

# Promoting Mental Health and Psychosocial Support Evidence-Building in the Red Cross Red Crescent Movement

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## Abbreviations

CEBaP	Centre for Evidence Based Practice
CORE	ICRC Centre for Operational Research and Experience
FGD	Focus group discussion
IASC	Inter-Agency Standing Committee
ICHA	International Centre for Humanitarian Affairs
ICRC	International Committee of the Red Cross
IFRC	International Federation of the Red Cross and Red Crescent Societies
IOM	International Organisation of Migration
M&E	Monitoring and Evaluation
MoVs	Means of verification
MHPSS	Mental health and psychosocial support
NS	National Societies
P-MEAL	Planning, Monitoring, Evaluation, Assessment and Learning
PMER	Planning, Monitoring, Evaluation and Reporting
PMER-L	Planning, Monitoring, Evaluation, Reporting and Learning
PSS	Psychosocial Support
R2HC	Research for Health in Humanitarian Crises
RC3	Red Cross and Red Crescent Research Consortium
RCRC	Red Cross and Red Crescent
YMR	Young Men's Resilience

## A. Background

The International Red Cross and Red Crescent Movement (the Movement) is a global humanitarian network of 80 million people that helps those facing disaster, conflict and health and social problems. It consists of the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC) and 192 National Red Cross and Red Crescent Societies.

In December 2019, the Movement adopted a set of commitments which aimed to strengthen the Movement's collective response to Mental Health and Psychosocial Support (MHPSS) needs. The MHPSS Roadmap was developed to operationalise these commitments and six Working Groups were established, each with responsibility for a specific area of MHPSS development. The focus of Working Group 4 is to demonstrate the impact of, and strengthen the evidence for, MHPSS interventions through research, monitoring and evaluation.

As part of their activities, Working Group 4 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 intention was to develop a set of resources to support National Societies to strengthen the evidence around their MHPSS activities, so contributing to a stronger body of evidence for MHPSS across the Movement.

The objectives of the project are described in Box 1.

### Box 1. Project objectives

OB 1: Identify the gaps in core guidance on research in the Red Cross Red Crescent (RCRC) Movement by reviewing existing guidance.

OB 2: Mapping of research guidance in the Movement and what guidance resources need to be developed to support research in the Movement.

OB 3: Identification of key definitions on important research concepts outlined used in the Movement; how are these understood within the Movement and how does it impact the design of research, assessments etc.

OB 4: Timeline of research in the Movement and how this research has developed (what were some key events that influenced research in the Movement).

The research questions described in Box 2 were intended to contribute to the outcomes.

### Box 2. Research questions

Q.1. Which National Societies (NS) have been involved in or done research and what research was this?

Q.2. What are the key challenges in designing, planning and applying MHPSS research projects/ programmes in different regions and contexts, on the different layers of the MHPSS pyramid and different target populations

Q.3. How did NS overcome these challenges around research?

Q.4. What is the general attitude of research by NS, what are the barriers and opportunities and how do we talk about research to get NS more engaged?

Q.5. What is the relationship between M&E and research in the Movement?

Q.6. What are the definitions of /differences between assessments, M&E and research?

The following outputs were required from this project:

- Repository of 'how to' resources to strengthen capacities of NSs, IFRC and ICRC in research and learning related to MHPSS (later renamed 'MHPSS Evidence-Building Toolkit')
- Mapping of tools and when and how they can be used (including good practice examples)
- Presentation of key findings at Research Carnival in September 2023

## B. Methodology

The project used two main approaches to information-gathering, which were interwoven throughout this phase of the project (15 May – 31 July 2023):

Desk review:

Identification and review of research tools and resources that currently exist within the Movement, and relevant resources from outside the Movement. Initial resources identified by the consultant and the project steering committee were added to progressively throughout the information-gathering phase, through direct requests to key informants.

The desk review also included the analysis of data from the MHPSS Roadmap survey 2019, 2021 and 2023 questions on evaluation and research conducted by NSs.

Key informant interviews (see Annex 1):

More in-depth information on attitudes, challenges and understandings of research and M&E within the Movement was obtained through discussion with key individuals and groups. All interviews/discussions were conducted remotely. Participants were identified initially through recommendations from Working Group 4 members, and then iteratively through document review and recommendations from interviewees.

Key informants included both NS MHPSS focal points who have been involved in evidence-building and those who have not, and individuals with special knowledge of MHPSS evidence-building within the Movement (history and current)

In addition, the project was introduced to NS MHPSS focal points through the consultant's participation in regional Community of Practice meetings<sup>1</sup> and through a short questionnaire sent to focal points by the Psychosocial Centre Technical Advisors with responsibility for the regions. The questionnaire consisted of four questions about the NSs involvement in MHPSS M&E and research, and asked whether the respondent would be willing to be contacted by the consultant for a discussion about these issues<sup>2</sup>. In addition, key informants from within NSs were identified for the consultant by the Psychosocial Centre Technical Advisors and others, and direct contact was made in these cases.

### Use of terms

Initial discussions with key informants suggested that the term 'research' was unhelpful since it was understood to imply high-level investigations to a standard publishable in peer-reviewed journals, and so to be somewhat intimidating and excluding. The term 'evidence' was perceived as broader and more accessible, and to describe more accurately what is required to demonstrate the value of MHPSS within the Movement.

**Evidence:** the available body of facts or information indicating whether a belief or proposition is true or valid (Oxford English Dictionary)

**Two characteristics of evidence** are that (a) it is methodologically sound, and (b) it must be fit for the purpose of an end-user<sup>3</sup>.

To facilitate discussions with a wide range of MHPSS actors and others from within the Movement, the term 'evidence-building activities' was therefore used. This was described as anything which might contribute to understanding the effects of MHPSS activities and how they added value to the work of the NS. They could include case studies, process evaluations, impact evaluations, research projects or anything else which documented the effects of MHPSS activities or programmes in a systematic way.

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<sup>1</sup> Asia-Pacific region; Americas region; Africa region

<sup>2</sup> Only 24 responses were received, so the results are not presented in this report.

<sup>3</sup> Dijkzeul, Hilhorst & Walker (2013) Introduction: evidence-based action in humanitarian crises. *Disasters*.37:S1–19 (pS3)

**Research** is a process engaged in for learning purposes. It seeks to answer questions such as ‘What was the commonest type of injury after an earthquake?’, ‘What are the effects on gender-based violence of different ways to protect women and children?’ or ‘How waterproof is a particular material when used for shelter?’

**Evaluation** is a process involving the assessment of findings and observations against standards, for the purpose of making decisions. Evaluations ask questions such as ‘Which types of first aid should first responders be trained in?’, ‘Which is the best way to protect women and children from gender-based violence?’ or ‘What material should be used for making tents in a setting with heavy rainfall?’

Research does not necessarily require evaluation. However, doing evaluation always requires doing research.<sup>4</sup>

The term ‘evidence-building activities’ is used in this report, except where specific research or evaluation activities are referred to.

### C. Aims and structure of report

The main output of this project is the ‘MHPSS Evidence-Building Toolkit’, which consists of a set of resources to support MHPSS evidence-building activities within the Movement, particularly within NSs. This report is intended to provide a rationale for the materials included in the Toolkit. In order to do so, the analysis of the information obtained from key informant interviews and the desk review is presented in the following categories:

**A summary of the current situation** regarding MHPSS evidence-building within the Movement. This includes an overview of the current guidance and resources available, and how they are used.

**An analysis of the factors which facilitate MHPSS evidence-building activities** in NSs and other Movement entities. Some materials in the Toolkit are designed to enable NSs and others to strengthen these factors within their own organisation.

**An analysis of the barriers to effective MHPSS evidence-building** within the Movement. Some materials in the Toolkit are designed to enable NSs and others to address and overcome these barriers.

**A summary of the key issues** identified in relation to strengthening MHPSS evidence within the Movement, with specific actions and resources from the Toolkit linked to each issue.

Finally, a table summarising **the contents of the MHPSS Evidence-Building Toolkit**, along with links to online resources where available. This report is accompanied by a folder containing all the Toolkit resources.

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<sup>4</sup> Blanchet K, Allen C, Breckon J, Davies P, Duclos D, Jansen J, Mthiyane H, Clarke M. (2018) *Using Research Evidence in the Humanitarian Sector: A practice guide*. London, UK: Evidence Aid, London School of Hygiene and Tropical Medicine and Nesta (Alliance for Useful Evidence). (p8)

## D. Current situation regarding MHPSS evidence-building within the Movement

In this section of the report, the current situation regarding MHPSS evidence-building within the Movement will be described. As already noted, the term ‘evidence-building’ is used in this project to describe any activity which contributes to the development of an evidence-base for MHPSS within the Movement. For the purposes of this report, evidence-building activities will be divided into the following categories, recognising that there is some overlap between them:

- MHPSS M&E
  - Qualitative documentation
  - Analysis of secondary data related to interventions
  - Outcome evaluations
  - Impact evaluations
- MHPSS Research

This will be followed by a description of the guidance and resources drawn on by NSs to support their evidence-building activities, and current attitudes towards such activities within the Movement. Finally, a list of research bodies with a focus on MHPSS within the Movement will be described.

### D.1 MHPSS M&E

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. The majority of NS representatives interviewed in the course of this project acknowledged that their MHPSS M&E activities were at an early stage and primarily focused on measuring outputs (such as the number of people who accessed a service) rather than outcomes (changes in mental health and psychosocial wellbeing).

Data from the 2019, 2021 and 2023 MHPSS Roadmap surveys were analysed to understand Movement organisations’ MHPSS M&E activities over this period. The full analysis can be found in Annex 2, with a summary of key points below.

Table 1. MHPSS monitoring activities reported<sup>5</sup>

Methods	2019 (N=163)	2021 (N=167)	2023 (N=176)
No system	32 (19.6%)	22 (13.2%)	30 (17.0%)
Number of beneficiaries	100 (61.3%)	117 (70.1%)	124 (70.5%)
Timesheets	26 (16.0%)	43 (25.7%)	49 (27.8%)
Supervisor reports	77 (47.2%)	94 (56.3%)	89 (50.6%)
Interviews or focus group discussions	73 (44.8%)	81 (48.5%)	92 (52.3%)
Surveys	43 (26.4%)	65 (38.9%)	83 (47.2%)
Psychometric tools (please specify which tools)	n/a <sup>6</sup>	23 (13.8%)	26 (14.8%)
Systematic programme review or evaluations	46 (28.2%)	53 (31.7%)	72 (40.9%)
Other	18 (11.0%)	13 (7.8%)	15 (8.5%)

Table 1 shows that almost 20% of respondents in 2019 reported that they had no monitoring system in place, and this had reduced to 13% by 2021, but increased somewhat in 2023. Analysis of the responses by region shows that the reduction in ‘no system’ responses between 2019 and 2021 was mainly in the Africa and the Europe & Central Asia regions. The increase in ‘no system’ responses between 2021 and 2023 occurred mainly in the Africa region, and to a lesser extent in the Americas.

<sup>5</sup> It should be noted that this question in the survey asked ‘How do you monitor the mental health and/or psychosocial support activities your organisation is involved in? Please select all that apply’. It referred to monitoring alone, rather than monitoring and evaluation, which may have influenced responses.

<sup>6</sup> This option was not available in the 2019 survey.

Two of the options in the checklist relate to very simple output-type approaches: number of beneficiaries and timesheets. These are widely used across all regions, and can form a foundation for more meaningful understandings of the effectiveness of a MHPSS intervention or approach.

Three of the methods in Table 1 have the potential to be used to evaluate changes that occur as a result of a programme: interviews/ FGDs; surveys; psychometric tools. The use of these increased over the survey period, which is promising.

An increasing number of respondents reported that their organisation conducted systematic programme reviews or evaluations. This increase mainly reported by respondents in the Europe & Central Asia region, with smaller increases in all other regions.

The survey data indicates limited but increasing MHPSS M&E activities in most NSs, especially outside Europe and Central Asia. This is in line with information given by key informants from NSs in the course of this project.

