



# **EVALUATION OF THE IFRC PSYCHOSOCIAL CENTRE A REVIEW OF ACTIVITIES AND FUNCTIONS 2015-2022**

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Front photo: Venezuelan Red Cross

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## A. Executive Summary

The aim of this evaluation is to review the activities and functions of the IFRC Psychosocial (PS) Centre over the last 7 years. It is a retrospective review of the activities of the Centre, including its achievements and the factors that have contributed to or hindered those achievements.

Information was gathered for the evaluation using three main methodologies:

- i. *Desk Review: of relevant documents and data provided by the PS Centre*
- ii. *Survey of 38 National Society MHPSS focal persons.*
- iii. *Key informant interviews with 50 individuals with relevant knowledge.*

### **Activity review 1: Creating and sharing resources and information on community-based mental health and psychosocial support**

Over the period covered by this evaluation, the PS Centre has become increasingly involved in collaborative research with academic institutions, NSs and other stakeholders to investigate questions of both scientific relevance and operational importance to the Movement. Engagement in research projects ensures that the PS Centre is up to date with current developments in the psychosocial field, and contributes to the development of evidence around 'what works' in terms of MHPSS within the Movement, as well as informing the MHPSS field more broadly. This has potential impacts not only on the quality of the MHPSS services offered by NSs, but also on access to funding for such work.

The Red Cross Red Crescent Research Network on MHPSS was established in 2016 to foster connections between academics and implementing actors, highlight core research priorities for the Movement and to develop a 'culture of research' that enables NSs to feel more confident in developing and implementing research and/or evaluation activities. The involvement of NSs in research was described as a positive development, which built capacity in terms of both research skills and understanding how to make use of research findings.

Over the period of this evaluation, the PS Centre has produced a large number of tools and materials both in response to specific requests from NSs and/ or the IFRC, and in response to emerging events. The development of high-quality, relevant and accessible materials, and the speed with which they were produced in response to events such as the COVID-19 pandemic, was universally appreciated. The role of the PS Centre in identifying relevant materials produced by other organisations and adapting them to fit the needs of the Movement was also described as an important part of its contribution.

Whilst the wide range of resources produced by the PS Centre was appreciated, it was noted that there were also many good resources being produced by NSs which could be made more use of by the PS Centre, as well as creating their own new resources. There was also said to be a need to create resources which reflect a wider range of cultural contexts, and which are available in a wider range of languages. The need to assess how the materials are used operationally was highlighted by some key informants, in relation to a concern that NSs working in emergencies or with minimal MHPSS capacity would find some of the materials difficult to use in practice.

The PS Centre aims to disseminate resources in ways which are accessible and useful to the NSs, and to others within and outside the Movement. The means of dissemination are varied and have developed considerably over the period covered by this evaluation, particularly in response to the COVID-19 outbreak, when the PS Centre increased its use of the website, newsletters, podcasts and videos, and began to engage with social media in a more focused and structured manner. These new and creative dissemination methods were valued. MHPSS focal points make good use of the PS Centre website as a source of information, although some found it difficult to access the resources they needed on the website, partly due to the increased number of materials available. Analysis of the use of PS Centre resources indicates that they are well-used by NSs and others. PFA materials are consistently popular, including guidance on using the skill-set in specific circumstances.

## Activity review 2: Strengthening capacities of National Societies to provide community-based mental health and psychosocial support.

The 'PS Academy', which became the 'MHPSS Training Institute' in 2021, is the umbrella term for psychosocial trainings, workshops and seminars, including regional trainings and specialised trainings, e-learning and distance learning provided by the PS Centre. The 'PS Toolbox' (from 2021 the 'MHPSS Toolbox') refers to the training materials and curricula. The 'PS Academy/ MHPSS Training Institute' was perceived to be a core strength of the PS Centre, and an important contribution to the Movement.

Global trainings take place at the PS Centre in Copenhagen and are open to applicants from all over the world, although financial cost and challenges of obtaining a visa to travel to Denmark are barriers for some NSs. Regional and national trainings focus more on strengthening capacity in a defined geographical or linguistic area. There was a shift to online trainings in response to the COVID-19 pandemic in 2020, and these were appreciated for the methodology as well as the content. However, time differences and language limited the ability of some to access trainings, both in-person and online.

In addition to planned training and capacity-strengthening initiatives, the PS Centre responds to NS requests and opportunities as they arise. However, there are NSs who do not make contact with the PS Centre because they are not aware of the services available and/or there is uncertainty around whether and how they can connect with the Centre.

In the past, the PS Centre conducted trainings for NS roster members to prepare them to support international MHPSS programmes, including in emergencies, but in recent years these NSs have developed sufficient in-house capacity to conduct their own roster trainings. The PS Centre has continued to provide direct support to a number of emergency operations over the period of this evaluation, often in the form of technical assistance to psychosocial delegates, NSs and others involved in the response.

MHPSS training and capacity-strengthening was a high priority for NSs. PFA was undoubtedly seen as a valuable approach by NSs, but there was a desire to focus on other topics alongside basic psychosocial skills. The recent emphasis on supporting NSs to conduct research themselves, and to improve their M&E activities in order to inform their practices was seen as a helpful development, and further practical support to NSs to help them integrate MHPSS indicators and means of verification into evaluation strategies would be valued. NS representatives and others expressed, in particular, a need for an increased emphasis on strengthening capacity to offer community mental health services and supports.

A desire was expressed for decentralisation of MHPSS training within the Movement, with stronger coordination between the PS Centre, the IFRC regional offices and the NSs. It was felt that a strategic approach to capacity-strengthening, with a training cycle planned in advance in coordination with regions, would enable a region to plan capacity-strengthening efforts with NSs in a more helpful way.

It is not possible to draw any firm conclusions about the impact of the capacity-strengthening efforts of the PS Centre on NSs provision of MHPSS services, since currently the evaluation of trainings consists of pre- and post-tests to assess gains in knowledge but no systematic evaluation of acquisition of skills or use of the training in practice within the NSs or IFRC. The PS Centre has expressed an intention to establish a better system for evaluation of trainings and to document their impact.

There was appreciation for the varied approaches taken to MHPSS capacity-strengthening by the PS Centre, and the quality of materials produced. However, there was some concern that there was more emphasis on producing and delivering training materials than on ensuring that the NSs develop the necessary skills to implement MHPSS activities in their own contexts. A focus was noted on training as many people as efficiently as possible (e.g. using the Training of Trainers model), often without the follow-up required to enable participants to put what they have learned into practice. Increased in-country mentoring and support to NSs was said to be needed in order to strengthen capacity in a meaningful way. The important role played by the PS Centre in supporting NSs to identify relevant resources and make use of them in practice was highlighted, particularly for those new to MHPSS and lacking alternative sources of technical support.

In September 2022 the IFRC PS Centre in coordination with IFRC MENA regional office, the MHPSS MENA

network and Danish Red Cross organised a capacity-strengthening initiative in MHPSS in emergencies which combined training, mentoring and supervision with the strengths of a regional network structure. It also integrated evaluation of both knowledge and skills into the training programme. This pilot initiative had strengths in terms of enabling participants to develop MHPSS skills which they can put into practice.

### **Activity review 3: Cooperation with other actors in the MHPSS field**

The PS Centre has high levels of respect and engagement within the MHPSS field. External partners view the PS Centre as having a strong concentration of MHPSS capacity, as well as valuing collaborations and being reliable and efficient. In addition to informal connections and exchanges of material and information, the PS Centre has been engaged in an increasing number of collaborative projects around research and the development, testing and implementation of community-based MHPSS interventions. The intention is for these projects to result in guidance and tools which can be used by NSs to strengthen their MHPSS programming and services, although it was not possible during this evaluation to assess the extent to which this has occurred.

The PS Centre took on the position of co-chair of the IASC MHPSS Reference Group in November 2015, and has continued to hold the role throughout the period of this evaluation. This co-chair holds a central position in the global field of MHPSS in emergencies, which provides the PS Centre with opportunities to become involved in initiatives relevant to the Movement's objectives and to influence the global MHPSS in emergencies agenda. The co-chair position increases the visibility of the PS Centre and the Movement as a whole within the MHPSS field. This has enabled the PS Centre to strengthen their humanitarian diplomacy activities, contributing to an increased emphasis on MHPSS both within the Movement and more broadly.

A roster of experienced staff and delegates able to take on shorter term missions was initially established when the PS Centre first began its activities, with NSs assigning relevant staff to the roster as an 'in-kind' contribution to the work of the PS Centre. The situation changed over the years, and the roster is no longer active. There were mixed feelings amongst key informants about the benefits of maintaining a psychosocial roster.

### **Factors that influence the ability of the PS Centre to achieve its goals**

The period covered by this evaluation has seen an increase in project-based funding for the PS Centre. The reduction in unrestricted funding was said to have hindered the ability of the PS Centre to focus on its core functions, particularly in relation to strengthening the capacity of NSs to meet the MHPSS needs of the communities they serve, and to develop a coherent strategy in terms of its work in general.

The relationship with the IFRC Secretariat has been crucial to the effectiveness of the PS Centre. Whilst it is recognised that IFRC values the contribution made to the Movement by the PS Centre, there was a feeling amongst some that MHPSS issues and engagement with the PS centre was not always prioritised within the IFRC in practice. This has changed to some extent since the recruitment of the MHPSS Officer within the IFRC Secretariat, but the integration of the PS Centre into the work of the IFRC as a whole was described as ad hoc and opportunistic rather than systematic.

Regional IFRC offices are important collaborating partners for the PS Centre. There have been challenges in ensuring consistency in Regional MHPSS Delegates, and relationships between the PS Centre and IFRC Regional Offices were described by some as being less collaborative than they could be. Where a MHPSS Delegate is in place in an IFRC regional office, communication and collaboration with the PS Centre was reportedly more effective. Effective MHPSS networks have been established in the Europe, MENA and Asia-Pacific regions, and these have been found to be an efficient means of the PS Centre sharing information and contributing to capacity-strengthening of NSs, as well as learning from the experiences of the NSs. The presence of MHPSS focal persons within NSs is also crucial to the effective functioning of the PS Centre.

Aspects of the way the PS Centre is currently structured and operates were found to influence its achievements in relation to its core functions. The lack of diversity within the PS Centre staff team hinders the Centre's ability to fully support NSs to develop their MHPSS capacity. The location of the Centre in Copenhagen was also questioned by some who felt this limited the diversity and agility of the Centre. The intention of the PS Centre is that one Technical Advisor will be the primary contact person for each of the five regions, although staff turnover and project-based funding has made it difficult to achieve this goal over the period of the evaluation.

The functions of the PS Centre set out in the original Agreement give a mandate to the Centre to focus on certain priorities. However, there was a feeling amongst some key informants that the PS Centre lacked a clear strategic approach, especially as project-based funding became a more important source of their income. It should be noted that due to the uncertainty resulting from ongoing decision-making process around the development of the PS Centre into a Movement MHPSS Hub (or not), strategic discussions within the Centre regarding its areas of focus and priorities have been on hold in the recent period.

## **Discussion and Conclusions**

### ***Support and reach to NSs***

There has been an increase in the number of requests for support received by the PS Centre over the period of this evaluation, particularly requests from NSs for technical support. The largest proportion of requests made to the PS centre came from NSs in the Europe region, with the increase mainly driven by British, French, Netherlands, Norwegian and Swedish NSs. There has been little change in the pattern of engagement from the NSs in the other regions, with very small numbers of requests coming from the Africa and MENA regions.

This analysis supports the observation of key informants that the PS Centre has more contact with NSs which already have some level of MHPSS capacity. The NSs which most consistently contact the PS Centre for support are those already active in the MHPSS field and better resourced. Other NSs are less likely to seek support from the PS, either because they do not feel they need it, they do not know what services the PS Centre can offer and/or they do not know how to approach the PS centre, or do not feel comfortable in doing so. Evidence indicates that the PS Centre has found it more difficult to engage the NSs where there was no regional MHPSS focal point, or strong MHPSS focal points within the NSs themselves.

### ***Development of high-quality tools, guidance and materials***

The resources produced by the PS Centre emerged as a clear strength during this evaluation. NS focal points appreciated that they could be sure that the resources would be in line with Movement principles and approaches, which was not always the case when they accessed resources externally. The speedy production of high-quality materials during the COVID-19 pandemic was greatly valued both within the Movement and outside, and increased the visibility of the PS Centre considerably.

There was consensus that the PS Centre is a leader in the MHPSS field in relation to materials around psychosocial support. However, a theme which emerged in this evaluation was the perceived gap around producing guidance to enable NSs to address mental health conditions at community level. In addition, resources could usefully reflect a wider range of cultural contexts, and be available in a wider range of languages.

The strategies used by the PS Centre to share their materials since 2020 were seen very positively and the resources produced are well-used by NSs and others.

### ***Impact of PS Centre on NS practice***

It was difficult to gain a clear picture of the impact of the tools and materials produced by the PS Centre on NSs' actual practice. Similarly, capacity-building initiatives are not comprehensively evaluated, so it is hard to know how they influence the MHPSS services delivered by NS staff and volunteers.

The majority of survey respondents felt that the PS Centre had been 'very useful' or 'quite useful' to their NS. The Technical Advisors in the Psychosocial Centre were described as being highly knowledgeable and skilled, and willing to provide support when requested. However, there was a concern that NSs, especially those with minimal MHPSS capacity, require more support than is currently available to identify resources relevant to their context and use them to strengthen the MHPSS capacity within their NS. At IFRC Regional Office level, there was also a desire expressed for increased PS Centre input into planning MHPSS activities for the region, to ensure a strategic and coordinated approach.

## ***Strengthening MHPSS collaboration and focus within the Movement***

Key informants described how awareness of, and focus on, MHPSS has increased within the Movement over the last seven years. The PS Centre has played a key role in this, particularly in creating a 'shared vision' and approach to (MH)PSS, and a shared language within the Movement. In this process, the PS Centre has drawn on discussions with NSs, researchers and other actors in the MHPSS field in order to ensure that the Movement vision and approach align with current understandings of good practice.

The PS Centre was a key actor in the development of the MHPSS Resolution and Policy, which has contributed greatly to an increased focus on MHPSS within the Movement. The MHPSS Resolution and Policy serve as important tools for humanitarian diplomacy at both national and global levels, and the PS Centre, along with others, has already begun efforts to increase NS understanding of these documents so they can more effectively use them for advocacy purposes.

## ***Contribution to MHPSS field***

The PS Centre has made a significant contribution to the MHPSS field over the period covered by this evaluation. Its role as co-chair of the IASC MHPSS Reference Group has increased both the visibility of the PS Centre, and its involvement in new developments and initiatives in the MHPSS field. The PS Centre is highly respected by other actors in the MHPSS field and perceived to be a strong partner. Humanitarian diplomacy has become a particular strength of the PS Centre in recent years, as has its engagement in research and implementation projects in partnership with academic institutions and other humanitarian actors.

## ***Conclusions***

The PS Centre has made an important contribution to the work of the RCRC Movement and to the MHPSS field as a whole over the last seven years. A particularly significant contribution has been the development of high-quality materials, tools and guidance on community-based psychosocial support which are perceived as relevant and which are produced in a timely fashion in response to events. This has been accompanied by a strong Communications approach to disseminating information to NSs and others. The focus on basic psychosocial skills, particularly PFA, was appreciated but there was a need expressed for more support to strengthen NSs community-based mental health activities, as well as MHPSS monitoring and evaluation, and to produce materials in a wider range of languages. In addition, some NSs required additional support to identify resources relevant to their own context and put these into practice.

Capacity-strengthening opportunities offered by the PS Centre were perceived as relevant and high-quality, although barriers were identified to some NSs participating in trainings. It was not possible to examine in a systematic way which NSs benefited from the capacity-strengthening opportunities, or the impacts on their MHPSS programming and practice. However, NSs with the least MHPSS capacity were not systematically supported to strengthen their MHPSS knowledge, skills and activities, perhaps as a result of a shift towards project-based funding which has limited the PS Centre's ability to focus on its core activities. The location of the PS Centre in Copenhagen, and the lack of diversity within the staffing team, was perceived to hinder the Centre's ability to fully support NSs to develop their MHPSS capacity.

The PS Centre has high levels of respect and engagement within the MHPSS field. The co-chair position of the IASC MHPSS Reference Group has increased both the visibility of the PS Centre, and its involvement in new developments and initiatives in the MHPSS field. Humanitarian diplomacy has been a particularly strong aspect of the PS Centre's work over the period covered by this evaluation. The role played by the PS Centre in the development, adoption and implementation of the MHPSS Resolution and Policy is a considerable achievement, and paves the way for strengthened MHPSS approaches within the Movement, and for advocacy at local, regional and global levels.





## B. Background and context

The IFRC Psychosocial Centre (PS Centre) was established in 1993 and is hosted by Danish Red Cross. It is part of and coordinates closely with the IFRC Global Health Team. It is mandated to support, promote, and advocate for the awareness and implementation of psychosocial support through the IFRC Psychosocial Support Programme (PSP). The functions of the Centre are set out in the hosting agreement between Danish Red Cross and the IFRC (2004) as follows:

- A. Advise and guide National Societies to sources of information on community-based mental health and psychosocial support.
- B. Support National Societies in developing their capacity to provide community-based mental health and psychosocial support to vulnerable groups and volunteers through assessment and training.
- C. Develop the necessary capacity to meet the demand for operational assistance to international mental health and psychosocial programmes within National Societies, including the Danish Red Cross.
- D. Access external research and make it accessible to National Societies.
- E. Cooperate with other humanitarian organisations providing mental health and psychosocial support (e.g., IASC, WHO, Save the Children, UNHCR, IOM, UNICEF etc) to exchange materials and experience, and to avoid duplication.
- F. Develop, translate and share models, tools and case studies that reflect best practice in community-based mental health and psychosocial within and outside of the Movement.
- G. Further develop a database of external consultancy expertise ('the roster'), to be deployed for assessment and training with National Societies.

The ultimate goal is that all National Societies (NSs) and the IFRC have sufficient capacity to provide quality mental health and psychosocial support that meets the needs of the populations in their country, while at the same time taking care of the physical, mental and psychosocial well-being of their staff and volunteers. The PS Centre focuses on identifying and supporting NSs that have little or no capacity for MHPSS or who are facing extraordinary challenges in meeting the needs in their country, whilst also making tools and trainings available to all. It also involves transforming knowledge into evidence-informed interventions, principles and practical guidance/tools for NSs. The PS Centre works closely with the IFRC Secretariat and its five regions, as well as regional and NS delegations of the IFRC in order to identify and address the needs of the NSs.

The Strategic Operational Framework of the PS Centre is structured around three strategic approaches to deliver the following outcomes<sup>1</sup>:

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<sup>1</sup> IFRC Reference Centre for Psychosocial Support Strategic Operational Framework 2021

<b>Technical support &amp; capacity-building</b>	<b>Mental health and psychosocial support in emergencies</b>  <b>Global, regional and local knowledge sharing</b> <b>Training, supervision and mentoring</b> <b>Technical advice and guidance and quality assurance</b>
<b>Knowledge generation &amp; sharing</b>	<b>Translating research into good practice</b>  <b>Driving innovation through the Movement</b> <b>Monitoring, evaluation, accountability and learning</b> <b>Expansion and development of the MHPSS toolbox</b>
<b>Humanitarian diplomacy &amp; communication</b>	<b>Influence relevant policies and practises</b>  <b>Engaging actively with stakeholders and partners</b> <b>Utilising technology to do more, smarter</b>

The aim of this evaluation is to review the activities and functions of the PS Centre over the last 7 years. The specific objectives of the evaluation are:

1. To identify the progress and achievements of the IFRC Psychosocial Centre as per the functions set out in the 2004 Agreement (including the 2009 amendment) between the IFRC and the Danish Red Cross, to ensure its effectiveness.
2. To identify and understand the relevance of the set-up of the PS Centre by examining the gaps, obstacles, opportunities, constraints and challenges of the current organisation, structure, governance, financing and management.
3. Understand and document the changes that the PS Centre helped bring about within the National Societies and the IFRC, and more broadly within the MHPSS sphere.

The evaluation is a retrospective review of the activities of the PS Centre, including its achievements and the factors that have contributed to or hindered those achievements. The focus is not primarily on structures, governance, finance and management of the PS Centre, since these have been addressed in a separate evaluation<sup>2</sup>. The focus is also not primarily on making recommendations for the way forward as the PS Centre transitions into a Movement MHPSS Hub, although the review is intended to contribute to the development of recommendations by those responsible for steering this transition.

### ***Structure of the report***

The report is organised in the following way:

- A. Executive summary
- B. Background and context
- C. Evaluation methodology
- D. Activity review 1: Creating and sharing resources and information on community-based mental health and psychosocial support.
- E. Activity review 2: Strengthening capacities of National Societies to provide community-based mental health and psychosocial support.

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2 A Red Cross Red Crescent Movement Reference Centre Mental Health and Psychosocial Support: An analysis of options - Final Report (Sara Peres Dias, December 2020)

- F. Activity review 3: Cooperation with other actors in the MHPSS field
- G. Factors that influence the ability of the PS Centre to achieve its goals
- H. Discussion and Conclusions

There is clearly some overlap between sections D-F; the division of the topics in this way is somewhat artificial. However, this structure will enable the key objectives of the evaluation to be addressed, and connections between the different areas will be highlighted where relevant.

Additional information is provided in Annexes attached to this report.

## C. Evaluation methodology

This evaluation took place between 7 June and 7 October 2022. It was overseen by a Steering Group consisting of one PS Centre staff member, a senior manager from within the IFRC Health and Care Department who is also the PS Reference Centre focal person in Geneva, and a M&E Officer from the International Department of Danish Red Cross. An inception report was initially developed to guide the process and identify the data collection methods and tools. Three main methodologies were used.

### *iv. Desk Review*

A range of documents were shared by the PS Centre to inform the evaluation. These included Annual PS Centre reports (2015-2021), Strategic Operational Frameworks (2016-2020 and 2021), the original Agreement between IFRC & DRC concerning the IFRC PS Centre and others. The full list of documents reviewed can be found in Annex 1.

### *v. Survey*

A survey was developed to obtain information from National Society MHPSS focal persons on their experience of the PS Centre, and their reflections on these. The survey was shared with 63 MHPSS focal points staff electronically through SmartSurvey in English, French and Spanish, and 38 responses were obtained. These were analysed by the consultant. The survey form can be found in Annex 2, and a summary of the findings in Annex 3.

### *vi. Key informant interviews*

The most substantial element of the information-gathering process was a series of online discussions with 50 individuals who had knowledge relating to aspects of the PS Centre's work. The full list of interviews conducted can be found in Annex 4.

## **D. Activity review 1: Creating and sharing resources and information on community-based mental health and psychosocial support**

This chapter relates to the evaluation objective: 'To identify the progress and achievements of the IFRC Psychosocial Centre as per the functions set out in the 2004 Agreement (including the 2009 amendment) between the IFRC and the Danish Red Cross, to ensure its effectiveness'. It focuses on the following function areas:

- (a) Advise and guide National Societies to sources of information on community-based mental health and psychosocial support.
- (d) Access external research and make it accessible to National Societies.
- (f) Develop, translate and share models, tools and case studies that reflect best practice in community-based mental health and psychosocial within and outside of the Movement.

