

TECHNICAL REVIEW ANALYSING GAPS AND POTENTIALS OF THE IFRC PSYCHOSOCIAL CENTRE TRANSFORMING INTO A MOVEMENT MHPSS HUB

DESK REVIEW

Rebecca Horn, 25 June 2024

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ABBREVIATIONS

DRC	Danish Red Cross
ERU	Emergency Response Unit
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
ITF	Interim Task Force
M&E	Monitoring and evaluation
MH	Mental health
MHPSS	Mental health and psychosocial support
MoU	Memorandum of Understanding
NS	National Society/ Societies
PS Centre	Psychosocial Centre
PSS	Psychosocial support
RCRC	Red Cross and Red Crescent
ToR	Terms of Reference

INTRODUCTION

In February 2024, the International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), and Danish Red Cross (DRC) signed a Partnership Agreement on the overall framework for the establishment, functions and management of Red Cross and Red Crescent (RCRC) Movement Hub for Mental Health and Psychosocial Support (MHPSS). The current IFRC Reference Centre for Psychosocial Support will be transformed to a RCRC Movement MHPSS Hub, to be operational by January 1, 2025. The transformation in 2024 will be structured into three distinct yet interconnected Clusters of Work.

1. Organizing the transformation including finalization of Terms of Reference (ToR) for the new Hub
2. Establishment of governance structure as outlined in the Memorandum of Understanding (MoU) (and in ToR)
3. Planning of external activities and relationship management in support of the transformation process and launch.

This report relates to Cluster 1, 'organising the transformation including finalisation of ToR for the new Hub'.

Background

The IFRC Psychosocial (PS) Centre was established in 1993 and has been hosted by the Danish Red Cross since its inception. In December 2019, The International Red Cross Red Crescent Movement adopted a set of commitments addressing mental health and psychosocial needs. These commitments are expressed in resolution 2 of the 33rd International Conference and resolution 5 of the 2019 Council of Delegates, which includes a Movement MHPSS policy. The policy represents the framework of MHPSS services that are required to address the needs of individuals, families, and communities in all contexts and through the life course, with each component of the Movement responding to mental health and psychosocial needs in accordance with its role and mandate. With these commitments, the Movement reaffirms its ambition to strengthen MHPSS responses and recognises the need for a structure that can provide the leadership and support needed to realise the Movement commitments on MHPSS.

An Interim Task Force (ITF) has been established to oversee the transition to the RCRC Movement MHPSS Hub. The Director of the IFRC PS Centre has been appointed as Chair of the interim Task Force, with other members including representatives of the IFRC Secretariat in Geneva, ICRC in Geneva, and DRC.

One of the initial key tasks is to conduct a comprehensive analysis summarising the 2022 PS Centre evaluation and Movement MHPSS surveys conducted in 2021 and 2023 (plus other relevant documents), which will map out MHPSS needs and resources across the Movement. This analysis will guide the content of several planned workshops to facilitate dialogue and participation among relevant IFRC, ICRC, NS, and PS Centre staff and management, as well as inform a ToR for the RCRC Movement MHPSS Hub to be developed following the consultation process.

Scope of Desk Review

The desk review report is required to include the following sections:

- A summary of the areas, tasks and responsibilities for the RCRC Movement MHPSS Hub outlined in the Partnership Agreement.
- A thematic analysis of the key findings from identified documents, with findings mapped against the areas, tasks and responsibilities outlined in the Partnership Agreement.
- A summary or Conclusions section, which identifies:
 - Recurring patterns, emerging challenges, and promising practices observed across various documents
 - Previous or existing initiatives or actions in thematic areas.
 - Areas where further attention, resources, or action are needed.
 - Trends that may impact the delivery of MHPSS services and the functioning of the RCRC Movement MHPSS Hub

Documents reviewed

- 2024 Partnership agreement between IFRC, ICRC and the DRC on 'Overall framework for the establishment, function and management of the Red Cross and Red Crescent Movement Hub for Mental Health and Psychosocial Support'.
- Mental Health Matters: Progress Report on Mental Health and Psychosocial Support Activities within the International Red Cross and Red Crescent Movement. October 2023
- Mental Health Matters: Mapping of Mental Health and Psychosocial Support Activities within the International Red Cross and Red Crescent Movement - December 2019
- Evaluation of the IFRC Psychosocial Centre. A review of activities and functions 2015 – 2022. Rebecca Horn. October 2022 (plus summary report)
- Overview of key findings of the 2022 IFRC PS Centre evaluation report, with responses from PS Centre
- A Red Cross Red Crescent Movement Reference Centre for Mental Health and Psychosocial support: an analysis of options. Sara Peres Dias. December 2020
- Promoting Mental Health and Psychosocial Support Evidence-Building in the Red Cross Red Crescent Movement. Rebecca Horn. September 2023.
- IFRC Reference Centre for Psychosocial Support: Strategic Operational Framework 2023
- IFRC Reference Centre for Psychosocial Support: Strategic Operational Framework 2024

It should be noted that the two evaluations (Horn, 2022 and Peres Dias, 2020) and the survey reports had different objectives and different participants/ informants. The survey reports are based on input from the NSs, plus the ICRC and the IFRC PS Centre; one evaluation (Horn, 2022) focuses on the IFRC PS Centre; and another (Peres Dias, 2020) considers more broadly how to strengthen the Movement's responses to mental health and psychosocial needs. There is no report included in this review which focuses specifically on the MHPSS programming of the ICRC, although responses from the ICRC are included in the surveys and ICRC was included in the review conducted by Peres Dias.

Next steps

This desk review report will inform the structure and content of subsequent consultations with relevant IFRC, ICRC, National Societies (NS), and PS Centre staff and management, focusing on the gaps, potentials, and overlaps identified in the desk study. The desk review plus these consultations will be pivotal in shaping the ToR for the Movement MHPSS Hub, aligning its objectives with the identified needs and resources within the Movement.

A final report will be submitted following the completion of the consultation process. The final report will include both findings from the desk review plus a triangulation of the input received through the consultations.

PARTNERSHIP AGREEMENT

This section of the report summarises the areas, tasks and responsibilities for the RCRC Movement MHPSS Hub outlined in the Partnership Agreement. It does not include a summary of the governance structures, since this lies outside the scope of this project.

