MHPSS HUB TRANSFORMATION PROJECT

FINAL REPORT

Rebecca Horn, 20 August 2024

CONTENTS

ACRONYMS

HD	Humanitarian Diplomacy
DRC	Danish Red Cross
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
MENA	Middle East and North Africa
MHPSS	Mental Health and Psychosocial Support
NS	National Society
PNS	Partner National Societies
PS Centre	IFRC Reference Centre for Psychosocial Support
RCRC	Red Cross Red Crescent
ToR	Terms of Reference
ToT	Training of Trainers

1. EXECUTIVE SUMMARY

Introduction

In February 2024, the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC), and the Danish Red Cross (DRC) signed a Partnership Agreement establishing the framework for the Red Cross and Red Crescent (RCRC) Movement Hub for Mental Health and Psychosocial Support (MHPSS). The existing IFRC Reference Centre for Psychosocial Support will be transformed into the RCRC Movement MHPSS Hub, set to be launched on January 1, 2025.

This report summarises the findings of a technical review intended 'to pinpoint gaps and potentials that will be pivotal in (shaping the Terms of Reference ToR) for the International MHPSS Movement Hub, aligning its objectives with the identified needs and resources within the Movement'.

Methodology

The technical review consists of a desk review of nine key documents relating to MHPSS within the Movement, followed by a series of online and in-person consultations with the following Movement entities.

> DRC International Department (6 participants); ICRC MHPSS (9); IFRC (10); Roadmap Working Group Co-leads (11); Psychosocial Centre (25); English-speaking NS in Africa region (12); French-speaking NS in Africa region (14); NS in MENA region (10); NS in Europe and Central Asia region (23); NS in Asia-Pacific region (12); NS in Americas region (9).

Review of current PS Centre Provision

The desk review and most of the consultations included reflections on the current work of the Psychosocial Centre.

In terms of PS Centre elements to maintain and build on, there was a recognition that the PS Centre has a reputation, both within the Movement and the broader MHPSS field, for high levels of technical expertise. The PS Centre consistently produces high-quality materials, resources and capacity-strengthening initiatives, and has strong structures in place to disseminate these. The Centre has high levels of respect from and engagement with the broader MHPSS field, and strong partnerships with external MHPSS actors exist in areas including development/sharing of materials; research; programme development and implementation; and humanitarian diplomacy.

The culture of the PS Centre was highlighted by the current staff of the Centre as a strength, particularly the emphasis on camaraderie, support, care, listening and respect amongst the staff team, as well as open communication.

The gaps and areas to strengthen in the work of the PS Centre include a lack of effective MHPSS engagement at regional level, and at local (NS) level in some cases. A key challenge was said to be the physical location of the PS Centre in Copenhagen (and in Europe more generally), which was seen as a significant barrier to collaboration and effective working with NSs and other Movement entities globally.

A lack of resources relevant to the range of cultural contexts in which NSs operate was noted, as well as resources available in multiple languages. The high-quality PS Centre projects (tools, guidance, trainings) were said to be not always at a level which can easily be used operationally in different contexts, and do not always meet the needs of NSs. In particular, support for NSs in terms of M&E has not been practical enough to enable NSs to develop more robust monitoring and evaluation strategies.

The quality and diversity of the community-based MHPSS (level 1 and 2 of the MHPSS framework pyramid) services offered by NSs was felt to be variable, and there has been a gap in technical support for clinical mental health aspects. An integrated community-based MHPSS approach (with associated resources) has been lacking.

Whilst trainings were greatly valued, there was a lack of follow-up activities after trainings (e.g. in-country mentoring and support to NSs) to enable participants to put into practice what they have learned, and insufficient evaluation of capacity-strengthening initiatives, to understand how they impact on MHPSS programming and practice within the Movement.

The project-based nature of much of the current funding of the PS Centre, and lack of core funding, was identified as a barrier to a strategic approach and meeting the needs of neglected NSs and issues. The PS Centre was requested by the Steering Committee not to develop annual or multi-year strategies over the last four years, while discussions regarding the future MHPSS Hub took place.

Recommendations

The recommendations for the Movement MHPSS Hub are drawn from an analysis of all the consultations and are organised according to the three function areas specified in the Partnership Agreement.

A. Technical support and capacity development of National Societies, IFRC and ICRC staff and volunteers

This function area was seen to be a central pillar of the work of the Hub. Several of the recommendations focused around the Hub drawing on existing materials from within and outside the Movement to establish minimum standards and guidance on good practice in relation to MHPSS programmes and activities, including capacity-strengthening activities. A more strategic approach to its capacity-strengthening initiatives was recommended, to ensure that NSs receive the support they need to strengthen the MHPSS services in their context. This would go alongside drawing on expertise that exists across the Movement, and supporting NSs to contextualise MHPSS guidance, training and tools. Specific areas for capacity-strengthening were recommended, particularly improving the quality and diversity of basic PSS activities and developing quality approaches on mental health. Specific recommendations are listed below.

Strategy, framework and approach
5A.1 Develop a strategy and framework to guide technical support and capacity development/strengthening
5A.2 Develop guidance and minimum standards
5A.3 Create a more holistic Movement MHPSS approach
5A.4 Decolonise the Hub's technical support and capacity building
5A.5 Create opportunities for NSs to learn from each other
5A.6 Create systems to facilitate NSs connecting with the Hub
5A.7 Approaches to capacity building and technical support
5A.8 Consider training accreditation
5A.9 Monitor and evaluate the effectiveness of capacity-building initiatives
Thematic areas for capacity strengthening
5A.10 Strengthen NS capacity to respond in emergencies
5A.11 Mainstreaming MHPSS into other sectors
5A.12 Improve quality and diversity of basic PSS activities (Level 1 and 2).
5A.13 Develop quality approaches on mental health (tools, materials and capacity strengthening).
5A.14 Increased focus on victims of violence, including victims of sexual violence.
5A.15 Staff and volunteer care
5A.16 Strengthen NS capacity to build evidence around their MHPSS activities
5A.17 Strengthen NS capacity to mobilise resources
5A.18 Develop guidance, tools and resources for specific issues and contexts
5A.19 Other capacity-building topics recommended

B. MHPSS knowledge generation and sharing.

A key element of recommendations in this area was for the Hub to facilitate and enable NSs to generate and share MHPSS knowledge and expertise with others within the Movement and outside. A

need was identified to support Movement entities, including NSs, to generate stronger evidence around their MHPSS activities, through a range of approaches including monitoring and evaluation. Specific recommendations are listed below.

5B.1 Develop a strategy to guide MHPSS knowledge generation and sharing
5B.2 Leverage and amplify the knowledge that exists within NSs and other Movement entities
5B.3 Support NSs and other Movement entities to generate strong evidence around their MHPSS activities
5B.4 Establish and convene thematic working groups around MHPSS knowledge-generation and sharing
5B.5 Increased focus on research on Movement MHPSS priorities.
5B.6 Maintain a focus on emerging themes and issues
5B.7 Collate and disseminate MHPSS-related information

C. Policy, advocacy and humanitarian diplomacy (HD).

A strategic approach to policy, advocacy and HD was recommended, along with the allocation of human and financial resources to this area of work. The engagement and support of MHPSS 'champions' at higher- and middle-management level, as well as regional and NS level, was seen as an important element of the Hub's approach to this area. Specific recommendations are listed below.

5C.1 Dedicated staffing for policy, advocacy and humanitarian diplomacy
5C.2 Create a strategy
5C.3 Identify key actors in this area and clarify roles and responsibilities
5C.4 Strengthen capacity around MHPSS policy, advocacy and HD
5C.5 Coordinate opportunities for policy, advocacy and HD
5C.6 High-level advocacy and HD

D. Systems and structures

Although consultation participants were not asked specifically about how the Hub should operate, the issue emerged in all consultations. How the Hub operates was perceived as being inseparable from the services it provides. Key elements of these recommendations focus on the development of a holistic MHPSS approach across the Movement, with all entities (including NSs) playing a part in the development of resources and sharing of technical expertise. This included the Hub establishing a regional presence, as well as a centre in Copenhagen. The specific recommendations in this area are listed below.

