

**Checklist for Mental health and psychosocial Support (MHPSS)** 

# MOVEMENT COORDINATION AND COLLABORATION

#### What is the purpose of this checklist?

The purpose of this document is to provide guidance to enhance good practice when collaborating between components of the Red Cross Red Crescent Movement, including National Societies, the IFRC, and the ICRC at country level. It serves as a comprehensive checklist, outlining the steps required to develop a harmonized operational response to mental health and psychosocial support across the layers of the Mental Health and Psychosocial Support (MHPSS) framework. The checklist also highlights how external stakeholders can complement the Movements' MHPSS response at country level.

#### How was this document created?

This document has been developed in a consultative process with members of a working group in the implementation for the Movement MHPSS Roadmap to facilitate the operationalization of the MHPSS Movement Policy. This Checklist is informed by the lessons learned of this Working Group, as well as the <u>IASC Handbook for Coordination</u>.

#### How should this document be used?

The Checklist guides the completion of a set of steps to provide appropriate MHPSS services for diverse needs and populations. When followed, it serves as a foundation for complementary services according to the MHPSS Movement framework. It should be adapted to the context and used in conjunction with effective project management and planning.

#### Which resources complement this checklist?

To complement the checklist, please consult the following templates:

- Partnership Agreement Template for Mental Health and Psychosocial Support: <u>Memorandum</u> of <u>Understanding</u> (2022)
- Project Template for <u>Joint Mental Health and Psychosocial Support Pilot Project</u> (2022)

For further reading about MHPSS coordination and collaboration, the following resources are recommended:

- Mental Health and Psychosocial Support Policy (2019), Resolution (2019), Roadmap (2020)
- <u>Seville Agreement 2.0</u> (2005)
- IASC Handbook, Mental Health and Psychosocial Support Coordination (2022)
- IASC Mental Health and Psychosocial Support Guidelines in Emergency Settings (2007)



		Has been done	Has not been done	ls planned	Not applicable
Identifying MHPSS Stakeholders					
1	Movement stakeholders including (Host) National Society, IFRC, ICRC and Partner National Societies, for collaboration or referral are identified through a mapping in the (country) context.  Make sure referrals are to more specialized as well as basic/focused services.				
2	Non-Movement stakeholders including local actors, implementing actors, technical support, donors, for collaboration and referral partners are identified through a mapping in the context.  Make sure referrals are to more specialized as well as basic/focused services.				
3	The roles of the Host National Society and of other partners are defined as per mandate of the Movement components and depending on the (country) context.				
Mapping of existing MHPSS Coordination Mechanisms					
4	All relevant non-Movement MHPSS coordination forums such as national coordination structures, cluster coordination, area-based coordination, public health emergency coordination groups and refugee coordination groups are mapped and attended.  Because MHPSS is cross-sectorial, ensure screening other sectorial coordination mechanism in the mapping e.g., health, protection, shelter, CCCM, WASH, etc.!				
5	All existing and relevant Movement coordination forums are identified; or – as Host National Society –Movement coordination mechanisms (e.g., meetings, workshops, exchange visits) are set up.				
Understanding of the RCRC Movement					
6	All staff and volunteers understand and respect the mandate of each Movement component (e.g., Seville Agreement 2.0, other prior agreements).				



7	All staff (including delegates) and volunteers are trained on basic PSS, and selected staff are trained on technical matters at higher levels of the pyramid, relevant to their scope of practice. Selected staff are also trained on relevant MHPSS guidelines and aware of the external and internal coordination mechanisms.				
8	Advocacy for cross cutting MHPSS themes to be incorporated into National Societies' sectoral strategies: protection, health, education, etc. by arranging interdepartmental meetings, raising awareness on MHPSS with recommendations for integration and engage in joint planning when possible.				
Formalizing Partnerships for MHPSS					
9	Partnerships are formalized with Memorandum of Understandings (MoUs), and joint (signed) project documents.				
10	Each partner's responsibilities to provide services across the continuum of care of the Movement's MHPSS framework are distributed.  (Use the Movement MHPSS framework pyramid template below to categorize activities and check gaps in the MHPSS provision.)				
11	A systematic MHPSS referral pathway is established through a signed agreement based on the prior mapping of external and internal stakeholders.				
Mapping, Adapting and Implementing MHPSS tools					
12	Chosen manuals integrate the principles of the MHPSS Guidelines, and if not, are updated accordingly.				
13	Assessments, project proposals, evaluation tools and reporting formats follow minimum standard and guidelines on MHPSS.				
14	Existing MHPSS tools relevant to the project/activity and context are identified with collaboration with the identified partners.				
15	There is agreement between all collaborating partners on one standardized MHPSS tool/manual per topic and context (e.g., one PFA training that all Movement partners use for their trainings and for the implementation) to ensure mainstreaming and measurability.				



16	Approval is obtained from relevant stakeholders (e.g., Host NS, Ministries) for tools, especially for awareness raising tools.		
17	MHPSS tools to be used in the project are contextually and culturally adapted as well as tested before their finalization and implementation.		
18	Mental health and well-being activities are in place to support the staff and volunteers involved.		
19	All partners monitor, document, report on and evaluate their program according to the MoU.		
Information Sharing and Participation			
20	Throughout the collaboration, information, experiences, resources are shared in regular meetings with all partners in attendance, and each collaborating partner provides support according to their agreed roles and responsibilities.		
21	A 'resource center' – gathering e.g., cultural, contextual data and lessons learned – is developed to be accessible to all partners and regularly updated in a standardized process.		
External Advocacy for National Policies and Plans			
22	Joint advocacy messages towards Movement-external stakeholders are used to underline the importance of MHPSS and its integration into other sectors as well as for the allocation of resources for MHPSS.		
23	The Host National Society is from the beginning in close contact with national stakeholders and agencies to identify resources and capacities to ensure a plan for a handover after finalization of the programme and its long-term sustainability.		
24	All partners have a unified voice vis-à-vis the national stakeholders and agencies to advocate for alignment of national policies and plans.		





### 3. PSYCHOLOGICAL SUPPORT

### 2. FOCUSED PSYCHOSOCIAL SUPPORT

## 1. BASIC PSYCHOSOCIAL SUPPORT

Responsible partner:

Activity:

Responsible partner:

Activity:

**?** Responsible partner:

Activity:

Responsible partner:

Activity: