



**ANALYSING THE RESOURCE MOBILIZATION
POTENTIAL FOR MHPSS FOR THE INTERNATIONAL
RED CROSS RED CRESCENT MOVEMENT**

**COMMISSIONED BY THE RCRC MOVEMENT MHPSS ROADMAP
COORDINATED BY THE DANISH RED CROSS**

**CLOE CLAYTON, MA, and KATHLEEN RUTLEDGE, PhD
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EXECUTIVE SUMMARY

Conclusions and Suggested Areas for Consideration

Commissioned by the International Red Cross Red Crescent Movement Mental Health and Psychosocial Support (MHPSS) [Roadmap project](#), the Danish Red Cross coordinated a consultancy project to analyse the resource mobilization potential for MHPSS, examining opportunities to increase and strengthen funding for the Movement's bilateral and international MHPSS activities. This project analysed funding partners' conceptualisation and prioritisation of MHPSS and their perceptions of the Movement as a provider of MHPSS. It also examined the conceptualisation and prioritisation of MHPSS within the Movement. The consultancy looked at the use of evidence on MHPSS in the Movement's resource mobilization and funding partners' perceptions of this evidence. Finally, it analysed the alignment between funding partner and Movement perceptions.

Data was primarily collected through 38 semi-structured key informant interviews with 53 representatives from the IFRC, the ICRC, 13 National Societies, and 12 external partners (institutional funders, grant-making foundations, and an advocacy organisation).

Below are the overarching themes that arose in the consultancy findings, including areas for the Movement to consider regarding how it might advance MHPSS as a priority, position itself and MHPSS to align with funding partners, and scale funding for MHPSS in the future.

Exploring Funding Opportunities For MHPSS

Mental health and/or psychosocial support are priorities for all the funding partners approached, and most fund all 'layers' of MHPSS (in reference to the [IASC MHPSS Intervention Pyramid](#)). Among the funding partners engaged, funding for MHPSS sits within various departments and mechanisms and is available across the Humanitarian-Development-Peace 'nexus'. Within individual institutional funders, funding for MHPSS activities is frequently fragmented across different departments by sector (e.g. protection, health), population group (e.g. refugees, victims of torture), or phase of emergency (e.g. disaster preparedness, humanitarian, development). Among some institutional funders, it is not uncommon for multiple departments to fund work in the same country. In addition, core/unrestricted funding is available to implementing partners, who can then allocate it to MHPSS *if* they prioritise this internally; the Movement receives significant funding via this mechanism. Another aspect to note is that institutional funders often make grants for MHPSS in-country, influenced by in-country priorities and through direct relationships with implementing partners. Lastly, it is important to be aware that for some institutional donors, funding for psychosocial support sits within protection or a multi-sectoral humanitarian structure (whereas within the Movement, MHPSS most often sits within health). Overall, understanding and aligning with donor structures is key.

Strengthening Integration of MHPSS

The [Movement's 2019 commitments](#) state that MHPSS is to be integrated across sectors. Indeed, MHPSS is often integrated, according to Movement representatives. Within the Movement, there is strong support for further integration, particularly into health programmes, emergency responses, and long-term programmes/ services such as first aid training programmes. Funding partners engaged by this project also

shared a strong preference for integrated approaches to MHPSS and felt the Movement should strengthen the integration of MHPSS, particularly in health programmes and emergency responses.

The Movement's MHPSS commitments and Framework apply in emergency and non-emergency contexts. Across the Movement, MHPSS activities are currently carried out in all phases of emergencies and long-term programmes. Movement representatives recommended strengthening MHPSS programming in contexts outside acute emergencies, such as recovery and long-term health work. Meanwhile, funding partners see MHPSS as important in humanitarian, development, and peacebuilding contexts, and some advised shifting away from the 'artificial' separation of humanitarian and development programming.