We have been doing the activities but didn't have a good monitoring system, didn't have clear indicators on how to measure progress. (NS MHPSS focal point)

In terms of MHPSS evaluations, so far we haven't been able to go beyond numbers. We have only in the last few months started thinking about strengthening our evaluations. We want to do it but it's difficult with the current capacity. (NS MHPSS focal point)

We have improved output data collection but have been unable to tell stories of change. (NS MHPSS focal point)

The quotations above do not reflect the situation across the Movement as a whole; there are NSs which have strong M&E systems for their MHPSS programmes and approaches (e.g. Australian Red Cross), but the majority interviewed for this project reported only being able to collect very basic information, such as the numbers accessing services.

### Qualitative documentation

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. This is one of the weaker forms of evidence available, but can be useful as a way of illustrating changes identified through stronger evaluation methods.

Our main evaluation methods used for MHPSS activities are counting the number of people reached or who access services, and case studies. Individuals or families are selected at the beginning of the project and are interviewed at the beginning, middle and end of the activities. Case studies are created to show changes that occurred over the project period. (NS PMER officer)

An example of a qualitative approach to evaluation can be found in Box 3.

#### Box 3. Qualitative evaluation of the 'Book About Me' programme in Azerbaijan

The Azerbaijan Red Crescent Society (AzRCS) implemented a focused psychosocial support (PSS) group intervention using the 'Book About Me' toolkit, initially developed by the Swedish Red Cross in 2010 as part of a programme to address the needs of children who have developed or are at risk of developing mental health conditions from war, torture or forced migration. This toolkit was adapted by the International Committee of the Red Cross (ICRC) to align with the organization's approach to MHPSS during and after armed conflict and other situations of violence.

This manual and workbook have been translated in Azerbaijani to be used with school children in the areas affected by the last escalation of violence in 2020. Over the past years the MHPSS team of the ICRC (Barda Sub-Delegation) has provided focused-PSS trainings for teachers from schools located in the districts near the former line of contact, including the "Book About Me". After these trainings and regular supervision sessions, teachers conducted activities for schoolchildren to reduce their psychological distress caused by the armed conflict and reinforce their coping strategies. During 2022 until March 2023 at least 22 volunteers of five prioritised branches of the AzRCS have been trained and supervised to conduct those focused-PSS

activities in schools selected from their districts. In total, 334 children have benefited from seven focused-PSS group sessions.

It has proved difficult up to now to evaluate the effects of the programme on children's resilience and coping strategies using systematic, mixed-methods approaches. Therefore, in the last implementation, from April to May, the team used qualitative methods to assess effectiveness, including:

- Observation of volunteers' narratives in supervision sessions.
- Interview of randomly selected participating children, who were asked questions including:
  - What is your general impression of these sessions?
  - What did you like most about these sessions?
  - What did you not like about these sessions?
  - How will you use the experience gained in these sessions in your life?
- Focus group discussion with staff who observed the sessions, with teachers and principals who provided logistical and practical support, and with parents in the school yard when they came to pick up their children.

Through these processes, qualitative data was collected, along with some 'success stories' collected from AzRCS volunteers who facilitated focused-PSS group sessions using the Book About Me toolkit. Two examples are given below.

Example 1 (Volunteer 1): The sessions were attended by a boy who often complained vehemently about his father. At every opportunity, no matter what the topic of discussion was, he said that he didn't love his father and didn't want to communicate with him. But in the sixth session, when a good memory was discussed, the boy began to share good memories about father. After that, he began to analyse the relationship with father and believed he actually cares about him even if they don't always understand/communicate well with each other..

Example 2 (Volunteer 2): There was a boy with a disability in one of the groups. Children did not communicate with him and even laughed at him. When he talked about friendship, the children mocked him and said that no one would be friends with him. But gradually the attitude of children began to change, they became more friendly with him. The boy's behaviour also changed. Whereas initially he was angry and aggressive, he later tried to join the discussions and express his opinion.

### Analysis of secondary data related to interventions

A number of key informants noted that large amounts of data may be collected at the assessment stage of a project, often through a multi-sectoral assessment in which MHPSS is integrated. In some NSs this occurs in a comprehensive and systematic manner, and the ICRC conducts multi-disciplinary assessments, which include MHPSS, in order to inform the design of programmes for the families of missing persons. In other NSs the process of integrating MHPSS into multi-sectoral assessments is more ad hoc and depends on whether the MHPSS focal point is able to have input into the process.

We tried to include some MHPSS questions in the assessment after the cyclone. We would like to do this more systematically in the future. Also in the post-distribution monitoring sheets, we integrated some questions on whether it improved people's wellbeing, but we would like to do this more systematically. We would also like to advocate for inclusion of MHPSS in inter-agency assessments before disaster. (NS MHPSS focal point).

Where such data is gathered, it was widely felt that it was not analysed sufficiently in most cases. Multi-sectoral assessment data can be a rich source of evidence relating to MHPSS needs, since the MHPSS data can be explored in relation to data about other aspects of people's lives and experiences. It was recognised by key informants that much more could be done with the information collected.

We do a lot of surveys in the context of emergency response as part of our support to communities – survey-driven programming. This data is consolidated into a dashboard, and in future we would like to look more deeply at this data, to support strategic priorities and planning. (NS MHPSS focal point)



In some cases, it has been possible to make use of assessment data for research purposes. For example, the Portuguese Red Cross has analysed community assessment data collected on events such as wildfires, storms and landslides. The data was used for response planning purposes but was later re-analysed for research.

A similar pattern was noted in relation to evaluations, where MHPSS outcome data were collected. Key informants in NSs which implemented comprehensive evaluations for MHPSS-related programmes reported that in most cases only basic analysis was conducted (primarily comparing 'pre' and 'post' data on specific variables), and, again, there is much more that could be learned. The reasons such analysis is not conducted will be discussed later in this report, but in summary it was felt to be a low priority in situations where there are many competing demands.

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.

### Outcome evaluations

As explained above, only a minority of NSs conduct evaluations which assess the changes in people's lives resulting from MHPSS interventions. These could include changes in feelings, thoughts/ knowledge, relationships, behaviour and/ or skills. In most cases, evaluations only measure the number of people who accessed a service, and perhaps their satisfaction with that service (or training). The inclusion of MHPSS outcomes in evaluations seemed to be particularly challenging when MHPSS was integrated into programmes in other sectors, as it is in most NSs.

In some contexts it's a dedicated variable in evaluations, it depends how much MHPSS 'stands out' within a project. (NS MHPSS focal point)

There are examples of MHPSS outcomes being included in evaluations. The Portuguese Red Cross include this element in some of their evaluations, for example, as do the Australian Red Cross. The ICRC have a relatively 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 appropriate in most cases.

### *Lessons learned exercises*

There are examples of internal 'lessons learned' exercises taking place, which capture insights and experiences from a particular project, with the aim of applying those lessons in the future. Danish Red Cross HQ staff conducted such a review of MHPSS programming supported by the Danish Red Cross in Athens and Lesbos (2015-2018). The review looked at the effectiveness of the programmes, particularly focusing on the links between project modalities focusing on livelihood, social inclusion and psychosocial wellbeing, and gave recommendations for future MHPSS programming. The learnings from this exercise led to the development of what is now termed the 'employability model', which has been implemented and tested in Syria and Iraq.

### Impact evaluations

Evaluations investigating the impact of MHPSS interventions are relatively rare within the humanitarian sector as a whole, and within the Movement in particular. They require considerable resources. However, an impact study of The Young Men's Resilience (YMR) programme was carried out in 2021/22, involving five countries (Greece, Kenya, Palestine, South Sudan, Sudan) which all implemented the YMR approach in Danish Red Cross-supported projects between 2014 and 2021. The impact study reviewed the YMR approach and its implementation across the five countries and identified both the positive effects of the programme and its limitations. It provided recommendations for future implementation, adaptability and possibilities for using the approach in other settings/contexts/programmes (e.g. in transit phases and re-integration linked to migration and displacement).

Another example is the British Red Cross collaboration with Public Health England to conduct an evaluation of the effects of reflective practice groups on the workforce in British Red Cross services.

## D.2 MHPSS research

There was considerable overlap between descriptions of evaluations, particularly impact evaluations, and research in discussions with key informants, and in responses to the MHPSS Roadmap survey. In general, research focuses on specific questions that tend to be bigger and more complex than evaluation questions. Where research is conducted within the Movement, it tends to be action-oriented, to inform programming, has practical implications and supports advocacy, and in some cases has much in common with impact evaluations.

The MHPSS Roadmap survey asked respondents whether their organisation had been involved, or was currently involved, in MHPSS research. The proportion responding 'yes' has remained fairly stable over time: in 2019, 21% of respondents replied 'yes'; in 2021 26% did so; and in 2023 the proportion was 24%. A regional analysis of responses indicates that around half of the total positive responses overall were from the Europe and Central Asia region. There was also an increase in the Asia Pacific and initially in the Africa region (although this reduced again in 2023), but these figures were much lower than for Europe and Central Asia.

However, these findings should be treated with caution because, as already noted, there is a lack of clarity around what constitutes 'research'. Respondents who reported that their organisation did engage in research were asked to give a brief description, and some of these did not appear to be describing research, but included assessments and other more general activities<sup>7</sup>. The descriptions given in the 2023 survey of research conducted were much more appropriate, indicating an improved level of understanding.

Information gathered for this 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.

We don't have any separate research projects, the evidence-building we do all relates to evaluation of our work. If we had more resources the evidence and impact team would love to do broader research projects, but they don't have the time or resources. (NS MHPSS focal point)

However, this is not the case for all. A number of NSs are involved in either conducting or commissioning MHPSS research. For example:

Canadian Red Cross (CRC): has commissioned several projects. For example, PolicyWise for Children & Families investigated CRC MHPSS service delivery in the Regional Municipality of Wood Buffalo, which experienced significant wildfire damage in 2016, followed by flooding in 2020, and the impacts of the Covid-19 pandemic. PolicyWise conducted a four-phase case study designed to identify opportunities for CRC Cross to support collaborative mental health and psychosocial recovery at a national level through strategic planning, investment, and policy.

The CRC also commissioned the #YouthVoicesWB campaign and Creative Action Research study, led by the ResiliencebyDesign Research Innovation Lab at Royal Roads University, as part of the Youth Voices Rising: Recovery & Resilience in Wood Buffalo project. Young (aged 14-24) research assistants conducted interviews with their peers to identify and share their concerns, ideas, views, and experiences as they recovered from the 2016 Horse River wildfire disaster.

Portuguese Red Cross: a study of the wellbeing of Portuguese Red Cross first responders working in pre-hospital emergency settings experience. This research investigates the effects of working in a stressful environment, their coping strategies and factors that have an impact on mental health and psychosocial wellbeing.

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<sup>7</sup> E.g. 'We are part of the mental health technical working group'; 'Participation in the Mental Health Congress'; 'Development of referral pathway'.

The Sudanese Red Crescent Society collaborated with a doctoral student based at both the Psychosocial Centre and Trinity College Dublin on a research project focusing on mental health and mental well-being among humanitarian volunteers.

The Colombian Red Cross similarly collaborated with a doctoral student based at both the Psychosocial Centre and Trinity College Dublin on a research project exploring the adaptation and implementation of a low-intensity psychological intervention with Venezuelan migrants and refugees and Colombian returnees.

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. Examples of some of the research collaborations that the Psychosocial Centre has been involved with can be found in Annex 3. 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.

Our involvement in research has helped us to identify new and promising practices. The research has supported our identity as knowledgeable and experienced research partners in the MHPSS field, but we face a gap in terms of long-term studies of what is happening within the Movement at local level and in the field. It is very important for the PS Centre to be able to follow up on trainings and see what happens next. What was the change at local level? What can we expect the long-term impact to be? We never had earmarked funding to do that, which has given rise to frustration amongst the National Societies. This is really a gap in studying our practices. However, this would also require a longer time frame and perspective to make staff and volunteers available to work on such projects. (Nana Wiedermann, Director of the Psychosocial Centre).

### D.3 Evidence-building resources

The 2021 and 2023 MHPSS Roadmap surveys asked respondents to indicate which resources or guidance were used by their organisation to monitor MHPSS activities. The results overall are shown in Table 2.