5D.1 Establish systems to facilitate a collaborative, global approach to MHPSS
5D.2 Facilitate a whole-Movement approach to MHPSS
5D.3 Establish clarity around the role of Hub and that of other Movement entities
5D.4 Non-operational function of the MHPSS Hub
5D.5 Map MHPSS capacity and activity within the Movement
5D.6 Establish thematic working groups
5D.7 Connect with other centres of expertise
5D.8 Improved strategy and decision-making systems
5D.9 Establish strong governance structures
5D.10 Recruit and retain Hub staff with relevant skills and experience
5D.11 Establish staff care strategies
5D.12 Funding and resource mobilisation
5D.13 Monitoring and evaluation of the MHPSS Hub

2. INTRODUCTION

In February 2024, the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC), and the Danish Red Cross (DRC) signed a Partnership Agreement establishing the framework for the Red Cross and Red Crescent (RCRC) Movement Hub for Mental Health and Psychosocial Support (MHPSS). The existing IFRC Reference Centre for Psychosocial Support will be transformed into the RCRC Movement MHPSS Hub, set to be operational by January 1, 2025.

The transition process to the RCRC Movement MHPSS Hub is structured according to three Clusters of Work, one of which is a technical review. The overall aims of the technical review are 'To pinpoint gaps and potentials that will be pivotal in shaping the Terms of Reference (ToR) for the International MHPSS Movement Hub, aligning its objectives with the identified needs and resources within the Movement'.

The technical review consists of a comprehensive desk review of key documents relating to MHPSS within the Movement, followed by a series of consultations with relevant IFRC, ICRC, National Societies (NS), and PS Centre staff and management, focusing on the gaps and potentials identified in the desk study. This document reports on the results of the technical review.

Report structure

The methodology used to gather information is summarised in the first section of this report, and the findings are presented in the two subsequent sections.

The first set of findings summarises the elements of the existing Psychosocial Centre approach which the review indicates should be maintained through the transition to the MHPSS Hub, along with current gaps which should be addressed.

The following, most substantial, section describes the recommendations for MHPSS Hub activities in the three function areas outlined in the Partnership Agreement:

A. Technical support and capacity development of National Societies, IFRC and ICRC staff and volunteers
B. MHPSS knowledge generation and sharing.
C. Policy, advocacy and humanitarian diplomacy.

There are also some recommendations relating to the systems and structures of the future Hub. The report concludes with a small selection of broader visions as to what the MHPSS Hub could eventually look like.

3. METHODOLOGY

The desk review was based on nine key documents relating to MHPSS within the Movement[1].

The consultations are summarised in Table 1 below[2].

Movement entity	**# participants**	**Consultation method**
DRC International Department	6	Online (2 hours)
ICRC MHPSS	9	Online (2 hours)
IFRC	10	Online (2 x 90-minutes)
Roadmap Working Group Co-leads	11	3-hour in-person workshop
Psychosocial Centre	25	2-day in-person workshop (19) plus online 2-hour consultation (6)
English-speaking NS in Africa region. *NSs represented: Ghana, Kenya, Liberia. Nigeria, South Africa, South Sudan, Tanzania, Uganda, Zambia*	12	Online (1.5 hours)
French-speaking NS in Africa region *NSs represented: Burkina Faso, Cameroon, DRC, Gabon, Ivory Coast, Mali, Nigeria, Senegal*	14	Online (1.5 hours)
NS in MENA region *NSs represented: Bahrain, Egypt, Iraq, Morocco, Palestine, Syria, Yemen*	10	Online (1.5 hours)
NS in Europe and Central Asia region *NSs represented: Austria, British (written input), Croatia, Czech, Denmark, Estonia, Finland, Hellenic, Hungary, Lithuania, Norway, Poland, Portugal, Spain, Sweden, Ukraine*	23	Online (1.5 hours)
NS in Asia-Pacific region *NSs represented: Afghanistan, Hong Kong, Japan, Nepal, Pacific, Philippines, Singapore, Timor Leste, Vietnam*	12	Online (1.5 hours)
NS in Americas region *NSs represented: Canada, Chile, Colombia, Guatemala, Honduras, Panama, Paraguay*	9	Online (1.5 hours)

Although there were some differences in questions asked across the consultations with different types of participants, they were all basically structured around the following issues:

1. Based on your MHPSS experience and the functions/objectives outlined in the Partnership Agreement, what services do you believe a Movement MHPSS Hub should deliver?

2. Based on your interactions with the current PS Centre, which services from the PS Centre would you like to see continued, strengthened, or scaled up in a Movement MHPSS Hub?

3. What (new) opportunities arise with a global entity (Movement MHPSS Hub) providing MHPSS services to all components of the Movement (ICRC, IFRC, NSs)?

4. How would your NS/ Movement entity like to contribute to the Hub (Steering Committee, advisory group, thematic working groups etc)?

[1] See 'Technical Review Analysing Gaps and Potentials of the IFRC Psychosocial Centre Transforming into a Movement MHPSS Hub: Desk Review'. Rebecca Horn, 25 June 2024

[2] See Annexes for details of each consultation.

4. REVIEW OF CURRENT PS CENTRE PROVISION

The desk review and most of the consultations included reflections on the current work of the Psychosocial Centre. Elements of the existing approach which should be maintained through the transition to the MHPSS Hub were identified, along with current gaps which should be addressed. The key issues are summarised in this section.

4.1 PS Centre elements to maintain and build on

4.1.1 High levels of MHPSS expertise

The PS Centre was felt have a reputation, both within the Movement and the broader MHPSS field, for high levels of technical expertise, and high quality and professional staff.

The different professional and personal backgrounds of the PS Centre staff was seen as a key strength of the Centre. It brings together a range of cultural and linguistic expertise, along with different types of skills and experience in the MHPSS field.

PS Centre Technical Advisors are perceived by NSs and others to be highly knowledgeable and skilled, and willing to provide support. There was particular appreciation for Technical Advisors focusing on specific regions.

4.1.2 PS Centre culture

This aspect of the PS Centre was emphasised by the current staff of the Centre. The culture was said to be one in which staff members are quickly welcomed and integrated. Great emphasis is placed on camaraderie, support, care, listening and respect amongst the staff team, as well as open communication. A relatively flat hierarchy within the PS Centre facilitates co-creation, participation and active engagement.

A desire to respond to needs, even when resources are lacking, creates a culture of flexibility, creativity and innovation. This was said to lead to a proactive approach and sense of responsibility which results in good work being produced with minimal resources (including time). Whilst this characteristic of the PS Centre was valued, participants also recognised that it can lead to overworking.

4.1.3 Tools, guidance and resources

Considerable technical capacity and systems are in place within the PS Centre to produce tools and guidance on MHPSS issues. The quality of materials produced is high, they are generally perceived to be relevant and they can be produced quickly in response to need.

4.1.4 Training and capacity-strengthening

Similarly, there is impressive expertise within the PS Centre in relation to developing training and other capacity-strengthening initiatives, both in terms of content and methodologies. A wide range of high-quality and relevant MHPSS materials and trainings are already available within the Movement, making use of a range of approaches.

4.1.5 Sharing MHPSS knowledge

The PS Centre has strong structures and capacity in place to support the dissemination of MHPSS knowledge. New and creative dissemination methods have been developed and implemented in recent years. The tools and materials produced are freely and readily accessible to anybody within or outside the Movement.