The Partnership Agreement between the IFRC, the ICRC and DRC as Host National Society outlines the overall framework for the establishment, functions and management of the RCRC Movement MHPSS Hub. It was signed in February 2024, with the intention of the new Hub being launched in January 2025.

MHPSS-related mandates of each Movement entity

The IFRC PS Centre is hosted by the DRC and has been operating since 1993 under the IFRC umbrella as the primary model of global technical support to NSs in the promotion of psychosocial wellbeing of affected populations, including staff and volunteers in all contexts. The IFRC PS Centre has a mission to support NSs in key areas namely capacity-building and training, technical support, research, and communication and advocacy in the field of MHPSS.

The IFRC's goal is to strengthen NSs' networks and programme development. In MHPSS this is primarily through the investment and reinforcement of IFRC PS Centre. The IFRC does not engage in operations itself or replace NS capacity.

The ICRC delivers both mental health and psychosocial projects and programmes in contexts affected by conflict, emergencies and other situations of violence. Its programmes respond to the needs of populations affected by conflict such as families of missing persons, victims of violence, including sexual violence, people wounded or with an acquired disability resulting from conflict, and also those "helpers" who provide assistance in affected communities. Some of these projects and programmes run in collaboration with NS or actually target NS volunteers and staff (e.g. through help the helpers' programmes).

National Societies operate their own MHPSS projects and programmes either in their own country or through host NS arrangements in a host country. The activities and mandates of each NS on MHPSS varies according to their auxiliary role with their national government, the local needs, and NS skills and capacity.

Adapted from Peres Dias (2020) pp5-6

The three partners involved in establishing the RCRC Movement MHPSS Hub continue to act as individual and independent humanitarian organisations, within a coordinated Movement approach described by the existing MHPSS Movement Policy and MHPSS Resolution, as well as other Movement statutes and principles. The Partnership Agreement provides a framework which is intended to facilitate a collaborative partnership which will enable the Movement MHPSS Hub to offer guidance, knowledge and expertise in MHPSS to all interested components of the Movement and beyond. The Movement MHPSS Hub will not play any programme implementation role.

Objectives

The overall objectives of the Movement MHPSS Hub are outlined in the Partnership Agreement as:

- Increase the capacity of components of the Movement to respond to the mental health and psychosocial needs of populations, at all times and within their respective mandates. Communicate and advocate for MHPSS.
- Contribute to the global body of knowledge on MHPSS and to related humanitarian diplomacy and advocacy efforts globally.
- Develop further MHPSS approaches in close collaboration with the ICRC, IFRC and National Societies and other humanitarian agencies.
- Develop capacities in accordance with the existing Movement MHPSS Policy, meeting the needs of different population groups and in line with the Functions set out in Article 4 the Partnership Agreement.

- Create a platform to bring together professionals, researchers, and other relevant stakeholders to share knowledge, strengthen capacities and mobilize resources for MHPSS knowledge and skills generation.
- Establish and foster partnership developments.
- Mobilize resources for the Movement MHPSS Hub.

Functions

In the Partnership Agreement and accompanying Annex outlining the draft ToR for the Movement MHPSS Hub, three functions of the Hub are identified, as outlined below:

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

- Developing and contributing to guidelines, materials and approaches.
- Providing trainings to develop the necessary capacity of National Societies and IFRC/ICRC staff and volunteers.
- Providing technical advice/guidance and quality assurance.
- Supporting technically the Movement response during emergencies (not operational) and/or when insufficient technical and human resources are available at the regional levels in the Movement.
- Developing further the internal capacities of the RCRC Movement MHPSS Hub in providing specific mental health technical support to National Societies, supporting populations affected by armed conflict.

B. MHPSS knowledge generation and sharing.

- Supporting communication between RCRC movement and external partners.
- Supporting RCRC Movement research and translating research into good practices.
- Supporting RCRC Movement in Monitoring & Evaluation to ensure quality assurance.

C. Policy, advocacy and humanitarian diplomacy.

- Influencing relevant policies and practices.
- External representation as delegated by individual institutions – IFRC and ICRC.
- Supporting the implementation and coordination of existing policies and roadmaps.
- Supporting partnership, fundraising and resource mobilization.
- Strengthening regional cooperation on MHPSS.

The Movement MHPSS Hub will support the Movement components to continue promoting and implementing the existing Movement MHPSS policy, the resolution and the roadmap commitments.

More detailed specification of the objectives and functions of the Movement MHPSS Hub will be provided in a Terms of Reference which will be developed through the current project.

SUMMARY OF FINDINGS

The detailed thematic analysis can be found in Annex 1. In this section, the findings are summarised under the following headings, as indicated in the ToR for this report:

- Initiatives, strengths and actions in thematic areas
- Areas for further attention, resources or action
- Priority areas for further investigation

Initiatives, strengths and actions in thematic areas

It is clear from the desk review that there is considerable interest and activity in the MHPSS field within the Movement, with the majority of NSs already offering some form of MHPSS and half planning to expand this in the coming years. Most NSs now have at least one MHPSS focal point.

Although there has been a strong foundation in PSS for some time within NSs, there has been an increase in MH activity in recent years, particularly in training staff and volunteers in various sectors in basic psychological support.

Almost all NSs involved with MHPSS have worked in emergencies, and the majority are embedded in national structures such as public health or disaster management plans.

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

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.

Similarly, there is impressive expertise within the PS Centre in relation to developing training and other capacity-building 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.

There is some evidence that supportive supervision is being integrated into NS MHPSS programming, and improved resources are now available to support this.

There is expertise within the Movement in supporting the MHPSS elements of an emergency response, including training materials and resources.

PS Centre Technical Advisors are perceived to be highly knowledgeable and skilled, and willing to provide support.

B. MHPSS knowledge generation and sharing.

The PS Centre has high levels of respect from and engagement with the broader MHPSS field. The Centre is perceived to have a strong concentration of MHPSS capacity, and to be an effective partner.

Strong partnerships with external MHPSS actors already exist in areas including development/sharing of materials; research; programme development and implementation; and humanitarian diplomacy.