The primary task of the PS Centre is to enable and support NSs to understand, respond and utilise evidence-based practice in meeting the psychosocial needs of vulnerable groups. One of the Centre's key functions, therefore, is providing relevant information and resources on community-based psychosocial support in a way which can be readily accessed by NSs. Reflecting both this aim and the three functions listed above, this chapter is divided into the following sections:

- Identifying good practice in community-based MHPSS
- Development of tools and materials that reflect best practice in community-based MHPSS
- Approaches to dissemination
- Use of tools and materials by National Societies

## Key messages

The PS Centre has become increasingly engaged in collaborative research partnerships, as well as disseminating relevant research information to NSs and IFRC operational units.

Research collaborations contribute to the development of evidence around 'what works' in terms of MHPSS within the Movement and ensure that the PS Centre is up to date with current developments around best practice.

The development of high-quality, relevant and accessible materials has been an important contribution of the PS Centre to NSs and to the MHPSS field more broadly. The quality of the materials produced by the PS Centre, and the speed with which they are produced in response to events such as the COVID-19 pandemic, was universally appreciated.

The resources produced are well-used by NSs and others. PFA materials are consistently popular, including guidance on using the skill-set in specific circumstances.

The need to assess how the materials are used operationally was highlighted, in relation to a concern that NSs working in emergencies or with minimal MHPSS capacity would find some materials difficult to use in practice.

A need was identified for resources which reflect a wider range of cultural contexts, including making use of those created by NSs themselves, and in a wider range of languages. There is a perceived gap around guidance to enable NSs to address mental health conditions at community level

The new and creative ways adopted by the PS Centre to share information and resources, especially since 2020, were seen very positively.

## Identifying good practice in community-based MHPSS

Mental health and psychosocial support is a discipline under constant development both in academia and in the field. New types of interventions are continuously emerging, and a key function of the PS Centre is to bring these new interventions into the Movement and help to translate them into practice. Information on emerging good practice in community-based MHPSS is obtained from various sources. The IASC MHPSS Reference Group working groups and other initiatives enable the PS Centre to be aware of emerging knowledge and initiatives, as does their involvement in collaborative projects around implementation and research. Another key potential source of information is the MHPSS focal points within the Movement at local and regional levels.

When the Agreement was developed the PS Centre was not directly involved in research but did share key information on relevant research initiatives with NSs and IFRC operational units in order to inform their work and contribute to evidence-based practice at country and regional levels. For example, in 2018 the PS Centre commissioned two experts to review the literature on critical incident debriefing and how to support a person or team in distress after a difficult experience. The review (published in 2019) was used by the PS Centre to develop guidance on supporting volunteer teams, leaders and managers, and later fed into the development of the PFA in Groups: Support to Teams module.

More recently, the PS Centre has become actively involved in collaborative research in partnership with academic institutions, NSs and other stakeholders to investigate questions of both scientific relevance and operational importance to the Movement. The aim of the research collaborations is to contribute to the development of new knowledge in the MHPSS field that can be translated into practical tools and guidelines for field use, with the aim of increasing the quality of MHPSS interventions within the Movement. Engagement in research projects also ensures that the PS Centre is up to date with current developments in the psychosocial field.

In addition to making use of the research conducted to strengthen NSs MHPSS activities, the PS Centre's engagement in collaborative projects provides opportunities for NS field experience to influence the MHPSS research agenda. MHPSS focal points within NSs are in a good position to identify emerging MHPSS needs in the communities they work with, as well as challenges experienced by staff and volunteers who try to meet these needs, and examples of practices which seem to be effective. Where the PS Centre is able to engage in a meaningful way with NSs, and learn from these experiences, they are able to share them with external partners in the MHPSS field. This can contribute to a shift towards bottom-up, practice-based agenda-setting in terms of both research and the development of MHPSS interventions, which is more likely to produce outputs relevant to the work of the Movement. There has been a focus recently on 'co-creation' of research outputs (e.g., as used in the FOCUS EU Horizon 2020 funded project), involving NS representatives to ensure that the project results in outputs that practitioners can use to improve their MHPSS services.

## ***Research Network***

The Red Cross Red Crescent Research Network on MHPSS was established by the PS Centre and a group of academics and practitioners engaged in MHPSS in 2016, as a space for collaboration and shared learning that brings together MHPSS researchers and practitioners affiliated with the Movement. Membership is open to individuals engaged in research on MHPSS topics and associated with the Red Cross Red Crescent Movement; affiliated membership is open to individuals with experience in MHPSS research in humanitarian settings.

The Network aims to foster connections between academics and implementing actors, highlight core research priorities for the Movement and to develop a 'culture of research' that enables NSs to feel more confident in developing and implementing research projects and/or evaluation activities. The Network also promotes the generation of research with practical applications to humanitarian contexts. The first meeting of the research network in 2016 included a workshop on priority research areas for the RCRC Movement, and this was followed up with a further research priority-setting exercise to cover the period 2018-2022.

## ***Examples of collaborations designed to identify good community-based MHPSS practice***

### ***WHO low intensity psychological interventions:***

The PS Centre has engaged in several research projects and collaborations with universities, the WHO, large international NGOs and smaller local NGOs to support the development, adaptation and field testing of 'low intensity psychological interventions' developed by the WHO. The purpose of the PS Centre involvement was to investigate how the interventions could be used by NSs to address general psychosocial ill-being and to alleviate, treat and prevent common mental disorders such as anxiety, depression, and posttraumatic stress disorder.

For example, the STRENGTHS project (2017-2021) trained Syrian refugees to provide the WHO mental health intervention, Problem Management Plus (PM+) to fellow Syrian refugees. Together with consortium partners, the PS Centre delivered the culturally adapted version of the intervention and designed and delivered the training of trainers module, as well as contributing to communication and advocacy work related to the global uptake of interventions. The expertise built through involvement in this project was intended to strengthen the capacity of NSs to adapt the intervention to local settings and thereby provide quality, research-based MHPSS services.

As another example of involvement in development of WHO low-intensity, psychological interventions, the RE-DEFINE project (2018-2020) sought to provide evidence for SelfHelp+, a preventative psychosocial intervention for people affected by humanitarian emergencies. The PS Centre supported the dissemination aspect of the project.

### ***FOCUS:***

The PS Centre led the consortium working on the FOCUS project (Forced Displacement and refugee-host community solidarity) (2019-2022). The aim was to impact on both research and practice by understanding and improving the dynamics of integration for migrants and host communities with a special emphasis on how



psychological and social factors influence integration. The project aimed to provide effective, evidence-based solutions for integration of refugees into host communities. In order to ensure that the guidance resulting from the project was practically useful, NS representatives were invited to collaborate in its design. The main output was a practical implementation guide to dynamic integration based the expertise, ideas and experiences of practitioners. The project also helped to strengthen the partnership with IOM MHPSS's Global team and IFRC's work on migration in general, including informing discussions with the EU Commission conducted by the IFRC EU Brussels delegation office.

#### ***CONTEXT PhD Studentships:***

The Collaborative Network for Training and EXcellence in psychoTraumatology (CONTEXT) is a three-year doctoral training programme. It is an international, interdisciplinary collaboration between nine European partner organisations in the academic, non-governmental, voluntary, and public sectors. The PS Centre hosted two PhD students registered with Trinity Centre for Global Mental Health; one worked with the Sudanese Red Crescent on a project designed to strengthen managerial practices to ensure the wellbeing of volunteers, whilst the other worked with the Colombia Red Cross to evaluate the effectiveness of the PM+ low-intensity psychological intervention described above. These projects resulted in increased awareness and attention to caring for volunteers and low-intensity psychological interventions – particularly helping frame the PS Centre's engagement in the STRENGTHS project. The focus on caring for volunteers built upon previous research work that led to the development of guidelines for NSs on how to work with spontaneous volunteers. These guidelines have also been incorporated into the MHPSS in National Emergencies training curriculum from the PS Centre and the Baltic Sea Programme covering NSs around the Baltic Sea.

#### ***Integrated Model for Supervision:***

The IMS research project has been ongoing since 2021, in collaboration with Trinity Centre for Global Mental Health and funded by USAID. The intention is that the model and associated resources will be researched, tested and used outside the Movement as well as potentially by NSs to help them to incorporate supervision as an essential component of mental health and psychosocial support programming. The current testing phase of the project includes the Ukraine Red Cross (piloted in 2021) and a National Society in the Asia-Pacific region in 2022, along with inter-agency partners in other locations (e.g., Save the Children Afghanistan, IMC in Jordan, UNICEF in Nigeria). Although the project and research is still ongoing, initial guidance is already available on the PS Centre website.

#### ***Refuge-Ed:***

The PS Centre is one of nine partners (including the Trinity Centre for Global Mental Health) in the EU Horizon-funded Refuge-Ed project, which is about co-creating and scaling up ways of supporting education, wellbeing and a sense of belonging for refugee children, unaccompanied minors and their host communities in Europe. The PS Centre is responsible within this project for developing the Brokering Knowledge Platform and the Community of Practice and Learning.

## **Development of tools and materials**

'The PS Centre develops tools in cooperation with, and upon the request of NSs, to enable them to provide quality and timely responses to the psychosocial needs of people affected by emergencies and crises' (Annual Report, 2015). The materials are not intended to be globally applicable, rather they are presented as a generic foundation which NSs can build on and contextualise to their situation.

Over the period of this evaluation, the PS Centre has produced a large number of tools and materials. A list of resources produced can be found in Annex 5, and is summarised in Table 1 below. This only includes handbooks, manuals, tools, guidance, orientations, research and training materials available on the website; it does not include videos, podcasts or other resources.



**Table 1. Summary of materials produced by PS Centre 2015-2022**

Year	# resources	Themes and topics
2022 <sup>3</sup>	8	Resources related to the international armed conflict in Ukraine PFA for pandemic fatigue The Wellbeing Guide
2021	12	Online/ offline PFA training materials, including training of trainers Guidance on online facilitation in MHPSS A Hopeful, Healthy & Happy Living & Learning Toolkit Community-based psychosocial support training manual for staff and volunteers Integrated Model for Supervision for Mental Health and Psychosocial Support: Handbook Mental health and psychosocial support in primary health care settings Suicide prevention
2020	15	Online PFA in COVID-19 training, with additional modules MHPSS in COVID-19 materials, including loss and grief, suicide prevention, supportive supervision, caring for volunteers, M&E. Back to school during COVID-19 Baltic Sea Emergencies MHPSS materials
2019	5	A short introduction to Psychological First Aid Guidelines for caring for staff and volunteers in crises MHPSS in Emergencies – Delegate Handbook Outreach walk: Improving protection and psychosocial support through outreach
2018	6	Training in PFA – four modules Child Friendly Spaces in Humanitarian Settings toolkit
2017	3	Monitoring and Evaluation Framework for Psychosocial Support Interventions Key actions for psychosocial support in flooding
2016	1	Moving together: promoting psychosocial wellbeing through sport and physical activity
2015	4	Caring for Volunteers: Training manual Different. Just like you. Sexual and gender-based violence – training guide The resilience programme for young men – a psychosocial handbook

The PS Centre team identifies a need for new tools or materials through a number of sources. Regional MHPSS

3 Up to 5 October 2022

networks (particularly the MHPSS-EN, Asia-Pacific MHPSS Collaborative and MENA MHPSS Regional Network) and IFRC at the global level often identify a need for specific materials. For example, the PFA for pandemic fatigue materials were developed following a request from the Asia-Pacific MHPSS Collaborative, and the PFA in times of uncertainty materials were initiated by a request from Ukraine Red Cross. In response to the IFRC development of a Care in Communities package for community-based health care, the PS Centre both mainstreamed MHPSS in relevant sections and developed a specific module on MHPSS.

Discussions within the broader MHPSS field also inform the tools and materials developed by the PS Centre. For example, the emergency calls of the IASC MHPSS RG led to the development of the Hopeful, Healthy & Happy Living & Learning Toolkit and Back to School during COVID-19 guidance. Discussions at the IASC MHPSS RG annual meeting led to the research project on approaches to supervision, and in turn research projects such as the Integrated Model for Supervision also lead to the development of tools and materials, as described above.

At times, NSs directly request materials. For example, the Norwegian and Swedish Red Cross Societies wanted a full M&E Framework for MHPSS programmes both for their domestic and international use, and these Societies helped to fund the development of this toolkit. In other cases, materials are created with NSs in response to specific emergencies or other events. For example, Key Actions for Psychosocial Support in Flooding was developed based on research and community mobilisation workshops in Northern Ireland, Hungary and Denmark.

The PS Centre produced a wide range of materials to support NSs' MHPSS response during the COVID-19 pandemic, drawing initially on the resources developed by the Hong Kong branch of the Red Cross Society of China. The first COVID-19 publication produced by the PS Centre, Remote Psychological First Aid during COVID-19, was available in nine languages in a matter of weeks after the outbreak was first declared, and in the second quarter of 2020 the PS Centre produced seven guides, five training toolkits and a set of activity cards for children out of school. The PS Centre has continued to produce COVID-19-related materials as needs have changed, such as A Hopeful, Healthy & Happy Living & Learning Toolkit, designed to facilitate support for children, parents/caregivers and teachers affected by the COVID-19 pandemic (produced in collaboration with REPSSI and APSSI), and more recently resources on 'PFA for pandemic fatigue'.

The PS Centre has also developed packages of resources designed to meet an identified need. For example:

- Psychological First Aid: In 2017 the IFRC initiated the 'PFA for ALL' project, which aimed to equip all 14 million Red Cross Red Crescent volunteers with the skills to provide psychological first aid (PFA). The PS Centre was heavily involved in this initiative, producing between 2017 and 2020 a comprehensive PFA toolkit for NSs.
- Child Friendly Spaces: In 2017 IFRC and World Vision International launched a joint project to develop a Toolkit for Child Friendly Spaces in Humanitarian Settings. The toolkit included an Activity Catalogue and guidance for implementers of child friendly spaces. In 2018, two publications were comprised into a training package, 'Training for Implementers of Child Friendly Spaces in Humanitarian Settings', and in 2019, the final resource was released, 'Training for Facilitators of Activities for Child Friendly Spaces in Humanitarian Settings'.

The development of high-quality, relevant and accessible materials was described as an important contribution of the PS Centre to NSs and to the MHPSS field more broadly.

***All our National Societies are trained by the PFA guidelines of the PS Reference Centre because they are simple. They are under the frame of the Movement and it's perfect. We push National Societies to use PS Centre material because of this quality assurance and it's evidence based. (Regional MHPSS Delegate)***

The quality of the materials produced by the PS Centre, and the speed with which they are produced in response to events such as the COVID-19 pandemic, was universally appreciated.

***At onset of the COVID-19 pandemic, two weeks after we experienced it, the PS Centre immediately published the PFA remote support guidance. They were the first resources I found on MHPSS in COVID-19. Then it***

*followed with different modules on PFA in COVID-19, and we adapted these and used them. The speed of producing the PFA COVID-19 materials was really important to us. (NS MHPSS focal point)*

The role of the PS Centre in identifying materials produced by other organisations and adapting them to fit the needs of the Movement in general and the NSs in particular was also said to be an important part of its contribution.

*When there are new guidelines coming up out of WHO, for example, [it's important] that the Centre can adapt them so it fits within the Movement context. Because it's very different the way that we are operating with National Societies where volunteers may only have [education] up to seventh grade ... If you take WHO material such as 'Thinking Healthy', how to translate that into a material that we can use with volunteers in South Sudan? [There are] many other agencies out there who are putting out brilliant materials, but we have to use them in a volunteer context. (NS MHPSS technical staff)*

This is an area that could be developed further, some key informants suggested. Many useful resources are now developed by different organisations, including desk reviews, but are not currently accessible to NSs. An example was given of the comprehensive 'Culture & Context' materials produced by UNHCR and others<sup>4</sup>. It was suggested that the PS Centre could expand their focus on identifying these and providing a summary of the content most likely to be useful to NSs. In general, there was a feeling that more use could be made by the PS Centre of existing materials both from NSs and external partners, in addition to developing entirely new resources.

## Approaches to dissemination

The aim of developing tools and materials which reflect best community-based MHPSS practice is to strengthen the ability of NSs to plan and implement MHPSS initiatives which are evidence-informed and of a high quality. This depends on the PS Centre disseminating the information they produce in ways which are accessible and useful to the NSs, and to others within and outside the Movement.

In some cases, materials are identified and shared directly with NSs in response to specific emergencies or other events, or requests for support. For example, in response to the 2015 Nepal earthquake, materials shared with the PS focal point included assessment guides, training materials and guidance on Child Protection and mental health and psychosocial support, as well as technical guidance on the development of key messages regarding psychosocial support, such as self-care, coping with stress and supporting children.

More recently, the PS Centre was involved with an assessment of the needs of people who fled Ukraine, which was fed back to relevant NSs in the form of both a written report and a verbal briefing. Currently, a desk review is being conducted by the PS Centre of relevant reports from other agencies, which will be analysed and consolidated and then shared with NSs in a format which they can use to inform their activities.

In addition to this direct sharing of information with NSs, the PS Centre aims to ensure that its tools and materials are freely and readily accessible to any NS MHPSS focal point or other person. The means of dissemination are varied and have developed considerably over the period covered by this evaluation. Approaches have included publications, magazines, newsletters, social media and the PS Centre website. The key target audience is always the NSs, and materials are developed and disseminated in ways intended to facilitate access and use by staff and volunteers.

*To make it accessible, it has to be accessible to any volunteer anywhere around the world. I love that about the Psychosocial Centre. (Key informant associated with the PS Centre)*

The outbreak of the COVID-19 pandemic significantly altered the PS Centre's dissemination approaches. At this time, the PS Centre stepped up its use of the website, newsletters, podcasts and videos, and began to engage with social media in a more focused and structured manner. An initiative known as 'Facebook Friday'

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<sup>4</sup> Hassan et al (2015) Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support Staff Working with Syrians Affected by Armed Conflict UNHCR; Tay et al (2018). Culture, Context and Mental Health of Rohingya Refugees: A review for staff in mental health and psychosocial support programmes for Rohingya refugees. UNHCR.

offered both a regular connection with staff and volunteers (and people outside the Movement), and a way to provide some simple self-care tools at a difficult time.

The podcast series Heartbeat of Humanity began in November 2020 as an initiative to reach Movement staff and volunteers in a new way. The podcasts are short (15-30 minutes) and have covered topics such as caring for staff and volunteers, suicide prevention, advocacy for MHPSS, mental health and climate change, and low-intensity psychological interventions.

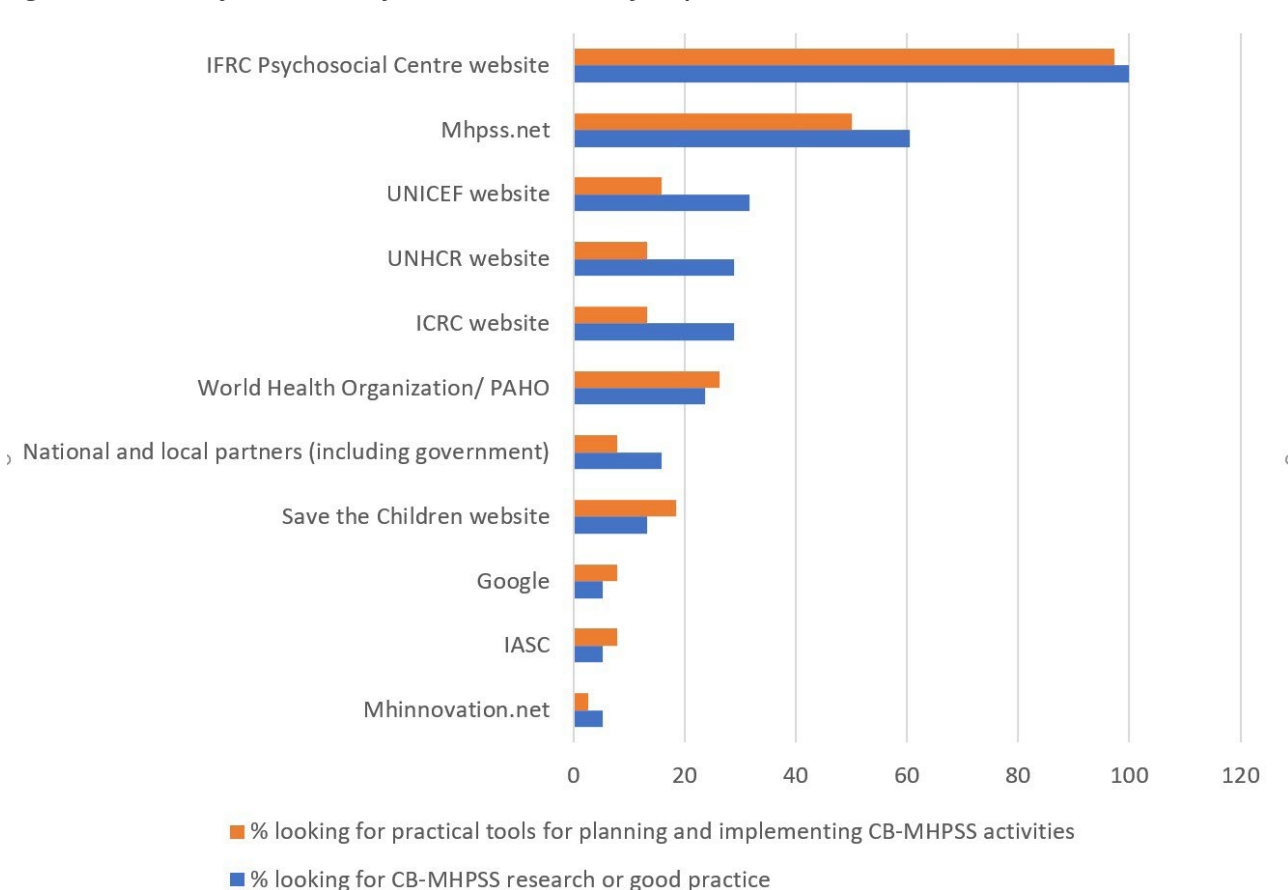
For many years the PS Centre newsletter has been a way of communicating current and future events and information relevant to MHPSS within the Movement. It used to be produced four times a year, but in 2020 it became clear that the amount of content made this quarterly approach unwieldy. Initially, a bi-monthly approach was trialled, but since late 2021 the newsletter has been sent out whenever the PS Centre has something to communicate with MHPSS focal points and others. In practice, this results in a short newsletter being sent out several times each week, usually covering just one issue per newsletter.

The dissemination of new materials and tools was strengthened through approaches such as training videos, online articles and interviews with authors which are then promoted on social media platforms. Currently visits to the PS Centre website and reach on social media platforms, YouTube channel and podcasts are monitored by the Communications team every six months to identify trends.

### ***Effectiveness of dissemination approaches***

The survey conducted for this evaluation indicates that MHPSS focal points make good use of the PS Centre website as a source of information. Figure 1 below shows the percentage of the 38 respondents who identified different sources of information as places they would look if they wanted (a) information on CB-MHPSS research or good practice, and (b) practical guidance or tools to help with planning and implementing CB-MHPSS activities.