Table 2. Resources used to support MHPSS M&E

<b>Resources</b>	<b>2021</b>	<b>2023</b>
IFRC Reference Centre for Psychosocial Support ‘Monitoring and Evaluation Framework for Psychosocial Support Interventions – Toolbox / Indicator Guide’	82 (49.1%)	94 (53.4%)
ICRC ‘Guidelines on Mental Health and Psychosocial Support’	59 (35.3%)	53 (30.1%)
IFRC ‘Project/Programme Monitoring and Evaluation Guide’	46 (27.5%)	48 (27.3%)
IASC ‘Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings’	38 (22.8%)	35 (19.9%)
IASC ‘Mental Health and Psychosocial Support Assessment Guide’	36 (21.6%)	40 (22.7%)
WHO & UNHCR ‘Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings’	28 (16.8%)	31 (17.6%)
None of those listed	23 (13.8%)	21 (11.9%)
Other	26 (15.6%)	23 (13.1%)

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 resource most commonly referred to during key informant interviews for this project was also the Psychosocial Centre’s ‘Monitoring and Evaluation Framework for Psychosocial Support Interventions’. There were varying opinions on its usefulness. 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.

In many NSs, data are collected by volunteers, so the tools need to be simple enough for them to use. Even from my P-MEAL perspective, the tools in the IFRC MHPSS M&E Toolkit are too complex, they're at research level, and aren't realistic for the field. (Key informant)

Indicators and tools that are in the IFRC M&E Toolkit, Common M&E Framework and others are said to be too Western, and the process of contextualising them is lengthy and complex. It needs to be simple if it's to be used by volunteers at field level. (Key informant)

#### D.4 Attitudes towards MHPSS evidence-building

It was noted consistently 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, with a few exceptions. 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.

A culture of 'we need immediate action' has contributed to a certain acceptance of 'quick and dirty' data-gathering to underpin needs analysis, implementation, and evaluation. In addition, the humanitarian domain often is normative and agencies derive their legitimacy and credibility by making reference to their principles rather than to their evidence-based approaches<sup>8</sup>.

Where evidence-building activities do take place, they are often seen as 'nice to have' rather than essential, and are the first thing to be dropped if there is a reduction in funding. M&E activities were said by some key informants to be seen as 'a task to please donors, which means not only that they don't value it but also that they only focus on positive findings. People are scared to report negative findings. In a very under-funded area like MHPSS there is a big temptation to only report success' (Key informant). This attitude clearly limits opportunities to learn from evaluations and develop an understanding of which MHPSS approaches are effective, with which target groups, in which circumstances. There are exceptions to this. The Australian Red Cross has a culture of basing all activities on evidence, and has developed strong systems to facilitate this.

In contrast to the general attitude towards evidence-building at field level, there is an interest in evidence-building amongst MHPSS focal points. For example, the MHPSS team in the Kenya Red Cross Society have identified several topics that they want to build evidence around in order to convince people within their organisation of the value of MHPSS. 'In KRCS people appreciate MHPSS but we don't have evidence for whether it's effective' (MHPSS focal point). 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.

#### D.5 RCRC Movement evidence-building actors with some focus on MHPSS

##### IFRC *Psychosocial Centre*

The primary task of the Psychosocial Centre is to enable and support NSs to understand, respond and utilise evidence-based practice in meeting the psychosocial needs of vulnerable groups. 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. There has been a focus recently on 'co-creation' of research outputs, involving NS representatives to ensure that the project results in outputs that practitioners can use to improve their MHPSS services.

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<sup>8</sup> Dijkzeul, Hilhorst & Walker. (2013) Introduction: evidence-based action in humanitarian crises. *Disasters* 37:S1–19 (pS2)

### [Red Cross and Red Crescent Research Consortium](#) (RC3)

RC3 began in 2019 as an initiative of the French Red Cross Foundation. The founders identified various research initiatives within the Movement and connected them, creating RC3. It is unfunded, with members, all of whom are involved in research, contributing in-kind. RC3 members have so far collaborated on two large research projects (one on heatwaves and one on volunteering).

RC3 is still developing its goals and format. At their next meeting (September 2023) they will discuss the following four potential areas of focus:

1. Connecting/ networking amongst RC3 members to encourage collaboration and support
2. Producing knowledge as a team
3. Valorising research knowledge within the Movement
4. Being research champions within the Movement – supporting NSs to do research, building their capacity

### ICRC [Centre for Operational Research and Experience](#) (CORE)

CORE was developed to improve the uptake of research within ICRC, strengthen ethics of research and increase publication rate. CORE activities include:

- Conducting research
- Offering research advice across ICRC, mainly around methodology but support goes ‘from protocol to publication’.
- An Ethical Review Board process. Research proposals which include an ICRC partnership are screened and then reviewed by both internal and external reviewers. The board meets monthly and can give feedback on a proposal very quickly.
- Commissioning research projects from partner research institutions.

### [Research Network](#)

The Red Cross Red Crescent Research Network on MHPSS was established in June 2016 by the IFRC Psychosocial Centre and a group of academics and practitioners engaged in MHPSS, 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 Red Cross Red Crescent Movement; affiliated membership is open to individuals with experience in MHPSS research in humanitarian settings.

Hosted by the Psychosocial Centre and co-led by the British Red Cross, 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. The first meeting of the research network in 2016 included a workshop on priority research areas for the RCRC Movement, and this was followed up with a further research priority-setting exercise to cover the period 2018-2022.

### [International Centre for Humanitarian Affairs](#) (ICHA).

ICHA is an independent commercial unit affiliated to the Kenya Red Cross. Their activities focus on research, policy and advocacy, and innovation.

#### Other relevant initiatives

The Health Intelligence Research and Development Unit, Canadian Red Cross, focuses on research related to health in emergencies and has an interest in MHPSS-related research.

The [Humanitarian Observatory](#) of the Argentine Red Cross is a research, knowledge and awareness space that collects, analyses and interprets information on a variety of humanitarian themes. It designs projects on the basis of this analysis and conducts advocacy activities, working in partnership with others. There is

currently no specific MHPSS focus to its activities, but MHPSS concerns are integrated into some of their studies.

The [Swedish Red Cross University](#) has a focus on 'Health Sciences in a Global Perspective' and conducts research on nursing and health. They have conducted a six-year research programme on 'Resiliency, Mental Health and Social Participation among Refugees' (RMSR) and international studies on adolescent mental health.

The [Centre for Evidence Based Practice](#) (CEBaP) aims to support policymaking in Belgian Red Cross-Flanders, with a view to bridging the gap between science and its practical application to serve the best interests of the particular target group. CEBaP conducts evidence-based work and primary research into a wide range of humanitarian aid activities, with a focus on four priority areas: first-aid education and hygiene promotion; first aid assistance and disaster preparedness; blood platelets; blood donors. Although MHPSS is not one of its priority areas, it does fall within its remit, with recent studies addressing questions including 'What are the most effective ways to tackle loneliness among the elderly?' and 'What type of psychosocial first aid can you offer to a disaster victim?'

The [Global Disaster Preparedness Centre](#) website maps research conducted by the global Red Cross Red Crescent network, and is related to the RC3 consortium. An interactive map displays current research activities, studies and academic papers that are supported by the members of the Research Consortium. There are currently 500 research projects in the database, and these can be filtered by sector. There is currently no 'MHPSS' tag, but a number of projects and activities relevant to the MHPSS field can be found within the 'Health' category.



## E. Factors which facilitate MHPSS evidence-building

The majority of factors which facilitate MHPSS evidence-building activities in RCRC Movement organisations are those which facilitate evidence-building activities in general. Only two MHPSS-specific factors were identified. In general, a NS or other Movement body which values evidence-based approaches will establish systems to support such approaches in all sectors, including MHPSS. The factors which contribute to this are summarised in the following section.

### E.1 Factors which facilitate an organisational culture which values and supports evidence-building

A factor which commonly stimulates a focus on evidence-based approaches is a requirement from donors to integrate evaluations into programming. For some types of funding, NSs and others are required to share results around efficacy; for example, if a NS wishes to scale up an intervention or expand it into another area/ target group. It may also be more likely if a donor is funding an innovative and/ or expensive intervention, such as the digital MHPSS app developed by the Swiss Red Cross:

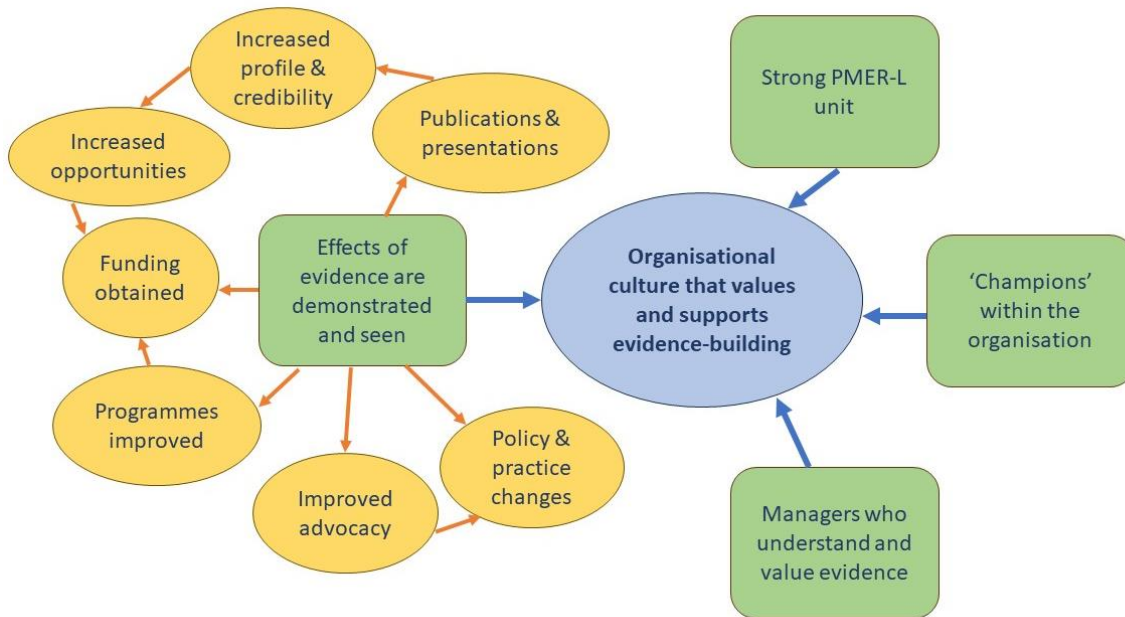
The funders asked us to test the intervention before scaling it up into other languages, they didn't want to take a risk because it was an innovative approach and quite expensive. So they wanted to fund the research as well as the development and implementation. (Monia Aebersold, Swiss Red Cross)

In some contexts, such as Australia, most funding (government and otherwise) requires rigorous internal M&E systems to be in place, and external evaluations to be conducted. This obliges NSs to establish systems and partnerships to facilitate this.

Funding requirements are so strict here, you'd never get a contract without having a strong evaluation plan. The agencies that fund us wouldn't continue to do so if we couldn't demonstrate impact. Also, Australian Red Cross is strong on advocacy, policy and practice change, and we couldn't do that without evidence. Evaluation is built into much of our funding. The National Emergency Management Agency is a key funder of our work currently, and we build in rigorous M&E and external evaluation to our agreements with them. M&E is such an integral part of our work, you can't separate it out. You can't deliver anything unless it has clear goals and outcomes aligned with our M&E framework and strategy. It's such a daily part of our work. There is a strong organisational culture of valuing M&E and putting effort into it. (Rhiannon Hunt, Australian Red Cross)

Other factors which were found to be features of Movement organisations with cultures which were supportive of MHPSS evidence-building (and evidence-building more broadly) are shown in Figure 1.

Figure 1. Features of organisational cultures that value and support evidence-building



The boxes in green are four key features, each of which are described below.

#### E1.1 Strong champions/ advocates for MHPSS evidence-building

The influence of individuals who have a research background and research experience, who value the evidence-based approach and push for evidence-building activities to be conducted cannot be over-estimated. In all Movement entities (NSs, the PS Centre, the ICRC and others) such individuals have played a crucial role in pushing for MHPSS (and other) evidence-building activities to take place. The skills and experience of these individuals are important, but even more crucial are their passion for and commitment to promoting an evidence-based approach. In some contexts, there were a number of MHPSS staff members with a research background who were able to form a critical mass in terms of advocacy and, equally importantly, were able to support each other to undertake evidence-building activities in their different contexts.

