WHAT IS THE ROADMAP FOR IMPLEMENTATION?

In December 2019, the International Red Cross and Red Crescent Movement adopted a set of commitments addressing mental health and psychosocial support needs. These commitments are set out in Resolution 2 of the 33rd International Conference and Resolution 5 of the 2019 Council of Delegates, including the Movement policy.

The policy and resolutions have been operationalized into a Roadmap for implementation which identifies six Priority Action Areas and outlines the outputs and outcomes expected by 2023. Five Working Groups were established in 2021 and continue to support the IFRC, the ICRC and the National Societies in their commitments to the Roadmap for Implementation and its six priority action areas.

WHAT IS THE STATE OF PLAY AND WHY WAS IT ORGANIZED?

The State of Play was a workshop internal to the Movement organized by the ICRC, the IFRC and the IFRC PS Centre with support from the British, Danish and the Swedish Red Cross. During the two-day, hybrid workshop, 11 Working Group co-leads together with the Interim Coordination Structure looked back at the achievements and looked ahead on how the progress can be supported and fostered for 2022 and 2023.

The agenda included presentations on progress made by the ICRC, the IFRC and National Societies coordinated and fostered through the Roadmap Working Groups and other Roadmap coordination structures. The programme further entailed various sessions challenges and opportunities when looking ahead, followed by a high-level roundtable event for Managers and Leaders and a session on the linkages between Protection and MHPSS Movement.

PROGRESS REPORT BASED ON THE MOVEMENT-WIDE MHPSS SURVEY 2021

Presented by the IFRC PS Centre, here is the link to the presentation.

The first Movement-wide MHPSS survey was conducted in 2019 and provided a baseline against which the Movement tracks progress in implementing its MHPSS commitments and the Roadmap. In 2021, a midline survey was conducted providing information on progress and areas for improvement on MHPSS across the Movement. The progress report was published in October 2021 and is available in English, French, Spanish and Arabic (link).
In 2021, the Working Groups had the opportunity to add questions specially related to their respective priority Action Area, which lead to the following data;

- **Priority Action Area 1/Working Group 1**: There is an increased number of MHPSS focal points in the National Societies, as well as an increased number of volunteers and staff trained in basic psychosocial support (2019: 27,000 vs. 2021: 40,000).

- **Priority Action Area 2/Working Group 2**: Lack of funding is still the most common reason for partnerships not happening (25%). If partnerships happen, they are most likely within the Movement and with the government and are in form of technical support.

- **Priority Action Area 3/Working Group 3**: 43% of management has received training on psychosocial support. Support systems for staff and volunteers are in place (60% Psychosocial support).

- **Priority Action Area 4/Working Group 4**: The number of National Societies monitoring (85%) and the majority has answered they use the IFRC PS Centre ‘Monitoring and Evaluation Framework’. The most quoted reason for not monitoring and evaluating activities has to do with the lack of/limited funds.

- **Priority Action Area 5&6/Working Group 5**: MHPSS is mentioned in the majority of national public health laws and policies. The components of the Movement have specific agreements with public authorities and further the components are included in inter-ministerial and inter-agency committees/mechanisms.

**WORKING GROUP SNAPSHOT PRESENTATION**

**Presented by some of the co-leads of the Working Groups**: WG1 Sarah Davidson (Head of Psychosocial and Mental Health, British Red Cross) and Sarah Harrison (Technical Advisor IFRC PS Centre), WG2 Louise Steen Kryger (Senior MHPSS advisor and Matrix Coordinator, Danish Red Cross), WG3 Maite Zamacona (Senior Advisor Health and Care, Swedish Red Cross), WG4 Michelle Engels (Technical Advisor, IFRC PS Centre) and Monia Aebersold (Project Leader, Swiss Red Cross) WG5 Jakob Harbo (Head of Partnership & Compliance, Danish Red Cross).

The Working Groups presented their achievements, as well as the focus for the next year and beyond. They further raised challenges and wishes for the next years to come. The link to the recordings of the presentations can be found here:
DISCUSSION ON GAPS AND PROGRESS IDENTIFIED BY THE WORKING GROUPS

The Working Group co-leads, members and other participants joining in online went into break out rooms and discussed whether there were common challenges across the Working Groups. Then they brainstormed about ideas on how to overcome these and presented their reflections in plenary. The following presents a snapshot:

The Working Groups stated a common challenge of ensuring active participation from across the Movement and with representation from different regions. The lack of available translation and the challenge of various time zones remain a barrier. Another challenge was the need for better communication channels and ability to promote the mental health and psychosocial support Roadmap for Implementation across the Movement. Firstly, enhanced, internal communication could showcase good examples of mental health and psychosocial support activities to attract more National Societies to participate. Secondly, it could ensure dissemination of outputs produced by the Working Groups and lastly, it would be an opportunity to share information and materials more broadly. During the State of Play workshop, the discussion was once again turning towards the creation of a digital platform - this would help mitigate the challenge in spreading information, experiences and learning as well as provide a forum for discussion, exchange, and advocacy. Furthermore, it was agreed that all entities must continue to strive towards mental health and psychosocial support becoming a fundamental and integrated part of the Movement’s communication – especially ensuring mental health and psychosocial support as an integral part of all strategies and policies across all Movement’s sectors.
Participants: Anna Didenko (Ukrainian Red Cross, Head of Psychosocial Support Unit), Claire Clément (British Red Cross, Director International Law and Policy), Dick Clomén (Swedish Red Cross, Senior Policy Advisor), Dominik Stillhart (ICRC, Director of Operation), Jane Hollman (Australian Red Cross, Chief People & Culture Officer), Martin Årnlöv (Swedish Red Cross, Secretary General), Micaela Serafini (ICRC, Head of Health), Richard Blewitt (British Red Cross, Executive Director International), Signe Yde-Anderson (Danish Red Cross, Head of International Programmes), Xavier Castellanos Mosquera (IFRC, Under Secretary General for National Society Development and Operations Coordination)