***Figure 1. Sources of CB-MHPSS information accessed by respondents***



The majority of respondents (around three-quarters) indicated that they would access more than one resource, indicating that not everything needed can be found on the PS Centre website, but it is seen as an essential source of information alongside others.

A survey conducted by the PS Centre Communications department in January 2021 (34 respondents) asked how easy it was to find documents and information about trainings on the PS Centre website. Figure 2 shows that most respondents reported that they found it 'somewhat' or 'very' easy to find the documents and training information they wanted on the website

*Figure 2. Ease of finding information on the PS Centre website (Communications Survey, Jan 2021, 34 respondents)*



However, in the data collection for this evaluation, a number of key informants and survey respondents reported that they found it difficult to find what they needed on the website, partly due to the increased number of materials available.

*The Centre's website, it's brilliant in some ways and it used to be good in navigating through but I can't find things on the Centre website anymore. The search function somehow, I don't know, it's where to find the different resources, I don't know how they have categorised things. Heartbeat of Humanity, I can find that, and I can find those small videos. But the other day I was looking for the Policy, I was looking for the Resolution and I had to search really hard to find it. It's not supposed to be like that. (NS MHPSS technical staff)*

*It is tough to find something on the PS Centre website; you should know very clearly what you need and even where it is stored on the website. Otherwise, it is impossible to find it. If the structure of the website can be changed, it would help a lot. (Survey respondent)*

### **Making research accessible to National Societies**

The Research Network disseminates research findings, as well as discussions of emerging issues, through bi-annual meetings which bring together members to share research experiences on a theme, through a combination of presentations and workshops. It also hosts the 'MHPSS Research webinar series', which offered webinars on 'inner resilience' in 2016, one in 2017 on 'Psychological First Aid – between evidence and practice', and one in 2019 on the concept of moral injury.

The Europe MHPSS Network also contributes to disseminating research amongst their members. All meetings include research presentations, which are then shared online with network members. There have also been

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*There are so many online manuals, guidelines available in PSS. I am grateful that PS Centre has made efforts to do own material and guidelines and collect best practices. It helps a lot at the national level also, when we can say that this material is based on PS centre guidelines. It also support cross-border co-operation when we can share together PS Centre guidelines and no need to discuss which guidelines to follow.*

Survey respondent



some podcasts based on research being conducted within the region.

There were mixed opinions amongst key informants on how effectively research findings are shared and accessed by NSs in ways which enable them to make use of them. There was appreciation for the variety of formats in which research information was available.

*They're doing a good job with the podcasts, breaking down research into accessible pieces for the field. NSs won't read 50-page papers, the podcasts made it relevant and digestible. We aren't always aware of what exists out there, the fact that they have identified it already means it's relevant. For us, it's spreading the news that is really helpful – I don't have time to do desk research myself. (NS MHPSS focal point)*

These formats were said to be effective for some, but less so for those NSs not involved with research groups and networks. The focus within large research projects (e.g. EU-funded consortium projects) tended to be on external dissemination, and the pressure to produce deliverables limits the time available to make them accessible and useful to NSs. There was a suggestion that the PS Centre could strengthen the dissemination of research in ways which are meaningful to NS practitioners, including strengthening capacities to use research findings in practice. Short research papers summarising evidence on 'what works' in relation to different aspects of (MH)PSS practice would also be useful, according to some key informants, not only for practitioners but also for those developing proposals.

I'm not missing all the scientific papers necessarily, but I'm missing the transformation side of it. And I need it for my donors. How do I argue that this is working? I don't know. (NS MHPSS technical staff)

### **Use of tools and materials by National Societies**

*It's great to have manuals and guidance in times of emergencies, since it helps us to scale up quickly. We always adapt materials to our context, in this way it works well. (Survey respondent)*

*There are so many online manuals, guidelines available in PSS. I am grateful that PS Centre has made efforts to do own material and guidelines and collect best practices. It helps a lot at the national level also, when we can say that this material is based on PS centre guidelines. It also support cross-border co-operation when we can share together PS Centre guidelines and no need to discuss which guidelines to follow. (Survey respondent)*

*It has been important in sharing information, issuing guidelines that make it possible to make the MHPSS area more solid and robust. The materials they issue respect our intervention principles and often when we look for other institutions, this component is not guaranteed. (Survey respondent)*

Two surveys were conducted by the PS Centre (2019 and 2021) to assess progress on Mental Health and Psychosocial Support Activities within the Movement. Respondents were asked about their use of the resources produced and shared by the PS Centre. In 2021, approximately the same number of respondents (58%: 90 NS and the IFRC) as in 2019 (55%: 90 NS and the IFRC) reported that they use learning resources from the PS Centre. In 2021, 52% of respondents (85 NS and the IFRC) reported that they used adapted materials from the IFRC Reference Centre for Psychosocial Support; 21% (32 NS, the IFRC and the ICRC) indicated that they used other Movement learning resources; and 32% (50 NS, the IFRC and the ICRC) used other learning resources in their trainings (i.e. from other agencies producing resources on MHPSS).

A survey conducted by the PS Centre specifically on Communications (January 2021) included questions on the perceived relevance of the resources offered. Whilst small numbers responded to these questions, the information gives a sense of perceptions.

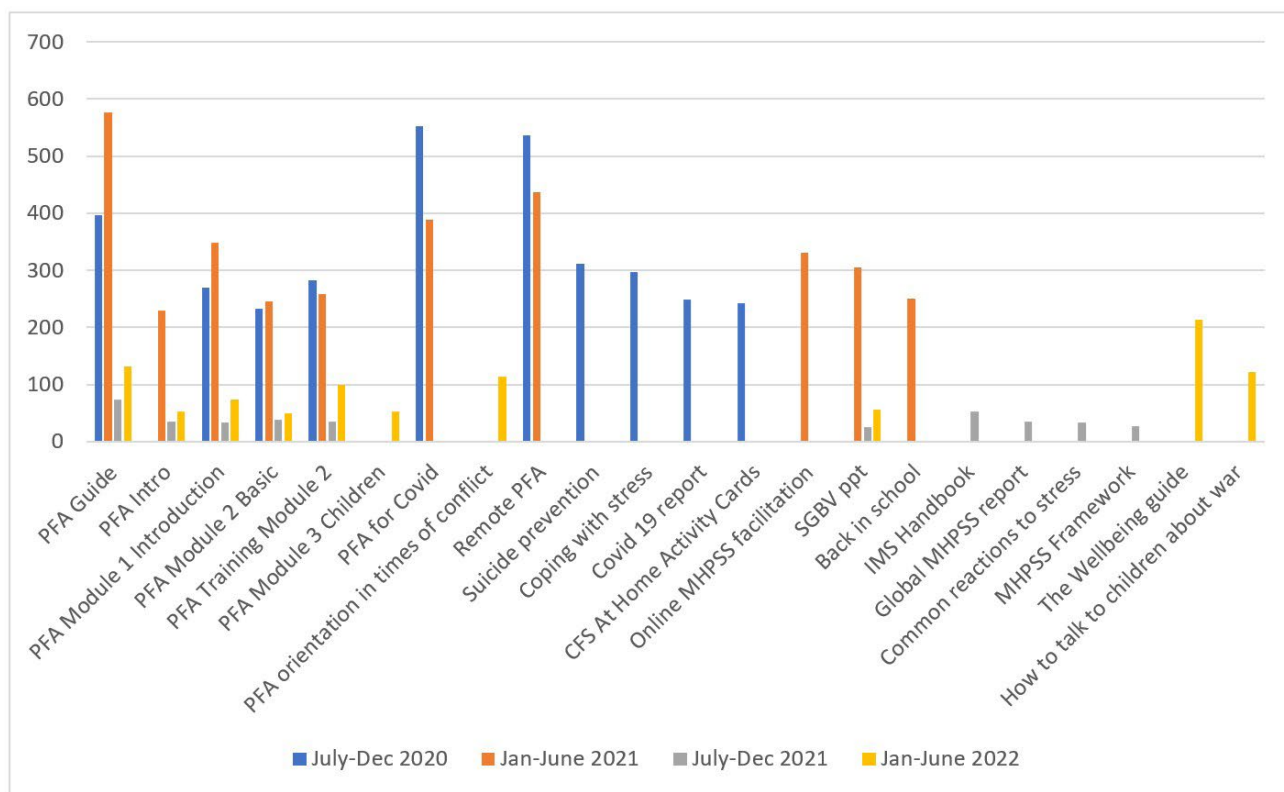
Table 2. Perceived relevance of resources (PS Centre Comms survey January 2021)

	#	Extremely or very relevant	Somewhat relevant	Not so relevant or not at all relevant
<b>Publications</b>	23	<b>21 (91.3%)</b>	<b>0</b>	<b>1 (4.4%)</b>
<b>Webinars</b>	24	<b>18 (75%)</b>	<b>3 (12.5%)</b>	<b>2 (8.3%)</b>
<b>Powerpoint presentations</b>	23	<b>15 (65.2%)</b>	<b>4 (17.4%)</b>	<b>2 (8.7%)</b>
<b>Videos</b>	24	<b>18 (75%)</b>	<b>3 (12.5%)</b>	<b>1 (4.2%)</b>
<b>Podcasts</b>	22	<b>11 (50%)</b>	<b>6 (27.3%)</b>	<b>1 (4.6%)</b>

This indicates that the respondents found the resources to be highly relevant, although due to the low number of respondents we should interpret the findings with caution. A lower proportion found the podcasts to be relevant, but the podcasts were very new at the point this survey was conducted.

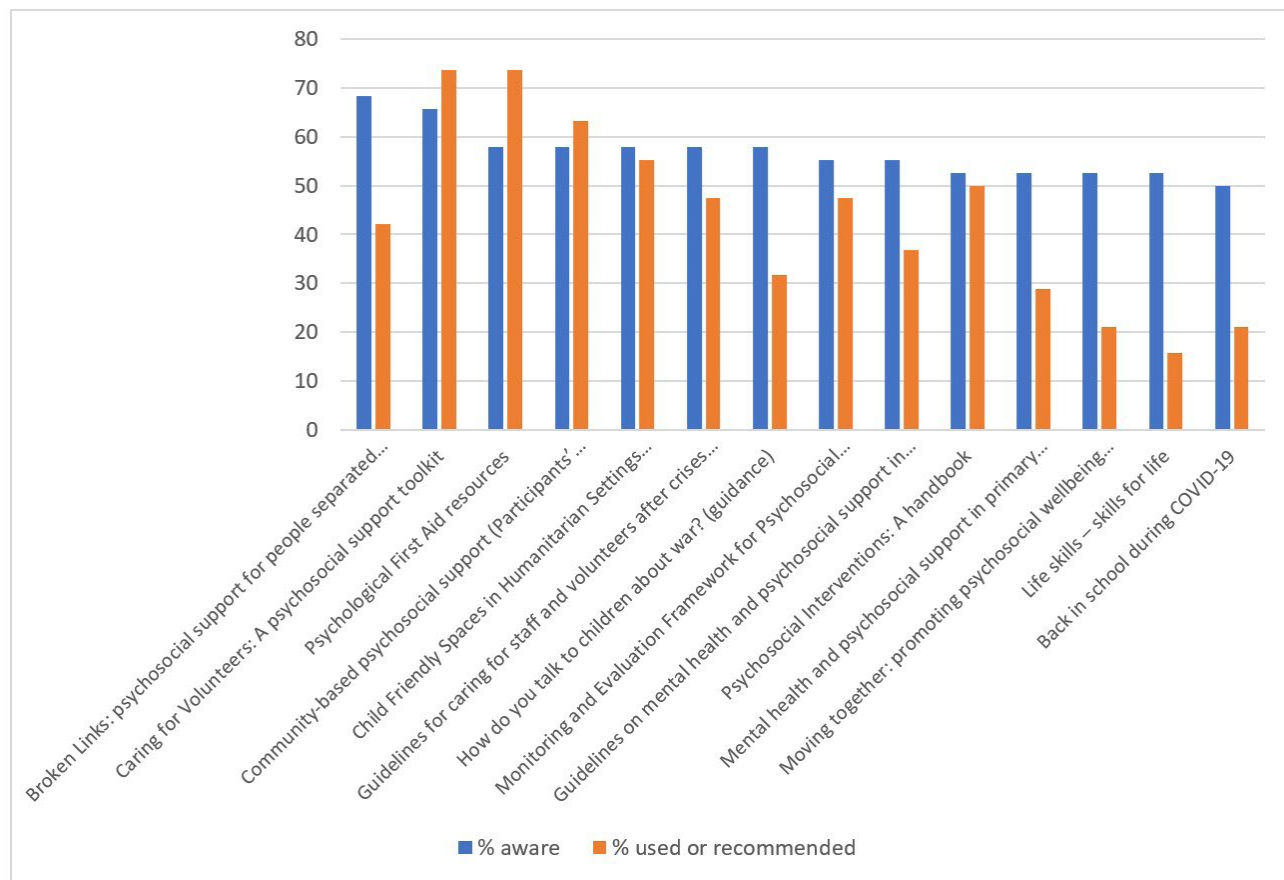
The ten most-frequently downloaded resources during each six-month period between July 2020 and June 2022 (this information is not available prior to 2020) are shown in Figure 3 below. Resources related to PFA are consistently popular throughout the period, with situation-specific PFA materials related to COVID-19 often downloaded July 2020-June 2021, and PFA orientation in times of conflict frequently downloaded in 2022. Otherwise, the needs of users can be seen to change over time, both in relation to changing contexts and the availability of new resources. Downloads were extremely high during the pandemic.

Figure 3. Most frequently downloaded resources July 2020-June 2022



In the survey conducted for this evaluation, MHPSS focal points were asked which of 30 resources produced by the PS Centre they were aware of, and which they had either used or recommended to a colleague. Figure 4<sup>5</sup> shows those resources which at least 50% of participants were aware of, along with the proportion who had used/ recommended each one.

Figure 4. Awareness and use of PS Centre resources



It is clear that in some cases the number of respondents who said they had used or recommended a resource is higher than the number who said they were aware of it, which is difficult to explain. However, the overall pattern shows high levels of both awareness and use of the 'Caring for volunteers', PFA, Community-based psychosocial support trainers and participants books and Child Friendly Spaces resources. Whilst a high proportion of respondents were aware of 'Broken Links', this resource was less well used. The lowest levels of awareness were for the following resources:

- Different. Just like you. (29%)
- Heartbeat of Humanity podcasts (32%)
- The resilience programme for young men – a psychosocial handbook (co-published with Danish Red Cross) (37%)
- Key actions for psychosocial support in flooding (37%)

Overall, the analysis of the use of PS Centre resources indicates that they are well-used by NSs and others. PFA materials are consistently popular, including guidance on using the skill-set in specific circumstances. Otherwise, patterns of engagement with the resources change over time, as needs change and as new resources become available.

5 The full results can be found in Annex 3.

## Reflections

The PS Centre's engagements in research collaborations were perceived by key informants to be crucial for developing evidence around 'what works' in terms of MHPSS within the Movement, and informing the MHPSS field more broadly. This has potential impacts not only on the quality of the MHPSS services offered by NSs, but also on access to funding for such work.

***Evidence base is needed for funding, we need to know what is working. (Senior Manager within RCRC Movement)***

The involvement of NSs in research projects was described by several key informants as a positive development, which built capacity in terms of both research skills and understanding how to make use of research findings. It has also given NSs a platform to connect with others engaged in similar initiatives.

***The PSC connected us to many other universities, and this gave us the opportunity to share our findings, gave us a platform. We presented at Research Network events, we came with questions and got answers, it was very helpful. (NS MHPSS focal point)***

The PS Centre has the potential to make a great contribution to MHPSS through influencing research priorities within the field, and the projects which are conducted, by advocating for and providing information to enable them to be informed by the practice-based concerns expressed by the NSs. In 2017-2018 the PS Centre was involved in an internal research priority-setting exercise which drew on the input of 30 Research Network members, seven NSs (Swedish, French, Italian, Ecuadorian, South African, British and Philippines), five universities and eight PS Centre staff. The consensus of this group around research priorities within the Movement informed the PS Centre's contribution to an external consensus-based MHPSS research priority setting exercise, the 'MHPSS-SET2: Developing MHPSS Research priorities for 2021-2030'<sup>6</sup>.

It should be noted that there was a feeling amongst some key informants that the PS Centre is not currently in sufficient continuous and meaningful contact with NSs to keep up-to-date with what they need, so are not able to fully offer this perspective as powerfully and intentionally as they could.

There was a consensus that the quality of the tools produced by the PS Centre is high, and the speed with which they are produced in response to events or emerging issues was greatly appreciated. A strength of the PS Centre in terms of producing materials is that it is very agile in this aspect of its operations.

***The distance between idea and action is small. And we produce everything ourselves. If we wanted to produce a video on a particular issue we could do that within one week. I work very closely with the Technical Advisors so we can produce things very fast. It's the same with podcasts, if we have an idea, it could be the next day we do it. That is by far the biggest strength. I've not seen this in any other organisation I've worked with. (Senior Communications Officer)***

However, there was some concern that the materials and tools produced by the PS Centre are not always as focused on 'operationability' and 'scalability' as they could be. 'When it becomes too technical, at a certain point in time a National Society can't afford any more to use those tools and that advice' (External partner). On a related point, some key informants said that there was a feeling amongst some, especially those involved in emergency response, that the materials produced by the PS Centre were sometimes too long and not sufficiently action-oriented. The need to assess how the materials are used operationally was highlighted by some key informants. The extent to which the materials, along with other PS Centre activities, have contributed to strengthened MHPSS capacity within NSs is the subject of the following chapter. However, a concern was expressed that 'there is this danger of having a lot of materials with not very clear methodology of how the trainings to become experts or skill on that should be used' (ICRC staff member).

Whilst the wide range of resources produced by the PS Centre was appreciated, some survey respondents noted that there were also many good resources being produced by NSs and suggested that the PS Centre could quality-check and amplify these initiatives, as well as creating their own new resources. There was also

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<sup>6</sup> [https://youtu.be/\\_Epd7ykDYNo](https://youtu.be/_Epd7ykDYNo)

said to be a need to create resources which reflect a wider range of cultural contexts.

***I don't think that the PS Centre needs to be the author of so many resources. I think that there's enough out there to maybe quality control and then bring them in and then make them accessible. (NS MHPSS technical staff)***

***[I would like to see the PS Centre] bringing the experiences of the NSs to the Centre to feed into the resources they develop. The PS Centre resources are western, I rarely see any Asian context in there. (NS MHPSS focal point)***

A significant weakness identified by key informants and survey respondents is that many PS Centre materials are available only in English. When the PS Centre was first established, materials were translated by the IFRC but when this support was no longer available it became more challenging to create materials in different languages. Annex 6 shows 49 key resources available on the PS Centre website and identifies which are available in French (22), Spanish (15) and Arabic (12) as well as English. There was an understanding that the PS Centre lacks the resources to carry out translations of all materials, and whilst MHPSS focal points in IFRC regional offices and in NSs recognise their own role in this process, they also often lacked the capacity to undertake this task.

***Usually those reference materials or manuals or tools we use in the Reference Centre needs some contextualisation to fit the purpose of National Societies in the region where there are sometimes sensitive topics we cannot discuss, and obviously language ... At the end we need to follow up, but we need their help to customise. (Senior IFRC Regional Manager)***

Even more challenging than the materials themselves is the translation of the website and other dynamic forms of communications, such as social media.

The new and creative ways adopted by the PS Centre to share information and resources were valued. Podcasts and other short and accessible information-sources were said to be helpful for advocacy purposes, as people with little understanding of MHPSS can be directed to those which are relevant to their particular interests or role.

***The newsletters are very helpful because they're relevant for us as practitioners. Podcasts are good because they highlight good examples, like a window to see what NSs are doing. Otherwise we wouldn't know, I'm not familiar with the international sphere of the Movement, I'm not aware of who's doing what. I found the Kenyan RC are very involved in digital work and we connected with them through the PS Centre. (NS MHPSS focal point)***

Since the new Senior Communications Officer took up post in April 2020, there have been a series of events requiring new materials (COVID-19 pandemic; the international armed conflict in Ukraine; flooding in Pakistan) which has hindered the development of a strategic approach to dissemination. There has also been little opportunity for the Communications team in the PS Centre to connect directly with regions and NSs, to understand better what their needs are in terms of materials and accessibility. These factors, plus the huge proliferation in the production of (MH)PSS resources over the period of this evaluation, both from within the Movement and outside, has contributed to a somewhat unwieldy system of sharing resources on the PS Centre website. NS MHPSS focal points and others highlighted challenges in terms of identifying the resources which are most important for their particular purposes, and it was felt that the PS Centre could more effectively curate this material to assist NSs in focusing on the core resources.

***There has been so much attention and work on the resource library and that is probably only going to need to continue as organisations outside of the Movement, but also within the Movement, are coming up with new tools and guides. So there's a need to call that right for practical implementation. We're just about to run the MHPSS-IE training here and looking at the pre-reading list that we had from years previous, plus all of the new resources, it's weeks of dedicated full time work for our participants. So what is the core competency and how do we best prepare our participants and training for that? I think that's an ongoing process that the reference centre will need to provide. (NS MHPSS focal point)***

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*The newsletters are very helpful because they're relevant for us as practitioners. Podcasts are good because they highlight good examples, like a window to see what NSs are doing. Otherwise we wouldn't know, I'm not familiar with the international sphere of the Movement, I'm not aware of who's doing what. I found the Kenyan RC are very involved in digital work and we connected with them through the PS Centre.*

*(NS MHPSS focal point)*

## **Activity review 2: Strengthening capacities of National Societies to provide community-based mental health and psychosocial support.**

This chapter relates to the evaluation objective: 'To identify the progress and achievements of the IFRC Psychosocial Centre as per the functions set out in the 2004 Agreement (including the 2009 amendment) between the IFRC and the Danish Red Cross, to ensure its effectiveness'. It focuses on the following function areas:

(b) Support National Societies in developing their capacity to provide community-based mental health and psychosocial support to vulnerable groups and volunteers through assessment and training.

(c) Develop the necessary capacity to meet the demand for operational assistance to international mental health and psychosocial programmes within National Societies, including the Danish Red Cross.

Function (b) relates to strengthening the capacity of NSs to address the needs within their own countries and communities, whilst function (c) relates to strengthening capacity to respond to international needs, such as emergencies.

**The ultimate goal is that all National Societies have sufficient capacity to provide quality mental health and psychosocial support that meets the needs of the populations in their country, while at the same time taking care of the physical, mental and psychosocial well-being of their staff and volunteers. The focus of the PS Centre's capacity strengthening activities is on those National Societies with no or limited capacity and on the Partner National Societies who work multilaterally or bilaterally on facilitating capacity building and mental health and psychosocial support interventions in emergencies. (IFRC Reference Centre for Psychosocial Support Strategic Operational Framework 2021).**

In this chapter, the PS Centre's achievements in relation to the capacity-strengthening goals described above will be reviewed. First, the approaches used to develop NSs capacities in MHPSS will be described, along with what is known about the impact on NS practice. Following this, the needs of NSs in terms of MHPSS capacity will be discussed, and the extent to which the efforts of the PS Centre have reached the different NSs. The final section of this chapter reflects on the achievements and challenges in relation to strengthening MHPSS capacity within NSs.