We are four or five different colleagues from different branches, and in common we have an interest in research, evidence-based strategies. We support each other technically, emotionally, and with some supervision, or 'interviewing'. (Randy Ferreira, Portuguese Red Cross)

These 'champions' made efforts to advocate for MHPSS evidence-building activities to be integrated into the work of the NS. The target of such advocacy was typically senior managers and middle managers. In addition, they took opportunities themselves to conduct research, often with minimal resources.

PhD or Masters students within staff teams also play an important role in conducting research and contributing to a culture of evidence-building within their department, unit or NS. For example, much of the research conducted within ICRC is carried out by staff studying for Masters or PhDs, and some MHPSS-related research was conducted in the Portuguese Red Cross by a long-term volunteer who was studying for her PhD. The evaluation of the effects of reflective practice groups on the workforce in British Red Cross services was conducted by a final year trainee clinical psychologist as part of his doctoral research. These people can act as bridges between the Movement organisation and the world of research, as discussed in a later section.

#### E1.2 Managers who understand and value evidence

However enthusiastic about evidence-building a staff member or volunteer might be, it is managers who determine what the priorities of a department, unit or NS will be, and what staff and volunteers will spend their time on. The support of managers is a crucial factor in whether a NS engages in MHPSS-related



evidence building activities. Even where the capacity and interest exists within the NS, managers and other influential actors (e.g. the boards of branches) can facilitate or block these activities. Managers who understand and value evidence-building activities are a key catalyst in the process.

Some individual managers were more open than others. In my work in XX, one manager blocked research because he didn't see the value; the next was open to persuasion on the need to research; and the next came from a donor background and recognised the need for evidence. It is very personality-dependent. (Key informant)

Where individual 'champions' or others are proactive about promoting the value of evidence in specific situations, even to the extent of helping managers to develop questions that would be helpful in their programme planning and implementation, a gradual process of strengthening understanding at management level was observed. The term 'research' was found to be unhelpful in this process; a more practical approach was more likely to be valued.

People immediately reject 'research' as not their role, they say they are implementers, not researchers. I'm saying how can we use academic rigour to avoid continually making the same mistakes, and to make sure we are implementing in the right way. People are sincerely looking for those opportunities, they want to do a good job, and if they can see you as a partner in helping them to do that, it can work. (Key informant)

### E1.3 A strong PMER-L unit

Where PMER-L teams are primarily about monitoring and evaluation, and have little time or capacity for 'planning' and 'learning', there is more likelihood they will focus on counting the number of people who access services, for example, rather than on the efficacy of the service. In some of the NSs contacted as part of this project, PMER-L teams were under-staffed and had little training, describing themselves as learning 'on the job'. These teams did not have the time or capacity to engage with more than the essential tasks assigned to them. In contrast, where PMER-L teams did have the time and capacity to do more than the basics, and in particular where they were encouraged to work with technical teams, they were seen to have a much greater focus on creating strong evidence around MHPSS interventions or approaches.

### E1.4 Effects of evidence are demonstrated and seen

Once research begins, and the value in terms of advocacy and improving programmes can be seen, it's much easier to make the case. (Key informant)

The challenge for most NSs is to begin their evidence-building activities. Once they begin, and the results are shared in ways which are meaningful and useful to the target audiences, this can initiate a process which demonstrates the practical value of these activities and increase the likelihood that they will continue.

Staff and volunteer mental health and wellbeing was not prioritised [in this NS] until the survey came and showed that there are MHPSS issues amongst staff and volunteers. They were not confident with their own wellbeing, and their ability to support others in their communities. The managers wanted me to present the findings, and when they heard they wanted to know what we can do about it. The survey gave me the confidence and credibility to advocate for MHPSS. It was something small but very impactful. (NS MHPSS focal point)

The best way to learn and improve is to share our results. If a programme isn't working we need to stop it, but we can only know that if we have data. (Key informant)

The Advocacy and Influence team work closely with implementing teams and the Evidence and Impact team, so it's very collaborative. Those teams talk on a daily basis. If the Advocacy and Influence team are doing a funding pitch or presentation, they contact the Evidence team, say what they need and then the Evidence & Impact team provide the information they can use. (NS MHPSS focal point)

In order for the value of evidence-building activities to be recognised, it is essential that they have a practical focus and meet the needs of programme planners and implementers. If evidence is presented in a

way which requires programme teams to interpret it and apply it to their own context, it is unlikely to be used. Where programme teams are able to identify the questions they want answers to, and have some input into the way that evidence is presented to them, it is received more positively and has an impact on practice.

The evidence, and the changes which are possible as a result of this evidence (advocacy, improved programmes, increased credibility) have the potential to lead to increased funding.

An evidence-based intervention is one that it's worth investing in. (NS MHPSS focal point)

The evidence gives us confidence when we approach potential funders and when it comes to scaling up. (NS MHPSS focal point)

## E.2 Partnerships with research institutions

A factor which clearly emerged as central to MHPSS evidence-building within NSs was strong relationships between NS MHPSS actors and external research institutes, such as universities. These relationships allow opportunities to be identified and built on by both parties. In general, NSs and other Movement entities do not have research capacity internally, and it is not a priority for them to create this, so they partner with external research institutions in order to access this capacity. For example:

ICRC's Centre for Operational Research and Experience partner with research institutions including École polytechnique fédérale de Lausanne (Federal Institute of Technology, Lausanne) and Eidgenössische Technische Hochschule Zürich (Federal Institute of Technology, Zürich) and the Geneva Centre for Humanitarian Studies.

Swiss Red Cross are currently partnering with the University of Bern to research the development and implementation of a new MHPSS intervention.

The Psychosocial Centre have partnered with a range of universities and research institutes, including Trinity Centre for Global Health, Trinity College Dublin; University of Southern Denmark; Vrije Universiteit Amsterdam; Vrije Universiteit Brussel, Belgium and others.

The British Red Cross partnered with Public Health England/the UK Health Security Agency to conduct an evaluation of the psychosocial supported offered to BRC staff and volunteers.

We regularly have interns in psychology, and because we have that partnership they help us with some technical aspects of analysis. We have one university that has been our partner for about ten years and they help us. For the Red Cross it isn't part of our mission to be a research centre. So if we don't have research partners, what happens is that our data has a lot of limitations methodologically, because the goal is the intervention, the data is not always collected in ways which are methodologically rigorous. Universities help us with that. (Key informant)

The benefits of partnerships with research institutes go beyond access to their technical expertise. Other benefits referred to include:

- Able to tap into their network of other researchers
- Access to human resources, such as Masters students who need to do a dissertation, PhD students who can assist with certain tasks.
- Access to ethical review boards.
- Neutrality – it can be difficult for NS staff to evaluate their own work and may be easier for non-NS staff to conduct data collection in contexts where trust in the NS is low.
- Gives credibility to the evidence, which facilitates further funding and scale-up of an intervention
- Ability to tap into research funds through partnerships, and involvement in research consortia

There are also challenges in partnerships with research institutes, for example they may have different priorities to the NS (e.g. completing tasks according to a set timeline, to fit in with academic deadlines). Partnerships with research institutions were particularly positive where university researchers had prior (or

current) field experience, and/or NS staff had an understanding of research. In some NSs staff members were employed on a part-time basis, with their other employment being in a research institute. Such bridge-builders, referred to sometimes as ‘pracademics’, played a key role in embedding evidence-based approaches into the organisation.

Good partnerships with universities are a lot to do with having the right people who know our work, and having people within the [NS] who understand universities. We have people who know research, understand how universities work and can communicate with university partners in ways that are helpful. Without that, if it was just [NS] people, it would be more difficult because they speak a different language to university people. The universities have Red Cross people in them or people who worked with Red Cross for decades before joining the university, so understand our work. Otherwise it would be difficult due to different languages and approaches. (NS MHPSS focal point)

### E.3 Factors which facilitate MHPSS-related evidence-building

Although the majority of factors which facilitate MHPSS-related evidence-building relate to an evidence-based approach within the organisation generally, there are two factors which facilitate MHPSS-related evidence-building specifically:

- Appropriate technical support
- Collaborations between PMER-L and MHPSS teams

#### Technical support

There are many resources available to support MHPSS M&E. Key guidance from within the Movement includes:

Monitoring and Evaluation Framework for Psychosocial Support Interventions – Toolbox / Indicator Guide (IFRC Psychosocial Centre, 2017)

Guidelines on Mental Health and Psychosocial Support (ICRC, 2018)

Relevant external guidance includes:

Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings: With means of verification (Version 2.0) (IASC, 2021)

Mental Health and Psychosocial Support Assessment Guide (IASC, 2012)

Inter-agency Guide to Evaluation of Psychosocial Programming in Emergencies (UNICEF, 2011)

The NSs with stronger MHPSS capacity were able to make use of these materials and adapt them to suit their own contexts, but this was more challenging for those NSs with less MHPSS capacity. The materials were felt by many to be too complex for use by NSs which were just starting out with MHPSS programming, or were at an early stage in developing M&E strategies for their MHPSS services.

A recent evaluation of the IFRC Psychosocial Centre<sup>9</sup> found that there was a perception that the PS Centre tends to produce a lot of guidance and resources but with insufficient focus on NS implementation of those materials. NSs often lack the resources or capacity to adapt and use the materials without technical support, and increased mentoring and support to NSs was said to be needed in order to strengthen capacity in a practical way. PMER-L personnel from within NSs would also benefit from guidance and mentoring to ensure that indicators relating to MHPSS components of activities are included in evaluation strategies and that appropriate means of verification are used.

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<sup>9</sup> Horn, R. (2022) *Evaluation of the IFRC Psychosocial Centre: A review of activities and functions 2015-2022* Copenhagen: IFRC <https://pscentre.org/wp-content/uploads/2023/05/Evaluation-report.pdf>

### E3.1 Collaborations between PMER-L and MHPSS

It was noted by key informants that there tends to be a divide between MHPSS focal points/ teams and PMER teams, and PMER-L teams often lack the understanding of MHPSS that would enable them to develop strong evaluation strategies for these programmes. Where collaborative relationships are built between MHPSS and PMER teams, stronger MHPSS evaluations are more likely.

The more involved the MHPSS department is in planning, the more likely it is to have MHPSS indicators. The MHPSS evaluation expertise is within the MHPSS team rather than within the PMER team. So if someone from MHPSS team is involved with a project it's more likely that MHPSS indicators will be included in the evaluation. (Key informant)

In many cases, this depends on personal relationships being established between MHPSS and PMER-L staff, but there were also examples of intentional and strategic approaches to developing such collaborations:

The PMER department in the Kenya Red Cross allocated one member of their team to work with the MHPSS Unit to develop relevant indicators and means of verification.

The MHPSS focal point from the Malawi Red Cross invited the head of the M&E Unit to participate in a workshop to develop a MHPSS framework, to ensure that the resulting activities had the buy-in of his unit.

The Senior P-MEAL Advisor in the Humanitarian Policy and Analysis Unit of the Danish Red Cross International Department is working with the MHPSS technical lead to develop simple indicators and means of verification suitable for the MHPSS programmes.

## F. Barriers to effective MHPSS evidence-building

The 2021 and 2023 MHPSS Roadmap surveys asked respondents who reported that their NS did not have a system to monitor their MHPSS activities to identify the reasons for this. Their responses are summarised in Table 3.

Table 3. Reasons for lack of MHPSS monitoring system<sup>10</sup>.