Relationships between MHPSS technical staff at the PS Centre and those implementing MHPSS programmes within NSs enable MHPSS technical teams to access current MHPSS information, resources and needs from the field, and to share resources readily with operational teams.

Structures and expertise are in place within the Movement to facilitate MHPSS-related research.

There is significant interest at NS level in building evidence around their MHPSS programming, both through M&E and through research.

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 within the MHPSS field for communicating MHPSS knowledge in ways which are accessible by those in the field. It is recognised as having expertise in this area, so is used by those outside the Movement as a way of accessing and sharing knowledge.

C. Policy, advocacy and humanitarian diplomacy.

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

The PS Centre has good networks and a strong reputation around humanitarian diplomacy.

There has been increased engagement in the last few years of NSs in 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.

Movement structures exist to support the implementation and coordination of the MHPSS Policy and Roadmap.

The role of the MHPSS Officer within the IFRC Secretariat provides opportunities to strengthen the role of MHPSS within the Movement, e.g. through advocating for the inclusion of MHPSS in responses.

Effective regional MHPSS networks exist in Europe, MENA and Asia-Pacific regions, along with two Communities of Practice in the Africa region.

Areas for further attention, resources or action

As noted earlier, there is a lack of information about the MHPSS programming of the ICRC in this desk review. Although responses from the ICRC are included in the surveys and ICRC was included in the review conducted by Peres Dias, this information is integrated into the reports as a whole rather than analysed specifically in relation to the ICRC. This is an area which could be explored further in subsequent phases of this project.

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

The desk review indicates that the following areas could be considered for greater attention:

- The possibility of co-creating MHPSS resources with NSs and/ or adapting and/ or amplifying resources created by NSs.
- Creating resources relevant to a wider range of cultural contexts.
- Making resources available in multiple languages.
- How Movement MHPSS resources are used operationally in different contexts, including by NSs working in emergencies and those with minimal MHPSS capacity.
- Support for NSs to adapt and use resources produced by the PS Centre (and potentially others).
- Exploring ways to increase access to in-person and online training opportunities, in particular increasing regional trainings.
- The extent to which the content of the 'MHPSS Toolbox' meets the needs of NSs, in particular the availability of relevant, specific technical support and guidance to enable NSs to address mental health needs.

- Strategic and collaborative approaches to planning capacity-strengthening activities in advance, to include regional actors.
- 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.
- The use of supportive supervision within MHPSS programmes (50% of NSs do not yet have a supervision system).
- The availability of technical support to NSs, with a particular focus on those new to MHPSS.
- Evaluation of capacity-building initiatives, focusing on how they impact on MHPSS programming and practice within the Movement.

B. MHPSS knowledge generation and sharing.

The desk review indicates that the following areas could be considered for greater attention:

- Engagement of NSs in global knowledge generation and sharing activities; building on their knowledge/experience and amplifying their voices.
- Monitoring and evaluation of MHPSS services and activities, including a focus on outcome measurement (as well as outputs); analysis of existing data where it exists; making more systematic use of qualitative data.
- Research on MHPSS topics prioritised by the Movement (as well as more general MHPSS issues).
- Communication of research findings in ways that NSs are able to use.
- Easy access to MHPSS resources through the website.

C. Policy, advocacy and humanitarian diplomacy.

The desk review indicates that the following areas could be considered for greater attention:

- Effective MHPSS engagement at regional level, and at local (NS) level in some cases.
- Financing of MHPSS services throughout the Movement, including focus on a broader range of funding sources.
- Unrestricted funding options for the MHPSS Hub (rather than project based).

Priority areas for further investigation

The intention is to use this technical review to inform consultations among relevant stakeholders. The suggested areas for discussion with stakeholders are listed below. These are based on the desk review alone; it is likely that there are other issues that should also be included.

- The MHPSS programming of the ICRC could be explored further, since limited information was available through the desk review.
- Strengthening a MHPSS technical presence at regional level. This could include providing technical support to NSs (with a particular focus on those with minimal capacity); identifying needs and resources at regional level; in-person capacity-strengthening activities, including mentoring and coaching after trainings; contributing to regional strategy and planning.
- Strategic and collaborative approaches to planning capacity-strengthening activities in advance, engaging NS and regional actors to ensure relevance and accessibility.
- Engagement of NSs in knowledge/ resource generation and dissemination activities; building on their knowledge/experience and amplifying their voices.
- Creating resources relevant and accessible to NSs in a wider range of contexts (e.g. languages).
- Development of more specific technical support and guidance on how to address mental health needs.

- Monitoring and evaluation of MHPSS services and activities, including a focus on outcome measurement (as well as outputs); analysis of existing data where it exists; making more systematic use of qualitative data.
- Evaluation of capacity-building initiatives and use of resources, focusing on how they impact on MHPSS programming and practice within the Movement (focus particularly on NSs working in emergencies and those with minimal MHPSS capacity).
- Financing of MHPSS services throughout the Movement (including the MHPSS Hub), including focus on a broader range of funding sources.

Annex 1. Thematic Analysis of Key Findings from Desk Review

The information from the documents reviewed was thematically analysed according to the three functions of the MHPSS Hub outlined above:

- 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.

This section begins with a brief overview of the current situation relating to MHPSS within the Movement, drawing from the 2023 survey of MHPSS activities within the RCRC Movement. This is based on information submitted by 163 NSs, the IFRC and the ICRC.

Current Situation

Capacity

The Movement has collectively more than 2,700 social workers, 1,700 psychologists, more than 170 psychiatrists, and more than 5,500 community health workers working in this field. Figure 1 shows the number of staff members involved in MH and/or PSS activities reported by respondents to the 2023 MHPSS survey.