The PS Centre has a strong reputation for communicating MHPSS knowledge in ways which are accessible by those working with MHPSS at country level. It is also recognised beyond Movement partners as having expertise in this area, and is used by MHPSS practitioners outside the Movement as a way of accessing and sharing knowledge.

4.1.6 Partnerships, relationships and networks

The PS Centre has high levels of respect from and engagement with the broader MHPSS field. Strong partnerships with external MHPSS actors already exist in areas including development/sharing of materials; research; programme development and implementation; and humanitarian diplomacy.

The IFRC role as co-chair of the IASC MHPSS Reference Group has led to increased visibility, engagement, and opportunities to contribute to and influence the MHPSS field.

Effective regional MHPSS networks exist in Europe, MENA and Asia-Pacific regions, along with two Communities of Practice in the Africa region, and these are greatly valued by those who are involved. The PS Centre plays an important role in bringing together MHPSS expertise across NSs and other Movement bodies, which enables NSs to connect with each other, learn from each other and work together.

4.1.7 Shared MHPSS vision and language

In recent years, there has been a significant shift within the Movement to a shared vision and language around MHPSS. The Movement MHPSS Resolution and Policy have contributed greatly to an increased focus on MHPSS within the Movement.

4.1.8 MHPSS advocacy and humanitarian diplomacy

The PS Centre has good networks and a strong reputation around humanitarian diplomacy, and there has been increased engagement in the last few years of NSs in humanitarian diplomacy.

4.2 Gaps and areas to strengthen in the work of the PS Centre

4.2.1 Quality and scope of support for NS MHPSS activities

Community-based MHPSS (level 1 and 2 of the MHPSS framework pyramid) is the majority of MHPSS provision for most NSs and has been the focus of the PS Centre's efforts. Yet there are questions around the quality and diversity of the services offered at this level, and the continued lack of evidence for it. Some participants noted that this has opened NSs up to criticism, and an undermining of the community-based MHPSS approach in general.

There has been a separation between psychosocial support and mental health, and a gap in technical support for clinical mental health aspects. An integrated community-based MHPSS approach (with associated resources) has been lacking.

4.2.2 Engagement with NSs and other Movement entities

A lack of meaningful engagement of NSs was noted in global knowledge generation and sharing activities. NSs could be more involved in co-creating MHPSS resources with the PS Centre and/ or there could be increased focus on adapting and/ or amplifying resources created by NSs.

There is a lack of effective MHPSS engagement at regional level, and at local (NS) level in some cases. Some NSs are not well connected to the PS Centre, and so do not make use of the services it offers. They do not know what resources are available on the website or how to access them.

The presence of a MHPSS focal person (both in the PS Centre and IFRC regions) has been dependent on funding rather than need.

4.2.3 Eurocentricity

The PS Centre is now more linguistically and culturally diverse than it has been in the past, but a key challenge was said to be the physical location of the PS Centre in Copenhagen (and in Europe more generally). Currently, the PS Centre is located in an expensive country with a visa system which makes it difficult for people from some parts of the world to visit or work there.

This was seen as a significant barrier to collaboration and effective working with NSs and other Movement entities globally, including making trainings held at the PS Centre inaccessible to those from outside Europe. It also limits the PS Centre ability to understand and address the needs of NSs and some key thematic areas.

4.2.4 Limitations of tools and resources

There is a lack of resources relevant to the range of cultural contexts in which NSs operate, and a lack of resources available in multiple languages.

The high-quality PS Centre projects (tools, guidance, trainings) are not always at a level which can easily be used operationally in different contexts, particularly by NSs working in emergencies and those with minimal MHPSS capacity.

> *It's hard to find the balance between good quality and making things useful for NSs. PS Centre products tend to be too comprehensive, too detailed, not suitable for NSs. We have to adapt them. The balance is difficult but currently too tilted towards high quality and away from usability. (NS MHPSS focal point, Europe & Central Asia region)*

The extent to which the content of the 'MHPSS Toolbox' meets the needs of NSs was questioned, in particular the availability of relevant, specific technical support and guidance to enable NSs to address mental health needs.

Relevant MHPSS resources can be difficult to find on the PS Centre website.

4.2.5 Limitations of training and capacity-strengthening

Training, especially those held in Copenhagen, can be difficult for NSs to access, due to restrictions around cost, visa issues and language.

Participants noted a lack of strategic and collaborative approaches to planning capacity-strengthening activities. There is no annual schedule of trainings globally and regionally, which makes it difficult for NSs to plan ahead.

Whilst trainings were greatly valued, there was a feeling that there was a lack of focus on whether and how the knowledge would be retained and used by NSs. This includes a lack of follow-up activities after trainings (e.g. in-country mentoring and support to NSs) to enable participants to put into practice what they have learned.

> *People finish a ToT and have no idea how they should conduct the training. What should be there? And they did not have any schedule ready or scenario ready and they don't find the training as helpful. Maybe they had developed some of the soft skills but not the hard ones. (NS MHPSS focal point, Europe & Central Asia region)*

A lack of task-specific technical support to NSs, as they addressed newly emerging issues in their contexts, was highlighted by some, particularly around adapting and contextualising materials to particular settings and issues. MHPSS technical support during emergencies was felt to be too limited, focusing mainly on materials and connecting NSs to the IASC MHPSS Reference Group materials, and local Technical Working Groups.

There was also said to be insufficient evaluation of capacity-strengthening initiatives, in particular a lack of evidence around how they impact on MHPSS programming and practice within the Movement.

4.2.6 Evidence building around MHPSS within the Movement

Although the PS Centre has increased its involvement in research over recent years, it tends to be project-based and led by external interests (donors and partners) rather than focusing on MHPSS topics prioritised by the Movement (as well as more general MHPSS issues). Some participants also noted that research (along with knowledge generation and tool development) has been very Eurocentric, with limited focus on various marginalised groups in and outside of Europe.

Relevant research findings are not communicated in ways that NSs are able to use.

Support for NSs in terms of M&E has not been practical enough to enable NSs to develop more robust monitoring and evaluation strategies. Even where useful evidence is generated by NSs, there is no systematic way of collecting information and knowledge from NSs and sharing it in ways that other NSs can use.

4.2.7 Resource mobilisation

There is a challenge around financing of MHPSS services throughout the Movement. The project-based nature of much of the current funding of the PS Centre was identified as a barrier to a strategic approach and meeting the needs of neglected NSs and issues. An increased proportion of core funding, compared to restricted funding, is needed to deliver on the ambitions for MHPSS within the Movement.

5. RECOMMENDATIONS

The recommendations presented in this section are drawn from an analysis of all the consultations. The recommendations are organised according to the three function areas of the MHPSS Hub, as specified in the Partnership Agreement.

It is recognised that there is some overlap between the three function areas, and some of the recommendations could have been located in more than one area. For example, evidence-building recommendations were described as supporting NS advocacy efforts, so could be placed in either 'MHPSS knowledge generation and sharing' or 'Policy, advocacy and humanitarian diplomacy'. When discussing the 'technical support and capacity development' area, many NS MHPSS focal points recommended that the Hub facilitate their sharing MHPSS expertise amongst themselves and learning from each other, since other NSs in the region have faced similar challenges and developed contextually relevant responses. This recommendation could equally be placed under 'MHPSS knowledge generation and sharing'. It was necessary therefore, to make some subjective judgements about where to locate certain recommendations.

