



COLLABORATION AND COORDINATION FOR MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

in the International Red Cross Red Crescent Movement

Lessons-learned report

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Purpose

The purpose of this lessons-learned report is to inform and guide the partners in the International Red Cross Red Crescent Movement (the Movement) for strengthened collaboration and coordination at country/operational level. The audience for this report is twofold: for managers and practitioners working with MHPSS; and decision-makers who influence the Movement's Mental Health and Psychosocial Support (MHPSS) agenda.

The report was produced by Working Group 2 which had a focus on the operationalization of Priority Action Area 2 "Develop a holistic MHPSS approach between Movement components and in collaboration with other actors". It focused mainly on the collaboration and coordination with Movement partners while recognizing that most National Societies informing the lessons-learned report were part of various technical working groups and partnerships on country level.

Introduction

Background:

In December 2019, the Movement adopted a set of commitments addressing mental health and psychosocial needs. These commitments were 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 and Resolutions were transformed into a Roadmap for implementation which identified six Priority Action Areas and outlined the outputs and outcomes expected by 2024. Five working groups were established to lead on each of these priority action areas for MHPSS.

Priority Action Area 2:

Priority Action Area 2 is one of six domains which the Movement committed to strengthen when providing MHPSS services. It underlines the importance of developing a holistic MHPSS approach between Movement components and in collaboration with other actors. The Working Group focused on the operationalization of this area by collecting collaboration lessons-learned in a selected number of operational contexts.

Of particular interest were actions by National Societies to improve access to services across the Movement's MHPSS framework along with other measures to address mental health and psychosocial needs such as prevention and promotion of MHPSS. Observing



coordination efforts between the components of the Movement emphasizing their complementary roles was critical to this, as well as collaboration between the Movement and other actors. The Working Group's ambition was to showcase how strengthened collaboration and coordination across the Movement components improved access to services across the Movement's MHPSS framework.

Working Group 2:

The objectives of Working Group 2, according to the Terms of Reference, were to:

1. Identify and showcase six priority contexts (Yemen, Syria, Iraq, Ukraine, Covid-19 peer-to-peer support, Covid-19 Colombia) where National Societies, the IFRC and the ICRC improved collaboration and coordination in the field, aiming to provide MHPSS services across different layers of the MHPSS framework.
2. All joined collaborations between National Societies, the IFRC and the ICRC, assessed needs, referred, and advocated in relation to the full spectrum of the Movement's MHPSS framework (see Resolution 5), as much as the mandates and political situation allowed.
3. Integrating MHPSS across different sectors allowed the Movement components and actors to reach more people and foster the provision of appropriate services to the affected population through information/sensitization sessions, community trainings, direct support, or cross-referrals.

Working Group 2 selected the above six operational contexts that informed this lessons-learned report. Besides this lessons-learned document, Working Group 2 developed action plans and coordination mechanisms for the Movement. These documents can be utilized and adapted by other Movement components and National Societies.

- Integrated response based on the Movement MHPSS Framework
- Memorandum of Understanding for operational partnership ; and a
- Project document template for the integration of MHPSS on a more technical level

Through these outputs Working Group 2 aims to facilitate that National Societies, the IFRC and the ICRC continue to develop comprehensive and complementary interventions across the spectrum of the Movement's MHPSS framework. The Movement components continuously increase their capacity for providing quality MHPSS services relevant to their role and mandate and that the Movement's wider engagement in MHPSS is documented in the selected operational contexts, including the response to the COVID-19 pandemic.

Thank you to the Movement components that participated in the exchange of lessons-learned and contributed to this work through Working Group 2.

Common challenges identified across the selected contexts

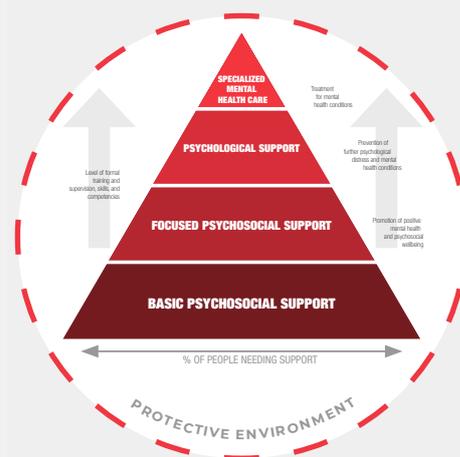
- Coordination and collaboration may be hampered for various reasons. In the identified priority contexts, one of the most prominent challenges was the **competing financial and other priorities of the partners**. For example, some partners had differing organizational priorities such as different sector involvement or prioritization of different target groups or activities. This meant that without higher level agreement, – among the partners involved – they did not have the same focus in supporting MHPSS activities. At country level this could not be ameliorated by good coordination and collaboration at technical level.
- Even if there were financial resources and the prioritization of service provision aligned among the partners, **stigma and discrimination linked to mental health conditions within the community and the authorities** hindered the provision of services. While addressing stigma and discrimination is a focus of the MHPSS Roadmap and all Movement MHPSS activities, it is a global and long-standing challenge which could not be resolved by good coordination and collaboration between technical partners at country level.
- In addition, the **understanding of the continuum of MHPSS care with reference to the Movement MHPSS framework** varies between the Movement components. This impacts the coordination, communication and collaboration resulting in lack of access to services across the layers of MHPSS framework, as well as inefficient use of resources.