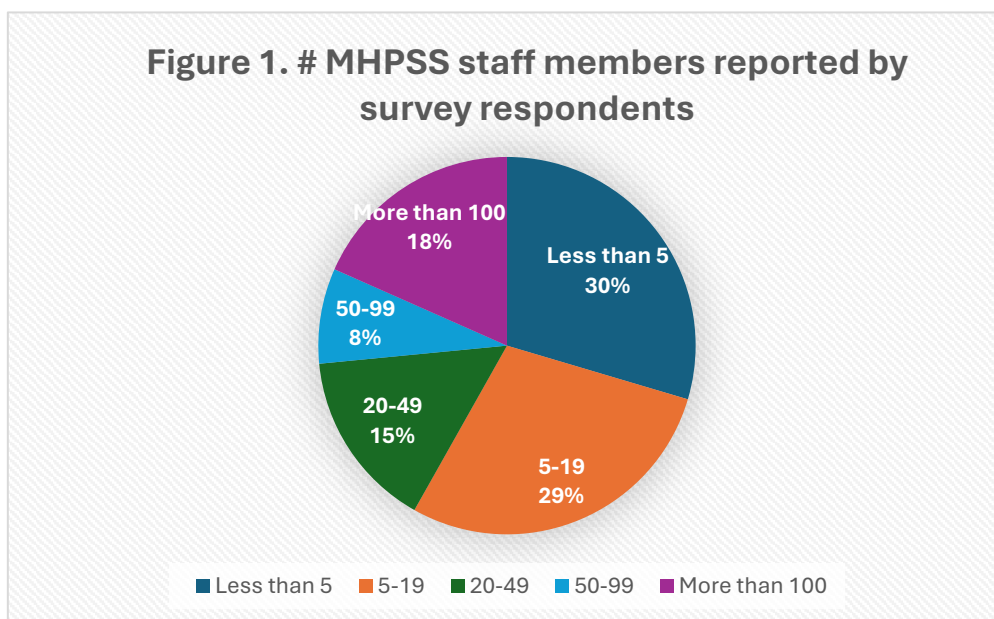
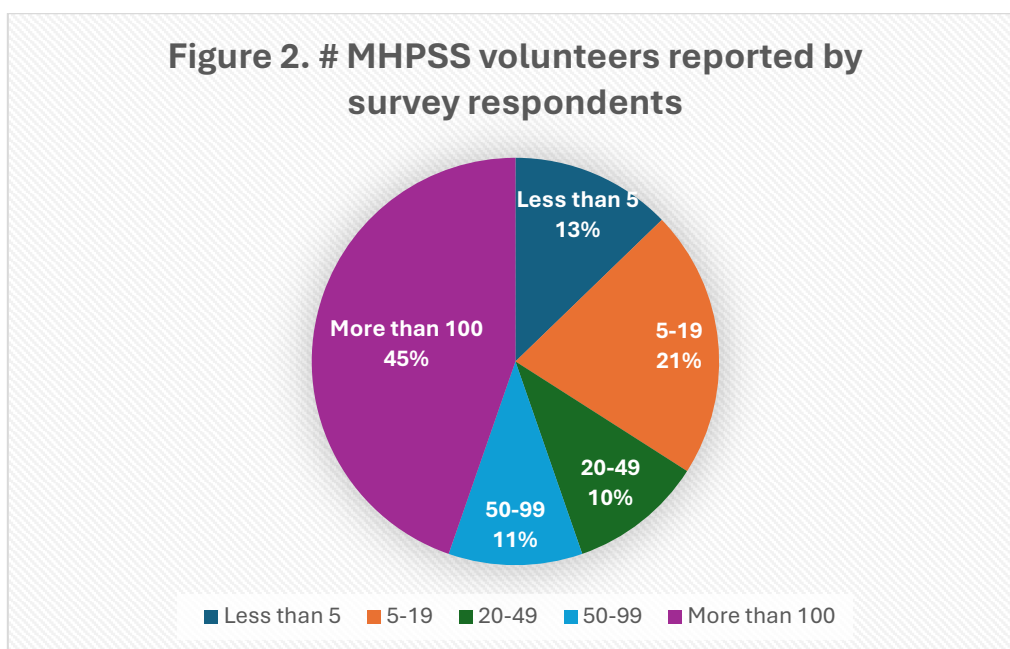


Figure 2 shows the survey responses regarding the number of volunteers involved in MH and/or PSS activities, Of the 163 respondent NS, more than 14,800 social workers, 4,600 psychologists, 420 psychiatrists, 14,300 community workers and more than 53,400 people with other profiles work as volunteers in this field.

Figure 2. # MHPSS volunteers reported by survey respondents



The majority of NSs (134) plus the IFRC and the ICRC reported that they had one or more MHPSS focal points in 2023.

MHPSS activities

In 2023, 90% (146 NS, the IFRC and the ICRC) of respondents to the survey provide mental health (MH) and/or psychosocial support (PSS) activities. Psychological first aid was the most common activity, and a high number of activities also centred around caring for staff and volunteers.

When looking solely at PSS activities, nearly every respondent (96%, 157 NS, the IFRC and the ICRC) stated they carried out at least one activity defined as psychosocial support in the last year. In 2023, the three most common PSS activities were: PFA; caring for staff and volunteers; and activities targeting volunteers. The most common target group for PSS activities was volunteers and staff, followed by adolescents and children.

More than 80% of respondents (82%, 134 NS, the IFRC and the ICRC) reported that they carried out at least one activity defined as a MH activity in 2023. This is a considerable increase compared to surveys conducted in 2019 and 2021. The most frequently reported activity was psychological support, with the second most frequent being training community actors in basic psychological support. These are followed by counselling and training health staff in basic psychological support. The most common target group for mental health activities was volunteers and staff.

Two-thirds of respondents (68%, 111 NS, the IFRC and the ICRC) stated that they make referrals to specialised mental health services such as psychiatrists and psychologists.

The Movement has a much higher preference for a combination of the integrated/mainstreaming approach and stand-alone approach when providing MH and/or PSS services. The integrated/mainstreaming approach is also popular, with the stand-alone approach the least used approach for both MH and PSS provision.

Almost all NSs (93%, 151 NS, the IFRC and the ICRC) provided MH and/or PSS activities during emergencies in 2023, and more than two thirds of respondent NS were included in national public health or disaster management plans.

In terms of new approaches, more than half of the respondents (52%: 83 NS, the IFRC and the ICRC) reported providing MH and/or PSS activities or services digitally in 2023 and 12% (20 NS) plan to digitalize MH and/or PSS activities in the next 1-2 years.

Around half of the respondents (79 NS, the IFRC and the ICRC) plan to expand their MH and/or PSS activities in future years, with 40% (65 NS and the ICRC) wanting to integrate or mainstream MH and/or PSS in other programme activities.