## Key messages

The 'PSS Academy/ MHPSS Training Institute' was perceived to be a core strength of the PS Centre, and an important contribution to the Movement as a whole. Capacity-strengthening opportunities offered by the PS Centre were perceived as relevant and high-quality.

MHPSS capacity-strengthening was a high priority for NSs. Training topics were perceived as relevant, although a gap was identified around training NSs to offer community mental health services and supports.

Barriers hinder some NSs from participating in trainings. Decentralisation of MHPSS training, with stronger coordination between the PS Centre, the IFRC regional offices and the NSs, was suggested as a means of facilitating the engagement of a wider range of NSs.

It was not possible to examine in a systematic way which NSs benefited from the capacity-strengthening opportunities, or the impacts on their MHPSS programming and practice.

Evidence suggests that NSs with stronger MHPSS capacity were able to make use of PS Centre training materials and opportunities, but NSs with less MHPSS capacity were not systematically supported to strengthen their MHPSS knowledge, skills and activities, and were less likely to seek support from the PS Centre.

There was appreciation for the varied approaches taken to MHPSS capacity-strengthening by the PS Centre, and the quality of materials produced. However, there was some concern that there was more emphasis on producing and delivering training materials than on ensuring that NSs develop the necessary skills to implement MHPSS activities in their own contexts.

The mentoring function of the PS Centre is crucial, particularly for NSs and others new to MHPSS and lacking alternative sources of technical support.

## Psychosocial Centre approaches to capacity-strengthening

According to the 2021 Strategic Operational Framework, the PS Centre focuses on training of trainers, supervision and mentoring and technical support on request in order to support the NSs and to make the best use of resources. In this section, the approaches taken by the PS centre to strengthening the capacity of NSs to provide MHPSS services are reviewed in the following sections, recognising that there is some overlap between them:

- Training
- Mentoring, coaching and supervision
- Supporting emergency response and international programmes
- Regional support and knowledge sharing

Finally, an example of a holistic capacity-strengthening initiative is described, which combines all four of the above approaches.

### *Training*

The 'PS Academy', which became the 'MHPSS Training Institute' in 2021, is the umbrella term for psychosocial trainings, workshops and seminars, including regional trainings and specialised trainings, e-learning and distance learning provided by the PS Centre. The Annual Report 2017 described the PS Academy portfolio





as consisting of a foundation training based on the community-based psychosocial support training kit as well as more specialised, shorter trainings based on the different training tools in the PS toolbox. The trainings were offered at different levels (basic training and training of trainers), and were facilitated by the PS Centre technical advisors and members of the PS Centre's roster.

In the 2021 Strategic Operational Framework, an intention was expressed to explore the possibility and relevance of entering into partnerships with a university with the aim of establishing a formal certification in psychosocial support. This has not yet taken place.

The 'PS Toolbox' (from 2021 the 'MHPSS Toolbox') refers to the training materials and curricula used within the PS Academy/ MHPSS Training Institute. It is a 'work in progress', in that it is regularly consolidated, updated and expanded based on new knowledge about good practice and emerging needs. The training materials currently available on the PS Centre website, which form part of the MHPSS toolbox, are:

- Psychological First Aid Module 1: An introduction to PFA
- Psychological First Aid Module 2: Basic PFA
- Psychological First Aid Module 3: PFA for children
- Psychological First Aid Module 4: PFA in groups – support to teams
- Broken links: Psychosocial support for people separated from family members
- Caring for Volunteers (Basic training and Training of Trainers)
- Resilience programme for young men
- Sexual and gender-based violence
- Community-based psychosocial support (Basic training and Training of Trainers)
- Children's Resilience Programme
- Lay Counselling
- Psychosocial Support in Emergencies (training for delegates, refresher training and trainings for volunteers)
- Psychosocial support for youth in post-conflict situations trainings (Basic training and Training of Trainers)
- Monitoring and Evaluation for Mental Health and Psychosocial Support Programmes (Basic training)
- Integrated Model of Supervision (Basic training and Training of Trainers – still under development)

On the PS Centre website there is an 'event calendar' which lists trainings, workshops and other events planned by the PS Centre up to the end of 2022. There is also an 'upcoming trainings' section which provides information about trainings and workshops taking place before the end of 2022 (although some of the information is incomplete and/or duplicated). Links to online training materials, including videos, are also provided<sup>7</sup>.

Global trainings take place at the PS Centre in Copenhagen and are open to applicants from all over the world. Regional and national trainings focus more on strengthening capacity in one defined geographical or linguistic area. There was a shift to online trainings in response to the COVID-19 pandemic in 2020; the PS Centre hired an online training facilitator to support this development.

Comprehensive information<sup>8</sup> about the trainings conducted during the period covered by this evaluation is not available. Challenges were experienced in recording the number of people participating in the online trainings conducted during 2020 and 2021. However, basic information (number of trainings conducted and the number of participants) is shown in Table 3 below.

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7 Online training materials for download currently consist of: Online PFA training for COVID-19; Online PFA training for COVID-19 – additional module: Remote supportive communication; Online PFA training for COVID-19 – additional module: Loss & Grief; Online PFA training for COVID-19 – additional module: PFA for children; Online PFA training for COVID-19 – additional module: Caring for staff and volunteers.

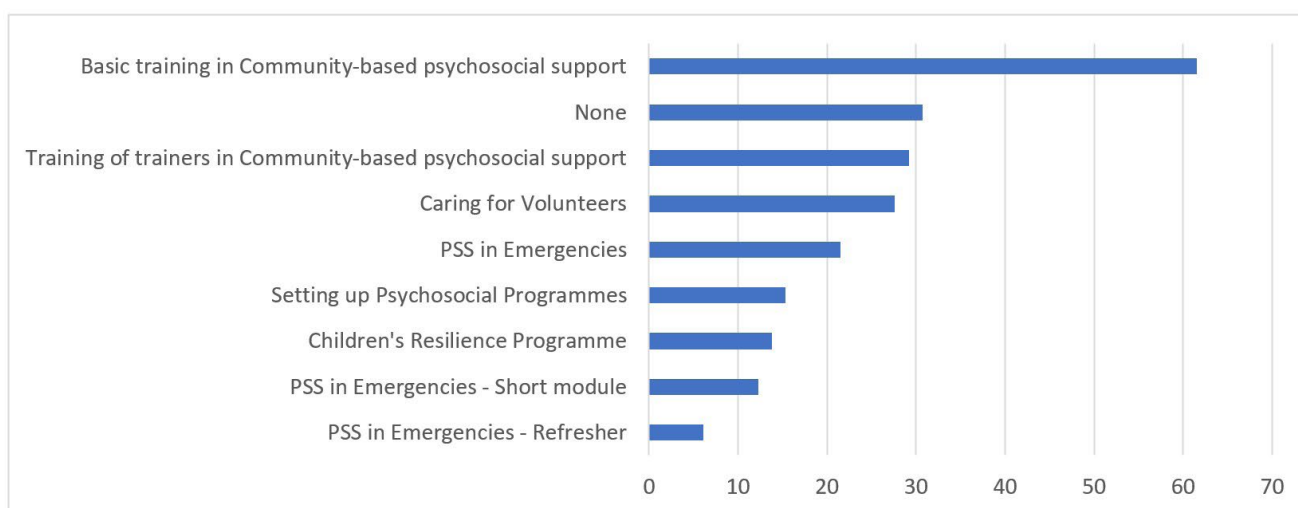
8 Names/ subjects of the trainings (global, regional, online) conducted by the PS Centre, including number of participants, and NSs represented.

**Table 3. *Trainings conducted during evaluation period***

	N trainings	N participants
2015	16	252
2016	26	552
2017	30	613
2018	28	724
2019	26	550
2020	17 (& 20 webinars)	Not available
2021	39 (& 24 webinars)	300

A survey conducted in 2016 on NSS' MHPSS activities asked the 65 respondents to indicate which IFRC psychosocial trainings had been conducted in their NS. Their responses are shown in Figure 5. below.

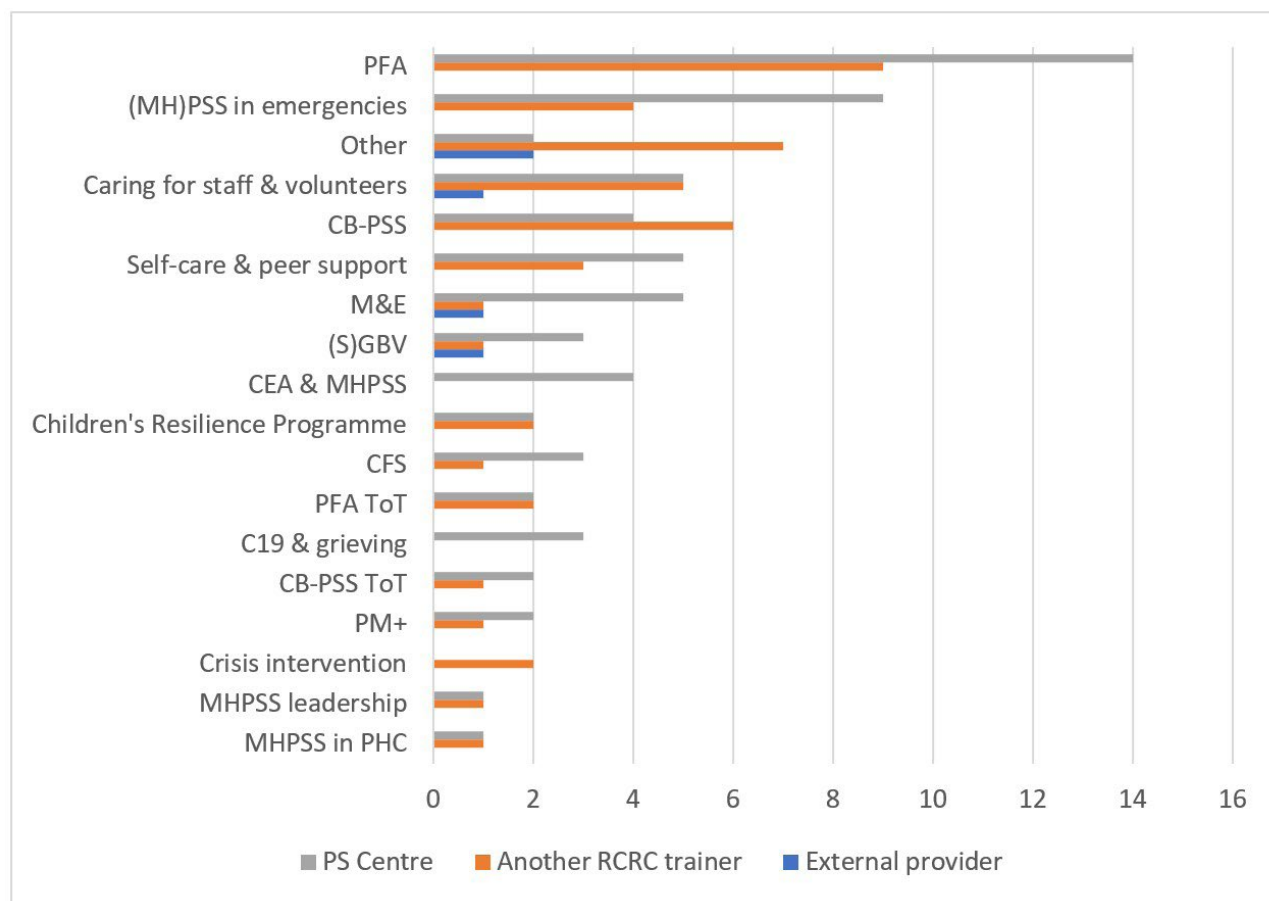
**Figure 5. *Percentage of 65 respondents whose National Societies had participated in IFRC Psychosocial trainings (2016)***



It can be seen that at that point, the basic training in community-based psychosocial support had been delivered to the largest proportion of NSs. One-third of the respondents said that no psychosocial training had been conducted in their NS.

This can be compared with the responses of the MHPSS focal points who responded to the survey conducted for this evaluation. They were asked to list all the MHPSS trainings or capacity-strengthening activities members of their NS had participated in, to their knowledge, and who provided the training. Their responses are shown in Figure 6.

Figure 6. MHPSS trainings participated in by National Societies<sup>9</sup>



PFA training is most commonly engaged with by NSs, with a significant proportion being delivered by a trainer from within the Movement but outside the PS Centre. In fact a large proportion of trainings were conducted by a RCRC trainer other than the PS Centre, including basic community-based psychosocial support, (MH)PSS in Emergencies, and Caring for Staff and Volunteers. This reflects the increased capacity around (MH)PSS training that now exists within the Movement.

### **Mentoring, coaching and supervision**

*'Do not merely 'train and hope': Follow-up on training skills and supervision or mentoring are essential parts of maintaining and improving skills. Supervision and mentoring should be done on a regular basis and include attention for clinical skills, administrative/logistic aspects and personal aspects of workers involved in doing MHPSS work (such as self-care/ stress management)'<sup>10</sup>.*

A number of key informants and survey respondents highlighted the important role played by the PS Centre in supporting NSs to identify relevant resources and make use of them in practice. This is particularly important for those new to MHPSS and lacking alternative sources of technical support.

*I think we have a lot of resources out there, tons and tons and tons ... And the thing that I really appreciate is when organisations are able to actually provide the person hours, the person to person support. And give that kind of helpline, hotline kind of function. Rather than putting more and more and more and more resources out into the world, but being able to take something and then really help people apply that and see how that's going and then be available for questions. I think that's really important and ... making sure*

9 The 'other' trainings specified were: National Psychosocial Support Intervention Teams; Construction of guides and manuals; Manual of pedagogical mediations; mhGAP; PGI; Mental Health Awareness; Training for trainers; ENPS forums; Lay Counselling; MHPSS movement Policy and Framework (awareness sessions); Responding to suicidal and self-harming individuals.

10 UNHCR Operational Guidance on Mental Health and Psychosocial Support Programming in Refugee Operations (p52) <https://www.unhcr.org/525f94479.html> [Accessed 6 October 2022]

*there's enough resource and staffing to be able to do that and do that well. (External partner).*

NSs and IFRC operational units can request ad hoc technical support and input from the PS Centre for tasks such as developing proposals, planning and conducting assessments and baseline surveys, programme design (including developing logframes and indicators), trainings, evaluations and overall strategy planning. Examples of this type of support provided by the PS centre during the period covered by this evaluation include:

- Supporting the Ukraine Red Cross Society in 2015 to establish a core group of staff responsible for PSS and develop a plan of action for psychosocial support in Ukraine.
- Supporting the South Sudan Red Cross Society in 2015 to establish a Psychosocial Unit to meet the mental health and psychosocial support needs of community members, staff and volunteers.
- Supporting the Libya Red Crescent Society in 2018 through facilitating tailormade trainings, developing and adapting resources for the specific context and delivering remote support for the MHPSS aspects of the programme.
- Supporting NSs responding to the international armed conflict in Ukraine in 2022 to conduct MHPSS assessments, including the development of guidance (Rapid MHPSS Assessment tool for Ukraine and affected countries).

The co-chair role of the IASC MHPSS Reference Group, which has been held by the PS Centre since November 2015, provides opportunities for support to NSs in emergency settings. The co-chair conducts support missions to emergencies for the IASC MHPSS Reference Group, alongside which she is able to offer technical support to the local NS. The missions often relate to coordination, so the NS can be encouraged to become involved in coordination mechanisms, if they were not already, which gives them access to peer support and capacity-strengthening opportunities, as well as input into decision-making. This type of mentoring is opportunistic, rather than strategic (in terms of supporting NSs with the least capacity), but still has value for those NSs which benefit.

The importance of this practical type of technical support was emphasised by many key informants and survey respondents. It is seen as an important starting point for NSs which are beginning to integrate MHPSS into their programmes and responses.

*'[Previously] in the assessment we would only ask about material needs, then we would start to get health needs in, now we start to get information on mental health and psychosocial needs. Once it's in the assessment, then you can request resources, and it builds up from there ... This is not yet systematised, but we're working towards that' (IFRC Senior Manager).*

There is an acknowledged lack of guidance around supervision in the MHPSS field, which limits the possibilities for mentoring and coaching to take place at local level. In order to address this, the PS Centre is collaborating with Trinity Centre for Global Mental Health on the Integrated Model for Supervision research project, funded by USAID. The intention is that after research and testing, the model and associated resources can be used by all NSs (as well as organisations outside the Movement) to incorporate supervision as an essential component of mental health and psychosocial support programming. Although the project is still ongoing, initial guidance is already available on the PS Centre website.

### ***Supporting emergency response and international programmes***

One of the core functions of the PS Centre is to support NSs and the IFRC in providing psychosocial support in emergencies. Emergencies are often the catalyst for NSs to start engaging in mental health and psychosocial support activities. After the response phase, activities are adjusted and developed further in order to carry them over to future disasters and in recovery and development programmes. Providing technical and operational support to NSs in emergencies thus often has a scope that reaches beyond the immediate crisis.

The PS Centre has surge capacity to support during the response phase and in the longer-term, but also focuses on preparation and strengthening capacity before disaster strikes – both in the Emergency Response Units (ERU) system and in NSs. In the past, the PS Centre conducted trainings for NS roster members to prepare them to support international MHPSS programmes, including in emergencies. However, over the last

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*‘[Previously] in the assessment we would only ask about material needs, then we would start to get health needs in, now we start to get information on mental health and psychosocial needs. Once it’s in the assessment, then you can request resources, and it builds up from there .. This is not yet systematised, but we’re working towards that’.*

*(IFRC Senior Manager)*

five years these NSs have begun to develop sufficient in-house capacity to conduct their own roster trainings, so the PS Centre has less involvement in this. There is still collaboration around sharing materials or delivering a part of the training, but the PS Centre is no longer fully responsible for ensuring that the rosters maintained by these NSs have the capacity to meet the demand for operational assistance to international mental health and psychosocial programmes.

In 2017 the PS Centre supported emergency operations in 19 countries. One of these was the Rohingya response in Bangladesh, where several NSs were assisting the Bangladesh Red Crescent Society in providing psychosocial support and protection services. The PS Centre provided technical assistance to psychosocial delegates and others involved in the response.

In 2019, the PS centre provided support to 14 emergency operations. A PS Centre staff member worked with a Danish Red Cross PSS delegate to provide PSS training to Yemen Red Crescent Society staff and community volunteers as the armed conflict in Yemen entered its fourth year. This was part of a 42-month programme funded by the European Union (DEVCO) and developed by Danish Red Cross with technical support from the PS Centre. The training included psychological first aid, community-based psychosocial support, self-care and peer support, minimum standards for protection, gender and inclusion, how to plan and implement awareness raising sessions, child friendly spaces and community-led social events. The safety and wellbeing of Yemen Red Crescent Society staff and volunteers was also promoted.

Also in 2019, the PS Centre provided technical support to the development and implementation of programmes launched by the Sri Lanka Red Cross Society in response to a series of coordinated bombings in Colombo on Easter Sunday. Later in the year, the PS Centre provided technical support to the response of the IFRC and the Bahama Red Cross to Hurricane Dorian, a category 5 hurricane which caused the worst natural disaster in the history of the Bahamas.

An evaluation report on the IFRC response to the COVID-19 pandemic<sup>11</sup> noted that MHPSS issues were critical during the pandemic, and the PS Centre increased its guidance and hosted additional webinars to cover many technical areas of support specific to COVID-19. However, 'concerns were expressed about the quality, depth and impact of the IFRC network's work on MHPSS. Specifically, it was questioned whether the term "mental health" was appropriate, as many of the staff and volunteers lacked specific mental health qualifications and were focused more on general well-being and primary health information rather than specific mental health or psychosocial support, which is a particular area of skill' (p68). It was also noted that since the IFRC Secretariat was initially only able to offer limited MHPSS technical support, decisions on MHPSS were often taken by general health or operations staff who did not necessarily refer to the PS Centre.

## ***Regional support and knowledge sharing***

**Regional networks are cost-effective ways to facilitate learning and exchange of knowledge and ultimately build capacity. The PS Centre aims to work with existing regional networks and facilitate the creation of new formal and informal networks and twinning of National Societies that, through common interest, common language, common geography etc. can benefit from exchange of knowledge and best practices. In 2021, the PS Centre expressed an intention to link more strongly to the IFRC Regional Health and Care delegates and the IFRC Regional MHPSS delegates & regional offices. (IFRC Reference Centre for Psychosocial Support Strategic Operational Frameworks 2016-20 and 2021)**

The European Network for Psychosocial Support (ENPS), now called the MHPSS European Network, was founded in 2000 and includes representatives, mainly MHPSS focal points, of 53 NSs located within the Europe region. The network holds a themed forum each year (online during the COVID pandemic), where network members come together and exchange information, disseminate findings, share challenges and experiences. The forum is an opportunity to get to know what other NSs are doing, so enabling stronger bilateral and multilateral partnerships to be formed.

A MENA MHPSS Network was established in 2019, with membership currently including 14 of the 17 NSs in the region. The main aim of the network is to enhance peer-to-peer connection between NSs, with activities

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11 IFRC (March 2022) *Evaluation report: IFRC-wide response to the COVID-19 pandemic Geneva: IFRC*

including an annual virtual meeting and the adaptation of guidelines and other materials for the region.

In May 2021 the Asia-Pacific MHPSS Collaborative was established, and recently initiated a regional MHPSS network, with meetings every two months. So far, 15 NSs have joined the Asia-Pacific MHPSS network (around half the NSs in the Asia-Pacific region). The model is based on the Europe MHPSS Network, and aims to provide a platform to generate regional ideas and initiatives, as well as opportunities for mutual learning and support.

The PS Centre have explored the possibility of developing MHPSS networks in other regions but it has not been possible to move forward. There is no network in the Africa region, but there are two Communities of Practice, each of which is effectively a whatsapp group used for peer support. There is no network or Community of Practice in the Americas region.

Networks can create a focus for a dialogue between the PS Centre and the NSs, and can be an efficient means of the PS Centre contributing to capacity-strengthening of NSs. Networks can be operational in ways that the PS Centre cannot, so the partnership can be very effective. The PS Centre can provide relevant resources, materials and learning opportunities, which are then operationalised by network members.

*We consider the PS Centre as the technical Hub, who develop guidelines, who have the repository of things, who have some of the trainers or can also develop some tools required and we consider this [Asia-Pacific MHPSS] Collaborative as the operational arm of that Centre that can really be focused on more tailor-made action based on global guidelines that are more focused on the Asia Pacific. (IFRC regional manager)*

*In an ideal world there would be these networks enabled by the Movement that would represent all of the world because it makes sense. You know that regions which share similar contexts are connected by proximity, you know geographically are enabled to support one another. I just have always thought that it makes sense for that to be a key activity of the Movement, including the Reference Centre. The development [of the European MHPSS Network] over the last 20 years has really shown the advantage of that. The kind of resilience and capacity that has been realised as a result of the network. The network can do much more than the PS Centre ever will be able to do, by virtue of having its many different people involved. (NS MHPSS technical staff).*

## **A holistic model of capacity-strengthening in MHPSS**

In September 2022 the IFRC PS Centre in coordination with IFRC MENA regional office, the MHPSS MENA network (facilitators from Syria, Lebanon, Palestine), and Danish Red Cross organised an in-person six-day training in MHPSS in emergencies in Cairo, Egypt, hosted by the Egyptian Red Crescent. It was a pilot initiative designed to prepare 18 participants from 12 NS for future deployment as MHPSS Coordinators in Emergencies in the region or globally as part of the IFRC SURGE global rapid response system.