A. Technical support and capacity development of National Societies, IFRC and ICRC staff and volunteers

Recommendations for technical support and capacity development of NSs, IFRC and ICRC staff and volunteers

Strategy, framework and approach
5A.1 Develop a strategy and framework to guide technical support and capacity development/strengthening
5A.2 Develop guidance and minimum standards
5A.3 Create a more holistic Movement MHPSS approach
5A.4 Decolonise the Hub's technical support and capacity building
5A.5 Create opportunities for NSs to learn from each other
5A.6 Create systems to facilitate NSs connecting with the Hub
5A.7 Approaches to capacity building and technical support
5A.8 Consider training accreditation
5A.9 Monitor and evaluate the effectiveness of capacity-building initiatives

Thematic areas for capacity strengthening
5A.10 Strengthen NS capacity to respond in emergencies
5A.11 Mainstreaming MHPSS into other sectors
5A.12 Improve quality and diversity of basic PSS activities (Level 1 and 2).
5A.13 Develop quality approaches on mental health (tools, materials and capacity strengthening).
5A.14 Increased focus on victims of violence, including victims of sexual violence.
5A.15 Staff and volunteer care
5A.16 Strengthen NS capacity to build evidence around their MHPSS activities
5A.17 Strengthen NS capacity to mobilise resources
5A.18 Develop guidance, tools and resources for specific issues and contexts
5A.19 Other capacity-building topics recommended

Strategy, framework and approach

5A.1 Develop a strategy and framework to guide technical support and capacity development

Develop a technical training framework to guide MHPSS capacity-strengthening within the Movement and enable strategic decisions to be made about capacity-strengthening priorities. The framework should include:

- Minimum requirements or criteria for capacity building initiatives. These would include criteria for participation in capacity-strengthening opportunities, both at individual level (a potential trainee's skills and experience) and at NS level (whether NS has the capacity, commitment and strategy to make use of improved capacity).
- The use of the MHPSS Framework to support NSs in assessing, proposing and setting up activities to ensure that they are contributing to a comprehensive MHPSS response in their context (e.g. by avoiding duplication, facilitating collaborations and through setting up referral systems with other service providers).
- A set of criteria to support strategic decision-making within the Hub regarding capacity-strengthening, to ensure that a NS is offered a form of capacity-strengthening that will benefit them in their context, with their particular set of resources, partnerships and structures.
- Identifying in advance what will take place after the training (follow-up, quality assurance and implementation), and including this in funding plans.

Create a hierarchy of training options, from basic through to advanced, with clear guidance to enable NSs to select training options that are right for them.

For MHPSS skills and implementation capacity-strengthening, packages should go beyond training to include on-the-job coaching, supervision, mentoring. Capacity-strengthening initiatives should include not only skills and programme content, but how to implement that programme efficiently and effectively.

Capacity-strengthening packages to be implemented in partnership with various operational entities within the Movement in each context (e.g. PNS, IFRC, ICRC and/ or NSs with expertise in particular areas).

Learn from countries where MHPSS technical support and capacity-strengthening has functioned well (e.g. Colombia).

5A.2 Develop guidance and minimum standards

Take a participatory approach to creating recommended minimum standards and good practice.

Develop or adapt minimum standards and guidance, building on what already exists, on how to implement different types of MHPSS programmes and activities at each level of the pyramid, both for emergency and non-emergency settings.

Establish minimum requirements for the implementation of a programme, in terms of resources, capacity, time, commitment, partnerships etc. For example, some NSs may be in a position to work collaboratively with ICRC to support families of the missing, whilst others do not have the necessary structures in place, in terms of partnerships, to do so. Explicit minimum requirements for a programme to be implemented will enable NSs to assess whether they are in a position to undertake a certain type of MHPSS activity or should focus their efforts elsewhere.

Develop practical and operational training tools and guidance, suitable for staff and volunteers with no MHPSS background.

Revise existing tools taking into account trauma-informed approaches and including mental health issues where appropriate.

5A.3 Create a more holistic Movement MHPSS approach

Build connections between community-based MHPSS (levels 1 and 2) and more focused mental health support (levels 3 and 4), to create more holistic MHPSS service provision for populations. Consider ways of supporting NSs to provide MHPSS activities and interventions at all levels of the MHPSS framework, both in emergency and non-emergency situations.

Integrate a trauma-informed approach into Movement MHPSS activities, especially within health settings.

Strengthen NS capacity in the ICRC areas of MHPSS expertise where appropriate and facilitate more collaborative working between NSs and the ICRC.

> *Given that ICRC has a stronger focus on specialised services, while IFRC has a stronger focus on community integrated approach, I feel that the combination will be great for the national societies. It will provide a duality I feel is somewhat lacking in many NSs in the region. (NS MHPSS focal point, Africa region)*

Map areas of focus and knowledge (technical competences, knowledge and skills) across the whole Movement, and establish systems to make use of this to strengthen MHPSS capacity, focusing particularly on neglected NSs and neglected emergencies.

Create Hub focal points and thematic capacity-building areas which are co-led by a MHPSS Hub member and a NS (similar model to the working groups that have been working on implementing the joint Movement policy and resolution on MHPSS). There is good practice from some existing projects (e.g. EU4Health) on co-facilitation with NSs on capacity strengthening initiatives.

5A.4 Decolonise the Hub's technical support and capacity building

The Hub should work with NSs to contextualise and translate MHPSS technical guidance, trainings and tools into context-appropriate, usable materials suitable for their specific situation. This could include connecting NSs to others who have undertaken a similar adaptation or who are able to support the process. It could also include developing adaptation guides to accompany new materials. Training for MHPSS focal points could include understanding and adapting global guidance to their own contexts.

Ensure that new materials are translated into key languages, close to the time the English version of the material is published.

Ensure technical support to NSs is provided by people who understand the context and can adapt approaches and guidance accordingly.

Decentralise some training programmes to make them more accessible for the NSs, and more appropriate for the contexts that participants are working in.

> *We experienced this through the EU4H programme, with PS Centre team coming to us for the integration of supervision training and helping us to plan and implement, build the model in our own context, and that was valuable. If it is possible to have Hub staff based in the region, that would be very helpful. If there is no way to do this, at least make possible visits from the Hub to the original context to be able to support with some training and capacity building. Because capacity building starts after the training and this is a longer process. (NS MHPSS focal point, Europe and Central Asia region)*

5A.5 Create opportunities for NSs to learn from each other

Create opportunities for NSs with expertise in a specific area to support those who are beginning to work in that area (peer to peer support). The Hub could have a convening, coordination role to facilitate this.

> *We want to learn from other NSs who have experienced similar situations (e.g. droughts, floods, cholera) so we can learn from or replicate what they did. (NS MHPSS focal point, Africa region)*

Create a roster of NS MHPSS technical experts at regional and global level who can support NSs with less capacity or are newer to the MHPSS field.

Create guidance and minimum standards to enable one NS to mentor or partner with another in a way which benefits both.

Post-training support could include a community of trainers, so those trained can connect with each other and receive technical guidance.

5A.6 Create systems to facilitate NSs connecting with the Hub

Create systems to enable NS staff and volunteers who do not have a contact in the Hub to connect with someone able to assist them.

5A.7 Approaches to capacity building and technical support

In-person training and capacity development to a NS was said to be supportive for the NS MHPSS focal point, as an outside voice can have additional credibility and can enable the NS MHPSS focal point to refer back to what the technical advisor said in subsequent conversations with staff, volunteers and managers.

> *It's very important to have a different face rather than me. We are trying to do mainstreaming and institutionalisation of mental health, so it's not just me coming in as a staff but having that different face brings a whole different perspective to it. Where not possible we would have virtual sessions conducted. But I think having the physical would really impact. (NS MHPSS focal point, Africa region)*

MHPSS focal points would benefit from some kind of internship or immersion course.

Include virtual trainings with a practical element in the Hub training package, so that staff and volunteers can interact with those in other countries and regions.

Provide ad hoc technical support for NSs on specific issues, to enable them to respond to requests within the NS (e.g. how to integrate MHPSS in a project which is distributing cash and farming inputs) and other emerging issues.

> *For example, if a NS needs knowledge on how nature supports mental wellbeing, what activities would you use for that, you could ask for a 2-pager on evidence for that and ideas for activities that would meet those objectives. In emergencies there would be more ad hoc support, such as what to put on social media, messages for the public. (NS MHPSS focal point, Europe & Central Asia region).*

Support NSs with the development of MHPSS operational frameworks and plans, to enable them to operationalise the commitments of the Movement policy.