A. Technical Support and Capacity Development of National Societies, IFRC and ICRC Staff and Volunteers.

This section of the desk review focuses on the information available in the following areas:

- Developing and contributing to guidelines, materials and approaches.
- Providing trainings to develop the necessary capacity of National Societies and IFRC/ICRC staff and volunteers.
- Providing technical advice/guidance and quality assurance, including technical support during emergencies.

In the 2023 MHPSS survey, 42% of respondents (68 NS and the IFRC) reported that a lack of technical expertise prevented them from addressing needs. This indicates that a combination of trainings, guidance and technical support is required to strengthen MHPSS provision within the Movement. Indeed, 79% (128 NS, the IFRC and the ICRC) expressed a need for more technical support regarding trainings and programme/ activity guidance.

Currently, NSs receive MHPSS technical support from various stakeholders, including the IFRC (as stated by 113 NS: 69%), the Partner National Societies (PNSs) (75 NS: 46%), respective governments (70 NS: 43%) and the ICRC (59 NS: 36%).

Guidelines, materials and approaches

The PS Centre evaluation (2022) found a consensus both within and outside the Movement that the PS Centre is a leader in the MHPSS field in relation to materials around psychosocial support. 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 PS Centre team identifies a need for new tools or materials through a number of sources, including regional MHPSS networks; IFRC at the global level; and discussions within the broader MHPSS field.

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. 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 with external resources. 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. The 2023 MHPSS survey reports that most respondents use learning resources from the IFRC PS Centre (58 %: 95 NS and the IFRC), and 44% of the respondents (72 NS and the IFRC) use adapted materials from the IFRC PS Centre.

At the same time, the 2022 PS Centre evaluation identified a perceived gap around guidance to enable NSs to address mental health conditions at community level, although this is an issue which the PS Centre has since prioritised and begun to address. 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. The PS Centre evaluation and Peres Dias's (2020) review identified a need to create resources which reflect a wider range of cultural contexts, and which are available in a wider range of languages. Practical challenges (e.g. lack of funding) have hindered the translation of resources into other languages, and the challenges are even greater in relation to the translation of the PS Centre website and other dynamic forms of communications, such as social media.

The Peres Dias (2020) review also noted the need for regional MHPSS networks to act as open and accessible forums liaising with the PS Centre and with ICRC and IFRC Regional Advisors to contribute to the development of tools. The author notes that 'One of the advantages of investing in the reinforcement of

regional networks is precisely to seek alternatives to “one size fits all solutions”, instead, developing tailor-made approaches to MHPSS that provide frameworks which are closer to and more considerate of the cultures and contexts in which they will be applied’ (p9).

The need to assess how the materials are used operationally was highlighted in the PS Centre evaluation, 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 NSs with stronger MHPSS capacity were found to be able to make use of PS Centre training materials and adapt them to suit their own contexts, but this was more challenging for those NSs with less MHPSS capacity. An opinion expressed by a number of those interviewed for the PS Centre evaluation was that the PS Centre tends to produce a lot of materials but with insufficient focus on NS implementation of those materials. In response to the evaluation finding, the PS Centre has committed to focus more on the dissemination and implementation of its products with NS, to include accompanying NSs by showing them which parts of the products or approaches might be useful to them and when appropriate implementation is complete due to the prevailing circumstances. The latter is to help NS implement projects in a sound and realistic way, rather than striving for best practice.

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 ‘PS Toolbox’ (from 2021 the ‘MHPSS Toolbox’) refers to the training materials and curricula. The evaluation of the PS Centre (2022) found the ‘PS Academy/ MHPSS Training Institute’ to be perceived as 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.

MHPSS training and capacity-strengthening was found by the PS Centre evaluation (2022) to be a high priority for NSs. The 2023 MHPSS survey also reports that NS respondents expressed the need for more trainings, particularly on caring for staff and volunteers and monitoring of MH and/or PSS activities. The PS Centre evaluation found that whilst PFA was undoubtedly seen as a valuable approach by NSs, there was a desire to focus on other topics alongside basic psychosocial skills. There was 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 recent emphasis on supporting NSs to improve their M&E activities 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 also expressed a need for an increased emphasis on strengthening capacity to offer community mental health services and supports. Since the evaluation (2022) the PS Centre have expanded their capacity-building offerings, and plan to prioritise community-based mental health and psychological interventions in their future work. The PSC Strategic Operational Framework 2023 states that trainings prioritised at the global level also include trainings related to MHPSS in national emergencies and displacement settings, the MHPSS component of Protecting Family Links, and monitoring and evaluation.

The PS Centre evaluation (2022) reports that respondents expressed a desire 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. In a related finding, the Peres Dias (2020) report notes a need for training teams to be more diverse. The PSC Strategic Operational Framework 2024 emphasises the decentralisation of training, supervision and mentoring, and stronger regionalisation of training activities.

The PS Centre evaluation (2022) found 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 and other 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 report by Peres Dias (2020) also notes that one of the key findings from her wide consultation process was the aspiration for the Movement to move from a “training-based approach to a capacity building approach”. Informants expressed concern around the quality and sustainability of short-term training actions in the MHPSS field, not only regarding the appropriateness of content to specific regions, but also the length of some training activities and their multiplying effect potential.

Although those interviewed for the PS Centre evaluation felt that MHPSS mentoring and coaching was lacking, the 2023 MHPSS survey found that there are quality assurance mechanisms in place, in the form of supervision, for 50% (81 NS, the IFRC and the ICRC) of respondents, to ensure the quality of the MH and/or PSS activities they provide. The PSC Strategic Operational Framework 2023 states that a supportive supervision approach will be developed, building on the existing IFRC PS Centre’s Caring for Volunteers toolkit and the inter-agency Integrated Model of Supervision. Where possible, components of it will be included within new and existing programmes and new training curricula developed by the IFRC PS Centre.

Technical support

In addition to planned training and capacity-strengthening initiatives, 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. This practical type of technical support was found in the PS Centre evaluation (2022) to be particularly important for NSs new to MHPSS and lacking alternative sources of technical support. Such NSs 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. Analysis conducted of the types of requests made to the PS Centre found there had been an increase in requests for technical support from NSs, and a decrease in numbers of requests for materials.