To support the Movement's further integration of MHPSS across sectors and response phases, brief and clear guidance on integrating MHPSS would be useful. In addition, the report [*Integration of mental health and psychosocial support in the Red Cross and Red Crescent Movement*](#) (International Red Cross and Red Crescent Movement, 2024) provides helpful examples of the successful integration of MHPSS.

In addition, there is uncertainty about the funding trajectory for MHPSS, and there are reductions across the board in humanitarian funding. These realities were underlined in the frequent recommendations (from funders and Movement representatives) to strengthen the integration of MHPSS, in order to secure and scale the funding for MHPSS now and in the future. Though funding partners often associate the Movement with providing MHPSS in emergencies, the Movement has much to offer beyond this vital role as an emergency responder, e.g. in disaster preparedness, recovery, and development/long-term programmes.

Ensuring Consistent Quality in MHPSS Activities

Funding partners view the Movement positively as an MHPSS provider. In particular, the ICRC, the IFRC Psychosocial Centre and the Danish Red Cross were highlighted for their technical expertise and leading roles in operationalising MHPSS across the Movement. Movement representatives emphasised the need for continued investment in MHPSS structures and capacities; investment lays the groundwork for more internal 'demand' for MHPSS and, thus, greater resource mobilization. Ensuring the consistent quality of all MHPSS activities is paramount; funding partners advised to focus on quality by making better use of existing guidelines and best practices and urged that psychosocial support actions be structured, evidence-based, and have measurable outcomes. Funders and Movement representatives see specialised supports/mental health care as an area the Movement should develop, investing in providing 'professional' care through increasingly incorporating mental health care into health and other sectors, and supporting and strengthening existing health care systems.

Addressing Evidence Gaps for MHPSS

Funding partners and Movement representatives agreed that the Movement should strengthen its monitoring and reporting of evidence on the outcomes and impact of its MHPSS work, particularly psychological first aid and psychosocial support. Movement stakeholders felt this gap in evidence is a barrier to resource mobilization that must be addressed. Rebecca Horn's 2023 Report [*Promoting Mental Health and Psychosocial Support Evidence-Building in the Red Cross Red Crescent Movement*](#) provides practical guidance to help the Movement address this. Movement representatives also recommended engaging in more research work around MHPSS. Opportunities exist to partner with research institutions and funders, and to build more evidence-generation work directly into funded programmes.

Strengthening MHPSS within Needs Assessments

Donors' decisions about funding MHPSS largely depend on needs assessments, particularly for humanitarian contexts. However, Movement key informants flagged that needs assessments are not consistently identifying MHPSS needs. Assessments must be strengthened so that they identify and highlight MHPSS needs, enabling the subsequent inclusion of MHPSS into proposals, plans, operations, programmes, and resource mobilization.

Ensuring Core Funding for the Forthcoming Red Cross Red Crescent Movement MHPSS Hub

Funding partners see the Psychosocial Centre very positively. It is widely perceived to play a crucial role in mobilizing resources for MHPSS by strengthening the Movement's overall technical capacities and engaging with external stakeholders to position the Movement as an important actor in MHPSS. Funding partners and Movement representatives have high hopes for the forthcoming transition to the Hub, which is expected to strengthen the Movement's work on MHPSS by increasing cohesion and collaboration and 'bridging the gap' between the Movement's psychosocial and specialised MHPSS activities. However, Movement representatives are concerned about the Hub's funding, and strongly recommend that it receive a core funding commitment. This would allow the Hub to meet the myriad internal and external expectations that exist, and to invest in the staff time that is needed for continuing to strengthen the quality of MHPSS across the Movement and for engaging with external stakeholders and in policy and advocacy work, which is essential to mobilizing resources for MHPSS for the Movement overall.