Reason	2021 N (%) <sup>11</sup>	2023 N (%)
Lack of / limited funds	19 (86.4)	22 (73.3)
Lack of suitable tools	16 (72.7)	11 (36.7)
Lack of staff who can analyse data	15 (68.2)	18 (60.0)
Lack of staff who can collect data	13 (59.1)	15 (50.0)
Lack of / limited technical expertise (e.g. to identify manuals, trainings, specialists)	13 (59.1)	17 (56.7)
Lack of planning (e.g. not including monitoring and evaluation plans at the beginning of the project/activities)	12 (54.5)	11 (36.7)
Practical monitoring and evaluation support is not provided	7 (31.8)	11 (36.7)
Monitoring mental health and psychosocial support activities is not seen as a core priority for the organisation	6 (27.3)	5 (16.7)
Monitoring and evaluation is not requested	4 (18.2)	3 (10.0)
Legal issues (e.g. data protection and information security)	3 (13.6)	0
Other	1 (4.5)	1 (3.3)

The key issues reported in 2021 were lack of funding; lack of suitable tools; lack of staff capacity; and lack of planning. In 2023 lack of funding and staff capacity were still key issues, but fewer respondents reported a lack of suitable tools or lack of planning as reasons for their NS having no MHPSS M&E system.

The issues identified in the surveys generally align with the barriers identified in the broader humanitarian field<sup>12</sup> and by those interviewed for the current project. The barriers to MHPSS-related evidence-building activities within the Movement fall into two main categories: those which are barriers to evidence-building activities in general; and MHPSS-specific barriers. These are discussed separately below.

### F.1 General barriers to evidence-building

Most NSs are interested in research, but it's the time issue – we're very operational. We're focused on delivering services rather than the higher level 'did this work?' questions. (Key informant)

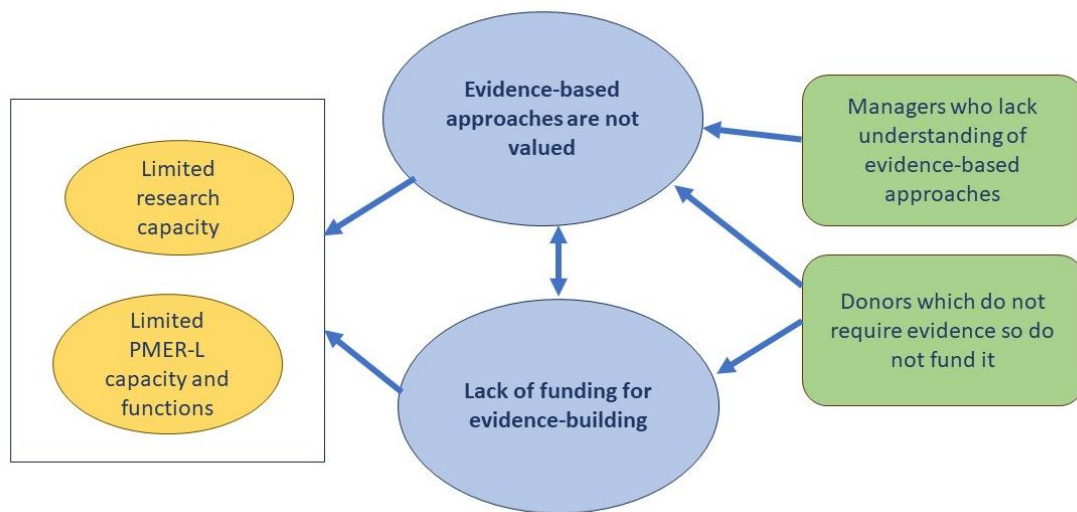
As discussed earlier, the culture of the RCRC Movement, like most humanitarian organisations, prioritises service delivery over evidence-building. As a result, there are some features of the Movement as a whole which hinder not only MHPSS evidence-building but also such activities in other sectors. These factors, and the relationships between them, are outlined in Figure 2.

<sup>10</sup> Respondents could select more than one reason

<sup>11</sup> Percentage of the 22 NSs not using a monitoring system in 2021 and 30 in 2023

<sup>12</sup> Elrha identified four main barriers to research evidence being used in humanitarian settings: time pressures; funding constraints; lack of relevance to humanitarian practice; and lack of relevance to humanitarian actors in the Global South. (Carden, Hanley & Paterson (2021) *From knowing to doing: evidence use in the humanitarian sector*. Elrha: London, p8.)

Figure 2. Organisational barriers to MHPSS evidence-building



Without the drivers (requirement from donors, senior managers) or incentives people won't [conduct evidence-building activities]. At each opportunity, the reasons not to do it are stronger than the reasons to do it. (Key informant)

The IFRC, like ICRC, is lacking a research/ evidence-based culture. It's more experience-led. (Key informant)

Evidence-building activities are usually not a priority for those involved in delivering services. Two factors contribute to this: where managers lack an understanding of the value and nature of research, monitoring and evaluation; and where donors do not require evidence as a condition of funding.

Most NSs depend on project funding and are only able to conduct the activities specified by the donor. If the donor does not require anything more than a basic evaluation (i.e. number of people accessing a service), or no evaluation at all, then the NS is unable to evaluate the effectiveness or impact of their activities.

Most of our funding comes from the government and all they want is numbers, they don't care about efficacy. (Key informant)

This is not the case in all settings. For example, the requirement of the Australian government for rigorous evaluations to be built into programmes they fund has already been described.

Project-based funding also limits research possibilities. Research takes time to plan and implement, and when programme funding is for a limited period (e.g. 12 months), it can be difficult to plan ahead in the way necessary for research to take place. One key informant described how they wanted to involve a PhD student in the project they were working on, but were unable to because it was uncertain whether the project would be funded for the period required to conduct a PhD.

In general, the capacity and expertise around MHPSS evidence-building exists within [this NS]. The barriers are funding and time. Recently there was an opportunity to connect with a university on a particular project but we didn't have the resources to do so – either people or money. (NS MHPSS focal point)

There are a few research units within NSs (e.g. the Health Intelligence Research and Development Unit in the Canadian Red Cross) but these are limited. Even within these units, staff are project-based and tend to be on short-term contracts due to a lack of ongoing funding. Whilst it is possible for NSs to conduct research through partnerships with external research institutions, the role of 'champions' for evidence-building approaches within NSs and other Movement bodies is crucial. This requires people within the organisation who have an understanding of research and evidence-based approaches, who can both advocate for the



integration of these into planning processes, and work effectively with external researchers to commission and collaborate on projects. Where there is a lack of research knowledge and skills within an organisation, evidence-building activities are much less likely to occur.

Some Movement entities, such as the Psychosocial Centre, have been able to obtain funding for research projects which enabled them to recruit and retain research-focused staff. However, the necessity to continue to obtain research funding to maintain these positions has meant that some of the projects have not been as directly relevant to Movement MHPSS activities as the Psychosocial Centre would have liked.

The lack of funding and lack of value attached to evidence-based approaches are highly inter-related issues. In combination, they contribute to a lack of the capacity and structures required to support evidence-building activities. For example, these factors can result in resources not being dedicated to building PMER-L capacity within an organisation. In some NSs, PMER-L teams consist of a few people who only have the capacity to do basic monitoring and evaluation.

The PMER team is small and they are fully committed with just the basic activities of monitoring and planning. Evaluations take time that they don't have, so only basic information is collected. The NS doesn't have people with specialist knowledge of how to develop PSS indicators and MoVs. The PMER team have never attended a PMER training, meeting or workshop, they just have to teach themselves what they need to know, 'we learn by doing'. They are busy learning the essential tasks so don't have time to also learn specialist skills such as MHPSS PMER. (NS PMER officer)

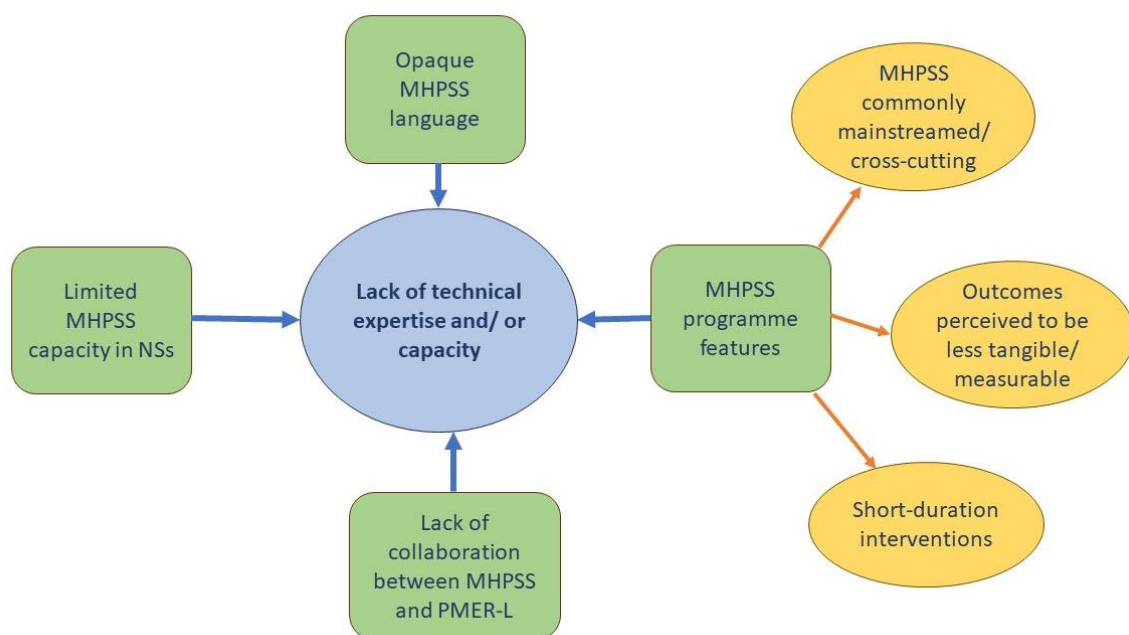
Where PMER-L is not valued in a NS, staff from the PMER-L unit tend not to be included in planning processes and programme decision-making. This can mean that evaluations become an afterthought, and MHPSS indicators are not included.

A challenge is that you rarely have a senior M&E position in NSs. The power dynamics don't help – the M&E officer doesn't have a voice when decisions are being made. They may be managed by the Programme Manager, so have to work within the constraints set by the programme team. (Key informant)

## F.2 MHPSS-specific barriers

There are some aspects of MHPSS programmes and approaches that present particular challenges in terms of evidence-building. These are described in Figure 3.

Figure 3. MHPSS-specific barriers to evidence-building



In the RCRC Movement, MHPSS activities are commonly mainstreamed into programmes in other sectors, rather than being discrete MHPSS programmes. The Movement Policy on Addressing Mental Health and Psychosocial Needs (2019) states that members of the Movement will 'Integrate mental health and psychosocial support into all services and ongoing programmes, including protection, physical health, nutrition, shelter, water and sanitation, food, livelihoods, education, dissemination of information and support to separated families and families of the missing, as relevant to the mandate and role of the respective components of the Movement'<sup>13</sup>. This can create a challenge in terms of identifying indicators and means of verification to evaluate changes related to the MHPSS elements of a programme. These elements can become lost within an evaluation strategy which focuses only on the key outcomes for that sector (e.g. outcomes related to providing education, food, shelter). It is possible to evaluate the effects of a mainstreamed MHPSS approach, but it requires technical expertise which may not always exist within NSs.

MHPSS is always cross-cutting, unlike other sectors, and this is one of the challenges in building evidence around it. (Key informant)

A related challenge referred to by some key informants is that the intended results of MHPSS interventions and approaches are perceived to be less tangible than in other sectors, because they are not always observable (e.g. emotions, thoughts, attitudes, relationships, private behaviours). This can lead to such outcomes not being measured at all, or measured in a less rigorous way than other types of outcome.

There's a reliance on self-report, which is a weaker form of evidence but easier to collect. Social desirability and people's anxiety that the service could be withdrawn if they say it hasn't worked for them mean that we can't be as confident as we would like about the validity of self-report data. We would like more robust evidence, so are looking at how we can triangulate people's self-report data. It's different to other sectors in that you can't gather the same evidence of the change that has occurred. We want to combine self-report data with something else – is there a way to describe the change we want to see in terms of behaviour, for example? Which could be reported but also observed? (Key informant)

Informal interactions form a large part of MHPSS staff/ volunteer activities in some contexts (e.g. peer supporters, Psychological First Aid), and the effects of these are particularly difficult to capture in standard evaluation strategies.

Some key informants noted that many of the activities into which MHPSS approaches were integrated were of short duration, which made it more difficult to evaluate their effects. This applied particularly to emergency response activities, where evaluations focused almost entirely on number of people reached.