However, the PS Centre was found to have more contact with NSs which already have some level of MHPSS capacity rather than those who are new to the field. 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.

The Peres Dias (2020) review identified a need for more continuous technical coaching of specific NSs in specialised areas. The suggestion is made for technical support based on a peer-to-peer mentoring program, building on inter-NS collaborations already in place and coordinating efforts with ICRC in the countries where this is possible. Alternatively, the report suggests that regional representatives/MHPSS experts present in different geographic locations could support the development of local NS networks. This could be supported by a strong liaison between these networks, IFRC Regional Health Advisors and ICRC MHPSS Advisors.

Emergencies

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 surge capacity to support during an emergency 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. The PS Centre has provided direct support to a number of emergency operations in recent years, often in the form of technical assistance to psychosocial delegates, NSs and others involved in the response.

According to the PSC Strategic Operational Framework 2023 and 2024, current focus is on the further development and adaptation of the MHPSS component of the ERUs, and to continuously develop systems that help identify, train, and prepare qualified delegates for ERU, capacity, assessment, and planning (CAP), indicators and Health Information Systems, Regional Disaster Response Teams (RDRT) and stand-alone MHPSS in emergency surge-deployments upon request. Emphasis will be placed on the development and support of flexible, relevant, and National Society-applicable tools and materials that can be used in various contexts. This is a multi-year initiative, but particular attention will be directed in 2024 to updating the MHPSS global surge delegate training package including corresponding competency frameworks and the MHPSS module within the ERUs.

Impact of capacity-strengthening activities

The PS Centre evaluation (2022) reported that it was difficult to gain a clear picture of the impact of the capacity-building initiatives of the PS Centre on NSs' actual practice, since these initiatives are not comprehensively evaluated. This is an issue that the PS Centre is now working on as a priority; the PSC Strategic Operational Frameworks 2023 and 2024 state that a greater focus will be directed on internal data management and internal reporting systems of the IFRC PS Centre to better document and demonstrate the impact of capacity-building work with National Societies, the IFRC and other organisations.

The majority of survey respondents in the PS Centre evaluation 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 capacity-strengthening activities for the region, to ensure a strategic and coordinated approach.

B. MHPSS knowledge generation and sharing;

This section of the desk review focuses on the information available in the following areas:

- Supporting communication between RCRC movement and external partners.
- Building MHPSS evidence through Monitoring & Evaluation and research.
- Sharing of MHPSS knowledge

Supporting communication between RCRC movement and external partners.

The PS Centre evaluation (2022) found that the institution has high levels of respect from and engagement with the broader MHPSS field. The PS Centre regularly collaborates with other humanitarian actors to produce materials that contribute to the MHPSS field, and there are exchanges of materials between humanitarian organisations and the PS Centre. 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. This relationship is two-way, with the materials produced by the PS Centre used by other organisations, such as WHO and UNHCR.

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.

The PS Centre is involved with a number of research projects both with academic partners and other MHPSS actors from the humanitarian field. UNICEF and IOM both have formal agreements at organisational level to facilitate collaborations with the PS Centre around interventions and other activities.

The PS Centre evaluation (2022) found that the IFRC and the PS centre have a specific focus within the MHPSS field that defines their work and strengthens some collaborations, whilst limiting others. 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.

In terms of partnerships around implementation (e.g. with IOM), the PS Centre evaluation (2022) found that 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.

The PS Centre's engagement in collaborative projects provides opportunities for NS field experience to influence the global MHPSS 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.

Building MHPSS evidence.

In 2023, Working Group 4 of the MHPSS Roadmap initiative commissioned a consultancy project to map the current MHPSS evidence-building activities taking place within the Movement, and to identify the factors which facilitate and hinder such evidence-building activities, particularly within National Societies. The report resulting from this project (Horn, 2023), which incorporated the results of the 2023 MHPSS survey, is used as the primary source for this section of the desk review.

There is considerable variation in the extent to which the effects of MHPSS services are evaluated systematically by NSs, especially where MHPSS activities or approaches are integrated into programmes in other sectors. According to the 2023 survey, 17% of respondents had no monitoring system in place. Where systems were in place, they commonly focused primarily on measuring outputs (such as the number of people who accessed a service) rather than outcomes (changes in mental health and psychosocial wellbeing), although some NSs did have strong M&E systems for their MHPSS programmes and approaches. The ICRC have a more standardised approach to evaluating their MHPSS programmes, with the use of a small number of specific psychometric tools across all their MHPSS programmes. The programmes they support are relatively homogenous, with a small range of indicators, so the standardised tools are more readily applicable.

In situations where large amounts of MHPSS-related data were collected (e.g. through a multi-sectoral assessment in which MHPSS is integrated or a comprehensive evaluation), only the most basic analysis tended to be conducted. This was due to a lack of time, resources and/ or capacity, yet meant that valuable information about MHPSS needs and programming was lost. The ICRC have conducted in-depth analysis of existing MHPSS evaluation data, with the primary aim of informing programming, but which has also resulted in papers published in peer-reviewed journals. These formed part of a staff member's doctoral research, which facilitated the process. ICRC MHPSS teams acknowledge that they, like NSs, are so focused

on service provision that they lack the time to work with programme data (assessment and evaluation) in any depth.

Some NSs reported collecting stories of change, case studies and other qualitative documentation as examples of the changes that occur as a result of their MHPSS services. These were collected within project teams but rarely shared more widely.

The 2023 MHPSS survey asked respondents to indicate which resources or guidance were used by their organisation to monitor MHPSS activities. The 'Monitoring and Evaluation Framework for Psychosocial Support Interventions' produced by the Psychosocial Centre in 2017 was used most often, by around half of respondents. The ICRC MHPSS Guidelines (2018) and IFRC M&E Guide (2011) were also relatively widely used. Resources produced outside the Movement were less widely used, perhaps because they felt less relevant to NS contexts. The WG4 project (2023) identified varying opinions on the usefulness of Psychosocial Centre's 'Monitoring and Evaluation Framework for Psychosocial Support Interventions'. For those who had been able to participate in the training offered by the Psychosocial Centre, it was seen as useful, but the majority of those who tried to use it independently found it difficult to understand and/or adapt to their context. Although the Toolkit is designed to be as simple as possible, it was still said to be too complex for NSs with little MHPSS or M&E capacity to use effectively.