5A.8 Consider training accreditation

There were differing opinions about the idea of certifying trainers in MHPSS.

One opinion was that a standardised training process (which includes a practical element) leading to certification as a trainer on a MHPSS programme/ issue would ensure that the training provided by a NS is of a high standard, which would enable the NS to market this training to external organisations. This was compared to similar processes implemented by the First Aid Reference Centre for their first aid training, where there is the possibility to become a Master Trainer, and to some WHO MHPSS programmes.

An alternative opinion was that any certification process should take place within the NS itself, with the support of the MHPSS Hub, rather than a trainer being certified by the MHPSS Hub. This would enable the NS to have more control over the quality of the training being offered by their staff.

There was also some concern about certificates being issued for basic PSS trainings, which could give participants the impression that they are more skilled than they actually are, and potentially doing harm.

5A.9 Monitor and evaluate the effectiveness of capacity-building initiatives

Monitor the effectiveness of capacity-strengthening initiatives, to assess their impact on practice and learn lessons which can improve future initiatives.

Thematic areas for capacity strengthening

5A.10 Strengthen NS capacity to respond in emergencies

Proactively prepare NSs for emergencies, using resources such as the Minimum Service Package for MHPSS and the Coordination Handbook. Strengthen NS capacities and systems for responding to emergencies.

Set minimum standards for the Movement MHPSS response to emergencies that are relevant in different contexts, drawing on existing resources from NSs globally.

A number of NS MHPSS focal points would like the Hub to send an expert to assist during a crisis.

Consider how to use the current PS Centre emergencies coordination group (which goes across units and addresses how to respond in an emergency) and consider the Hub relationship with the IASC MHPSS Reference Group regarding emergencies.

5A.11 Mainstreaming MHPSS into other sectors

Create a methodology to mainstream MHPSS across the Movement response in emergency and non-emergency settings, and support Movement entities to put this into practice.

5A.12 Improve quality and diversity of basic PSS activities (Level 1 and 2).

Increase structure and technicality of PSS activities at Level 1 and 2 of the MHPSS pyramid. Develop guidance and minimum standards for these activities.

Ensure that PFA training is good quality, and that trainees are supported to understand and use the full range of PFA skills in appropriate ways.

Identify ways beyond PFA that NSs can support communities, that may empower resilience and strengthen the ability of communities to respond to their own concerns and make them better prepared to respond to crises that may occur.

> *We also need to create resilience in communities because we know some of these things are year in, year out, meaning the cycle just moves on. So how do we also create mental resilience for the communities that we are serving and so many other things that are happening. (NS MHPSS focal point, Africa region).*

5A.13 Develop quality approaches on mental health (tools, materials and capacity building) (Level 3).

Develop trainings and guidance for activities and services at Level 3 of the pyramid (Psychosocial Support), particularly for NSs working in conflict-affected areas.

Strengthen capacity to enable NSs to:

- identify people with mental health problems and refer them to appropriate services.
- develop and implement a referral pathway, which includes mapping of services, identifying quality services and accompanying the process of referral.
- integrate their work more with health facilities. This may include training and working with medical professionals, helping to identify people who are in need and then creating a referral.

5A.14 Increased focus on victims of violence, including victims of sexual violence.

Draw on all the expertise that exists on this topic within the Movement to consolidate the many materials and resources, including trainings, related to MHPSS for victims of violence, and create a standardised approach which can be adapted for different contexts (cultural tailoring of material, resources and approaches).

Strengthen the capacity of relevant NSs to work with people affected by violence.

Facilitate the sharing of expertise on this topic, including NSs which have expertise on working with people affected by violence.

5A.15 Staff and volunteer care

Provide comprehensive, trauma-informed guidance on psychological support for staff, volunteers and others, particularly in critical incidents.

Develop a minimum standards package for staff health, to include promotion of good mental health and psychological wellbeing, preparing staff, supporting staff and critical incident response, including referrals.

Support NSs to contextualise guidance on self-care and caring for staff and volunteers.

5A.16 Strengthen NS capacity to build evidence around their MHPSS activities

Develop capacity-strengthening initiatives for NSs around monitoring and evaluation systems for MHPSS programs, including data collection and analysis.

Tools, guidance and support to strengthen NS ability to conduct robust needs assessments, and to make use of the results to plan programmes and interventions.

5A.17 Strengthen NS capacity to mobilise resources

Guidance and support for NSs on how to mobilise resources for the MHPSS activities. This could include guidance around documentation, generating evidence around their MHPSS activities and communicating this to others.

Support to develop proposals in response to calls.

5A.18 Develop guidance, tools and resources for specific issues and contexts

Offer capacity-strengthening targeted at a certain response or situation (e.g. cholera outbreak).

Develop tools and guidance for specific target groups and issues relevant to NSs.

5A.19 Other capacity-strengthening topics recommended

Tools and guidance to support NSs to introduce supervision systems into their MHPSS programmes.

Training on techniques for facilitating groups and providing psychosocial support to groups of people.

Develop accessible resources for NSs on implementation theory, to support them in putting their learning into practice and improve the quality of MHPSS programs in the field.

Opportunities perceived by NSs to strengthen capacity in areas under the ICRC mandate
This issue was not covered in all consultations with NSs, due to time and other issues dominating in some cases. However, there was enthusiasm for the opportunity to strengthen capacity in areas in which the ICRC MHPSS team have significant expertise. The areas of work referred to include:

- Integrating MHPSS into health services, including work with the wounded and people with disabilities.
- Working with families of the missing (referred to as Restoring Family Links by some NSs) and ambiguous loss.
- Helping the Helpers, or supporting staff and volunteers.
- Specialised clinical services and referral pathways.
- Providing MHPSS services in detention and with prisoners of war.

B. MHPSS knowledge generation and sharing.

Recommendations for MHPSS knowledge generation and sharing
5B.1 Develop a strategy to guide MHPSS knowledge generation and sharing
5B.2 Leverage and amplify the knowledge that exists within NSs and other Movement entities
5B.3 Support NSs and other Movement entities to generate strong evidence around their MHPSS activities
5B.4 Establish and convene thematic working groups around MHPSS knowledge-generation and sharing
5B.5 Increased focus on research on Movement MHPSS priorities.
5B.6 Maintain a focus on emerging themes and issues
5B.7 Collate and disseminate MHPSS-related information

5B.1 Develop a strategy to guide MHPSS knowledge generation and sharing.

Develop a strategy to define the goal of the MHPSS knowledge generation and sharing activities, and how the Hub will work towards this.

5B.2 Leverage and amplify the knowledge that exists within NSs and other Movement entities.

> *Supporting is maybe one word, but I almost feel like leveraging or amplifying the knowledge that exists with the National Societies is something a bit stronger, to say that it's not just this passive talk to each other but, 'Hey, Mozambique, you really have experience in dealing with this kind of thing and you've developed some great programmes, you can really share this and be a source of expertise for other National Societies'. Especially when it comes to what I would call colonialism within humanitarian sector, and the Movement's not immune to that, regions of the world that are underfunded also have a lot to teach well-resourced countries. It feels a little passive as it is. We can make it more dynamic, anti-colonialist. (PS Centre staff)*

Create opportunities for sharing knowledge around different ways of supporting communities to cope and to heal or recover, considering the evidence base and potential harms, reflecting on when a particular approach may be appropriate and when it is inappropriate. Include the grassroots MHPSS approaches used by some NSs in this discussion.