[This NS] is mainly about relief projects which are very short, and MHPSS indicators are not relevant. The operations take days rather than months, and the indicators tend to be about outputs rather than outcomes. It isn't clear what MHPSS indicators we can use for short term relief operations. (Key informant)

These features of MHPSS programming within the Movement mean that specific technical expertise is required in order to develop meaningful, rigorous strategies to evaluate efficacy and impact. This is often lacking, for the organisational reasons already described. The two key parties in this process are the PMER-L and MHPSS teams, which need to work together in order for effective evaluations to be planned and implemented. In some contexts, there is a siloed working environment which limits opportunities for the necessary collaboration.

Most NSs integrate MHPSS into other activities. A programme manager will lead the process, usually, and each sector has its own outcome that feeds into the overall objective, so MHPSS would have one outcome and associated indicators. The MHPSS focal person doesn't always have M&E experience and knowledge, so it can be hard for them to feed into this process effectively. (Key informant).

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<sup>13</sup> <https://www.ifrc.org/document/movement-policy-addressing-mental-health-and-psychosocial-needs> (p10)



Some key informants, both MHPSS specialists and PMER-L specialists, noted that the opaque terminology used within the MHPSS field can make it difficult for PMER-L people to engage effectively.

The terminology in MHPSS field can be abstract, which excludes people who don't have MHPSS background. It sounds vague and people don't know how to operationalise the terms. As a result, the MHPSS person remains the subject expert, and M&E people need to request their help. (Key informant)

A further barrier is the lack of capacity within MHPSS teams in many NSs. Often there is only one person with responsibility for MHPSS, and they have so many responsibilities that collaborations with PMER-L teams, and evidence-building in general, receives little attention.

There is huge interest, but many MHPSS units are under Health and the priority is not given to research. There are MHPSS focal points with PhDs and research backgrounds, but they don't have the time. There are so few people, sometimes only one MHPSS person, and they are overworked. It isn't that managers don't believe in it. In other departments they can collect more data because they have more people, but when there's only one MHPSS focal point it isn't possible. (Key informant)

We're all operating on finite bandwidths. We don't have time to read journal articles or foster relationships that will get you to proposal stage. (Key informant)

### F.3 Other barriers

An additional barrier identified by key informants is that the Movement lacks a central system for collating and disseminating the evidence that does exist around MHPSS. The Psychosocial Centre has responsibility for this to some extent. One of the Centre's key functions is providing relevant information and resources on MHPSS in a way which can be readily accessed by NSs. It produces a wide range of materials which are evidence-based, and which are greatly appreciated both within and outside the Movement. However, a recent evaluation<sup>14</sup> found that the Psychosocial Centre tended to produce new materials rather than collating and amplifying the evidence produced by NSs around their own MHPSS activities.

We have lots of testimonies and significant change stories which are collected and documented within teams, but nobody is gathering them together as collective evidence of the effects of MHPSS activities. (Key informant)

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<sup>14</sup> Horn, R. (2022) *Evaluation of the IFRC Psychosocial Centre: A review of activities and functions 2015-2022* Copenhagen: IFRC <https://pscentre.org/wp-content/uploads/2023/05/Evaluation-report.pdf>

## G. Summary and Actions

‘We need to develop a culture within the Movement around the need for evidence’ (Key informant)

The RCRC Movement, like many humanitarian organisations, focuses on service delivery and implementation rather than on building evidence to support their work. This is understandable, yet in an increasingly stretched global funding climate evidence for the effectiveness of activities becomes even more necessary. The lack of value attached to evidence-building activities is not specific to MHPSS, but there are additional factors which hinder the inclusion of MHPSS-related indicators in evaluation strategies.

There are some NSs and other Movement entities which are actively involved in MHPSS research and some which are generating valuable evidence through monitoring and evaluation activities. However, the majority are not involved in such activities, or are at an early stage in doing so. This project focuses primarily on strengthening the capacity of NSs which are not currently involved in MHPSS evidence-building activities but would like to be. It is recognised that for these NSs, it is necessary to keep expectations and ambitions realistic and achievable. For most, research which is of a publishable standard is not achievable in the short-term, yet there are possibilities for them to strengthen the evidence for the MHPSS activities they are involved with, and contribute to a stronger evidence-base for MHPSS within the Movement as a whole.

‘We need to take baby steps, not rush it, because I want it to be sustainable’ (NS MHPSS focal point)

This chapter begins with a discussion of how NSs with limited capacity and experience in MHPSS evidence-building can get started. It then explores some ‘next steps’ for these organisations, and for those which are already further along the road. Throughout this chapter, reference is made to resources included in the *MHPSS Evidence-Building Toolkit* which accompanies this report.

### G.1 How to get started with MHPSS evidence-building

#### Box 4. Priority tasks for NSs just getting started with MHPSS evidence-building

- Advocate for MHPSS evidence-building activities within your NS
- Strengthen your own understanding of MHPSS evidence-building concepts and approaches
- Start building partnerships and relationships
  - With research institutions and bodies both within and outside the Movement
  - With PMER teams in your NS
  - With MHPSS peers interested in evidence-building
- Start identifying gaps in knowledge and developing research questions

#### G1.1 Advocate for MHPSS evidence-building activities within your NS

Among the critical factors driving effective organisational approaches to promoting use of evidence are commitment, prioritisation and leadership by senior management. If evidence agendas are driven from the very top of an organisation, and are front and centre in organisational strategy, this makes it easier to carve out the financing and resources necessary for implementation. Leadership is also important in country offices, especially in organisations with more decentralised structures; local examples of good evidence use are often driven by strong local leadership<sup>15</sup>.

A crucial factor in facilitating evidence-building activities in general is the support of managers. Managers determine priorities, and therefore what staff and volunteers will spend their time on. Managers who understand and value evidence-building activities are a key catalyst in the process. Therefore, a key element

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<sup>15</sup> Carden, Hanley & Paterson (2021) *From knowing to doing: evidence use in the humanitarian sector*. Elrha: London (p34)

in beginning to build evidence around MHPSS within NSs is to convince managers that this is a worthwhile use of their resources.

We found that ‘champions’ within NSs play a crucial role in helping others to see the value of evidence around MHPSS, and the benefits that evidence can bring to the organisation. This involves taking all opportunities, formal and informal, to demonstrate the value of evidence and advocate for such activities to be included in MHPSS programming.

*Relevant MHPSS Evidence-Building Toolkit materials:*

1. *Advocacy messages and processes to support MHPSS evidence-building*
2. *Advocacy case studies: MHPSS evidence which contributed to change*

## G1.2 Strengthen your own understanding of MHPSS evidence-building concepts and approaches

Empowering staff regularly to discuss evidence with confidence was seen as important in developing cultures of evidence use. Organisations and technical teams that have a long-standing practice of interrogating evidence confidently as part of decision-making, especially in technical areas such as health where this is more familiar, report feeling less ‘browbeaten’ by it. Part of the solution to enabling staff to gain more confidence as evidence users is to train them in research methods and even to involve them in conducting research. Humanitarians who were more involved in research became more effective at using evidence in general, and were more prepared to question their own programmes and approaches in the light of evidence<sup>16</sup>.

For MHPSS focal points (and others) interested in building evidence around their MHPSS activities, but who feel they lack the knowledge and skills to get involved, or even to advocate for this, there are many opportunities to develop an understanding of this area.

The MHPSS Evidence-Building Toolkit includes a list of useful MHPSS M&E resources which range from very accessible to more complex. It also includes details of useful online courses which could help to develop competence and confidence in MHPSS evidence-building.

*Relevant MHPSS Evidence-Building Toolkit materials:*

- *Nine resources on MHPSS M&E, including a summary and a link where it can be accessed online.*
- *Three recommended free online courses. Two do not focus on MHPSS specifically, but give a useful general understanding of approaches to evidence-building which can be applied to MHPSS. The third is a very simple introduction to community-based psychosocial approaches, including the development of relevant indicators for projects which have MHPSS approaches or components integrated within them.*

## G1.3 Start building partnerships and relationships

For most NSs, it will not be possible to employ staff with research skills to support evidence-building activities. However, this does not mean that such capacity is not available to the NS. There are individuals and organisations both within and outside the Movement that MHPSS staff can connect with in order to get support with planning and implementing research and evaluations to strengthen the evidence around their MHPSS activities.

*With research bodies within the Movement*

Not all NSs will have access to research units within their organisation. However, there are Movement entities which are supportive of evidence-building activities in general, and within the MHPSS field in

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<sup>16</sup> Carden, Hanley & Paterson (2021) *From knowing to doing: evidence use in the humanitarian sector*. Elrha: London (p35)

particular. In some cases, it may be helpful to connect with these to find out what existing information and support may be available.

*Relevant MHPSS Evidence-Building Toolkit materials:*

### *3. RCRC Movement Evidence-Building Actors with some focus on MHPSS*

*With research institutions*

Strong partnerships with research institutes are more resilient than maintaining research capacity within NSs, since internal capacity is dependent on funding and personnel. There are advantages to being able to draw on the skills and resources of an entire research institution or university department. However, it is important to partner with researchers who are able to work effectively with a humanitarian organisation.

Some researchers we come into contact with are too academic, not able to bridge the gap. They need to have a strong operational background alongside the research skills. (Key informant)

There is some useful guidance around on how to identify good potential academic partners, and how to build a strong and effective partnership. The ELRHA website is a particularly useful resource, since ELRHA has been facilitating partnerships between humanitarian organisations and research institutions through its R2HC funding stream for many years, and has made efforts to identify how these partnerships can best be facilitated.

*Relevant MHPSS Evidence-Building Toolkit materials:*

### *4. Developing effective partnerships with research institutions*

### *5. ELRHA Guide to Constructing Effective Partnerships*

*With PMER teams in your NS*

Collaborative relationships between MHPSS and PMER teams were found to be a key feature of strong MHPSS evaluations within NSs. In many cases, this depended on personal relationships being established between MHPSS and PMER-L staff, but there were also examples of intentional and strategic approaches to developing such collaborations. These included:

- The PMER team assigning one staff member to work with the MHPSS team.
- The MHPSS team inviting senior PMER personnel to workshops and other events related to planning MHPSS priorities and programmes.

*With MHPSS peers interested in evidence-building*

In many NSs, there is only one MHPSS focal person, who may have limited support within the organisation. In this situation, it can be difficult to get started with evidence-building. An important first step may be to connect with other MHPSS technical people within the region to discuss strategies, ideas and to share resources. The MHPSS Communities of Practice can be a good resource for this. In some meetings, MHPSS focal points are given the opportunity to present their evidence-building activities, which can lead to fruitful discussion and sharing of ideas and resources. Each Community of Practice could explore ways to strengthen MHPSS evidence in their region. Ideas already put forward by key informants include:

- Identify one or more evidence-building focal point in each CoP, who would be seen as a peer and so more approachable than someone from outside the regional NSs.
- Establish opportunities for people to share their experiences, ideas, struggles and concerns regarding evidence-building.
- Link each Community of Practice to a 'mentor' from the Research Network, who has more experience and knowledge around planning and implementing evidence-building activities.

## G1.4 Start identifying gaps in knowledge and developing research questions

Humanitarian actors need to be more organised and coherent in identifying priority evidence needs and evidence gaps, not only within humanitarian organisations but also at sector level<sup>17</sup>.

Research and other evidence-building activities often begin with an observation about something in a programme, project, community or other target group that is unclear, problematic or unexpected. It can be difficult to identify these when a project team is busy implementing activities and problem-solving on the go. A first step towards identifying areas where evidence might be useful is for project teams to make time to meet together on a regular basis to share thoughts, experiences and questions about the MHPSS activities being implemented.