The training aimed to develop and strengthen personal competencies and skills to coordinate community-based MHPSS programming in an emergency, including assessment, coordination, assessment, planning and response management. The training consisted of an online pre-training meeting and a six day face-to-face intensive training. Participants were required to submit a written assignment online prior to joining the in-person training, and the training sessions themselves were interactive and problem-based with practical exercises, scenarios, group work, role plays, and case studies. The training was based on a scenario in a fictional country, which continued over the six days with new information emerging, the situation changing, and trainees being required to undertake a range of tasks to establish MHPSS services. It aimed to simulate as closely as possible an emergency situation.

Mentoring was built into the training methodology. Participants were divided into groups and each group assigned to one facilitator for daily mentoring (one hour at the end of each training day). On the final training day, each mentor/facilitator spent one hour with each participant individually to conduct a collaborative competency assessment and evaluation, and to give the participant feedback on their skills.

The training focused on the development and assessment of a set of six core competencies from the surge core competency framework and two technical competencies focusing on MHPSS skills and knowledge and training skills. The participants were assessed by the facilitators, and through self-assessment, in relation to



these competencies. This information was used both to give feedback to each participant and to inform decisions as to whether to recommend them for surge deployments.

This capacity-strengthening approach combined training, mentoring and supervision with the strengths of a regional network structure. It also integrated evaluation of both knowledge and skills into the training programme. As a pilot programme, those involved recognised that there were areas which could be improved, but the approach has many strengths in terms of enabling participants to develop MHPSS skills which they can put into practice.

## Impact of capacity-strengthening approaches on NS practice

The PS Centre has expressed an intention, in both their 2016-2020 and 2021 Strategic Operational Frameworks, to establish a better system for evaluation of trainings. Currently, the evaluation of trainings consists of pre- and post-tests to assess gains in knowledge. There is no systematic evaluation of acquisition of skills or ways in which the training has impacted on practice in the field. It is not possible in this evaluation report, therefore, to draw any firm conclusions about the impact of the capacity-strengthening efforts of the PS Centre on NSs provision of MHPSS services.

## MHPSS capacity-strengthening needs within NSs

A global survey of NS psychosocial activities conducted in 2016 (reported in 2016 Annual Report) received responses from 111 of the 190 NSs, and found that training and capacity-strengthening was a high priority. The types of support the NSs wanted from the PS Centre included training and refresher trainings (particularly on psychosocial support during and after emergencies), but there was a particular focus on mentoring and coaching approaches, including 'accompaniment of the NSs' work on MHPSS', 'exchange of experiences on PS activities', 'support to develop strategic plans for psychosocial support', technical support and guidance around supervision.

The progress reports conducted in 2019 and 2021 on MHPSS activities within the RCRC Movement also found that there was a strong desire for trainings and technical support. In 2021 79% of respondents (138 NS, the IFRC and the ICRC) express a need for this (76% in 2019). In both surveys, more than half the respondents (59% in 2021: 102 NS, the IFRC and the ICRC) indicated that new trainings or tools were required to strengthen specific aspects of the MHPSS activities within their organisations.

In the survey conducted for the current evaluation, respondents were asked 'Do you think your NS has the capacity to respond effectively to the MHPSS needs of the populations you support?', and were given the opportunity to explain their answers. More than half the respondents (55%) felt that their NS did have this level of capacity (responding 'very much' or 'fully'), whilst less than one-fifth of respondents (18%) felt their NS did not (responding 'not at all' or 'to a small extent')<sup>12</sup>. Of those who did not feel their NS had the capacity to respond effectively, the majority were from the Africa region. More than half (10 of 19) of those who felt that their NS did have the necessary capacity represented a European NS, with others (4 of 19) being located in the Americas, and the remainder representing NSs in the MENA, Africa and Asia-Pacific regions.

For some who felt their NS did not have sufficient MHPSS capacity, this was because the approach was new and was in the process of being strengthened or because it had not yet received sufficient attention. For others, there were barriers to be overcome, including stigma or restricted approaches to MHPSS within their NS (e.g. a focus primarily on PFA). Those who responded 'moderately' said that whilst there was some MHPSS capacity within their NS, this tended to be limited to PFA and referrals. Others referred to a lack of trained volunteers, partly due to turnover but also due to a lack of training opportunities.

Those who said that their NS were 'very much' or 'fully' able to meet MHPSS needs tended to describe a large

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12 The remainder (26%) responded 'moderately'.

pool of staff and volunteers, with a diverse range of MHPSS skills, and engagement in a range of different types of MHPSS activities. In relation to personnel, respondents often described having access to staff and volunteers with professional qualifications and skills in MHPSS-related areas, such as social work and psychology, who could provide direct support and services but also training and supervision. For several of these NSs, MHPSS was integrated into many different activities as well as being a separate psychosocial service. Several of these respondents described their NS being involved in international response as well as in the domestic setting.

Respondents were asked to list any activities, trainings, resources or materials provided by the PS Centre that had strengthened the capacity of their NS to meet the MHPSS needs of the populations they support. Five referred to technical support from the PS Centre (e.g. with adapting materials to their context), whilst the others identified areas of technical expertise that had assisted them, without always specifying whether it was training or materials that they had found useful. The key topic areas were PFA (14 respondents); caring for staff and volunteers (12); CBPSS/ CB-MHPSS (10); PSS during Covid-19, including materials on supportive supervision and providing remote support (11); and the IFRC M&E Framework for Psychosocial Support Interventions (5).

### ***Capacity-strengthening topics***

There was some frustration expressed by key informants with the continued emphasis on basic psychosocial skills, specifically PFA, at the expense of other topics. PFA was undoubtedly seen as a valuable approach, and was valued by NSs, but this focus was felt to be limiting in some ways.

***We need to do more than PFA, there's a plethora of experience within RCRC that we could draw on. (Key informant associated with PS Centre)***

Some key informants noted the recent emphasis on supporting NSs to conduct research themselves, and to improve their M&E activities in order to inform their practices. This was said to be a helpful development, and further practical support to NSs to help them integrate MHPSS indicators and means of verification into evaluation strategies would be valued.

An opinion expressed by key informants in a range of different positions was that there was a need for more focus on strengthening capacity to offer community mental health services and supports. The majority of NSs lack expertise in this area, yet a considerable proportion are offering this type of service. Some NSs, such as the Afghanistan Red Cross and Syrian Red Crescent have established capacity in the mental health field, and employ specialists such as psychiatrists so they can offer services for those experiencing more severe mental health conditions. These NSs were reported by key informants as feeling that they do not receive the full spectrum of required support from the PS Centre, due to its focus on psychosocial support.

Key informants also noted that where NSs do not offer community mental health services, staff and volunteers who are active in communities may well come across individuals with severe mental health problems who are not receiving the necessary care, or may even be experiencing neglect and harm. A staff member or volunteer who lacks the skills or knowledge to respond will feel helpless in such a situation and the person in distress will not receive the support they require. This was presented by some key informants as an ethical and human rights concern, given that people with severe mental health disorders are particularly vulnerable to human rights abuses.

This evaluation found that there is an interest from NSs to strengthen their capacity in this area, but the PSC has been perceived up to now as focusing primarily on psychosocial support (the lower levels of the MHPSS framework/pyramid), with mental health being seen as the domain of ICRC. Although this is an oversimplified distinction, the perception persists. One year ago a decision was made within the PS Centre to include community-based mental health as a thematic area, and work is currently ongoing to develop a training curriculum for the mhGAP community toolkit and a training guide for the 'Thinking Healthy' programme (a WHO programme on psychosocial management of perinatal depression). However, this ongoing work has not yet been communicated widely, and no resources are currently available on the PS Centre's website, so people continue to believe that the PS Centre is focused only on strengthening psychosocial support capacity.

## National Societies reached

The PS Centre does not have the capacity to proactively connect with all 192 NSs. The 2021 Strategic Operational Framework for the PS Centre states that: The focus of the PS Centre's capacity strengthening activities is on those National Societies with no or limited capacity and on the Partner National Societies who work multilaterally or bilaterally on facilitating capacity building and mental health and psychosocial support interventions in emergencies.

In practice, the PS Centre responds to requests and opportunities as they arise. NSs tend to make contact when they have specific needs (e.g. the Bangladesh Red Crescent Society during the Rohingya crisis), which provides the PS Centre with an opportunity to support and mentor them. The intention is to strengthen their capacity so that they are better able to respond to MHPSS needs in the long term. However, evidence from this evaluation indicates that there are NSs who do not make contact with the PS Centre, not because they do not require support but because they are not aware of the services available and/or there is an uncertainty around whether and how they can connect with the Centre. Survey respondents noted that for NSs who are new to MHPSS it can be difficult to know how to collaborate with the PS Centre, and what kind of issues they can seek help with.

*I don't feel there is an available connection with Copenhagen – I know I can contact them but as a NS there is a hesitation, we're not too sure what they offer and what we can ask for. (NS MHPSS focal point)*

*I don't know a lot about the PS Centre, I just know what I use on the website. (NS MHPSS focal point)*

As noted above, it was not possible to obtain detailed information on the trainings conducted during the period covered by this evaluation, including which NSs participated in the various global and regional trainings which have taken place. Applications for recent training opportunities offered by the PS Centre indicate that there is considerable interest from NSs in the Africa region and other less well-resourced countries, but they find it difficult to participate in global trainings due to the financial cost and the challenges of obtaining a visa to travel to Denmark. As noted earlier, it was primarily survey respondents from the Africa region who reported that their NSs had very little capacity to meet the MHPSS needs of the populations they served. In the past, the PS Centre was able to offer fully-funded places for NS representatives to participate in trainings but this source of funding is no longer available. Even if funding can be found, the difficulties of obtaining a visa for travel to Denmark would be a barrier for some NSs. More engagement at regional level was said to be needed, both to make trainings more accessible and to ensure that they are relevant to participants' contexts.

*The trainings are mainly on-site training, which is restrictive. I would have loved to join several trainings, but I can't afford to be in Copenhagen for a week. If it was online it would be more helpful. It's a bit western-centred. (NS MHPSS focal point)*

*Recently I missed the training in Copenhagen because it's hard to get a visa. It's difficult because I don't have any travel history. It would be better if they could be held regionally so we could participate. (NS MHPSS focal point)*

*It would be better if [the trainings] were regional, not only because of travel but also the environment is different. One part of the world is different to the other. If it's in the region, it can go easily. It also helps the PS Centre because they have people who they can draw on with future activities, people who understand the region. (NS MHPSS focal point)*

Time differences and language were also described as barriers to participants from some NSs joining trainings, either in person or online.

## Reflections

The 'MHPSS Academy' as a whole was perceived by many key informants to be a core strength of the PS Centre, and an important contribution to the Movement as a whole.

*Being able to send participants or MHPSS focal persons from our counterparts' National Societies to a training in Copenhagen or to a training with others from other National Societies helps us a lot. It means that we do not necessarily have to sit and plan and do all the trainings ourselves for a very limited number of people, but that we can actually offer people to develop and capacity build and do more and get more skills that they can take back to their National Societies. So in that sense I think the courses they offer, they are relevant to the programmes. They're not always, of course, spot on, but they're generic enough to offer some kind of starting point that we can work further with. (NS MHPSS technical staff)*

*I think in terms of where the PS Centre itself is, it's currently prioritised training, which needs to continue. We need to have standardised and yet adaptable to context training packages on MHPSS in emergencies and crisis. (NS MHPSS focal point)*

The NSs with stronger MHPSS capacity were able to make use of PS Centre training materials and adapt them to suit their own contexts, in order to create training programmes for their own staff and volunteers.

This was more challenging for those NSs with less MHPSS capacity. In the recommendations made by survey respondents, a clear theme was around closer relationships with NSs, especially those who are less resourced and outside of emergency situations. More direct support was wanted from the PS Centre in planning MHPSS activities in specific contexts. In addition, the PS Centre was felt to be in a good position to connect MHPSS focal points from different NSs around certain issues, creating peer support opportunities.

A desire was expressed by some key informants for decentralisation of MHPSS training within the Movement, with stronger coordination between the PS Centre, the IFRC regional offices and the NSs. It was felt that a strategic approach to capacity-strengthening, with a training cycle planned in advance in coordination with regions, would enable a region to plan capacity-strengthening efforts with NSs in a more helpful way.

*We don't know the training plan as regional officers. Every 2-3 months we are surprised, there is a plan announced and we didn't know. NSs come to us, wanting to join training and we weren't aware of it. The plan should take place previously and we should be engaged in that process. They should listen to the Regional Office about the current needs. (Regional MHPSS Delegate)*

As noted earlier the PS website 'upcoming trainings' section only provides information about trainings and workshops taking place before the end of 2022, which makes it difficult for Regional MHPSS Delegates and NSs to plan their capacity-strengthening activities in a strategic way. The involvement of the Regional MHPSS Delegate in developing PS Centre capacity-strengthening plans was described as potentially beneficial not only in terms of coordination and strategic working, but also in terms of obtaining funding for regional trainings.

*Coming to the trainings, we just know when we are following the PS Reference Centre page, we know what is the training that are coming but we are never involved. I think that the PS Reference Centre, let's say when you are doing the planning for 2023 and they take a meeting with us, we can find also the way to find funding if they open trainings in a region. This is going to be a way to press our managers to mobilise resources – They need to be clever that if they join with us in efforts to organise the planning, we can find funding. (Regional MHPSS delegate).*

The PS Centre's efforts to offer online trainings were appreciated by those who were unable to travel to Copenhagen, for the methodology as well as the content.

*The online training I did was interesting. They were trying to translate their training to an online platform, and they made a lot of efforts to make sure that participants can get the feeling of attending a normal training. So it's quite different to any other online training I attended before. There was interaction, we were able to have a simulation exercise. There was no Powerpoint presentation, just paper and a marker and she drew things like on a flip chart. They did fun activities. I also learned how to conduct an online training effectively, and this was very useful for me. (NS MHPSS focal point)*

Whilst the increase in online trainings has enabled greater participation, some respondents in locations with unreliable internet connections still struggle, as do those located in a very different time zone to Copenhagen. Some expressed a need for further self-directed e-learning courses that are interactive and engaging. Key

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*(NS MHPSS focal point)*

informants from NSs reported that they would find this useful, as they could direct staff and volunteers to relevant online orientations rather than having to create trainings for these purposes.

Key informants and survey respondents appreciated the varied approaches taken to MHPSS capacity-strengthening by the PS Centre, and the quality of materials produced. However, there was some concern that there was more emphasis on producing and delivering training materials than on ensuring that the NSs develop the necessary skills to implement MHPSS activities in their own contexts.

An opinion expressed by a number of those interviewed for this evaluation was that the PS Centre tends to produce a lot of materials but with insufficient focus on NS implementation of those materials. NSs often lack the resources or capacity to adapt and use the materials without technical support, which limits the effectiveness of the materials in terms of strengthening capacity. Both key informants and survey respondents noted a focus on training as many people as efficiently as possible, often without the follow-up required to enable participants to put what they have learned into practice.

Similarly, the focus on the Training of Trainers model is efficient, in that it is a quick and cost-effective way of cascading learning to volunteer level. The survey conducted for this evaluation showed that a considerable proportion of (MH)PSS trainings for NSs are delivered by trainers from within the Movement but outside the PS Centre. This reflects the increased capacity around (MH)PSS training that now exists within the Movement. However, an effective Training of Trainers approach requires supervision and support during the roll-out of the training and implementation of skills learned. Without this, the quality of the training and the resulting activities can be poor<sup>13</sup>.

*I think we have seen in the field with concern sometimes very quick trainings on many different topics presented in the ToT methodology – where a few volunteers that come from everywhere in the country are trained very quickly on very different topics and then they are supposed to go and reproduce this without much of a supervision system – In terms of quality assurance that has been a huge concern. (ICRC staff member)*

Increased mentoring and support to NSs was said to be needed in order to strengthen capacity in a practical way. NSs, especially those with little MHPSS capacity and who do not have partnerships with NSs such as Danish Red Cross or Swedish Red Cross, need support and guidance on how to set up a national policy, strategy or plan, key messages to donors and other tasks to enable them to establish a foundation in MHPSS in their context. Other teams within NSs, particularly those responsible for planning, monitoring and evaluation, would also benefit from PS Centre guidance and mentoring, according to key informants, to ensure that indicators relating to MHPSS components of activities are included in evaluation strategies and that appropriate means of verification are used.

*It would be good if they could establish solid communication and collaboration with NSs. What we really need is direct support, that we know there is a PS Centre we can ask, that there is someone we can ask for technical support. Often we are only one in a NS, even our supervisor doesn't have MHPSS expertise, so it's hard to become competent. (NS MHPSS focal point)*

*More is needed on programmatic and operational support. Helping NS and IFRC offices in planning intervention, conducting assessments, maybe providing a pool of human resources that they can deploy or recruit within their own countries. Identifying needs on a regular basis, planning interventions, working towards review and evaluation, looking at the information obtained and revising programmes accordingly. (IFRC Senior Manager)*

*The National Societies who are still new to this MHPSS world, how do they build the systems and structures and capacities and make them sustainable? And where do they go for advice on this? Right now they are getting it if they are having a partner who is strong on it, or if they're part of a network. But is there an advisor in the PS Centre who can talk about this? Who can do something about this? Who can help them develop all the relevant documents and SOP's and strategies and visions and whatnot that they need to actually scale their activities and make them their own? It's not something we've systematically been supporting, I think. (NS MHPSS technical staff)*

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13 Baron, N. (2006) The TOT: a global approach for the training of trainers for psychosocial and mental health interventions in countries affected by war, violence and natural disasters, *Intervention*, 4(2) 109-126.

In some cases, this type of support had taken place and was greatly appreciated. However, it seemed to depend on there already being some MHPSS capacity within the region, and there being people who are able to connect the NS to the PS Centre.

*Some of the National Societies during the COVID-19 period started for the first time with the PSS activities implementing mental health or PFA activities, and our MHPSS delegates in coordination with the PS Centre reached out to them and helped them to start from scratch and slowly, slowly, to build their activities. (IFRC Regional Manager)*

## F. Activity review 3: Cooperation with other actors in the MHPSS field

This chapter relates to the evaluation objective: 'To identify the progress and achievements of the IFRC Psychosocial Centre as per the functions set out in the 2004 Agreement (including the 2009 amendment) between the IFRC and the Danish Red Cross, to ensure its effectiveness'. It focuses on the following function areas:

(e) Cooperate with other humanitarian organisations providing mental health and psychosocial support (e.g., IASC, WHO, Save the Children, UNHCR, IOM, UNICEF etc) to exchange materials and experience, and to avoid duplication.

(g) Further develop a database of external consultancy expertise ('the roster'), to be deployed for assessment and training with National Societies.

The collaborative aspect of the PS Centre's work has developed considerably since the 2004 Agreement was established, and over the last seven years it has included an increasing component of humanitarian diplomacy. This will be discussed in the current chapter, although it does not clearly fit with the original functions of the PS Centre. The chapter is organised into the following sections:

- Cooperation with other humanitarian organisations to exchange materials and experience and avoid duplication
- Engagement with the broader MHPSS field through co-chairing the IASC MHPSS Reference Group
- Humanitarian diplomacy collaborations
- The Roster

It ends with some reflections on this part of the PS Centre's activities over the period covered by the evaluation.

### Key messages

The PS Centre has high levels of respect from and engagement with the broader MHPSS field. External partners view the PS Centre as having a strong concentration of MHPSS capacity. It is perceived to have a collaborative approach and to be a reliable and efficient partner.

The co-chair position of the IASC MHPSS Reference Group has increased both the visibility of the PS Centre, and its involvement in new developments and initiatives in the MHPSS field.

As well as informal connections and exchanges of material and information, the PS Centre has been engaged in an increasing number of collaborative projects around research and the development of community-based MHPSS interventions.

Humanitarian diplomacy, both within the Movement and externally, has been a particularly strong aspect of the PS Centre's work over the period covered by this evaluation.

A roster of experienced staff and delegates able to take on shorter term missions was established when the PS Centre first began its activities. The roster is no longer active, and there were mixed feelings amongst key informants about the benefits of maintaining a psychosocial roster.



## **Cooperation with other humanitarian organisations to exchange materials and experience and avoid duplication**

The PS Centre has established a number of formal and informal collaborations with other actors in the MHPSS field, including sitting on each other's Advisory Boards and engaging in informal exchanges of information around ongoing and planned activities. The PS Centre also contributes to capacity-building and knowledge-exchange events held by humanitarian organisations.

### ***Inter-agency collaborations to create tools and materials***

The PS Centre regularly collaborates with other humanitarian actors to produce materials that contribute to the MHPSS field. Some examples are provided below.

During the outbreak of the Zika virus in 2016, the PS Centre collaborated with the WHO and others in consultations, reviews, workshops and development of guidelines for PSS interventions regarding the epidemic.

The PS Centre collaborated with World Vision to develop a Toolkit for Child Friendly Spaces in Humanitarian Settings.

The PS Centre also contributed to the development of IOM's Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement, through a role on the Steering Committee for the project, jointly authoring the chapter on inter-agency coordination and reviewing other chapters.

The PS Centre has collaborated with the ICRC on various initiatives, including the development of an e-learning course for volunteers and MHPSS staff on family reunification and working with unaccompanied minors.

In 2021 the PS Centre collaborated with the Regional Psychosocial Support Initiatives (REPSSI) and Africa Psychosocial Support Institute (APSSI) to create a resource bundle designed to facilitate support for children, parents/caregivers and teachers affected by the COVID-19 pandemic: A Hopeful, Healthy & Happy Living & Learning Toolkit. The initiative was funded by Education Cannot Wait and supported by mhps.net, and consists of three resources: a guide for parents/caregivers, a guide for teachers, and an activity guide.

### ***Inter-agency exchange of materials***

As well as direct collaborations to create materials, there have been exchanges of materials between humanitarian organisations and the PS Centre. For example, UNICEF currently do not have a public-facing section of their website through which to share their MHPSS materials, so instead they do so through collaborations with both mhps.net and the PS Centre website. They find the PS Centre website a particularly useful way to share resources with external partners, because it is easy to access (not requiring an account to be set up, as with mhps.net) and has a broad reach, especially outside the MHPSS field. The PS Centre has credibility and 'an inter-agency feel', so UNICEF feel comfortable directing potential donors and partners to resources hosted there. Materials from the ICRC and external humanitarian organisations, such as WHO, are also available on the PS Centre website, when they are relevant to the work of NSs.

The materials produced by the PS Centre are used by other organisations. The UNICEF Senior Mental Health Technical Advisor noted that although UNICEF create some materials, they also draw on those from respected organisations such as the PS Centre in order to avoid duplication. For example, she regularly shares the PFA for Children training materials produced by the PS Centre, and some PS Centre materials were included in a toolkit on MHPSS in education recently created by UNICEF.