According to the MHPSS 2023 survey, 24% of the respondents said their organisation had been involved, or was currently involved, in MHPSS research. However, these findings should be treated with caution because the descriptions of the research projects they had been involved with indicate a lack of clarity around what constitutes 'research'. Information gathered for the WG4 project identified very few NSs involved in research, defined as the process of identifying a gap in knowledge, developing research questions, collecting data, analysing data, interpreting the findings and dissemination.

The RCRC 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 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.

ICRC MHPSS specialists have produced and published research, and the ICRC Centre for Operational Research and Experience (CORE) has been developed to improve the uptake of research within ICRC, strengthen ethics of research and increase publication rate. CORE activities include conducting research and offering research advice across ICRC, mainly around methodology but support goes 'from protocol to publication'. There is, therefore, MHPSS research capacity within ICRC, and the Peres Dias (2020) report notes the importance of drawing on this expertise in any future Movement MHPSS Hub.

In recent years, the Psychosocial 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. Whilst these initiatives have contributed to the identification of new and promising practices and interventions, it has not always been possible to secure the same type of funding to research existing PS Centre initiatives such as trainings or psychological first aid for groups. Peres Dias (2020) notes the importance of the link between operations and research, 'and that research priorities should target the Movement's priorities, identified with the participation of NS, ICRC and IFRC operational voices' (p10).

The involvement of NSs in PS Centre research projects was described by several key informants in the PS Centre evaluation (2022) 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 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. 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.

It was noted consistently in the WG4 project that the use of evidence to inform service provision is not prioritised in the Movement, and, in fact, is rarely prioritised in the humanitarian field generally. This is not unique to MHPSS evidence-building, but is a more general issue. There is a focus on delivering services rather than investigating the efficacy of those services. In contrast, there is an interest in evidence-building amongst MHPSS focal points. For example, in a survey recently conducted amongst the MHPSS focal points in the Africa Community of Practice regarding what training was wanted, all identified M&E as a priority.

Sharing MHPSS knowledge

The PS Centre evaluation (2022) notes that the Centre aims to disseminate resources in ways which are accessible and useful to the NSs, and to others within and outside the Movement. The PS Centre makes efforts to ensure that its tools and materials are freely and readily accessible to any NS MHPSS focal point or other person. 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. The means of dissemination are varied and have developed considerably over recent years, 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, 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.

The PS Centre's work to share MHPSS-related research findings in ways which are accessible and useful for NSs could be strengthened, according to the PS Centre evaluation (2022). There was appreciation for the variety of formats in which research information was available, but also a feeling that these were less effective for 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 short research papers summarising evidence on 'what works' in relation to different aspects of MHPSS practice would be useful, not only for practitioners but also for those developing proposals.

The PS Centre is perceived by external partners 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.

C. Policy, advocacy and humanitarian diplomacy.

This section of the desk review focuses on the information available in the following areas:

- Influencing relevant policies and practices, including humanitarian diplomacy
- External representation.
- Supporting the implementation and coordination of existing policies and roadmaps.
- Strengthening regional cooperation on MHPSS.
- Financing

Influencing relevant policies and practices

Key informants interviewed for the PS Centre evaluation (2022) described how awareness of, and focus on, MHPSS has increased within the Movement over the last seven years. The development of the MHPSS Resolution and Policy played an important role in this, particularly in creating a 'shared vision' and approach to MHPSS, and a shared language.

The key actors in the development of the MHPSS Resolution and Policy were the PS Centre, 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. The MHPSS Resolution and Policy have not only contributed to an increased focus on MHPSS within the Movement but also serve as important tools for humanitarian diplomacy at both national and global levels.

The IFRC PS Centre speaks on behalf of IFRC in matters of MHPSS and promotes the MHPSS programme and policy in relevant international networks. 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 Coordinator works closely with the PS Centre in relation to this.

The MHPSS 2023 survey found increasing levels of engagement by Movement entities in humanitarian diplomacy on MH and/or PSS related topics or issues (72%, 116 NS, the IFRC and the ICRC in 2023, compared to 58%, 97 NS, the ICRC and the IFRC in 2019).

The Peres Dias (2020) report notes that a consistent advocacy and communication strategy around MHPSS relies heavily on the generation of strong evidence through research, monitoring and evaluation processes, as already discussed.

External representation

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 IFRC took on the co-chair position in November 2015, and has continued to hold the role to date. The function has been delegated by IFRC to the PS Centre throughout this period. 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 IFRC and PS Centre with opportunities to become involved in decisions and initiatives relevant to the Movement’s objectives. The co-chair position strengthens the visibility of 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 above.

Supporting the implementation and coordination of existing policies and roadmaps.

The MHPSS 2023 survey reports that 50% of respondents (80 NS, the IFRC and the ICRC) experience challenges within their organisation of the Movement as an obstacle for providing MH and/or PSS, which suggests that there is a need for internal advocacy around the role that MH and/or PSS plays within the Movement, and the commitments made in the Resolution and Policy of 2019.

The Roadmap for implementation of the Movement MHPSS Policy includes six Priority Action Areas. Each Priority Action Area is represented by a working group (WG) which facilitates the roll-out of the specific commitments, as defined in the Roadmap. The Table below summarises the Working Groups and their Priority Action Areas, and the Movement entities which are co-leading each group.

Working groups and their Priority Action Areas	Working Group co-leads (according to MHPSS survey 2023)
Working Group 1/ Priority Action Area 1: Guarantee a basic level of psychosocial support and integrate mental health and psychosocial support across sectors	British Red Cross: Sarah Davidson IFRC PS Centre: Shona Whitton
Working Group 2/ Priority Action Area 2: Develop a holistic MH and/or PSS approach between Movement components and in collaboration with other actors	Danish Red Cross: Louise Steen Kryger ICRC: Sarah Miller
Working Group 3/ Priority Action Area 3: Protect and promote the mental health and psychosocial well-being of staff and volunteers	Swedish Red Cross: Maite Zamacona IFRC HR: Ines Hake
Working Group 4/ Priority Action Area 4: Demonstrate the impact of MH and/or PSS interventions through research, evidence, monitoring and evaluation.	Swiss Red Cross: Monia Aebbersold IFRC PS Centre: Sarah Kate van der Walt
Working Group 5/ Priority Action Area 5: Strengthen resource mobilization for MH and/or PSS in humanitarian response <i>and</i> Priority Action Area 6: Mobilize political support for MH and/or PSS – humanitarian diplomacy and advocacy	Danish Red Cross: Andreas Støttrup Moldow ICRC: Agnès Christeler

In terms of barriers to general collaboration between Movement partners, challenges reported in the MHPSS survey 2023 included a lack of funding even when an agreement is reached (47%: 76 Ns and the IFRC), the high turnover of staff involved (42%: 67 NS, the IFRC and the ICRC) and the time consuming element in operationalising activities (35%: 56 NS, the IFRC and the ICRC).