The IOM manual on community-based MHPSS<sup>18</sup> describes a community-based participatory monitoring and evaluation system as providing mechanisms for learning throughout the programme implementation period. They describe this as including the following activities:

- Discussions with project management and staff;
- Observing the project activities while they are happening;
- Listening to programme participants about their experience of the programme in focus group discussions;
- Engaging with community representatives in focus group discussions;
- Seeking out community representatives of groups who may not be participating to be check on inclusion and exclusion;

These activities in themselves can help to identify areas where further information would be useful. More general areas that IOM suggest can be explored in MHPSS evaluations (and which could also inform research projects) include:

- Which programme processes and/ or other internal and external factors contributed to the positive and negative effects of the activities?
- Did the project improve and activate resilience, promote inclusion, facilitate positive human connections, and restore agency, self and community efficacy, and hopefulness to individuals, families and groups?
- What are the most relevant good practices, innovations and lessons learned in implementation, monitoring and evaluation of the project?
- What structural and ongoing changes have been made to the lives of the individuals, families and communities who participated in the project?

*Relevant MHPSS Evidence-Building Toolkit materials:*

### *6. How to develop a research question*

## G.2 Next steps

Within and beyond individual NSs, there are other activities which would contribute to strengthening the evidence around MHPSS.

### G2.1 Simplify and contextualise tools that can be used for MHPSS evidence-building

There is a range of guidance, resources and tools available to support MHPSS evidence-building (see those listed in the Toolkit). However, consistent feedback received during this project was that these are too complex for many NSs to use. This is especially the case where the NS is new to MHPSS and has limited resources. In these cases, it may be non-MHPSS specialists who are responsible for planning and

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<sup>17</sup> Carden, Hanley & Paterson (2021) *From knowing to doing: evidence use in the humanitarian sector*. Elrha: London (p28)

<sup>18</sup> <https://www.iom.int/mhpsed>

implementing evidence-building activities, and it may be volunteers who collect the data. In these cases, the current set of available resources are difficult to engage with.

In response to this, the P-MEAL and MHPSS advisors in the Danish Red Cross International department are working together to develop a simple, interactive online design tool to support NSs to build an evaluation strategy for their MHPSS programmes and activities. The tool will lead the user through a three-step process:

Step 1: what change do you want to see?

Step 2: select from the following indicators

Step 3: select from the following MoVs

The intention is for the design tool to be freely accessible to all NSs, and for it to become available in the first quarter of 2024. If it is possible to produce such a tool, and make it freely available, those NSs which currently lack the capacity to adapt the existing guidance for use in their own context will have a means of planning and implementing an evaluation strategy for their MHPSS activities. This would be a significant contribution to strengthening evidence around MHPSS within the Movement.

## G2.2 Building an evidence-base from existing information

Assessing the impact of MHPSS elements is harder than assessing the impact of other aspects of a project. It's difficult to get measurable results. We get qualitative information on changes of behaviour but very few results that we can share. We have some stories of change, including voice recordings. We know there are changes but these are hard to demonstrate. (NS PMER officer)

Even where MHPSS evaluations are not strong, and evidence-building activities in general are limited, there are sometimes attempts made to demonstrate the effects of MHPSS activities through the collection of qualitative data or 'stories'. Qualitative stories of change or testimonies are amongst the weaker forms of evidence available, because they are not usually collected or analysed in a systematic or rigorous way, but they can be useful as a way of illustrating changes identified through stronger evaluation methods. Stories of the real-life impact of MHPSS services can be powerful advocacy tools, when backed up by more rigorous evidence. Where NSs have the capacity to collect these types of stories, it is useful to do so. If possible, they could use a more systematic way to collect and analyse this type of data.

*Relevant MHPSS Evidence-Building Toolkit materials:*

*9. Most Significant Change technique: A Guide to its use*

*10. Analysing qualitative data*

## G2.3 Communicate MHPSS evidence in ways perceived as practically useful within the Movement

One of the factors that contributes to a stronger evidence base in any area is sharing the findings of evaluations and research in ways which are practically useful and benefit the organisation (e.g. improved programming, improved advocacy, improved credibility, increased funding opportunities). In some situations, this has been a challenge, with research and evaluation findings being communicated in ways programme planners and implementers have found it difficult to apply to their particular context and activities.

People sometimes feel that an evidence summary is scientifically right but often not practical due to reality on the ground, so it may not be used. Service providers don't see the relevance, or see it as something that makes their work difficult. So we wanted to make it practical and critically look at the questions that people are asking. Put ourselves into the shoes of implementers, so we can make practical recommendations which are as scientific as possible and are that are useful to them.

(Salim Sohani, Head of Health Intelligence Research and Development Unit, Canadian Red Cross)

An investigation carried out by Elrha found that the most frequently mentioned barrier to the use of evidence by humanitarian organisations was the lack of (obvious) relevance of much research evidence to policy, programme and response design, and especially to operations on the ground<sup>19</sup>. This was partly because those who generated the evidence did not present it in ways which made the operational relevance clear. The term ‘evidence brokering’ has been used to describe those who translate and communicate evidence for humanitarian users, drawing out its operational relevance and engaging stakeholders in making use of evidence<sup>20</sup>.

The Health Intelligence Research and Development Unit at the Canadian Red Cross has made significant efforts to develop formats and processes which enable evidence to be presented to programme teams in the most useful way<sup>21</sup>. The first resource listed below is an adaptation of this to facilitate the communication of all types of evidence to programme teams. The second resource gives examples of other ways of communicating evidence in creative ways which different audiences may more easily engage with. Whatever method is used, it is crucial to disseminate evidence effectively as part of the process of developing an organisational culture which values evidence-building activities.

*Relevant MHPSS Evidence-Building Toolkit materials:*

*11. Reporting evidence: template*

*11a. Reporting evidence example – Portuguese Red Cross*

*12. Sharing results of evidence-building activities*

*13. R2HC Guidance Note: Presenting research effectively in online meetings*

*14. R2HC Policy brief template guidance & Policy brief template*

*15. R2HC Research snapshot guidance and template*

*16. Examples of Research Snapshots*

*a. Psychological First Aid with Children (Portuguese Red Cross)*

*b. Child Friendly Spaces*

*c. Mental Health of Informal Care Givers (Serbia Red Cross)*

*d. Long-term care of older persons and persons with disabilities (Serbia Red Cross)*

*e. Violence against older women (Serbia Red Cross)*

*17. Example of a MHPSS evaluation using qualitative data published in a peer reviewed journal: Momartin et al (2018). Resilience building through alternative intervention: ‘STARTTS “Project Bantu Capoeira Angola” on the road to recovery. Intervention, 16(2),154-160.*

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<sup>19</sup> Carden, Hanley & Paterson (2021) *From knowing to doing: evidence use in the humanitarian sector*. Elrha: London (p20)

<sup>20</sup> Carden, Hanley & Paterson (2021) *From knowing to doing: evidence use in the humanitarian sector*. Elrha: London (p9)

<sup>21</sup> Khalid AF, Grimshaw JM, Parakh ND, Charide R, Rab F, Sohani S. Decision-makers' experiences with rapid evidence summaries to support real-time evidence informed decision-making in crises: a mixed methods study. *BMC Health Serv Res.* 2023 Mar 25;23(1):282. doi: 10.1186/s12913-023-09302-0. <https://pubmed.ncbi.nlm.nih.gov/36966293/>



## MHPSS Evidence-Building Toolkit

ADVOCATING FOR EVIDENCE-BUILDING	ONLINE LINK	SUMMARY
1. Advocacy messages and processes to support MHPSS evidence-building	Not available online (created for this Toolkit)	This document contains messages which may be helpful when advocating for evidence-building activities in general, and in relation to MHPSS in particular. These messages were all shared by people working within the RCRC Movement, who have found them helpful in their context. The document also includes learning from within the Movement in relation to approaches to advocacy which have been effective in different contexts.
2. Advocacy case studies: MHPSS evidence which contributed to change	Not available online (created for this Toolkit)	Descriptions of MHPSS evidence which has been used to create change within and beyond NSs.
<b>Building partnerships to facilitate evidence-building</b>		
3. RCRC Movement Evidence-Building Actors with some focus on MHPSS	Not available online (created for this Toolkit)	A list of Movement entities with involvement in MHPSS-related evidence-building activities. Includes a brief description of the activities of each entity, and a link to further information.
4. Developing effective partnerships with research institutions	Not available online (created for this Toolkit)	This guidance focuses on the initial stages of developing a partnership with a research institution, such as a university. It draws on interviews with key informants for this project, plus the <i>Elrha Guide to Constructing Effective Partnerships</i> and the <i>Elrha-R2HC Partnerships Review Summary (2019)</i> .
5. ELRHA Guide to Constructing Effective Partnerships	<a href="https://www.elrha.org/wp-content/uploads/2015/01/effective-partnerships-report.pdf">https://www.elrha.org/wp-content/uploads/2015/01/effective-partnerships-report.pdf</a>	This guide aims to support collaboration between humanitarian and academic organisations. Based on the experiences and lessons learned by people in both communities, it is a practical guide to the opportunities and challenges specific to humanitarian-academic collaboration.



<b>Building good evidence</b>		
6. How to develop a research question	Not available online (created for this Toolkit)	An adaptation of a handout used for a social research methods module delivered to undergraduates in Sierra Leone. It describes one way (not the only way) to develop ideas for a research project, and to generate specific, realistic and useful research questions.
7. Ethical evidence-building	Not available online (created for this Toolkit)	A summary of key issues in ethical MHPSS research and evaluation.
8. IASC Recommendations for conducting ethical MHPSS research in emergency settings (2014)	<a href="https://interagencystandingcommittee.org/system/files/1._iasc_recommendations_for_ethical_mhpss_research_in_emergency_settings_0.pdf">https://interagencystandingcommittee.org/system/files/1._iasc_recommendations_for_ethical_mhpss_research_in_emergency_settings_0.pdf</a>	Outline of key concepts in conducting ethical MHPSS research in emergency settings, followed by a discussion of six recommendations.
9. Most Significant Change technique: A Guide to its use (2005)	<a href="https://www.betterevaluation.org/tools-resources/most-significant-change-technique-guide-its-use">https://www.betterevaluation.org/tools-resources/most-significant-change-technique-guide-its-use</a>	A detailed guide to using a structured, qualitative method to assess the effects of an intervention or programme.
10. Analysing qualitative data	Not available online (created for this Toolkit)	A description of a simple way to analyse qualitative data, such as stories of change or testimonies, with examples.
<b>Sharing results of evidence-building activities</b>		
11. Reporting evidence template	Not available online (created for this Toolkit)	A template for reporting evidence in a way that programmers find accessible and useful. Based on the work of the Health Intelligence Research and Development Unit, Canadian Red Cross, and their colleagues.
11a. Reporting evidence example – Portuguese Red Cross	Not available online (created for this Toolkit)	An example from the Portuguese Red Cross of how the reporting template can be used to communicate MHPSS evidence (relating to research on staff wellbeing) in a simple, programme-oriented way.
12. Sharing results of evidence-building activities	Not available online (created for this Toolkit)	A summary of different ways to share evidence with different audiences, including links to further information.
13. R2HC Guidance Note: Presenting research effectively in online meetings (Jan 2023)	<a href="https://www.elrha.org/wp-content/uploads/2023/01/R2HC-Research-">https://www.elrha.org/wp-content/uploads/2023/01/R2HC-Research-</a>	Key elements to consider when planning to present research or evaluation findings online. It

	Impact-Guidance-Note_Effective-online-research-presentations.pdfR2HC	also provides tips and resources to maximise impact of virtual presentations contributed by grantees of Elrha's Research for Health (R2HC) in Humanitarian Crises programme.
14. R2HC Policy brief template guidance & Policy brief template	<a href="https://www.elrha.org/researchdatabase/policy-briefing-template/">https://www.elrha.org/researchdatabase/policy-briefing-template/</a>	A template and guidance to help create an evidence-based briefing for programme teams and policymakers on their options in a particular context and to influence policy decisions.
15. R2HC Research snapshot guidance and template	<a href="https://www.elrha.org/researchdatabase/research-snapshot-guidance/">https://www.elrha.org/researchdatabase/research-snapshot-guidance/</a>	A template and guidance which can help create a 2-page summary of research or evaluation findings for non-technical, non-academic audiences. Template adapted from that provided by the Elrha R2HC programme.
16a. Example Research Snapshot: Psychological First Aid with children (Portuguese Red Cross)	Not available online (created for this Toolkit)	Five examples of the findings of MHPSS-related research projects communicated using the Research Snapshot format. Four were created specifically for this Toolkit by the Portuguese Red Cross and the Serbian , to communicate the findings of an evaluation of a children's peer-support programme.
16b. Example Research Snapshot: Child Friendly Spaces	<a href="https://www.elrha.org/researchdatabase/do-we-need-to-rethink-child-friendly-spaces/">https://www.elrha.org/researchdatabase/do-we-need-to-rethink-child-friendly-spaces/</a>	
16c. Example Research Snapshot: Mental Health of Informal Caregivers (Serbia Red Cross)	Not available online (created for this Toolkit)	
16d. Example Research Snapshot: Long-Term Care of older persons and persons with disabilities (Serbia Red Cross)	Not available online (created for this Toolkit)	
16e. Example Research Snapshot: Violence Against Older Women (Serbia Red Cross)	Not available online (created for this Toolkit)	
17. Momartin, S., da Silva Miranda, E., Aroche, J., & Coello, M. (2018). Resilience building through alternative intervention: 'STARTTS "Project Bantu Capoeira Angola"' on the road to recovery. <i>Intervention</i> , 16(2),154-160.	<a href="https://www.interventionjournal.org/article.asp?issn=1571-8883;year=2018;volume=16;issue=2;spage=154;epage=160;aulast=Momartin">https://www.interventionjournal.org/article.asp?issn=1571-8883;year=2018;volume=16;issue=2;spage=154;epage=160;aulast=Momartin</a>	Example of MHPSS evaluation using interview data published in <i>Intervention</i> journal
<b>General resources</b>		
18. RCRC Movement MHPSS research	Not available online (created for this Toolkit)	A spreadsheet of 30+ published research papers in the MHPSS field, in which at least one Movement entity has been involved. This list is not exhaustive, but it is illustrative.