> *It will be important that the Movement Hub is open to different ways of working and different approaches. We need to be more open and the Hub needs to somehow align because there's a lot of things going on in NSs that we need to valorise more. (DRC International Department staff)*

Ensure that the Hub facilitates and enables NSs to generate and share MHPSS knowledge, without placing an additional burden on NSs. Explore how this can be done, for example convening spaces for knowledge sharing to come from a range of different NSs or providing financial resources to enable NSs to share their knowledge and experience (e.g. a NS MHPSS actor might represent the MHPSS Hub in some events/ initiatives rather than a Hub staff member).

Continue to support the Regional Networks and Communities of Practice by providing capacity in the form of human resources to support with coordination, the running of events, the delivery of webinars and meetings (online and in person) and financial resources to enable inclusion of NS who cannot afford to send focal points to in-person meetings. Facilitate opportunities for MHPSS focal points to come together to share ideas, experiences and resources (potentially including exchange visits).

Map NS capacity to enable expertise to be shared between them. Connect NSs with expertise in specific MHPSS areas or topics with those who are beginning to develop a similar type of response, so they are able to learn what worked well and what they should take into consideration.

> *I've seen a lot of times when we speak about a NS that is strong in an area, we forget to really indicate to others who are moving the same route, what it has taken, the pains, the sorrows, the highs, the lows. I think the Hub would be really great in helping NSs shape that journey and*

> *make it very realistic for others that are getting into areas to strengthen internally as a NS, but also how do they cooperate with their other partners or governments. It'll be nice to have the Hub help us document and help NSs capture these learnings. (DRC International Department staff)*

Convene meetings with the chairs/co-chairs of the different regional networks, to share best practice and provide mutual support.

Support NSs to document and share their learnings, both within and outside the region and Movement.

> *The National Societies are quite powerful knowledge generating machines as they exist right now. There's a multitude of surveys and assessments and reports that they generate at any given time, most of which have very, very useful implications for the way in which we could do our work and improve our practises as a whole. So I think maybe the most critical point that I think the Hub would need to address is how to better systemize and optimise that process where the National Societies are feeding into the Federation, feeding into the ICRC, feeding into the Hub and it's feeding right back to them as well, perhaps. (NS MHPSS focal point, Africa region)*

5B.3 Support NSs and other Movement entities to generate strong evidence around their MHPSS activities

Have a M&E focal point within the Hub.

Strengthen NS capacities to collect information on the impact of their MHPSS work, including both tools and processes.

> *We want to generate processes that could be replicated, so maybe the Hub could help us replicate processes. Help to create tools as a region to apply in emergencies in other situations to use in assessment and evaluation, qualitative and quantitative, to measure the effectiveness of our work. It's a huge challenge and a huge opportunity for us to generate knowledge and conduct research. (NS MHPSS focal point, Americas region)*

Support NSs to integrate outcome-level indicators into MHPSS programmes and activities, including where MHPSS is integrated into other types of programmes.

Support NSs to conduct operational research and capture learning from all phases of a project - what went well, where we should have included others - and document it in a way which can be shared.

> *Take photos, make stories, try to publish what you're doing and do more operational research about what you're doing. (DRC International Department staff)*

Provide human resources/ capacity to Movement entities to enable them to analyse existing MHPSS data more fully. This would be an efficient way to generate knowledge and evidence from existing information.

Strengthen the PS Centre M&E framework, align it with the IASC Common M&E Framework, and adapt it to the Hub. Collaborate with IFRC and ICRC regarding M&E systems to identify synergies.

Advocate for budgets to include adequate funds for monitoring and evaluation.

Make use of the IASC MHPSS M&E Help Desk. Create Hub M&E helpdesk as an entry point for NSs.

5B.4 Establish and convene thematic working groups around MHPSS knowledge-generation and sharing

Establish and convene regional or thematic working groups (similar methodology to the Roadmap Working Groups) on issues relating to MHPSS knowledge generation (e.g. M&E).

There is a wish from Roadmap Working Group 4 (Demonstrate the impact of MH and/or PSS interventions through research, evidence, monitoring and evaluation) to keep that community of

practice going. It could potentially have two streams: (1) integrating into the work of MHPSS training material, including knowledge generation; and (2) helping people understand how to use this evidence and how to do the evidence-building.

5B.5 Increased focus on research on Movement MHPSS priorities

Have a Research Focal Point in the Hub to bridge between research and practice.

Maintain the Research Network.

Increased focus on bottom-up research with a focus on generating knowledge which can be translated into new approaches and good practice.

Develop/document evidence around community-based MHPSS (levels 1 and 2), since this is a strength of the RCRC Movement, and many NSs have significant expertise. Communicate this approach clearly, evidence it, and ensure that actually makes sense to people.

> *It's hard to get evidence on basic and L2 activities, and if we can get evidence to go along with technical development it'll be easier to advocate. Basically, a research base that we can use while we are advocating for different kind of activities and especially if we speak about basic and focused types of psychosocial support activities, it's quite hard to find evidence for this. (NS MHPSS focal point, Europe & Central Asia region)*

Map potential academic partners, including NSs and their respective academic partners. Strengthen partnerships with universities, particularly those in the global South. Consider having postdocs, PhD or Masters students connected with the MHPSS Hub as a way of strengthening partnerships with academic institutions.

Connect and align with IFRC & ICRC research bodies.

5B.6 Maintain a focus on emerging themes and issues

Identify and share information on the global MHPSS trends, and how emerging issues impact on MHPSS.

Develop approaches to MHPSS that make use of new technology or innovations, such as a mobile app that could assist staff and volunteers when they are out in the field, a digital tool to assist in developing a functional referral pathway, or telehealth services.

5B.7 Collate and disseminate MHPSS-related information

Ensure MHPSS staff at regional and country level are aware of MHPSS developments at the global level, both within and outside the Movement.

Develop an accessible library/ platform where NSs and others can find MHPSS resources. This should include information suitable for those new to MHPSS, to help them get started.

Develop a toolbox of resources based on global best practice (i.e. monitoring, quality, assessments, wellbeing scales etc.) to assure consistency, and support MHPSS advocacy.

Create more synergy between existing Movement materials, experience and knowledge.

Make use of resources developed by NSs, quality assuring the standards of these where appropriate and then adding to the website and disseminating across the Movement.

Develop accessible and practical summaries of research with evidence for MHPSS activities, so that NSs can use the information for advocacy and trainings ('this is why we do what we do').

Translate new MHPSS-related information into a practically useful format for NSs. Identify and synthesise new ways of working from outside of the Movement and translate them into a form that NSs can learn from.

Formalise communication between Communications and Technical Advisors.

C. Policy, advocacy and humanitarian diplomacy.

Recommendations for policy, advocacy and humanitarian diplomacy
5C.1 Dedicated staffing for policy, advocacy and humanitarian diplomacy
5C.2 Create a strategy
5C.3 Identify key actors in this area and clarify roles and responsibilities
5C.4 Strengthen capacity around MHPSS policy, advocacy and HD
5C.5 Coordinate opportunities for policy, advocacy and HD
5C.6 High-level advocacy and HD

> *Advocacy will be more effective with all components of the Movement working together in the Hub. It presents a new opportunity to work all together under the same umbrella in the Movement. (NS MHPSS focal point, MENA region)*

> *First, we need the government to support our work, without their approval our work cannot proceed … Also it's very important to help us with advocacy within our NSs because sometimes they don't pay enough attention to MHPSS, they consider our role to be marginal or not clear. The most important advocacy track is with the community. We need your support in raising awareness within the community on MHPSS, this can be done by helping us to develop tools and interventions. A fourth track would be advocacy with partners around the world and donors. (NS MHPSS focal point, MENA region)*

5C.1 Dedicated staffing for policy, advocacy and humanitarian diplomacy

This area of work requires human and financial resources to be specifically allocated to it. HD and Advocacy must be established as a formalised entity (one person or a small unit that includes fundraising, communications, management, one technical advisor and one operations), rather than being the "side work" of someone with other commitments.