Strengthening regional cooperation on MHPSS.

The PS Centre evaluation (2022) notes that the relationships with the IFRC Secretariat and the regional IFRC structures have 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 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, and 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, and relationships between the PS Centre and IFRC Regional Offices were described by some as being less collaborative than they could be. Although the PS Centre connects with health coordinators in regional offices when there is no MHPSS Delegate, communication and collaboration was reportedly more effective where a MHPSS Delegate was in place. 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, rather than through formal systems.

The challenges in recruiting and retaining IFRC Regional MHPSS Delegates are related both to funding and to the priorities of senior management at regional level. 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. 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. 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 AP Collaborative is embedded within the IFRC regional health team, as well as reporting to the PS Centre, which has the advantage of ensuring that the Collaborative team are included in regional discussions and decision-making.

Effective MHPSS networks have been established in the Europe, MENA and Asia-Pacific regions, along with two Communities of Practice in the Africa region. These have been found to be an effective means of the PS Centre sharing information and contributing to capacity-strengthening of NSs, as well as learning from the experiences of the NSs. Networks can be operational in ways that the PS Centre cannot and can be an efficient means of the PS Centre contributing to capacity-strengthening of NSs. The PS Centre can provide relevant resources, materials and learning opportunities, which are then operationalised by network members. In order for the network approach to be possible, it requires funding, a dedicated NS and an alignment in strategies, approaches and tools.

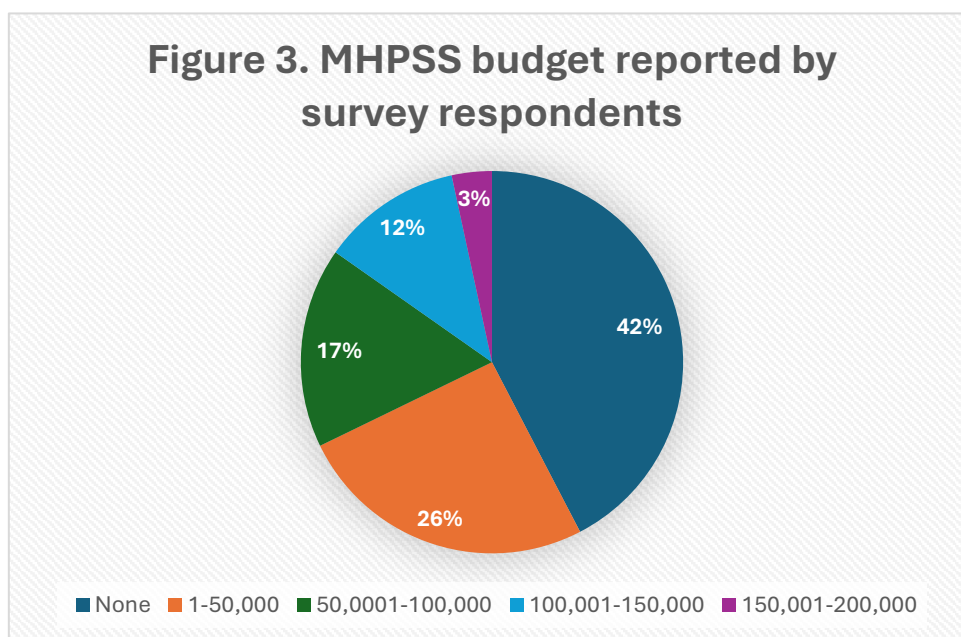
The PS Centre Strategic Operational Framework 2023 states an intention to facilitate the creation of new formal and informal MHPSS networks and twinning of NSs that, through common interest, common language, common geography etc. can benefit from peer exchange of knowledge and best practices. Examples given include the formation of an informal network of trainees after a regional training, connecting two National Societies who provide mental health and psychosocial support in similar circumstances etc. In this way, the benefits of working in networks are explored without the need for extensive resources. The structure of these networks and communities of practice may be ad hoc or become more permanent if feasible and needed.

The location of the Centre in Copenhagen was questioned by some contributors to the PS Centre evaluation, who felt this limited the diversity and agility of the Centre. Some advocated for a regionally-based PS Centre resource person, or one 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. Since the evaluation was completed, the PS Centre now have a Technical Advisor allocated to every region, either with 100% of their time or a certain percent allocated to regional work. The PS Centre Strategic Operational Framework 2024 emphasises a stronger focus on regionalisation.

Financing

All three MHPSS surveys (2019, 2021, 2023) have indicated that ‘budget constraints’ or ‘limited budget availability’ were the greatest obstacles for delivering MH and/or PSS activities, with 78% (127 NS, the IFRC and the ICRC) referring to these challenges in 2023.

According to the 2023 MHPSS survey, 25% (43 NS) have no budget dedicated to MH and/or PSS activities, although this may be because many activities are delivered through an integrated approach where MH and/or PSS is embedded in other services/ activities and therefore the budget is not captured specifically under MH and/or PSS. The responses of the others who were able to report on their budgets are summarised in Figure 3.



NS report that the IFRC (73 NS: 45%), Partner National Societies (61 NS: 37%) and the ICRC (46 NS: 28%) contribute with funding to their MH and/or PSS service delivery and programming. However, collaboration seems to be very limited with individual donors, the private sector, United Nations agencies and universities.

The PS Centre evaluation (2022) reports 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 Peres Dias (2020) report notes that the PS Centre became highly dependent on external research funding, which requires high levels of human resource time allocation, precisely because of limited alternative funding streams.