<p>19. Blanchet K, Allen C, Breckon J, Davies P, Duclos D, Jansen J, Mthiyane H, Clarke M. (2018) <i>Using Research Evidence in the Humanitarian Sector: A practice guide</i>. London, UK: Evidence Aid, London School of Hygiene and Tropical Medicine and Nesta (Alliance for Useful Evidence).</p>	<p><a href="https://www.alnap.org/help-library/research-evidence-in-the-humanitarian-sector-a-practice-guide">https://www.alnap.org/help-library/research-evidence-in-the-humanitarian-sector-a-practice-guide</a></p>	<p>A guide created by several agencies, including ICRC, with the intention of helping humanitarian decision-makers and practitioners to ‘find and use evidence on interventions, actions and strategies that might help you make informed choices and decisions. It is divided into four sections:</p> <ol style="list-style-type: none"> <li>1. What is evidence-informed decision making, and why focus on research?</li> <li>2. When can evidence help you?</li> <li>3. What evidence should you choose?</li> <li>4. Where should you look for evidence?</li> </ol>
<p>20. Carden, F., Hanley, T., Paterson, A. (2021) <i>From knowing to doing: evidence use in the humanitarian sector</i>. Elrha: London</p>	<p><a href="https://www.elrha.org/researchdatabase/from-knowing-to-doing-evidence-use-in-the-humanitarian-sector/">https://www.elrha.org/researchdatabase/from-knowing-to-doing-evidence-use-in-the-humanitarian-sector/</a></p>	<p>This resource will be of or interest to those interested in understanding more about the barriers to humanitarian organisations taking an evidence-based approach, and what can be done to overcome these barriers.</p>

### General MHPSS M&E Resources

TITLE	DATE	AUTHORS	LANGUAGES	LINK	SUMMARY
<p>Inter-agency Guide to Evaluation of Psychosocial Programming in Emergencies</p>	<p>2011</p>	<p>UNICEF</p>	<p>English</p>	<p><a href="https://pscentre.org/wp-content/uploads/2018/03/Inter-AgencyGuidePSS.pdf">https://pscentre.org/wp-content/uploads/2018/03/Inter-AgencyGuidePSS.pdf</a></p>	<p>This guide aims to produce understandable, accessible guidance and tools for the field on how to conduct psychosocial evaluations. It includes simple guidance on evaluation planning, methodologies, analysis of data and sharing and using findings.</p>
<p>Mental Health and Psychosocial Support Assessment Guide</p>	<p>2012</p>	<p>Inter-agency Standing Committee (IASC) MHPSS Reference Group</p>	<p>English, Hungarian, Polish, Romanian, Ukrainian</p>	<p><a href="https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-reference-group-mental-health-and-psychosocial-support-assessment-guide-2013">https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-reference-group-mental-health-and-psychosocial-support-assessment-guide-2013</a></p>	<p>Information on collecting MHPSS-related information in assessments, including assessments conducted by other sectors. Includes information on ethical assessments, and details on three tools for use in assessments (desk review; information from general community</p>

					members; information from key informants)
Monitoring and evaluation framework for psychosocial support interventions	2017	IFRC Psychosocial Centre	English, Dari	<a href="https://pscentre.org/?resource=emergency-me-framework&amp;wpv_search=true&amp;selected=ingle-resource">https://pscentre.org/?resource=emergency-me-framework&amp;wpv_search=true&amp;selected=ingle-resource</a> (English) <a href="https://pscentre.org/?resource=ifrc-monitoring-and-evaluation-framework-for-psychosocial-support-interventions-toolbox-dari&amp;wpv_search=true&amp;selected=ingle-resource">https://pscentre.org/?resource=ifrc-monitoring-and-evaluation-framework-for-psychosocial-support-interventions-toolbox-dari&amp;wpv_search=true&amp;selected=ingle-resource</a> (Dari)	The Framework materials consist of a Guidance Note, Indicator Guide and Toolbox. These aim to support NS in designing relevant M&E systems for psychosocial programmes; in programme planning and the development of PS strategies; and in mainstreaming global reporting of progress on PS programmes.
ICRC Guidelines on Mental Health and Psychosocial Support	2018	ICRC	English, French, Arabic, Spanish, Portuguese, Russian	<a href="https://www.icrc.org/en/publication/4311-guidelines-mental-health-and-psychosocial-support">https://www.icrc.org/en/publication/4311-guidelines-mental-health-and-psychosocial-support</a>	Section on evidence-based M&E, and M&E guidance on each thematic area of ICRC's MHPSS work.
Project/programme monitoring and evaluation (M&E) guide	2011	IFRC	English	<a href="https://www.ifrc.org/document/projectprogramme-monitoring-and-evaluation-guide">https://www.ifrc.org/document/projectprogramme-monitoring-and-evaluation-guide</a>	Not MHPSS-specific but gives practical guidance on project/programme M&E.
Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings.	2012	WHO & UNHCR	English, Arabic, French, Italian, Russian, Spanish	<a href="https://www.who.int/publications/i/item/assessing-mental-health-and-psychosocial-needs-and-resources">https://www.who.int/publications/i/item/assessing-mental-health-and-psychosocial-needs-and-resources</a>	Twelve tools which can be used to assess MHPSS needs and resources in humanitarian settings. Also includes guidance on assessment methodology and how to translate assessment results into action.
Monitoring & Evaluation for MHPSS Programmes Training: Facilitator Notes and training materials	2023	IFRC Psychosocial Centre	English	<a href="https://pscentre.org/?resource=monitoring-evaluation-for-mhpss-programmes-training-facilitator-notes&amp;wpv_search=true&amp;selected=ingle-resource">https://pscentre.org/?resource=monitoring-evaluation-for-mhpss-programmes-training-facilitator-notes&amp;wpv_search=true&amp;selected=ingle-resource</a>	Comprehensive set of materials to be used to facilitate a 3-day training workshops focusing on applying the IFRC Monitoring and Evaluation Framework for Psychosocial Support Interventions. The training aims to build capacity in setting up and implementing systematic M&E systems in relation to PSS interventions. M&E principles, methods

					and tools are presented in a series of interactive training sessions, which enable participants to apply learning to their own work context.
Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings: With means of verification (Version 2.0)	2021	Inter-agency Standing Committee (IASC) MHPSS Reference Group	English, Arabic, French, Spanish, Ukranian	<a href="https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common-monitoring-and-evaluation-framework-mental-health-and-psychosocial-support-emergency">https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common-monitoring-and-evaluation-framework-mental-health-and-psychosocial-support-emergency</a>	A comprehensive document providing a series of goal-level and outcome-level indicators for MHPSS programmes, plus recommended qualitative and quantitative means of verification. It also includes information on data collection, reporting data and sharing findings and lessons learned.

## Free Online Courses

There are several organisation-specific online MHPSS courses (e.g. developed by IOM and WHO) which include modules or units focusing on assessment, monitoring and evaluation of MHPSS programmes. These have not been included in this Toolkit because, although they contain useful information and guidance, they are targeted at the organisations own staff and programming priorities, so are not entirely relevant for RCRC Movement staff and volunteers. Two of the three courses recommended below do not focus on MHPSS specifically, but give a useful general understanding which can be applied to MHPSS. The third is a very simple introduction to community-based psychosocial approaches, including the development of relevant indicators for projects which have MHPSS approaches or components integrated within them.

COURSE TITLE	HOW TO ACCESS	DESCRIPTION
Operational Research for Humanitarians by University of Geneva (in collaboration with the ICRC)	<a href="http://www.coursera.org">www.coursera.org</a> (search for Operational Research for Humanitarians)	<p>This 12.5 hour course will help you better engage with research in the humanitarian field. In particular, it will provide you with the fundamental knowledge and skills to understand what evidence is relevant to our circumstances, where to find it, and how to assess its quality. It has been developed with a humanitarian professional in mind. The course moves through the core research concepts one-at-a-time and does not require any prior knowledge or experience.</p> <p>Content highlights:</p> <ul style="list-style-type: none"> <li>• How can research be used for humanitarian practice?</li> <li>• What are the most appropriate research methods?</li> <li>• How can I judge the quality of the evidence and whether it is applicable to the context I work in?</li> </ul>

		<ul style="list-style-type: none"> <li>How can populations in a situation of vulnerability be protected during a study?</li> </ul> <p>This course - co-developed in a partnership between academic and humanitarian institutions - is strongly positioned to give you the needed skills and knowledge to build a bridge between research and practice.</p>
Introduction to Monitoring and Evaluation	<p><a href="http://www.ifrc.org/learning-platform">www.ifrc.org/learning-platform</a> Register with the learning site, then search for 'Introduction to Monitoring and Evaluation'.</p>	<p>This four-hour course is linked to the IFRC Project/programme monitoring and evaluation (M&amp;E) guide.</p> <p>The course goal is to develop your understanding of how to use Monitoring &amp; Evaluation (M&amp;E) to better help vulnerable people. The main topics include:</p> <ol style="list-style-type: none"> <li>1. Describe the meanings of the key M&amp;E concepts as we use them in the IFRC.</li> <li>2. Describe the key steps necessary to develop an appropriate M&amp;E system for a project or programme.</li> <li>3. Explain what are the key M&amp;E tools and practices necessary to implement an appropriate M&amp;E system for a project or programme.</li> <li>4. Apply the key M&amp;E concepts, steps, tools and practices to the definition and development of an M&amp;E system for your own work.</li> </ol>
Applying and integrating Community-Based Psychosocial Support into projects	<p><a href="http://fabo.org">fabo.org</a> Register with the learning site, then search for CBPS. You will see three CBPS modules, select Module 3.</p>	<p>Three modules provide an introduction to community-based psychosocial support (CBPS).</p> <p>Module 1: Why CBPS? (English, Spanish and French) why a CBPS approach is important in humanitarian response work and development projects.</p> <p>Module 2: What is CBPS? (45 min) (English, Spanish and French) what CBPS is in practical terms and how projects can benefit from integrating CBPS into activities to make them more sustainable and participatory.</p> <p>Module 3: Applying and integrating CBPS into projects (60 minutes) (English and Spanish) Gives concrete examples on how to apply and integrate a CBPS approach to existing programmes and projects. After completing the module, you will be able to apply the six core principles of CBPS and integrate CBPS indicators into reporting and evaluation of programmes and projects.</p>

## Annexes

Annex 1. Key informants

Annex 2. Analysis of MHPSS Roadmap survey 2019, 2021 and 2023 questions on evaluation and research

Annex 3. Examples of research collaborations involving the IFRC Psychosocial Centre