Expanding Engagement and Advocacy

Engagement and advocacy with external partners, including funders, were identified as critical. Such engagement has led to MHPSS being included in donor strategies, generated project opportunities, and ensured government support for MHPSS. Funding partners felt this engagement could be strengthened, e.g. in bilateral engagement, conferences and inter-agency coordination. They also felt the Movement could strengthen its advocacy work around the MHPSS policy agenda and suggested that new MHPSS 'policy hooks' are needed to keep donors engaged. Several funders are open to working with the Movement on MHPSS advocacy. Movement representatives also desire to continue joint advocacy around MHPSS, building on the MHPSS Roadmap and advocating for policy changes that prioritise mental health funding and MHPSS integration.

Understanding Prioritisation of MHPSS within the Movement

Considering that a significant portion of funding channelled into the Movement is unrestricted, a major factor influencing the availability of resources for MHPSS is the internal prioritisation of MHPSS activities. There appears to be broad agreement within the Movement regarding the importance and priority of supporting diverse activities that support wellbeing and mental health, but inconsistent prioritisation of MHPSS as a distinct sector or thematic area. Nearly all of the thirteen ('partner') National Societies engaged in this consultancy project support a wide range of MHPSS activities internationally and consider MHPSS an important part of their international assistance. However, MHPSS was only identified as a strategic/major priority in international work by two of the National Societies interviewed. This suggests that there may be an understanding that MHPSS can only be described as a major priority when it is operationalised as a distinct thematic area. This understanding was also implicit in statements made by several National Societies, which indicated that predefining or 'pushing' thematic or sectoral priorities in international work

would run counter to their approach of being 'responsive' to the priorities identified by the ('host') National Societies they support. As such, there seems to be a significant opportunity to scale resource mobilization for activities that support wellbeing and mental health, if it can be communicated clearly how diverse sectoral programmes contribute to these aims, and how specific MHPSS activities *within* diverse sectoral programmes can significantly strengthen their benefits.

Strengthening Coordination and Collaboration on MHPSS

Examples of existing coordination on MHPSS included consortia models, and National Societies working together to mobilize resources from 'back donors' to maximise the Movement's access to funding for MHPSS. Movement representatives emphasised the need to build on this and to enhance collaboration within the Movement when delivering and mobilizing resources for MHPSS, always centring the 'host' National Society, for example when multiple parts of the Movement are engaging with MHPSS funding partners.

There is also a desire for a greater flow of learning on MHPSS between National Societies, and specifically from Global South National Societies to the rest of the Movement.

Strengthening the Role of National Societies in MHPSS

The Movement's vast reach and access to local communities through its National Societies is a key strength. Funding partners would like to see National Societies play more of a 'leading role' in MHPSS by strengthening their prioritisation of and capacities in this area, and, in their auxiliary roles, supporting governments to develop mental health services within health systems and leveraging the various commitments on MHPSS, including the recent World Health Assembly [Resolution](#) on MHPSS before, during and after emergencies, to 'step up' in the humanitarian space. Movement representatives echoed this and wish to see 'host' National Societies in the 'driver's seat' of MHPSS programming and fundraising, and to see them raising more funds for MHPSS in-country. Considering the overall movement toward localisation, long-term strategies can be considered to further transition MHPSS technical capacity to National Societies. It was also underscored that the Movement needs to translate and culturally adapt more MHPSS resources.

Investing in Human Resources

Movement representatives identified investment in more MHPSS staff as necessary; this would enable MHPSS staff to work with other teams to integrate MHPSS, and to engage more in resource mobilization. It was also recommended to strengthen Movement staff's awareness of MHPSS and how to integrate it, so that MHPSS is more consistently included in needs assessments, proposals, and programmes. Lastly, a key strength of the Movement was cited as its volunteer workforce. The Movement's work to support volunteer wellbeing was commended by funding partners, who, together with Movement representatives, stressed that this needs continued investment. Volunteers were acknowledged for their critical contribution to the Movement's psychosocial support activities; however, funders and Movement representatives alike felt that volunteers must have the necessary capacities for their roles and use referral systems to address mental health care needs, as this should not be a volunteer responsibility.