The IOM make use of some PS Centre materials, where relevant. Since the PS Centre materials are intended to be accessible to volunteers, not all were felt to be appropriate for IOM MHPSS staff, but a number of resources are included in the IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies



and Displacement<sup>14</sup>.

The PS Centre also makes use of materials produced by others when it is relevant to do so, rather than creating new ones. For example, in 2016 the IASC MHPSS RG developed an inter-agency referral form and guidance note to support referrals and referral pathways for individuals and families in humanitarian settings. This tool was adapted by the IFRC PS Centre, included within their M&E Framework toolbox and incorporated into relevant trainings.

### ***Research and implementation collaborations with humanitarian organisations***

The PS Centre is involved with a number of research projects not only with academic partners but also with other MHPSS actors from the humanitarian field, such as the WHO and UNICEF. For example, the PS Centre has worked with the WHO and university partners to assess the feasibility of low intensity psychological intervention in the context of the Movement, as described earlier in this report. The PS Centre has participated in three research projects funded by the European Union to investigate how low-intensity scalable psychological interventions can be applied within the Movement context, and these have involved partnerships with humanitarian MHPSS actors including International Medical Corps, War Child Holland, the UNHCR and the WHO.

UNICEF and IOM both have formal agreements at organisational level to facilitate collaborations with the PS Centre around interventions and other activities. An agreement was established between UNICEF and the IFRC in 2001 (updated most recently in December 2018) with suggested areas of collaboration touching on several areas relating to MHPSS (e.g. health, child protection, resilience, community engagement). Whilst the work based on this agreement currently focuses on broader issues, there is an interest from UNICEF in using it to accelerate joint working and strategic collaborations in the MHPSS field, not only globally but also at regional and country level. The PS Centre is perceived to have strong credibility as a partner for UNICEF, due to its clear mandate in relation to MHPSS, with approaches and materials that are known and respected within the field.

IOM developed an understanding (formalised in a 'Letter of Intent' in May 2021) around collaboration with the PS Centre, which has involved various activities over the period of this evaluation. The IOM sometimes works with NSs, so draws on the expertise of the PS Centre to strengthen this partnership. For example, the IOM is responsible for psychosocial support for Afghans in camps in Qatar, and are working through the Qatari Red Crescent to provide these services. IOM and the PS Centre are working together to strengthen the capacity of the Qatari Red Crescent to offer effective MHPSS in this context. IOM have collaborated on research projects with the PS Centre, for example the head of IOM's MHPSS & Intercultural Communication Section was a member of the steering committee for the FOCUS project described in an earlier chapter. PS Centre staff members regularly contribute sessions to IOM's annual summer school on MHPSS in Emergencies.

The PS Centre and the MHPSS Collaborative also work together, with seven other partners, on the EU Horizon-funded Refuge-Ed project, which is about co-creating and scaling up ways of supporting education, wellbeing and a sense of belonging for refugee children, unaccompanied minors and their host communities in Europe. The PS Centre is responsible within this project for developing the Brokering Knowledge Platform and the Community of Practice and Learning, whilst the MHPSS Collaborative leads on communication and dissemination.

### ***Factors influencing collaborations***

IFRC and the PS centre have a specific focus within the MHPSS field that defines their work and strengthens some collaborations, whilst limiting others.

In discussion with external partners of the PS Centre, personal relationships with individual staff of the Centre were commonly mentioned as being key to the initial development of partnership working. This is inevitable, but some noted that it was important that such partnerships are formalised at some point, so that they do not

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14 These are: Moving Together: Promoting Psychological Well-Being through Sport and Physical Activity; A Guide to Psychological First Aid for Red Cross Red Crescent Societies, plus Module 2 on Basic PFA and Module 3 on PFA for Children; Broken Links: Psychosocial support for people separated from family members – a field guide; and the Monitoring and evaluation framework for mental health and psychosocial support in emergency settings: Guidance and Overview.

depend on the presence of a particular individual within the PS Centre.

Factors that contribute to the maintenance of these partnerships include the perception that the PS Centre values collaborations, the staff are 'collegial', well-organised, work hard, are flexible and responsive and have a passion for improving psychosocial support in humanitarian settings (and others). There is perceived to be a strong concentration of MHPSS capacity within the PS Centre, which is attractive to potential partners. Where the PS Centre is perceived to have similar values and approaches to external partners, this facilitates collaborations. This is the case even when there are differences between organisations' orientation and focus; a shared vision on a broader scale facilitates collaboration.

***We had a very similar vision despite the fact that of course they have a huge expertise on the psychosocial piece and the ICRC had an interest to talk about conflict and psychological issues that are more severe and that require more complexity in terms of interventions – the collaboration has been really good and I think we are both very open to the expertise of each other. (ICRC staff)***

In terms of partnerships around implementation (e.g. with IOM), a strength of the PS Centre is its position within a Federation which is operational in 192 countries across the world. Whilst some organisations are present in a country only as long as they are funded to implement a particular project, RCRC NSs are present before, during and after crises and provide support to communities in the long term. Therefore, working with these NSs on MHPSS issues, with support from the PS Centre, brings significant advantages to other organisations.

In addition, the global field presence of MHPSS actors in the RCRC Movement enables the PS Centre to identify current MHPSS information, resource or training needs from those working in humanitarian settings.

***They represent a lot of the vision in MHPSS from National Societies. They travel the world, visit many National Societies, train them, talk to them, discuss with them. (ICRC staff)***

The concerns of and issues raised by NSs are usually found to also be relevant to MHPSS actors outside of the Red Cross Red Crescent organisation, so putting the PS Centre in a good position to collaborate on research and implementation projects: *'From a research perspective they're in a good position to see what the needs are. They have a different perspective, they can identify the needs and the gaps that are opening up' (External partner)*. The PS Centre can facilitate the results of collaborations, in terms of new interventions or approaches, being put into practice on a large scale within the NSs, and this *'really shifts the field at large because you know that capacity spills over to other organisations on the ground as well' (External partner)*.

*The PS Centre is also perceived to be strong in terms of dissemination of findings, communications and production of resources. The outputs of the PS Centre are perceived to be practical and useful for the field, which is attractive for many partners who want to be sure that their collaboration leads to real impact in the MHPSS field. The fact that these resources are made freely available through a well-known and easily accessed website is also perceived as being a strength by external partners. The quality of the resources is also said by external partners to be high:*

*One thing I have always admired is the look and feel of their products ... so also when you collaborate with them, they have that resource to bring into the equation. I think they've done a really good job with Comms, with media, with presentation of resources, design. That's always important when you're trying to reach a large audience (External partner).*

The PS Centre have built quite a capacity to integrate and transform research into practice, into recommendations and guidelines. They're now producing amazing training materials and webinars, high quality and they reach a large number of people (External partner).

In terms of research collaborations, academic partners noted that a strength of working with the PS Centre was that they would ask critical questions on issues that academic researchers took for granted, creating opportunities for reflection and improvement. They were also able to give *'a more human shape' (External partner)* to the research findings, and contribute to the development of policy recommendations that are realistic and appropriate to the context.

Where similar values and approaches facilitate collaborations, as described above, different values or priorities can limit collaboration. For example, the public health approach of WHO, which involves identifying and addressing the most severe

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*(ICRC staff)*

MHPSS needs in a particular context, was perceived to have fundamental differences with the approach adopted by the PS Centre, which is more about identifying interventions and approaches that can be mainstreamed or adopted across the Federation.

Although the PS Centre engaged in a research priority-setting exercise during the period covered by this evaluation, and developed a research strategy for 2018-22, the vision as to the research goals and questions that the Centre is interested in over the coming 5-10 years was not clear to all external partners. An academic partner noted that an understanding of the questions that the PS Centre intends to focus on in the coming years would help to identify and create opportunities to collaborate in relation to these.

## **Engagement with the broader MHPSS field through co-chairing the IASC MHPSS Reference Group**

The IASC MHPSS Reference Group was established in December 2007 to advocate for the implementation of the IASC MHPSS in Emergency Settings guidelines, to interface with the humanitarian coordination and cluster system at the Geneva and field levels, to develop relevant tools, policies and advocacy briefs, and to support interagency coordination for MHPSS in emergencies at the global, regional and national levels. The Reference Group consists of more than 35 members, and fosters a unique collaboration between INGOs, the IFRC and ICRC, UN and International Agencies, and academics, promoting best practices.

The PS Centre took on the co-chair position in November 2015, and has continued to hold the role throughout the period of this evaluation. The co-chair represents the IASC MHPSS RG within the humanitarian coordination system at global and field levels. Responsibilities include facilitating the activities of the RG workplan; interfacing with the humanitarian cluster system; liaising closely with the IASC Secretariat; providing technical and operational support to field level MHPSS working groups in emergency contexts; supporting the development of new guidance, tools and policies; conducting policy-advocacy for MHPSS in emergencies; advocating for the use of the IASC MHPSS Guidelines in Emergency Contexts and other guidance; and liaising with the donor community. This role puts the co-chair in a central position in the global field of MHPSS in emergencies, providing opportunities for networking and influencing the global MHPSS in emergencies agenda.

The person holding the co-chair position has oversight of, and input into, a wide range of discussions and activities relating to current issues and new developments in the MHPSS field. As the co-chairs coordinate the activities in the workplan, they have access to a comprehensive range of information and actors. This provides the PS Centre with opportunities to become involved in decisions and initiatives relevant to the Movement's objectives. The co-chair leads and co-ordinates on a number of activities within the IASC MHPSS Reference Group annual workplans. The IFRC is represented on the Reference Group by a staff member of the PS Centre, who is able to identify opportunities for the PS Centre to participate in working groups and task forces relevant to IFRC activities and functions. Several PS Centre staff have contributed to working groups and inter-agency initiatives in this way.

For example, in 2016 PS Centre representatives were involved with several IASC MHPSS RG activities, including one related to 'Linking research, practice and field level perspective'; co-leading an advocacy initiative related to the World Humanitarian Summit meeting & side event; and a review of Psychological First Aid which focused on the position of PFA within the overall spectrum of care and PSS framework. In the 2017 workplan, the PS Centre participated in three working groups/ task forces, as well as two other activities (an inter-agency initiative to test and disseminate scalable psychological interventions, and the translation of an IASC MHPSS Reference Group guidance note into Arabic). More recently the PS Centre has contributed to the development of inter-agency guidance coordinated by the IASC MHPSS Reference Group, including suicide prevention guidance, the MHPSS Coordination Handbook and the Common Monitoring and Evaluation Framework on M&E in Emergency Settings. The engagement with the IASC MHPSS RG is described by the current PS Centre co-chair as a mutual learning opportunity.

The co-chair position strengthens the visibility of the PS Centre and the Movement as a whole within the MHPSS field. The PS Centre co-chair is often active in high-level meetings and although is playing an inter-

agency role, is also identified as an IFRC PS Centre staff member, so the Centre is seen by all stakeholders to be occupying a central position in the MHPSS field. This contributes to key actors (e.g. the Netherlands government) understanding and valuing the role of the IFRC and the PS Centre, which in turn facilitates the humanitarian diplomacy efforts of the PS Centre, as described below. Increased visibility, through the co-chair role and PS Centre representation at high-level fora, may also contribute to fundraising efforts, as it increases the awareness of the main donors of the role and function of the PS Centre.

As the other co-chair is a UN agency, the balance provided by the PS Centre co-chair was said by a number of key informants to be crucial to the effective functioning of the IASC MHPSS RG. The RCRC Movement is large enough, and has significant enough presence within IASC and OCHA, to counter the UN focus, and to ensure that a wider range of voices are brought into the discussions.

## Humanitarian Diplomacy

**'The Movement engages in humanitarian diplomacy to ensure that States and other actors address mental health and psychosocial needs, and it is involved in the development of international standards and practices to ensure quality of care in very challenging circumstances' (IFRC Reference Centre for Psychosocial Support Strategic Operational Framework 2021).**

The IFRC PS Centre speaks on behalf of IFRC in matters of mental health and psychosocial support and promotes the mental health and psychosocial support programme and policy in relevant international networks.

*They are a Reference Centre of the Federation, and as such they are invited to events and meetings and discussions of stakeholders in MHPSS. So they have been able to provide the Movement involvement into a lot of those processes, and that has been really fundamental in the sense that they were an actor recognised as having PS expertise. (ICRC staff)*

The PS Centre are perceived to be good advocacy partners, partly because they are part of such a large and influential organisation: 'having them at the table, they just bring a really strong presence' (External partner).

Humanitarian diplomacy has become an increasing element of the PS Centre work in recent years. At the end of 2018, the PS Centre set up the Danish Civil Society Network, a network of Danish international NGOs working with MHPSS, which includes the MHPSS Collaborative, Save the Children and Danish Red Cross. This network focuses on collaborations around advocacy and policy issues, and interacts with the Danish Ministry of Foreign Affairs to give guidance on MHPSS work. In 2022 this initiative led to a Nordic Conference, from which the Nordic network was created as a platform to enable MHPSS organisations within the Nordic region to be more connected and collaborate more efficiently.

In 2019, the PS Centre played a significant role in the creation and development of a summit on MHPSS in crisis settings hosted by the Dutch government, called Mind the Mind Now. Following this event, the Ministry of Foreign Affairs of the Netherlands Government created a position for a Coordinator for Mental Health and Psychosocial Support in Crises, who is primarily responsible for advocacy for MHPSS. The Co-ordinator works closely with the PS Centre in relation to this. For example, PS Centre staff may be requested to speak in meetings and events, and provide input to documents and policies. They may also be asked to provide access to a NS representative or first responder, or to PS Centre materials, to illustrate the case that the Netherlands Government wishes to make.

*'We have organised a training for our own diplomats on what MHPSS is and how, at country level, you can influence the integration of MHPSS into relevant strategies and programmes. We have used information from the PS Centre on the pyramid, basic psychosocial skills, and how to assess whether a proposal is 'do no harm' and sufficiently thought through. In our internal training and toolkit we have lots of links to the PS Centre as a knowledge hub, or a guidance hub. We use it together with the IASC MHPSS RG information to show how many resources already exist, and how quickly these can be contextualised to counter this obstacle or argument that MHPSS is too complicated' (Coordinator for Mental Health and Psychosocial Support in Crises, Ministry of Foreign Affairs, Netherlands Government).*

The more active engagement of the PS Centre in research was seen by several key informants as being an important aspect of its role in terms of humanitarian diplomacy, since it enables them to contribute to the global conversation around 'what works' in MHPSS.

## The Roster

A roster of experienced staff and delegates able to take on shorter term missions (1-2 weeks) was initially established when the PS Centre first began its activities. This was not a funded initiative; NSs assigned relevant staff to the roster as an 'in-kind' contribution to the work of the PS Centre. The intention was to develop a roster of Movement staff *'with a geographical spread that can complement resources, give trainings, assist with development of tools and knowledge and be activated to support emergency interventions locally and globally. The PS roster, consisting of 30-35 psychosocial specialists, staff and delegates, is instrumental for scaling up capacity and reaching the objectives for the PS programme'* (Annual Report, 2015).

The roster was included in the 'Psychosocial Support 2016-2020 Strategic Operational Framework' but not in the 2021 Strategic Operational Framework. Over the years, many of the roster members left their positions, and NSs did not appoint new members to replace them. The PS Centre maintains contact with roster members, some of whom carry out pro bono work. It is now a loosely-knit group of people who stay in touch but it is no longer an active and functioning roster as initially envisaged.

There were mixed feelings amongst key informants who contributed to this evaluation about the benefits of maintaining a psychosocial roster. Some felt there was a need for such support in emergencies, especially for French, Spanish and Arabic-speaking locations. However, as more people within the Movement have developed expertise in MHPSS, and as the PS Centre has grown and regional MHPSS networks become more active, others feel there is not the same need for this type of support.

## Reflections

Over the period covered by this evaluation, the PS Centre has engaged in a wide range of collaborative activities, and has increased this aspect of its work considerably. The co-chair position of the IASC MHPSS Reference Group has increased both the visibility of the PS Centre, and its involvement in new developments and initiatives in the MHPSS field.

Interviews with external partners of the PS Centre for the purposes of this evaluation showed that the Centre is greatly respected by other MHPSS actors and stakeholders, including donors and policy-makers. This puts it in an ideal position to collaborate on initiatives relevant to the work of the Movement, including development and implementation of new MHPSS interventions and approaches, and humanitarian diplomacy efforts designed to strengthen the focus on MHPSS both within the Movement and more broadly.

The PS Centre has taken full advantage of these opportunities to collaborate around development and sharing of resources, and around research and implementation collaborations with humanitarian organisations. Whilst this has led to many positive outcomes, a more strategic approach to identifying relevant research projects and other initiatives was suggested by some key informants as a way the PS Centre could strengthen its influence, through a more intentional engagement in collaborative endeavours.



## G. Factors that influence the ability of the PS Centre to achieve its goals

This evaluation does not focus on structural or governance factors. However, aspects of the current organisation, structure, governance, financing and management have been reviewed in terms of how they have influenced the effectiveness and achievements of the PS Centre. In this chapter, the ways in which the following factors have either facilitated or hindered the effective functioning of the PS Centre are considered:

- Financing
- Alignment with other Movement entities
- PS Centre structures and systems

### Key messages

The period covered by this evaluation has seen an increase in project-based funding and a reduction in unrestricted funding for the PS Centre. This was said to have hindered its ability to focus on its core functions and strategic objectives.

The relationship with the IFRC Secretariat has been crucial to the effectiveness of the PS Centre. Some concerns were expressed about the PS Centre being disconnected from the 'core' decision-making structures in Geneva, so not being consistently integrated into the work of the IFRC as a whole.

Regional IFRC offices are important collaboration partners for the PS Centre. Where a MHPSS Delegate is in place in an IFRC regional office, communication and collaboration with the PS Centre was reportedly more effective. There have been challenges in ensuring consistency in Regional MHPSS Delegates.

A network of MHPSS focal persons in NSs is an important foundation for the work of the PS Centre in promoting MHPSS throughout the Movement. In addition, Regional MHPSS Networks can create a focus for a dialogue between the PS Centre and the NSs, and can be an efficient means of the PS Centre sharing information and contributing to capacity-strengthening of NSs.

The lack of diversity within the PS Centre staff team was felt to hinder the Centre's ability to fully support NSs globally to develop their MHPSS capacity. The location of the Centre in Copenhagen was also said by some to limit the diversity and agility of the Centre. The need for locally-based PS Centre resource persons, or at least a Technical Advisor allocated to each region, was emphasised.

There was a feeling amongst some that the PS Centre lacked a clear strategic approach, although this is due at least in part to the uncertainty resulting from the ongoing decision-making process around the development of the PS Centre.

## Financing

At the beginning of the period covered by this evaluation, funding for the PS Centre came primarily from NSs (Annual report, 2015). More recently, the PS Centre has been able to diversify its funding sources, with an increase in project-based funding, particularly from the European Commission. Annual Reports in 2018 and

2019 noted that the reduction in unrestricted funding, particularly from NSs, has hindered the ability of the PS Centre to respond to urgent needs and to support, train and mentor the NSs:

**'This changing funding environment calls for increased advocacy and dialogue with our partners, a development towards a sustainable business model, and time invested in diversification of funding sources to support the growing demands for mental health and psychosocial support from the National Societies and the global humanitarian community' (Annual Reports, 2018 & 2019).**

Whilst the issue was not referred to in the Annual Reports from 2020 and 2021, a number of key informants noted that the reliance on project-based funding continues to hinder the ability of the PS Centre to focus on its core functions, and to develop a coherent strategy in terms of its work in general, and support to NSs in particular.

## Alignment with other Movement entities

Working within a Federation structure brings both opportunities and challenges in terms of the effective functioning of the PS Centre. These are explored in this section, in relation to the following entities:

- IFRC Secretariat
- IFRC regional offices and MHPSS Delegates
- Regional MHPSS networks
- NSs and NS MHPSS focal persons
- Reference Centres and Hubs

### *IFRC Secretariat*

The relationship with the IFRC Secretariat, and with the regional IFRC structures, has been crucial to the effectiveness of the PS Centre. The IFRC Secretariat and regional/field offices provide operational support to enable NSs to operationalise the tools developed by the PS Centre and capitalise on the strengthened MHPSS capacity within NSs. The Care in Communities Manager is the global focal point for MHPSS for the Secretariat, and around 20% of his time is dedicated to this aspect of this role. In this capacity, he works with the PS Centre and IFRC field offices around future vision, strategies and policies, and also focuses on mobilising resources.

As of March 2021 there has also been a full-time MHPSS Officer within the IFRC Secretariat, with responsibility for development (programmatic support, the MHPSS needs of NS and IFRC offices); implementation of the MHPSS Resolution, Policy and roadmap; and MHPSS in emergencies. The position of the MHPSS Officer is crucial to the PS Centre's effective involvement in IFRC activities. The IFRC MHPSS Officer is situated within Community Health, but has responsibility for working with Emergencies in relation to MHPSS issues. Currently, MHPSS is not a priority in IFRC emergency response, and the MHPSS Officer is not automatically included in meetings to plan and implement responses so her role is primarily focused on advocacy in relation to the integration of MHPSS in emergency responses. The PS Centre's role in contributing to the MHPSS response in emergencies depends heavily on this integration taking place, so that the necessary resources are allocated.

Whilst it is recognised that IFRC values the contribution made to the Movement by the PS Centre, there was a feeling amongst some key informants that MHPSS issues and engagement with the PS centre was not always prioritised within the IFRC in practice. This partly relates to funding being allocated to the PS Centre, but also the PS Centre being disconnected from the 'core' where decisions are made in Geneva. This has changed to some extent since the recruitment of the MHPSS Officer within the IFRC Secretariat. Some key informants compared the position of MHPSS within the IFRC Secretariat to PGI, which is seen to be more integrated:

*PGI have indicators – they are standardised, included in appeals, they're seen as something that needs to be included in every project, every budget, every evaluation, whereas MHPSS has to fight our way in. (Key informant associated with the PS Centre)*

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*To make the PS Centre relevant globally, we need to be present at regional level. When we have a counterpart at regional level, it flows really well. We don't have the capacity to connect with every NS, it isn't possible. If the PS Centre could grow at regional level, that would be helpful. When we have national focal points, connected with regional focal points, connected with us – magic happens.*

*(Key informant associated with PS Centre)*



The integration of the PS Centre into the work of the IFRC as a whole was described as ad hoc, based on whether individual managers are interested in including MHPSS. The role of the MHPSS Officer within the IFRC Secretariat was described by a number of key informants as crucial to the process of advocating for the inclusion of MHPSS in responses, particularly emergency responses.

### ***IFRC regional offices and MHPSS Delegates***

Regional IFRC offices are important collaboration partners for the PS Centre. The regional offices enable collaborations and knowledge exchange between the PS Centre and NSs, and also amongst NSs.

There have been challenges in ensuring consistency in Regional MHPSS Delegates. There was a period when funding related to the COVID-19 pandemic enabled a MHPSS Delegate to be in place in each of the five regions, but at the time of writing there are Delegates in MENA, Asia-Pacific and Americas regions (although the Americas delegate is about to leave her position with no replacement currently identified); no specific MHPSS Delegate for Europe but three MHPSS specialists working at regional level in relation to the Ukraine crisis; and no MHPSS Delegate for the Africa region.