5C.2 Create a strategy

Create a policy, advocacy and HD strategy.

There is a lack of priority or buy-in for MHPSS advocacy within the Movement, and different entities have different approaches. Consider how to address this.

Transform the work already conducted on the Resolution and MHPSS Policy into concrete tools for advocacy and humanitarian diplomacy.

5C.3 Identify key actors in this area and clarify roles and responsibilities

Map across the Movement who is doing what in terms of policy, advocacy and HD and find ways of collaborating effectively.

Clarify roles to facilitate joint advocacy and avoid over-burdening MHPSS focal points. There needs to be agreement in the Movement on whether the Hub will be the convening voice around MHPSS policy, advocacy and HD.

5C.4 Strengthen Movement capacity around MHPSS policy, advocacy and HD

Identify some MHPSS 'champions' at higher level and at middle management, along with MHPSS focal points at regional and NS level.

Some NSs are already active and have significant expertise on policy, advocacy and HD. Identify ways to share NS expertise on this topic.

> *Policy, advocacy and humanitarian diplomacy could be more in-house because we understand the context. We also have a lot of engagement with the national governments so I feel that that probably the humanitarian diplomacy at the national level is something that we're already doing. (NS MHPSS focal point, Africa region)*

Work with NSs and other Movement entities to create tools, systems and support to increase NS engagement with MHPSS advocacy. This could include:

- Create talking points or key messages which can be used with different types of stakeholders (including donors, NS managers, communities) to explain and advocate for MHPSS.
- Connect NSs to external events where they can present their work.
- Support MHPSS focal points in NSs to advocate with their leadership for the prioritisation of MHPSS.
- Support NSs to better integrate MHPSS in other policies of the NS, such as youth, CEA and PGI, and to develop NS MHPSS policies and frameworks.

Link with other Movement reference centres and advocate for MHPSS to be integrated.

Integrate HD into all Hub events and trainings.

Gather MHPSS-related evidence and share it in ways which facilitate its use for policy, advocacy and HD purposes.

5C.5 Coordinate opportunities for policy, advocacy and HD

Create an advocacy/ HD calendar and plan strategically around this, but also to be ready to take opportunities when they arise.

Develop and promote partnerships which could be sources of funding for MHPSS activities in the Movement, and position NSs as key MHPSS partners globally.

5C.6 High-level advocacy and HD

Advocate with governments and donors for resources to be allocated to MHPSS.

Include in advocacy to governments and donors the importance of always having a staff care component in programmes.

D. Systems and structures

Recommendations for systems and structures
5D.1 Establish systems to facilitate a collaborative, global approach to MHPSS
5D.2 Facilitate a whole-Movement approach to MHPSS
5D.3 Establish clarity around the role of Hub and that of other Movement entities
5D.4 Non-operational function of the MHPSS Hub
5D.5 Map MHPSS capacity and activity within the Movement
5D.6 Establish thematic working groups
5D.7 Connect with other centres of expertise
5D.8 Improved strategy and decision-making systems
5D.9 Governance structures
5D.10 Staffing
5D.11 Staff care strategies
5D.12 Funding and resource mobilisation
5D.13 Monitoring and evaluation of the MHPSS Hub

5D.1 Establish systems to facilitate a collaborative, global approach to MHPSS

> *Access to the Hub services should be equal across the world, not some benefiting more than others (NS MHPSS focal point, MENA region).*
>
> *NSs have good practice and examples, so to avoid duplication the Hub can make use of this. It would be good to make clear which NSs have expertise in different areas and how we can connect with that. (NS MHPSS focal point, Europe & Central Asia region).*

Both the regional perspective and the global perspective is important because when we want to contextualise cases or create content for the region, it's important to look at what's happening in Asia Pacific, but at the same time, when we want to promote MHPSS priorities or agenda, it's important to see where we're heading together collectively on a global scale. (NS MHPSS focal point, Asia-Pacific region).

Ensure that all NSs have access to MHPSS Hub services.

Identify and amplify the work of NSs in all parts of the world. Identify materials and resources produced by NSs on different topics and in different languages, consolidate them and make them available across the Movement. Identify NSs with expertise on specific issues and facilitate their sharing this with other NSs and other Movement entities.

Establish sub-hubs at regional level. Maintain core functions (overseeing trainings, convening working groups) at the central Hub, and have other tasks (e.g. facilitation of training; contextualisation of materials; develop MHPSS strategies) lie with the regional sub-hubs.

Learn from others how a regional approach can work in practice (e.g. Climate Centre teams are based globally rather than in a Centre).

'For so long the centre has just been understood to be a physical place in Copenhagen and I think in a post-COVID 21st century world that's old fashioned now … I have full days where, unless my meetings are with the PS Centre with people that live and work in Copenhagen, all my meetings are online with people from different countries, so it makes no sense for us to be all in one place at all.' (PS Centre staff)

Establish systems and structures designed to attract, retain and encourage people from all parts of the world to work with the Hub.

5D.2 Facilitate a whole-Movement approach to MHPSS

The services, materials and guidance provided by the Hub should be relevant for all MHPSS Movement entities at operational level. This will avoid confusion about which tools will be used in a particular context and will avoid duplication of efforts on developing resources. The MHPSS framework and policy will guide this, with the Hub supporting the translation of the framework and policy into an operational framework that unites all MHPSS Movement actors.

Facilitate communication between Movement entities (ICRC, PNS, IFRC, NS) working in a specific context. Coordination of all Movement entities working in a context would: create a more sustainable approach; a continuum of care, instead of working in parallel; ensure effective response to changing needs; reduce duplication and overlap.

Facilitate closer collaboration between the ICRC and NSs in contexts where ICRC implement MHPSS activities. For example, some NSs are involved in Restoring Family Links (RFL), which complements some of the work undertaken by ICRC in the same contexts.

In contexts that relate to the ICRC mandate, it would be good to have clear understanding of a transition from the ICRC to NS in terms of providing some interventions that are under the ICRC umbrella. For example, for working with families of the missing, because families of the missing will be staying in the conflict affected area for years and decades but we can't ensure that when the conflict ends, the ICRC will be here to continue. So for us the main point of interest is on having this handover in the technical area of the ICRC expertise. They are also working with prisoners of war and when the war ends, people will be staying here and then they will feel the influence of the war during long years. If you're talking about work with families of missing, if you're talking about work with prisoners of wars, how to ensure that this knowledge and expertise is still in the NS and does not leave the country once the conflict ends? Because the need for it will be staying longer than different actors in this area. (NS MHPSS focal point, Europe & Asia region).

Identify and explicitly focus on ways that Movement entities can work more effectively together. For example, learn from effective collaborations between Movement entities in particular contexts (e.g. Colombia, Mali), and from EU4Health and other initiatives that have involved collaboration between the PS Centre and other Movement entities. Learnings from these examples could contribute to the development of strategies about how to develop a coordinated approach to MHPSS globally, regionally, at country cluster level and country level.

Establish capacity-strengthening approaches that involve Movement entities working in the field (PNS, IFRC and ICRC) to support the technical training offered by the Hub. A collaborative approach would enable training to be integrated into a broader package of support, including coaching and mentoring.

Facilitate MHPSS Movement entities to work together around operational research and high-level advocacy.

The Hub could identify consultants from within the Movement (or from the Hub itself) to conduct training, evaluations or other activities for Movement MHPSS programmes implemented by another Movement entity. This would be efficient in terms of resources and would support cross-learning.

Facilitate data sharing for research and learning purposes, contributing to improved programming as well as MHPSS evidence-building for advocacy and fundraising purposes.

5D.3 Establish clarity around the role of Hub and that of other Movement entities

Clarify the role of each entity in the Partnership Agreement (IFRC, ICRC and DRC) in relation to the MHPSS Hub. Establish clear roles and responsibilities of the Hub in relation to other Movement entities.

