative dates in special circumstances or may call for additional ad-hoc meetings to discuss specific issues as necessary. An agenda is shared a minimum 2 days before the meeting and brief meeting minutes, including relevant documents, are circulated within 3 days after the meeting is held.

These Terms of Reference are 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 otherwise requested by members to make amendments, the Terms of Reference will be reviewed twice a year to re-affirm responsibilities of the task force.