As part of the IFRC Health & Care department, the PS Centre connects with health coordinators in regional offices when there is no MHPSS Delegate. Relationships between the PS Centre and IFRC Regional Offices were described by some key informants as being distant, and less collaborative than they could be. Where a MHPSS Delegate is in place in an IFRC regional office, communication and collaboration with the PS Centre was reportedly more effective. The Acting Head of Health and Care Department in the IFRC Europe Regional Office has had ongoing cooperation with the PS Centre in her current and previous roles, but still found it beneficial to be able to connect with the Centre via a Regional MHPSS Delegate:

***It's very helpful to have a MHPSS delegate or person that will directly communicate with them because, for example, I am a health focal point, maybe I have an overview of the MHPSS activities, but I'm not deeply involved and I don't know some technical specifics of the MHPSS trainings or some MHPSS issues. So it's very helpful to have a MHPSS delegate that will connect us with and collaborate closely with the PS Centre. (Senior Manager, IFRC Europe Regional Office).***

At the same time, challenges have been experienced in communication within this partnership, with NSs sometimes seeking support from the PS Centre directly without the involvement of the Regional MHPSS Delegate, leading to misunderstandings and challenges in coordination. Where solutions to this challenge have been put in place, it has been through discussions between the PS Centre advisor with responsibility for the region and the Regional MHPSS Delegate themselves, without any formal systems having been established.

***There is no system in place. If I left or if this advisor left, then the cycle would be repeated again. (Regional MHPSS Delegate)***

The challenges in recruiting and retaining MHPSS Delegates are related both to funding and to the priorities of senior management at regional level. The Europe regional office has stated that their focus will be on MHPSS, so they will push this agenda and are more likely to obtain the resources to support it. Where there is no such focus, a region is less likely to obtain the funds to support a regional MHPSS focal point. Short-term funding limits what can be achieved by a MHPSS Delegate, since they are unable to plan strategically how to strengthen MHPSS capacity in the region.

***To make the PS Centre relevant globally, we need to be present at regional level. When we have a counterpart at regional level, it flows really well. We don't have the capacity to connect with every NS, it isn't possible. If the PS Centre could grow at regional level, that would be helpful. When we have national focal points, connected with regional focal points, connected with us - magic happens. (Key informant associated with PS Centre)***

A unique initiative has taken place in the Asia-Pacific region, which began in 2016 with the MHPSS Officer with the Hong Kong branch of Red Cross Society of China being seconded on a part-time basis (20% of her time) to the PS Centre. This is perceived to have been a fruitful initiative; she has a better understanding of the needs of NSs in the region, can build relationships with MHPSS focal points within the NSs and the similar time zone

makes it easier to connect. The presence of a local PS Centre staff member, albeit part-time, increases the likelihood that NSs in the region will reach out for support even when they lack a MHPSS focal point or their MHPSS capacity is very limited.

In May 2021 this initiative developed further to become the Asia-Pacific MHPSS Collaborative (AP Collaborative), which consists of the seconded staff member plus a full-time Co-ordinator. The Co-ordinator is line managed by the seconded staff member, and is responsible for supporting NSs in the region on MHPSS issues, prioritising emergency appeals and plans of action. The AP Collaborative has a tri-partite structure, consisting of the PS Centre, the Hong Kong branch of Red Cross Society of China, and the IFRC regional office for the Asia-Pacific. This structure enables the Collaborative to be embedded within the IFRC regional health team, as well as reporting to the PS Centre. This has the advantage of the Collaborative team being included in regional discussions and decision-making (e.g. the Co-ordinator participates in the weekly health meeting).

*If there is an emergency in the region, the Co-ordinator and I may receive the draft appeal before it is published, we are automatically included as technical leads in the region. It wasn't always like that but the last two years it has become more automatic. Even before the Collaborative, when I was seconded I was given a IFRC email address, so I was gradually brought into the regional conversation. (MHPSS Officer, Hong Kong branch of Red Cross Society of China)*

*We've just finished [preparing the regional plans], and [the AP Collaborative Co-ordinator] was part of that, offering support from a mental health and psychosocial support lens to thematic areas such as climate change, protection, gender inclusion, disasters, migration and such like. So to have somebody in a region who is part of an integral part of the planning process and to make sure that mental health is captured or at least considered in the other thematic areas, that's a big plus clearly. (Senior Manager, IFRC Asia-Pacific Regional Office)*

It is worth noting that IFRC regional offices which did not have this kind of input from the PS Centre into their planning processes expressed a strong desire for it.

*When you look to our regional office plan, you see MHPSS embedded in two sections under Community Health and under Emergency Health. So you need to embed some activities here and there, but we don't see [the PS Centre] available even during this period ... Let's have a joint planning session so they know what we are planning in each region and can mobilise resources or help in designating technical persons to help in implementation. (Senior Manager, IFRC MENA Regional Office)*

*With the First Aid Reference Centre, we had at the beginning of the year a meeting with the focal point and we created the annual plan for this year. For example, what kind of activities they are planning from their side and what are the joint activities that we can organise together. This year I approached the PS Centre to have this kind of meeting, just to plan some of the activities because we have some funding available for the trainings at regional level ... They were willing, we had a meeting, but there was no proactive approach from their side to sit with us and to agree on some activities that can be jointly coordinated and planned. (Senior Manager, IFRC Europe Regional Office)*

The fact that PS Centre staff do not have IFRC email accounts was said to be a barrier to their involvement in relevant initiatives at regional and global level, sometimes leaving them unaware of discussions and activities which they may have been able to contribute to.

## **Regional MHPSS networks**

MHPSS Networks can create a focus for a dialogue between the PS Centre and the NSs, and can be an efficient means of the PS Centre sharing information and contributing to capacity-strengthening of NSs. Effective MHPSS networks have been established in the Europe, MENA and Asia-Pacific regions.

The *European Network for Psychosocial Support (ENPS)*, now called the *MHPSS European Network*, was founded in 2000. The network includes representatives, mainly MHPSS focal points, of 53 NSs located within the Europe region. The PS Centre is a standing member of the steering committee of the MHPSS European Network, and as such contributes to the activities and direction of the network. In turn the

network can amplify and influence the work of the PS Centre.

A *MENA MHPSS Network* was established in 2019, with membership currently including 14 of the 17 NSs in the region. The IFRC MENA Regional Office supports the administration of the network, but the activities are managed by a Technical Committee consisting of a representative from each sub-region plus two people with MHPSS expertise and one person from IFRC. The intention is for IFRC to lead the network initially, then to hand over the leadership to a NS, whilst continuing to provide some financial contribution and secretariat support.

The *Asia-Pacific MHPSS network* was established more recently by the Asia-Pacific MHPSS Collaborative. Around 15 NSs have so far joined the network, and they meet every two months.

There is currently no network in the Africa region, but there are two Communities of Practice (one French-speaking and one English-speaking), each of which is effectively a WhatsApp group used for peer support. There is no network or Community of Practice in the Americas region.

In order for the network approach to be possible, it requires funding, a dedicated NS and an alignment in strategies, approaches and tools. Funding is needed for NSs to allocate a person to be part of the network and send that person to network meetings in order to build relationships with other network members, share experiences and identify points of connection. This can, and has, been achieved to some extent through online meetings, which overcome the financial barrier, but relationship-building within a network is more effective in person and many of the less-resourced NSs are not in a position to prioritise this.

### ***NSs and NS MHPSS focal persons***

A network of MHPSS focal persons in NSs is an important foundation for the work of the PS Centre in promoting mental health and psychosocial support throughout the Movement. A MHPSS focal person is needed for the PS Centre to connect with a NS, for example to receive the PS Newsletter and share it with relevant people within the NS.

***Focal points within NSs is a necessity for developing MHPSS. When it isn't there, it's stagnant, there's nobody to drive it. (NS MHPSS technical staff)***

An indicator of success for the PS Centre (Annual Report 2016) is to have trained and supported focal persons in all NSs. In 2019, at least one focal point for MH/PS was reported by 120 Movement members (NS, the IFRC and the ICRC), whilst by 2021 this had increased to 132 Movement members (NS, the IFRC and the ICRC)<sup>15</sup>.

### ***Reference Centres and Hubs***

There are a considerable number of IFRC global and regional reference centres, plus NS reference centres, other networks and hubs. They are described as promoting 'collaboration, knowledge-sharing and innovation across our global network and with humanitarian partners. In doing so, they help support strong and sustainable National Societies and improve the collective humanitarian impact and influence of our Movement'<sup>16</sup>.

There is currently little interaction between the Reference Centre and other specialist bodies within the Movement, which was highlighted by some key informants as a missed opportunity. The IFRC Secretariat was seen as being in a good position to facilitate more effective cross-Centre working, and this is in fact a priority for the IFRC Secretariat in coming years. Procedures are currently being put in place to address this, such as a unified planning process from 2023 which will include all Directors of Reference Centres. MHPSS was described by one key informant as a way of building bridges between siloes, since the work of several other Centres and Hubs (e.g. the Climate Centre, Global Disaster Preparedness Centre, Global First Aid Reference Centre) have MHPSS elements.

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15 Mental Health Matters: Progress Report on Mental Health and Psychosocial Support Activities within the International Red Cross and Red Crescent Movement (October 2021)

16 <https://www.ifrc.org/reference-centres>

## PS Centre structures and systems

Aspects of the way the PS Centre is currently structured and operates influence its achievements in relation to its core functions. These are described below in three sections:

- Staffing issues
- Engagement at regional level
- Strategic approaches

### *Staffing issues*

Both key informants and survey respondents suggested that the lack of diversity within the PS Centre staff team hinders the Centre's ability to fully support NSs to develop their MHPSS capacity.

*[I recommend] That non-English-speaking National Societies be taken into account. In the meetings, we do not participate equitably because of language difficulties. Nor are we monitored in the activities we do throughout the year, nor are we asked for any reference on training carried out or interventions at the national or international level. (Survey respondent)*

The staffing of the PS Centre was perceived to contribute to materials and interventions produced in some parts of the world not being identified and made use of by the PS Centre, even when they may be of interest to others within the Movement.

*How can we ensure that all this Movement expertise is better reflected from a cultural perspective? Not so European-centric, but also highlighting beautiful programs, manuals and interventions that are being developed as we speak in Africa, in Asia, in Latin America, in other languages ... Before we were small, but now as we are growing, I think this need of doing something that is a lot more Movement representative is very important, so I would also highlight this as one of the areas where the PS Centre has a gap. (ICRC staff)*

In addition, although the PS Centre aims to develop materials and trainings which are generic enough to be relevant in many contexts and adaptable to others, there was a concern that they are European-focused and are not necessarily relevant to other contexts.

*We are saying it's international guidelines that could be adapted to different contexts but I don't see it widely spreading in Americas and in Africa. They don't see how it translates to them. And what the Centres often been criticised for is that it is northern European ... Even for Canadians, who you would think we would be very similar to, they would just say, no, there are lots of these that would not fly in our context, for Australians a lot that would not fly in that context. And there are a lot of challenges that they're facing that we're not even touching upon. (NS MHPSS technical staff)*

Some lack of clarity was noted by key informants from within NSs around the roles and responsibilities of the Technical Advisors and other staff within the Centre. This contributes to uncertainty about who they can contact for different types of support, and a reliance on existing relationships with PS Centre staff. Where a NS MHPSS focal point or other staff member has never had any contact with the PS Centre, this can make it difficult for them to make the initial approach.

*I think that there there's probably a better job that we could do certainly in terms of like making sure that the focal point on a particular file is the right one. But there is so much movement in the Reference Centres, sometimes we just need to go to whomever we know and then trust that that there will be follow up from the right place. (NS MHPSS focal point)*

*The high staff turnover has been difficult for me – the two people I worked closely with left at the same time. The loss of a personal contact was difficult, we built up a lot and it got lost. It was not passed on to another staff member. (NS MHPSS focal point)*

Staff turnover has affected the PS Centre's ability to maintain relationships and structures, although a number



of key informants external to the Movement said they had been impressed by how smoothly the PS Centre's operations continued despite the changes in staffing.

### ***Engagement at regional level***

The location of the Centre in Copenhagen was questioned by some key informants, who felt this limited the diversity and agility of the Centre. The need for a locally-based PS Centre resource person was highlighted by some NS-based key informants.

***I wish they have a resource in the Eastern Region of Africa, a focal person for PS Centre in each region or NS. Currently we're trying our own way. Even if we're using their resources, it would be helpful if they occasionally travelled to this region, so they can practically support and guide us. We are practitioners and may lack the skills in how to develop a new training. Or a focal person – there was a focal person in IFRC Regional Office who facilitated remote meetings with me but it currently isn't happening. They were in Kenya so they tried to create an English-speaking team, we met monthly. That was very helpful, I wish that could start again and they could occasionally visit us. (NS MHPSS focal point)***

The intention of the PS Centre is that one Technical Advisor (TA) will be the primary contact person for each of the five regions, although staff turnover and project-based funding has made it difficult to achieve this goal over the period of the evaluation. The TA for each region builds relationships not only with the IFRC MHPSS regional focal point, but the focal points within NSs. Relationships are a key part of the effectiveness of the links between the PSC and the regions and NSs; NS focal points will reach out to a TA that they have met through visits to the region/ country, trainings conducted or some other means, but are less likely to make contact with a person who is unknown to them or a generic contact point/ email address.

It was noted by the Regional MHPSS Delegate in the IFRC Americas Regional Office that until recently the PS Centre did not have a Spanish-speaking staff member, and as a result the NSs in this region rarely connected with the PS Centre. The appointment of a staff member with responsibility for the Americas was said to have been 'a blessing to us, we are more connected because we speak the same language'.

The PS Centre staff member with responsibility for the MENA region is based in Tunisia and her role was described positively by a Senior Manager in the IFRC MENA Regional Office: 'She has a specific focus on the region, she understands and knows the context very well. So she's working as a middle person between us and the Centre and she facilitates all Technical Support and the exchange experience and knowledge between the central and National Societies and MENA region'.

The MHPSS Officer in the IFRC Secretariat noted that from her perspective, ideally there would be a TA devoted full-time to each region, visiting the region and NSs regularly to offer training and mentorship, particularly to NS MHPSS focal points who do not necessarily have strong skills in MHPSS. Other key informants noted that a regional TA would also be in a position to contribute to/strengthen regional MHPSS networks, and advocate for the prioritisation of MHPSS within regional IFRC offices. It was felt by some that there is currently little connection between the IFRC regional offices and the PS Centre.

***Those people who are sitting in the Centre, it would be good if they can jump in the region for couple of weeks or month to share and exchange experience and help National Societies, help regional office who don't have MHPSS focal point, filling the gap. So it would be good to move around and to share that experience and help to fill the gap and then support and provide the needed Technical Support. (Senior Manager, IFRC MENA Regional Office)***

Positioning of PS Centre staff within regions has the potential to facilitate their involvement in IFRC regional activities, as well as supporting the NSs directly.

***Positioning [of the PS Centre technical advisor] within the region certainly helps, because that means that, for example, [they] are also part of technical meetings of weekly, for example, health unit meetings and so on. And it's easier to understand what they do and to interact with them. (Senior Manager, IFRC Africa Regional Office)***

However, this depends on a strong relationship between the PS Centre and the IFRC Regional Office, as is the case in the Asia-Pacific region. There are not currently structures in place to facilitate PS Centre staff engagement with IFRC Regional Offices.

### ***Strategic approaches***

The functions of the PS Centre set out in the original Agreement give a mandate to the Centre to focus on certain priorities. However, there was a feeling amongst some key informants that the PS Centre lacked a clear strategic approach, especially as project-based funding became a more important source of their income. A strategy is necessary to enable decisions to be made transparently about which activities and projects to become involved with, and how they together contribute to the overall goals of the PS Centre. This applied to research projects as well as other initiatives.

It should be noted that due to the uncertainty resulting from the decision-making process around the development of the PS Centre, strategic discussions within the Centre regarding its areas of focus and priorities have been on hold in the recent period. This was identified by PS Centre staff as a challenge for them in their work: 'The lack of clear vision and strategy of the PS Centre – who are we, our main priorities, how do we streamline our activities and lastly learn from our work/trainings/projects etc'. The lack of strategy was said to contribute to an ad hoc approach to staff assignments, and a lack of clarity around roles and responsibilities of the TAs and other staff within the Centre. It also makes it more difficult for the PS Centre to build up a body of work on a certain area, or to see initiatives through to an end-point.

***I think that it would be really helpful for the PS Centre to be a little bit more intentional and a bit more focused because otherwise I think that we're caught in a kind of massive two-way reflection of lack of prioritising, lack of really deliberate putting resources to identify the good enough solution. We're always either looking for something that is better or we don't see things through long enough to be able to make the difference or to be able to show the difference. So there is something about intentionality and the coordination with National Societies that do have capacity to really amplify what's going on. (NS MHPSS technical staff)***

## H. Discussion and Conclusions

In this final chapter, the key achievements of the PS Centre are highlighted, particularly in relation to the changes the Centre helped to bring about within the NSs and the IFRC, and more broadly within the MHPSS sphere. Areas where achievements have not been as strong as anticipated are also noted. In conclusion, the achievements of the PS Centre over the last seven years in relation to the functions set out in the original Agreement are reviewed.

### Support and reach to National Societies

The Psychosocial Centre receives and responds to a range of requests, both from within the Movement and from external agencies and individuals. Table 4 below gives an overview of the requests received from within the Movement over the period covered by this evaluation. The requests from different entities within the Movement are shown, with Danish Red Cross shown separately from the other NSs since DRC made a significantly higher number of requests than any other NS.

*Table 4. Requests from Movement entities to the Psychosocial Centre 2016-2021*

Year	2016	2017	2018	2019	2020	2021
ICRC	14	23	14	17	10	28
IFRC	114	168	172	117	329	576
MOMENT	0	0	20	60	189	29
Danish Red Cross	153	167	106	120	81	113
National Societies	172	189	200	177	192	234
Others (e.g. networks)	35	52	25	31	45	225
<b>Total # RCRC requests</b>	<b>488</b>	<b>599</b>	<b>539</b>	<b>522</b>	<b>846</b>	<b>1205</b>

The type of requests made by NSs of the Psychosocial Centre are summarised in Table 5 below.

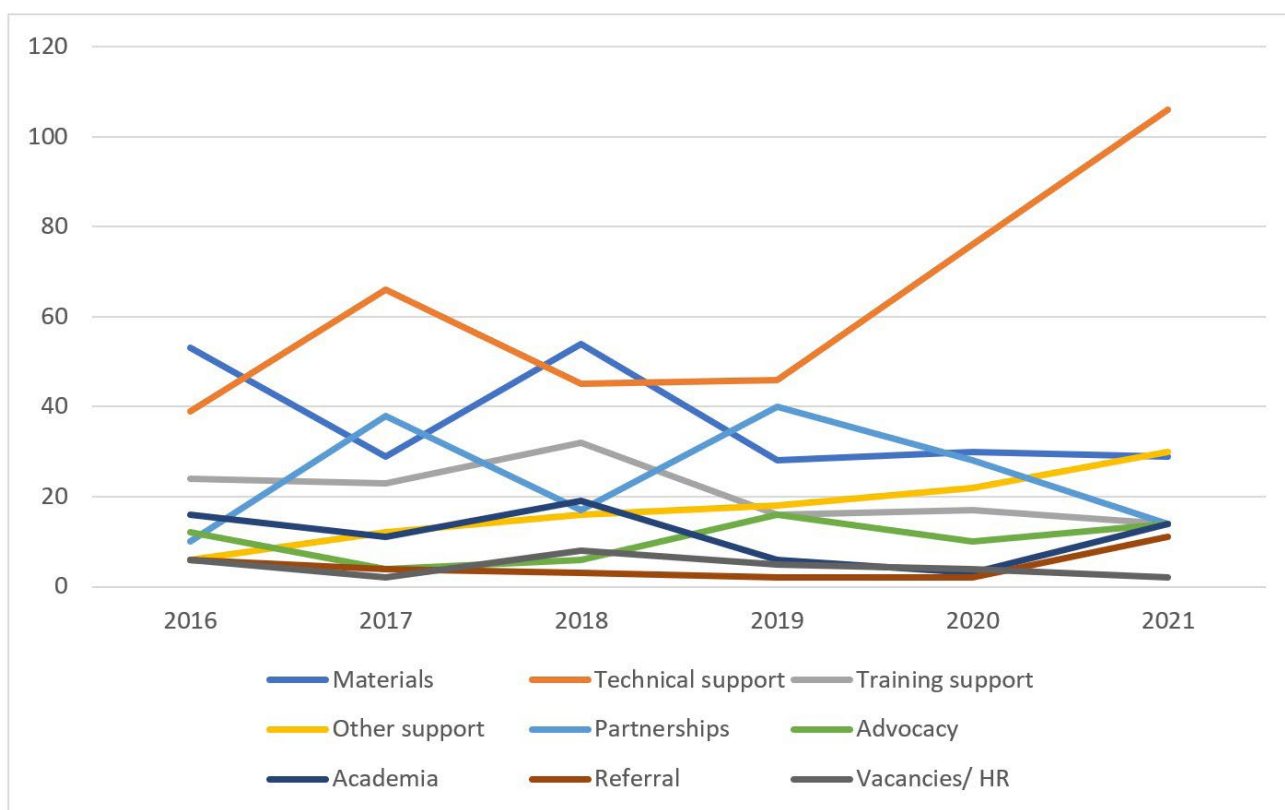
*Table 5. Type of requests from National Societies to Psychosocial Centre*

Year	2016	2017	2018	2019	2020	2021
Materials	53	29	54	28	30	29
Technical support	39	66	45	46	76	106
Training support	24	23	32	16	17	14

Other support	6	12	16	18	22	30
Partnerships	10	38	17	40	28	14
Advocacy	12	4	6	16	10	14
Academia	16	11	19	6	3	14
Referral	6	4	3	2	2	11
Vacancies/ HR	6	2	8	5	4	2
<b>Total # NS requests</b>	<b>172</b>	<b>189</b>	<b>200</b>	<b>177</b>	<b>192</b>	<b>234</b>

Both Table 4 and Table 5 show there has been an increase in the number of requests for support received by the PS Centre over the period of this evaluation, including from NSs.

Figure 7. Patterns of requests made by National Societies to the Psychosocial Centre over the period of this evaluation.



Both Table 5 and Figure 7 show that there has been a particular increase in requests for technical support from NSs recently, and a slight decrease in numbers of requests for materials and in relation to partnerships. This may reflect the easier access to materials on the PS Centre website (so reducing the need for NSs to directly approach the PS Centre with requests for materials), and the strengthened MHPSS networks in some areas (facilitating connections with other MHPSS actors through the regional network rather than through the PS Centre).

There was a feeling amongst some key informants associated with the PS Centre that the Centre was not equally accessible to all NSs. For example, whilst the capacity-strengthening initiatives offered by the PS Centre were greatly valued by NSs, some are less able to participate in these because of financial and visa challenges (for the global trainings), and language, internet access and time differences (for the online trainings). In locations without a Regional MHPSS Delegate or regional MHPSS network there was a lack of awareness at NS and IFRC Regional Office levels of what the PS Centre can offer, and an uncertainty around whether and how NS MHPSS focal points, or other staff members, can connect with the Centre.