Movement MHPSS framework:

Each component of the Movement responds to mental health and psychosocial needs in accordance with its role and mandate. A pyramid model represents the framework of mental health and psychosocial support services that are required to address the needs of individuals, families, and communities in all contexts.

A key to organizing mental health and psychosocial support is to develop a layered system of complementary support that meets the needs of different groups. This multi-layered approach does not imply that all Movement components must provide services in all layers. However, Movement components are expected to assess, refer, and advocate in relation to the full spectrum of mental health and psychosocial support presented in the model, from basic psychosocial support through to specialized mental health care.

[Definition by the IFRC: <https://pscentre.org/what-we-do/mhpssroadmap/the-mhpss-framework/>]





- Finally, **the fluctuation of volunteers and turn-over of delegates and staff** hampered the project's sustainability in the priority contexts. This was because relationships must be re-built, and institutional knowledge got lost each time there was a change. In this sense, despite there being good technical coordination and collaboration at country level, it needed to be redone each time a turnover occurred, and this contributes to loss of efficiency.

In the below are some important lessons-learned which were taken to respond to the challenges and can be considered recommendations for the future.

Approaches that enhanced the collaboration and coordination

- Already **established partnerships and prior collaboration** eased the coordination and joint efforts to ensure a complementary MHPSS response when the operational context changed, such as the COVID-19 pandemic and the escalation of conflict in Ukraine.

"The support of our main partner, Danish Red Cross, is huge and very relevant. Due to Danish Red Cross support since 2018, we have been able to build the MHPSS capacity of the URCS staff. Scaling up URCS's MHPSS services during the full scale war in Ukraine was only possible due to the prior capacity building."

Anna Didenko, Ukraine Red Cross Society, Head of Rehabilitation and Support Department

- **The knowledge and recognition of the Movement components' mandate, expertise, and capacities** were key to utilize the full potential and to increase access across the MHPSS framework. Thus, the Movement components' roles and responsibilities based on their mandate, expertise, and capacities must be clarified and understood by all partners. This includes good knowledge of the Seville Agreement 2.0.

Seville Agreement:

The Seville Agreement 2.0, "Movement Coordination for Collective Impact," was adopted at the 2022 Council of Delegates. This agreement outlines the coordination responsibilities for the components within the Red Cross Red Crescent Movement. It serves as a replacement for the original Seville Agreement from 1997.

At its core, the agreement focuses on the leadership role of National Societies. When a disaster occurs that requires a collective response from the Movement, the National Society takes charge of convening the response efforts. The IFRC and/or ICRC act as co-conveners during natural disasters or armed conflicts, respectively.

[Find the Seville Agreement 2.0 here: https://www.ifrc.org/sites/default/files/2022-10/Seville_Agreement_2.0_EN.pdf]

- To achieve a continuum of MHPSS care, **stakeholder mappings were essential to identify gaps** in the provision of MHPSS services and inform how the Movement components could work in a complementary way to address the identified gaps. The stakeholder mapping included the mapping of external actors which complement the Movement component's efforts in providing a continuum of MHPSS care.

Continuum of care:

In this lessons-learned document, the continuum of care is understood based on the Movement MHPSS framework. The framework of mental health and psychosocial support services is organized in a pyramid model. To address the needs of individuals, families and communities in all contexts, it is key to organize a layered system of complementary support that meets the various needs.

- The Movement components participated in **existing MHPSS coordination structures with external partners and organizations in the context** (e.g., MHPSS network, Working Groups, Technical Working Groups (TWG)) to ensure access to services across the MHPSS framework.

"The Technical Working Group for MHPSS, organized by WHO and the ministry of health, were very relevant for Yemen RCS for the coordination with other organizations in the country. If there is no mapping of activities, it is impossible to establish a system of referral. Thus, Yemen RCS advocates for the reestablishment."