> *The Hub must establish clear roles and responsibilities so as not to overlap with or duplicate the work of regional networks. This will be particularly true for everything linked to policy and advocacy since NSs work on this with their governments, so the role of the Hub should be to complement and support this. There are many actors in Europe working on humanitarian diplomacy, so we have to speak with one voice or we cause confusion. (NS MHPSS focal point, Europe & Central Asia region)*

Clarify and clearly communicate the role of the MHPSS Hub and what it can (and cannot) offer.

> *If I want to engage the PS centre, there should be already a package which makes it easier for us to engage. So that doesn't really depend on discussions at individual level, but there is already an offering, so if it's a training, this is what we offer, if it is M&E, so it doesn't become a one-on-one conversation all the time. (NS MHPSS focal point, Africa region)*

In emergencies, the Hub is recommended to focus on:

- setting minimum standards for MHPSS in emergencies that are relevant in different contexts.
- continue to focus on strengthening NS capacities and systems for delivering in emergencies (e.g. MHPSS in national emergencies training)
- an emergency focal point working with the technical work stream for the MHPSS surge of the IFRC.

Operational emergency responses would continue to be led by NSs and the IFRC (requiring IFRC to have MHPSS operational support in all regional offices), with IFRC continuing to manage rapid response and ERU deployments. IFRC continue to approve and accredit tools related to MHPSS in emergencies, ensuring they are in line with the IFRC Competency framework.

5D.4 Non-operational function of the MHPSS Hub

There were different opinions on the non-operational status of the MHPSS Hub. Some participants in consultations felt strongly that the Hub should be operationally engaged, whilst others felt it was important that it maintained its non-operational status. Since this issue is not open to negotiation, the different opinions and their rationales are not described here.

However, it is noted that the distinction between operational and non-operational (or technical) needs to be clarified, and the roles of each of the Movement entities involved in MHPSS defined.

It was also noted that the non-operational status requires close working partnerships with IFRC, ICRC and the NSs (as operational entities) for the Hub to have an impact on MHPSS in the Movement. This will require an intentional focus and commitment from all parties.

5D.5 Map MHPSS capacity and activity within the Movement

Use the Movement MHPSS Framework to map:

- MHPSS capacity: who is working where, covering all Movement entities, to identify both needs and expertise.
- MHPSS activities: what activities are being conducted where, and by whom, to identify where MHPSS supports need to be strengthened and where the MHPSS Hub can best focus its resources.

5D.6 Establish thematic working groups

Establish thematic working groups convened by a thematic TA at the Hub, drawing on expertise from within all the Movement entities, including NSs.

Establish the groups based on the needs of NSs and other Movement entities (identified through mapping).

Consider using the Roadmap Working Group methodology to involve NSs in thematic activities, working together to produce an outcome. For example:

- One of the co-leads of WG4 is now a co-chair of the Research Network. This is an example of a thematic area which is convened by the Centre but co-chaired by NSs.
- There were no guidelines or criteria to determine who could join the working groups; they were open to everyone.
- The groups were active for a limited period of time, around a specific task/ outcome.

Consider inviting non-MHPSS actors to join groups where appropriate (e.g. HR representatives), and experts from outside the Movement.

Create opportunities for the thematic working group co-leads to come together to share experiences.

> *So far the PS Centre has been giving. And what I think is really beautiful about the Working Group [for the implementation of the Joint Movement MHPSS policy and resolution] is that it started receiving as well. I felt myself it's like, oh, there's all these people come to help me, I'm not alone. So I would really like to see that energy in the Hub. There needs to be a structure, but I think this is a little bit innovative. This is something we can learn from the Working Groups. Partly you've kept it very open, just invite anyone, but also you must be doing things that people are interested in. If it's something people need then they're more likely to offer to help. (Roadmap Working Group co-lead).*

5D.7 Connect with other centres of expertise

Connect with centres of expertise (Hubs, Reference Centres) within the Movement to ensure that MHPSS is integrated into the work of other areas, and so that synergies between the centres (e.g. Climate Change, First Aid) can be explored.

Connect with centres of MHPSS expertise outside the Movement.

5D.8 Improved strategy and decision-making systems

Establish a clear decision-making process within the Hub which is inclusive and based on expertise.

A more strategic approach; less reactive and more focused on a long-term plan.

5D.9 Governance structures

The Steering Committee should consist of senior leadership who are motivated and in a position to play a very active role in the governance of the Hub and to champion MHPSS within the Movement.

Include a Hub staff member in the Steering Committee.

Clarify roles, responsibilities and powers of different entities in the Steering Committee.

The Advisory Group to include people from outside the Movement.

The Advisory group to include leads/co-leads of thematic groups within the MHPSS Hub.

There should be a clear ToR for members of the Steering Committee and Advisory Group, and some accountability for members.

5D.10 Staffing

Recruit and retain technical advisors with practical MHPSS experience from the Americas, the African continent, Southeast Asia and other regions that are currently under-represented.

Consider establishing a prerequisite for Hub technical advisors that they have worked with a NS for at least one year and/or been part of an emergency operation.

Narrow and sharpen the responsibilities, roles and functions of the Hub staff. Have identified focal persons for specific areas of work (emergencies, advocacy), including different technical areas.

5D.11 Staff care strategies

Supportive work environment including supervision.

Allocate time to staff care and build in budget lines for staff well-being.

Staff retention policy, focusing on well-being and continuous professional development (CPD).

Strong admin support and HR support for staff.

5D.12 Funding and resource mobilisation

A clear resource mobilisation strategy is needed for the Hub, looking at how different Movement entities contribute to that.

Prioritise independent funding. Some situations and issues are easier to raise money for than others. The Hub will ideally be able to allocate resources on the basis of need, and to have funding for translations, emergencies, staff care and MHPSS development within the Movement (all currently difficult to fund).

> *The things that come out from the PS Centre are driven by project priorities, not Movement priorities. I think that's really problematic because if the funding mechanism of the Hub doesn't enable it to continue the development of MHPSS, then we're still where we are. We just have a renamed PS Centre. (PS Centre staff)*

Inclusion and better involvement in drafting appeals, from the initial stages of the process.

> *A lot of times when there are big grants that are available for the Movement or when there is some big emergency response and they are allocating resources, we were not there at the decision-making table and that's why nobody remembers us no matter how hard we fight. We have to be close to the decision making so that we are part of that. The Hub could bring IFRC and ICRC closer to us, to our contribution and in this way we will not be forgotten. (PS Centre staff)*

5D.13 Monitoring and evaluation of the MHPSS Hub

Continued monitoring of the user experience of the Hub.

6. Hopes and dreams for the MHPSS Hub

Some participants in the consultations shared their broader vision for the future Hub. This final section presents a selection of these.

My dream scenario is that we can truly be literally and operationally global and have perhaps regional offices of the PS Centre that are based somewhere.

The division between IFRC and ICRC in terms of mandate around what types of responses are they roughly focusing on, disasters or conflicts, I think those lines have become increasingly blurred globally. Where they're becoming intertwined; with climate change you get conflicts and vice versa, and ... Ukraine is a prime example of where everybody was involved. So these clear cut lines are no longer really there as far as I can see. So I'm quite excited that the mandate of the PS Centre or the scope of work is to support the full Movement. I think that can also open doors to say maybe we don't have to be binary in this sense. We can be holistic.

I hope, or maybe I'm dreaming, that this Hub can bring all of us together to co-create something. So it won't be the Hub helping the IFRC, the National Society or the ICRC, it's all of us together, co-creating and being better as a Movement to respond to the needs of the population.

If I had to be very creative and think of a dream, it would be a lot of consistent funding to create more equity in terms of coverage and support around the world ... it would be incredible to have the kind of consistent funding that enables us to be consistent with our support and attention to the parts of the world that need it most, which tends to be the ones without the resources.