Annex 7 presents the results of an analysis of the number of requests made by different NSs within each region on an annual basis over the period covered by this evaluation<sup>17</sup>. Whilst it is not possible, or useful, to compare the engagement of regions with the PS Centre, since they are not equivalent in size or other factors, it is possible to review patterns of engagement over time.

The largest proportion of requests made to the PS centre came from NSs in the Europe region, with the number increasing considerably over the 7-year period. The number of requests in 2021 was almost double those in 2015. This increase has mainly been driven by requests from British, French, Netherlands, Norwegian and Swedish NSs.

There has been little change in the pattern of engagement from the NSs in the Asia-Pacific region. Afghanistan Red Crescent, Japan Red Cross and Hong Kong Red Cross Societies have consistently made

17 The Danish Red Cross is excluded from this analysis, since the number of requests made by them far exceeds that of other NSs.

requests over the period, and a large number of requests came from Nepal Red Cross in 2015, when the country was affected by an earthquake.

A small number of requests came from the MENA region, with these reducing further in the last few years.

There has been little change in the number of requests from the Americas region over the period reviewed, with the vast majority of requests coming from the American and Canadian Red Cross Societies.

A relatively small number of requests were made by NSs in the Africa region, although there was an increase in 2021. The Kenya Red Cross has most consistently requested support from the PS Centre.

This analysis supports the observation of key informants that the PS Centre has more contact with NSs which already have some level of MHPSS capacity. The NSs which most consistently contact the PS Centre for support are those already active in the MHPSS field and better resourced. Table 6 shows the 20 NSs which made the largest number of requests to the PS Centre over the period of the evaluation.

**Table 6. NSs making largest number of requests to PS Centre (2015-2021)**

Region	National Society	# requests 2015-2021
Europe	Netherlands	88
Europe	Swedish	86
Americas	Canada	76
Europe	French	72
Europe	Iceland	68
Europe	Norwegian	66
Europe	British	58
Asia-Pacific	Japan	52
Americas	American	35
Europe	Portugal	33
Asia-Pacific	Afghanistan	32
Asia-Pacific	Hong Kong	30
Europe	Swiss	39
Asia-Pacific	Nepal	28
Europe	Germany	27

Africa	Kenya	24
Americas	Brazil	22
Asia-Pacific	New Zealand	19
Europe	Belgium/ Belgium Flanders	17
Europe	Finland	16

The analysis of requests made to the PS Centre does not, of course, take into account the support offered by the PS centre to NSs in a more strategic way, in which capacity-building is part of a broader system of support rather than in response to a request made by a NS. However, this analysis does indicate that there are NSs which are less likely to seek support from the PS, either because they do not feel they need it, they do not know what services the PS Centre can offer and/ or they do not know how to approach the PS centre, or do not feel comfortable in doing so. Information from survey respondents and key informants suggests that where no personal relationship has been established with PS Centre staff, NS MHPSS focal points and others at regional/ country level are much less likely to make contact with the Centre or seek support. The personal relationships developed with Technical Advisors who visit the regions and the NSs are crucial to the engagement of NSs with the PS Centre.

There was a general sense that the PS Centre was serving well those regions and NSs which already had some MHPSS capacity as a foundation to build on, but found it more difficult to engage the NSs where there was no regional MHPSS focal point, or strong MHPSS focal points within the NSs themselves. A more strategic approach to planning capacity-strengthening initiatives was felt to be needed in order to enable NSs to benefit from the expertise of the PS Centre, along with a more decentralised capacity-strengthening programme. A strategic approach would provide a clear rationale for the capacity-strengthening initiatives prioritised by the PS Centre, and enable NSs to plan their engagement more clearly.

## Development of high-quality tools, guidance and materials

The resources produced by the PS Centre emerged as a clear strength during this evaluation. The quality of the resources was reported to be high, and they were comprehensive and easy to follow. NS focal points appreciated that they could be sure that the resources would be in line with Movement principles and approaches, which was not always the case when they accessed resources externally. The speedy production of high-quality materials during the COVID-19 pandemic was greatly valued both within the Movement and outside, and increased the visibility of the PS Centre considerably.

The findings of this evaluation indicate that the resources produced by the PS Centre are well-used by NSs and others. PFA materials are consistently popular, including guidance on using the skill-set in specific circumstances. Some key informants felt that the materials and tools produced by the PS Centre are not always as action-orientated or focused on 'operationability' and 'scalability' as they could be. There was also a lack of resources reflecting a range of cultural contexts, available in different languages. In general, there was a feeling that more use could be made by the PS Centre of existing materials both from NSs and external partners, in addition to developing entirely new resources. The lack of diversity within the PS Centre staff team, and its location in Copenhagen, were seen to be barriers both to resources from a range of NSs being identified and amplified by the PS Centre, and the development of materials suitable for different contexts and language groups.

There was consensus that the PS Centre are leaders in the MHPSS field in relation to materials around psychosocial support. However, a theme which emerged in this evaluation was the perceived gap around producing guidance to enable NSs to address mental health conditions at community level.

*'Our world mental health report now says that less than one in three people in the world with psychoses are in care. So I don't think you can call yourself an MHPSS centre unless you can answer the question, how are you going to support? And if it's just 'refer' that is not an answer in the places where the referral leads to a mental hospital where people get bad care' (External partner).*

The perceived imbalance of the PS Centre's work was said to create some misalignment with advocacy initiatives both within the Movement, in that the Movement MHPSS Framework covers the whole of MHPSS, and within the global MHPSS field as a whole, in which the importance of an integrated approach to mental health and psychosocial support is emphasised.

There was also a concern that the focus on psychosocial support in general, and PFA in particular, may send a message that this is sufficient for a NS to meet the MHPSS needs within their community. The prioritising of psychosocial services can give the impression that the Federation is addressing MHPSS issues whereas, in fact, the focus is primarily on the lower level of the pyramid, and advocacy for services and support for people with severe mental health disorders can become lost.

*The fact that the Movement and the PS Centre created this 'psychosocial panacea' made [the needs of those with severe mental health conditions] even more invisible. So that was also a huge concern for us (ICRC staff).*

The strategies used by the PS Centre to share their materials since 2020 were seen very positively. Whilst the PS Centre website has some challenges, partly due to the large number of resource now hosted there, the range of methods (including podcasts, short and regular newsletters and social media) adopted are appreciated by NS MHPSS focal points and others.

## **Impact of PS Centre on NS practice**

It was difficult to gain a clear understanding in this evaluation of the impact of the tools and materials produced by the PS Centre on NSs' actual practice. Similarly, capacity-building initiatives are not comprehensively evaluated, so it is hard to know how they influence the MHPSS services delivered by NS staff and volunteers.

Survey respondents were asked to rate how useful the Psychosocial Centre had been overall to their NS, region or IFRC section. The responses are summarised in Figure 8 below. The largest proportion of respondents (21, 55%) rated the Psychosocial Centre as having been 'very useful'. Eight of these respondents represented NSs in the Europe region; three in the Americas; three in Africa; three in the Asia-Pacific region; and one in the MENA region. Fourteen respondents (37%) felt that the Psychosocial Centre had been 'quite useful'. Of these, five represented NSs in high-income settings, five were from the Africa region, two from the Americas and one from the MENA region. The main reasons given for not selecting 'very useful' fell into two categories: that their NSs were well-resourced and did not feel the need to seek support, and that it did not occur to the focal point to seek support from the Psychosocial Centre.





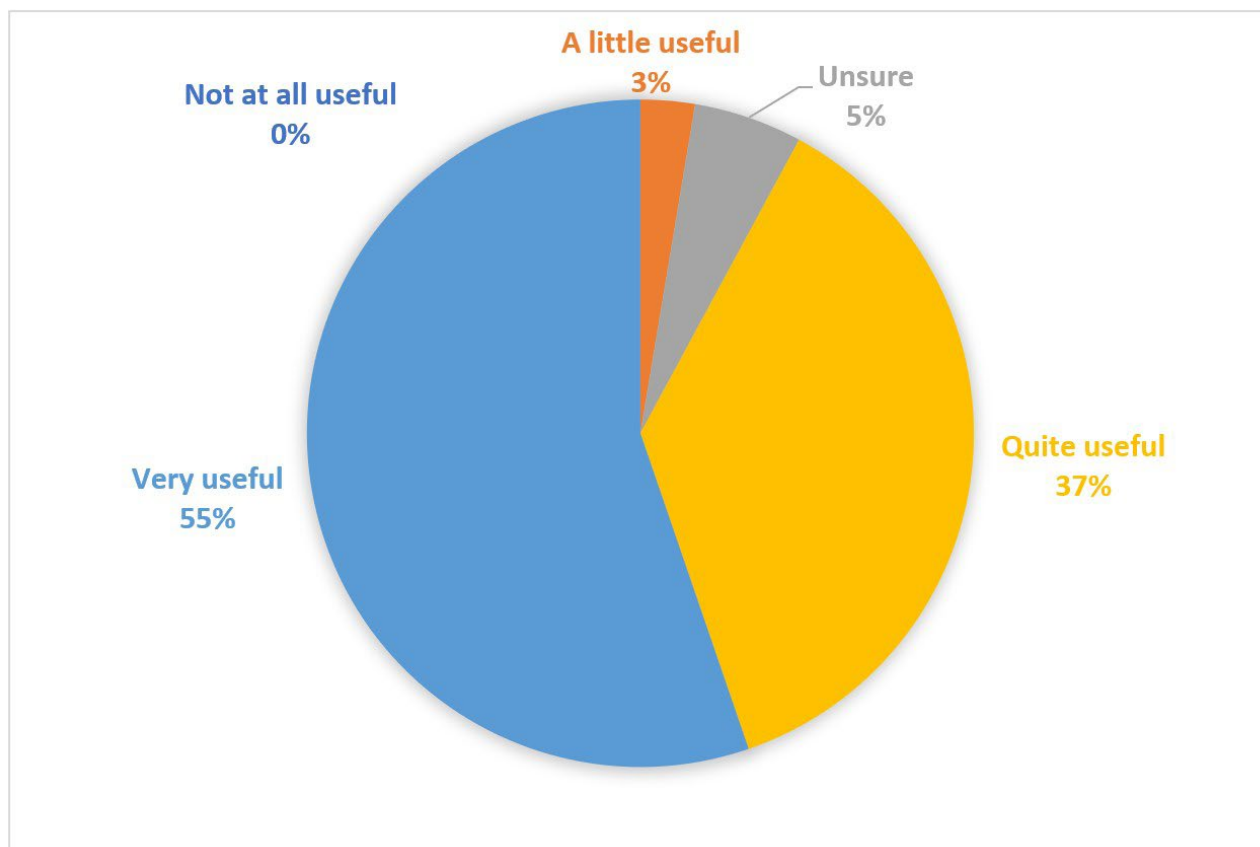
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Figure 8. Perceived usefulness of the PS Centre to NSs (survey respondents)



The Technical Advisors in the Psychosocial Centre were described by survey respondents as being highly knowledgeable and skilled, and willing to provide support when requested. Most key informants and survey respondents described the PS staff as being very responsive, although there was a recognition that their ability to offer support such as technical guidance, translations and adaptations of materials was limited by resource constraints.

*it is very reassuring to know that we can access the advice and support of the Technical Advisors. On the occasions when we have sought this, the response has been prompt, thorough and helpful. (Survey respondent)*

There was a concern that NSs, especially those with minimal MHPSS capacity, require more support than is currently available to identify resources relevant to their context and use them to strengthen the MHPSS capacity within their NS. Some NSs are able to make use of the many useful technical resources (materials and trainings) produced by the PS centre independently because they already have partnerships, strategies and resources to build on. However, NSs with the least MHPSS capacity lack this foundation, and are often unable to adapt and use the resources in meaningful, safe and effective ways in their own contexts without support.

At IFRC Regional Office level, there was also a desire expressed for PS Centre input into planning MHPSS activities for the region, to ensure a strategic and coordinated approach. This was particularly the case where no Regional MHPSS Delegate was in place, but also applied in regions where such a Delegate was available. A strategic engagement with the PS Centre at regional level was said by managers to be greatly valued.

## Strengthening MHPSS collaboration and focus within the Movement

Key informants described how awareness of, and focus on, MHPSS has increased within the Movement over the last seven years, and the role that the PS Centre has played in this. Nine PS Centre staff participated in a workshop for the purposes of this evaluation, in which they were asked to state (anonymously) what they

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*it is very reassuring to know that we can access the advice and support of the Technical Advisors. On the occasions when we have sought this, the response has been prompt, thorough and helpful.*

*(Survey respondent)*

were most proud of in their work with the PS Centre, and the most significant theme amongst their responses related to their engagement in initiatives that have led to a stronger focus on MHPSS within the Movement.

*[I am proud] To be a part of RCRC Movement and to be a part of a global MHPSS response and addressing critical challenges related to mental health.*

The role played by the PS Centre in connecting MHPSS focal points and other actors within NSs with each other through networks, meetings and training opportunities was greatly appreciated by survey respondents and key informants based within NSs.

*The PS Centre has been very useful in terms of being a place for peer support, information exchange and connection to the wider Movement and MHPSS community. This is the case for my NS and region. (Survey respondent)*

*They have quite a good overview of what exists within the Movement, so they could connect us. It was amazing the network they have. The coordination, the potential to link us up with other NSs. They have an overview of everything going on in the field, and can help NSs. (NS MHPSS focal point)*

More broadly, the role of the PS Centre in creating a 'shared vision' and approach to (MH)PSS, and a shared language within the Movement, was identified as a significant contribution.

*The [capacity building on] PSS in emergencies gives a good understanding across the Movement of how to work with MHPSS and emergencies. That helps us foster a uniform approach when we're in the emergencies. The standardised tools again, they will need to be adapted to the context, but we use a lot of the M&E tools with our National Societies and it helps us sort of have a direction and a frame ... We are sometimes having these multi-partnership programmes ... and it's helpful that we have one language. If one of the parties are using a terminology that's not within the IFRC PS Centre languages, it's OK for us to say, hey, we have to follow this. This is how we phrase it. It may be that you prefer another term, but in the Movement, we have to follow this and it's nice that that we can align ourselves. (NS MHPSS technical staff)*

Key informants emphasised the importance of the PS Centre drawing on discussions with NSs, researchers and other actors in the MHPSS field in order to establish a vision and approach which is aligned with what is currently known to be good practice. The position of the PS Centre within the MHPSS field as a whole, and within the Movement in particular (i.e. its connections with NSs) enables it to be aware of and respond to new developments, so ensuring that the vision and approach is dynamic and reflects a changing situation.

## **MHPSS Resolution, Policy and Roadmap**

The PS Centre was a key actor in the development of the MHPSS Resolution and Policy, along with the IFRC, the ICRC, the Swedish Red Cross and Danish Red Cross, and a reference group composed of representatives of around 40 NSs, including MHPSS focal points. This has been a significant achievement during the period covered by the evaluation. The MHPSS Resolution and Policy has contributed greatly to an increased focus on MHPSS within the Movement.

*[The PS Centre] proved itself when we got MHPSS into a Resolution and Policy. It's managed to integrate MHPSS into IFRC and the work. Now nobody questions whether the non-physical health is important, everybody recognises that it's something we need to deal with. MHPSS is high on the to-do list of NSs in Europe, and without the centre and the consistent push this wouldn't have happened. (Senior Manager, IFRC Europe & Central Asia Regional Office)*

The Council of Delegates adopted a Resolution on 'Addressing the mental health and psychosocial needs' in 2017. This granted a mandate to create a harmonised and unified MHPSS approach, scope and standards for the Movement. The Resolution advocates for States, NSs, the ICRC and the IFRC to increase efforts to ensure early and sustained access to quality mental health and psychosocial support services by people affected by armed conflicts, natural disasters and other emergencies. It calls for investment in sustained local and community-based action that is comprehensive, complementary to other activities, and integrated into all humanitarian response and health activities. The Resolution also calls on actors to address stigma, exclusion and discrimination related to mental health and psychosocial needs through approaches that reinforce dignity

and participation in a context-specific and culturally sensitive way. Further, it calls for measures to be taken to strengthen the quality and capacity of the humanitarian staff and volunteers and to protect and promote their mental health and psychosocial well-being.

A Movement-wide MHPSS Policy was developed in 2018 on the basis of the Resolution, and both the Resolution and the MHPSS Policy were adopted by the 33rd International Conference of the Red Cross and Red Crescent (9-12 December 2019), with the 196 member states signing the Resolution to align the MHPSS work of Red Cross and Red Crescent with the work of member States. The Resolution and Policy were operationalised into a Roadmap for implementation which identifies six Priority Action Areas and outlines the outputs and outcomes expected by 2023. Actors within the Movement established five working groups (WGs), two of which are co-chaired by the Psychosocial Centre.

The MHPSS Resolution and Policy serve as important tools for humanitarian diplomacy at both national and global levels, and the PS Centre, along with others, have already begun efforts to increase NS understanding of these documents so they can more effectively use them for advocacy purposes.

## Contribution to MHPSS field

The PS Centre has made a significant contribution to the MHPSS field over the period covered by this evaluation. Its role as co-chair of the IASC MHPSS Reference Group has increased both the visibility of the PS Centre, and its involvement in new developments and initiatives in the MHPSS field. The PS Centre is highly respected by other actors in the MHPSS field and perceived to be a strong partner.

Humanitarian diplomacy has become a particular strength of the Psychosocial Centre in recent years. The closer involvement of the PS Centre in the IASC MHPSS RG through the co-chair role has brought the Centre closer to the centre of the MHPSS field, and provided opportunities to be actively involved in initiatives that fit with their mandate. The co-chairs of the IASC MHPSS RG are regularly invited to participate in high-level meetings and events, which puts it in a good position to contribute to the MHPSS field.

*The most important contribution the PS Centre has made to the MHPSS field is the political and policy aspects. The impact of the Resolution has been huge because it means that IFRC and ICRC are on board, on the same page, advocating for MHPSS in a coordinated way, in any meeting anywhere in the world. This brings a big weight. They are present in all countries so have respect from and access to the governments, whereas we [as an INGO] are always seen as external, so they have huge influence. (External partner)*

The PS Centre staff who participated in a workshop for the purposes of this evaluation were asked to state what they were most proud of in their work with the PS Centre. A key theme related to building the influence of the PS Centre so it can more effectively contribute to advocacy at local, regional and global levels, and ensuring that the Movement perspective is taken into account.

*Stronger influence and link with the IASC MHPSS RG to bring the perspective of a volunteer-based humanitarian network. (PS Centre staff member)*

The PS Centre engagement in research and implementation projects, in partnership with academic institutions and other humanitarian actors, is also a strength. It contributes to the ongoing awareness of, and contribution to, good practice in community-based MHPSS. The PS Centre benefits from this in terms of developing evidence-informed materials and capacity-building opportunities for NSs. Stronger evidence around 'what works' in terms of MHPSS also has potential impacts on access to funding for such work.

There was a feeling that the PS centre could draw more intentionally on NS experience and knowledge in terms of identifying good practice in community-based MHPSS, recognising the considerable resources which exist within the Movement. MHPSS focal points within NSs are in a good position to identify emerging needs in communities, as well as examples of practices which seem to be effective. Where the PS Centre is able to engage in a meaningful way with NSs, and learn from these experiences, they are able to share them with external partners in the MHPSS field, to inform the broader MHPSS field and ensure that volunteer perspectives

are included in new initiatives.

*The PS Centre needs to have a better feeling for hot topics, what is coming up in discussions in the field, so that they are ahead of the game and relevant. They should be leading the discussions instead of following them. (Key informant associated with the PS Centre)*

## Conclusions

The PS Centre has made an important contribution to the work of the RCRC Movement and to the MHPSS field as a whole over the last seven years.

One of the Centre's most significant contributions has been the development of high-quality materials, tools and guidance on community-based psychosocial support which are perceived as relevant and which are produced in a timely fashion in response to events. This has been accompanied by a strong Communications approach to disseminating information to NSs and others. The focus on basic psychosocial skills, particularly PFA, was appreciated but there was a need expressed for more support to strengthen NSs community-based mental health activities, as well as MHPSS monitoring and evaluation, and to produce materials in a wider range of languages. In addition, some NSs required additional support to identify resources relevant to their own context and put these into practice.

The capacity-strengthening opportunities offered by the PS Centre were perceived as relevant and high-quality, although barriers were identified to some NSs participating in trainings held in Copenhagen. It was not possible to examine in a systematic way which NSs benefited from the capacity-strengthening opportunities, or the impacts on their MHPSS programming and practice. However, NSs with the least MHPSS capacity were not systematically supported to strengthen their MHPSS knowledge, skills and activities, perhaps as a result of a shift towards project-based funding which has limited the PS Centre's ability to focus on its core activities. The location of the PS Centre in Copenhagen, and the lack of diversity within the staffing team, was perceived to hinder the Centre's ability to fully support NSs to develop their MHPSS capacity.

The PS Centre has high levels of respect and engagement within the MHPSS field. External partners view the PS Centre as having a strong concentration of MHPSS capacity, as well as being an organisation which values collaborations and is reliable and efficient. The co-chair position of the IASC MHPSS Reference Group has increased both the visibility of the PS Centre, and its involvement in new developments and initiatives in the MHPSS field. As well as informal connections and exchanges of material and information, the PS Centre has been engaged in an increasing number of collaborative projects around research and the development of community-based MHPSS interventions. The intention is for these projects to result in guidance and tools which can be used by NSs to strengthen their MHPSS programming and services, although it was not possible during this evaluation to assess the extent to which this has occurred.

Humanitarian diplomacy, both within the Movement and externally has been a particularly strong aspect of the PS Centre's work over the period covered by this evaluation. The role played by the PS Centre in the development, adoption and implementation of the MHPSS Resolution and Policy is a considerable achievement, and paves the way for strengthened MHPSS approaches within the Movement, and for advocacy at local, regional and global levels.

As the PS Centre has expanded over the period covered by this evaluation, there was a feeling amongst some that its activities have been hindered by the lack of a clear strategy for capacity-building, engagement in collaborative initiatives and dissemination of materials. The Centre has achieved a huge amount over the last seven years, whilst remaining focused on its core functions, and a strategic approach would have enhanced its ability to achieve its goals.

# Annexes

1. Documents reviewed
2. Survey format (English)
3. Survey results
4. List of key informants interviewed
5. List of resources produced during evaluation period (2015-2022) available on PS Centre website
6. Resources On PS Centre Website in English, French, Spanish and Arabic
7. National Society requests to the PS Centre by country and region (2015-2021)



Psychosocial Centre

**The IFRC Reference Centre for Psychosocial Support** contributes knowledge and provides service to the Red Cross Red Crescent Movement. It assists in facilitating mental health and psychosocial support, promotes psychosocial wellbeing for affected groups, staff and volunteers, and increases awareness of psychological reactions in times of crisis or social disruption.

The Centre is hosted and supported by Danish Red Cross. It receives financial support from a number of National Societies, institutional and private donors including the European Commission and DANIDA.

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