Rim Alsakkaf, Yemen Red Crescent Society, Psychosocial Support and Protection Manager



- **Participation in Movement-external meeting** (e.g., health cluster with ministries) were essential for enhanced coordination and collaboration as this built respect and trust in the Movement components amongst the partners and other organizations, donors, etc. which are beneficial when advocating for MHPSS services.

"The participation in the country-level coordination meetings gave Yemen RCS the opportunity to showcase their work. This created trust and respect amongst the other organizations in the Red Cross Red Crescent Movement."

Rim Alsakkaf, Yemen Red Crescent Society, Psychosocial Support and Protection Manager

- Acknowledging the importance of early and continuous participation in existing coordination groups with organizations in the same context, **Movement-internal coordination and information exchange** e.g., through Community of Practices, Working Groups, exchange visits were crucial. This is due to the specific roles of the Movement components e.g., the National Societies' auxiliary role to the states and the fundamental principles which guide Movement practices.

"The Iraqi Red Crescent MHPSS team visited Syria Arab Red Crescent and in return the Syria ARCS MHPSS team visited Iraq to exchange about lessons learned and experiences. This enhanced the understanding of MHPSS services and was a valuable trip."

Rana Khaled, Iraqi Red Crescent, PSS Section

- **Sharing of information, resources, knowledge, and trainings** supported the mainstreaming of MHPSS and ensure harmonization with all partners.

"If we share information, materials, and evidence-based methodologies we do not have to invent it ourselves."

Anna Didenko, Ukraine Red Cross Society, Heald of Rehabilitation and Support Department

- Coordination efforts contributed to the establishment of relationships between the stakeholders and served as a **platform for new initiatives** to take shape. This **supported the programme's sustainability**. In this sense, the establishment of the coordination mechanism serves as a **convener function for future**.

"A positive consequence of the collaboration in the emergency response between the ICRC and the Colombia and Honduras Red Cross Societies was the development of new areas of cooperation. Therefore, the ICRC in Colombia is supporting the Red Cross in strengthening the provision of the continuum of care, and the ICRC team in Honduras is increasing the Red Cross's MHPSS technical capacity."

Isabel Cristina Rivera Marmolejo, ICRC, Regional MHPSS Advisor Americas

- **Strengthening of National Society's capacity in MHPSS** was an integral part when strengthening MHPSS services to ensure institutionalization and because it creates ownership which strengthens access to quality services.
- **A human resource on the ground dedicated to the coordination of partnerships** was essential for a strong collaboration and the provision of a continuum of MHPSS care.

"It was very helpful for the coordination with partners that there is a National Society which leads on MHPSS and supports with a MHPSS delegate - especially when the conflict escalated, and a lot of partners started to implement activities. It makes the work more structured and build capacities. But to define the best way of coordination with partners you need to ask the National Society first what will be most helpful, as idea of identifying one partner leading the direction for MHPPS and other areas was proposed by URCS management. It was helpful during the emergency response."

Anna Didenko, Ukraine Red Cross Society, Heald of Rehabilitation and Support Department

- The Movement **MHPSS Policy and the Resolution were used to guide activities** within the National Society and partners. It was a tool to hold accountable the Movement components and States to their commitments in MHPSS.



"Through the policy, roadmap and resolution, it was easier to promote the basic and focused psychosocial activities with the different Movement components."

Dr. Faiza Alabdullah, Syria Arab Red Crescent Society, Community Services PSS Unit

- The better the parties understood **the Movement components' roles and their mandates, the Policy and the MHPSS Resolution and the Seville Agreement 2.0.**, the easier it was to implement the technical elements.

"The collaboration needs to be systematized and not based on personal relations."

Despina Constandinides, Danish Red Cross, Global Psychosocial Delegate at the Syria Arab Red Crescent



Annex

List of Movement components involved in Working Group

Thank you to the below National Societies that appointed representatives supporting activities of the Working Group. Special thank you to the Iraqi RC, the Honduras RC, the Colombia RC, the Yemen RC and the Ukraine RCS which shared their experiences.

- Argentinian Red Cross
- Bolivian Red Cross
- Canadian Red Cross
- Croatian Red Cross
- Danish Red Cross (Lead)
- Ecuador Red Cross
- ICRC (Lead)
- IFRC
- IFRC PS Centre
- Iraqi Red Crescent
- Lebanese Red Cross
- North Macedonian Red Cross
- Palestine Red Crescent Society
- South Sudan Red Cross
- South Sudan Red Cross
- Syrian Arab Red Crescent
- Ukraine Red Cross
- Yemen Red Crescent