The leadership and senior management of the IFRC, ICRC and National Societies were invited to discuss how the Movement’s leadership can support the implementation of the MHPSS Roadmap, focusing specifically on the priority action areas: ensuring that a basic level of MHPSS is integrated across sectors and protecting and promoting the mental health and psychosocial well-being of staff and volunteers. In a virtual roundtable, managers and leaders shed light on gaps and areas of improvement, as well as shared good practices and achievements with the overall focus on commitments set out in the Roadmap. These are some of the highlights during the roundtable:

“Now we are working on providing basic psychological first aid training to all volunteers and staff who work with”

Anna Didenko (Ukrainian Red Cross, Head of Psychosocial Support Unit)

Nevertheless, a lot of stigma and misconceptions around mental health and psychosocial well-being continues to exist and must be addressed on various levels. Thus, there is the need for continuous advocacy within the Movement, towards other external actors as well as towards the donors.

“We need to acknowledge and provide for cultural differences in dealing with mental health. We cannot just come and apply Western mental health standard services all over the place.”

Dominik Stillhart (ICRC, Director of Operation)

““We need to show the evidence of integrated programming, as integrating MHPSS in other programmes is a catalyst for better results.”

Signe Yde-Anderson (Danish Red Cross)

Strengthening partnerships and sharing of experiences, as well as fostering cooperation and partnerships with governments are crucial to reach the outcomes in 2023. Therefore, more evidence-based materials must be made accessible which can be used as tools for MHPSS advocacy across all sectors in the Movement.
Acadia can be a strong partner for creating evidence-based material for advocacy purposes. At the same time, collaborating with inland academic institutions anchors knowledge and expertise in the domestic National Societies. Moreover, synergies between National Societies and academia can lead to quality and culturally adapted services.

In the past years, the focus on the wellbeing and mental health of the Movement staff and volunteers has gained ground in the Movement. Human Resources, trained staff and volunteers are essential for the delivery of the services thus their mental health and well-being are crucial – on both the individual and the institutional level.

The roundtable participants agree on the great efforts lying ahead in order to reach the goal of integrating basic MHPSS in all sectors and assuring staff and volunteer well-being. Leaders and managers, as well as working group members and the workshop participants were as determined as ever to continue to unite efforts and reach this goal.

**PROTECTION AND MHPSS**

Protection and mental health and psychosocial support are closely intertwined and co-exist across the Movement. Both areas have a holistic response to vulnerable people and people in need.

Milena Osorio (MHPSS Project Coordinator, ICRC) gives the example of ICRC and their programme of Restoring Family Links. In this programme, there is an immediate need for psychosocial and psychological support but other aspects of support such as economic and legal advice are essential as well. In summary, protection includes the effort to respond to the needs in a multidimensional manner and that is why mental health and psychosocial support and protection are mutually inclusive. Hence, the need to strengthen this link even more within the Movement. Find the presentation [here](#).

Thierry Schreyer (Manager of ‘Protection in the Movement’, ICRC) gives a look-back on how protection developed as a strong approach within the ICRC and how it became one of the strongest missions of the Movement. A milestone was achieved with the creation of the Minimum Protection Approach (MPA) which defines a minimum level of response to protection needs. The process was launched to have a protection resolution for the council of delegates for 2023. See the presentation [here](#).
A total of 47 National Societies and several other Movement components have contributed to the WG activities, and there is a strong ambition to include even more Movement components in the coming years. The WGs have developed and collated a range of tools, resources and definitions to support Movement MHPSS activities and facilitated the exchange of lessons learned and experiences between Movement components across the world.

In the coming years, the WGs will continue to ensure enhanced collaboration and knowledge sharing across the Movement and will be rolling out and disseminating the tools, training materials and resources that have already been developed. Out of 11 co-leads nine will continue in the same role throughout 2022 and with the majority onto 2023. The remaining two co-lead spots are to be filled by other Movement actors in 2022.

A need for a digital platform as well as a communication strategy to disseminate the achievements and resources more widely remain a priority for 2022. A need for improving communication internally in the Movement is a priority in order to showcase good examples and progress, but also outwards to attract the attention of donors is crucial for the success of the Roadmap.

The focus on advocacy and policy a few years ago, had allowed stronger and targeted engagement with states and donors and resulted in more funds. There is a need to continue to do advocacy to move forward with the MHPSS work in the Movement.

The task of equipping the coordination structure heading the Roadmap of implementation with both financial and human resources to fully commit and be agile and reactive remains a main priority for 2022 and beyond. This leads to the issue that the Working Groups carry a lot of the responsibility. There is a strong need from the Working Groups for a coordination structure to be equipped with personnel and to have the budgetary support to be more in touch with the work done and to fulfill the role of communicator and facilitator of the implementation of the Roadmap.

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