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1. **as your State/National Society/Institution incorporated the commitments contained in this resolution into the relevant strategic or operational plans?**

Answer: **yes**.

If yes, which ones? (*you can choose more than one option*)

* Strategy **X**
* Policy
* Operational plan / Roadmap **X**
* Legislation (e.g. Law, Regulation, Statutes, Rules of Procedure etc.)
* Other (please explain)

At which level? (*you can choose more than one option*)

* International
* Regional **X**
* National **X**
* Local **X**

Please provide details about how this has been done

At strategy level IRCS has incorporated mental health in one of its three strategic objectives: “Provide social and health support, including mental health”.

At operational level IRCS develops a yearly implementation plan with all the activities guided by the following commitments:

* ***Ensure early access to mental health and psychosocial support and strengthen local and community-based response***

IRCS is working in two parallels lines related to this commitment: on one hand awareness session, information campaigns, services mapping and other events are being organized and implemented to reduce and, eventually, eliminate, the stigma of mental health diseases that is one of the main barrier for the access to support services; on the other hand IRCS is also providing MHPSS services in different ways: psychosocial first aid, home visits for refugees and remote areas to provide psychosocial support, and support groups for people with common needs as people with NCDs, women, pregnant women and mothers, young people, people with disabilities and caregivers, and children affected by conflicts.

* ***Ensure comprehensive and integrated care and support for people with mental health and psychosocial needs***

On of the main improvement of IRCS work related to MHPSS is the integration of a comprehensive approach taking into consideration the different interrelated factors that are needed for wellbeing and a healthy mental state. Specially IRCS is integrating MHPSS with health, livelihood, displacement and protection. It includes peer support groups for people with NCD, mother clubs for SRH, life skills training with cash for livelihood, recreational activities for children, and psychosocial support, referral systems and protection.

* ***Prevent mental health harm by ensuring the protection and dignity of people affected by armed conflicts, natural disasters and emergencies***

IRCS is making effort to improve the quality of the services that is providing, putting special attention to the PGI approach in the design, planification and implementation of the activities. To do it, IRCS is having technical support from different local and international partners to reinforce the team capacities and review the methodologies and protocols for the interventions.

* ***Build the capacity of the mental health and psychosocial workforce***

IRCS teams are been reinforced by providing basic trainings like CBPS, PFA, to more staff and volunteers; and also building specialised teams, which receive advance training in Life skills program implementation, CABAC sessions management, Support Groups facilitation and Referral pathways management. IRCS also focus on Training IRCS staff and volunteers to deliver caregiver training, empowering parents and caregivers with the knowledge and skills to support individuals with mental health needs. Doctors working in primary health care (mobile medical clinics affiliated with the Iraqi Red Crescent Society) were also trained by mental health consultants at the British Royal College of Psychiatry on (mhGAP) program, provides them with the skills to implement the mhGAP approach, enabling them to effectively manage common mental health disorders and provide appropriate referrals.

* ***Protect the mental health and psychosocial wellbeing of those responding to humanitarian need***

IRCS is providing psychosocial support for the staff and volunteers through collective activities as “self-care and stress management” sessions, and individual counseling. Also is developing capacities for provide specific support for first responder and emergency teams with the support of the partners.

1. **Has your State/National Society/Institution been working with other partners to implement the commitments contained in this resolution?**

Answer: **yes**.

If yes, which partners? (*you can choose more than one option*).

* National Red Cross or Red Crescent Society in your country **X**
* Government and/or public authorities **X**
* ICRC/IFRC **X**
* Other National Red Cross or Red Crescent Societies **X**
* Humanitarian and development partners (e.g. UN, NGOs etc.) **X**
* Academia
* Other

Please provide examples of your cooperation with partners

IRCS is coordinating with several partners, inside and outside the RCRCM:

* Danish RC is the main partner for the implementation of the MHPSS operational plan and supporting the core activities of the MHPSS department. In coordination with the Livelihood Resource Centre they are supporting the live skills programme and the MHPSS and Livelihoods integration.
* In coordination with British RC and IFRC they are supporting the reinforcement of the PGI approach, and the development of protocols and methodologies for SGBV identification and referral.
* In coordination with Maternity Foundation, they are supporting the integration of MHPSS and SRH.
* In coordination with Novo Nodisk foundation, they are supporting the integration of MHPSS with NCD interventions.
* Swedish RC are supporting the inclusion of MHPSS in restoring family links programme with returnees.
* IFRC supported the inclusion of MHPSS in drought and floods emergency response and MHPSS project for (Children Affected by Armed Conflict). Also supported in Developing Children safeguarding policies and PSEA policies for IRCS staff.
* IRCS, Jordan RC and Egypt RC signed a Tripartite Cooperation Agreement in MHPSS, WASH and Health care. Staff from JRC and IRCS are trained on MHPSS by mental health consultants at the British Royal College of Psychiatry.
* IRCS is coordinating with the Ministry of Health, the Ministry of Education and the IDPs and Refugees camps managements, the implementation of the MHPSS programs.
* IRCS is coordination with SGBV case management agencies and MH specialised organizations are working on identifying and devolving referral pathways.
* IRCS is coordination with the Syrian Arab Red Crescent Organization in developing the capacity building of the Iraqi Red Crescent Society and joint work in developing guides for educational awareness meetings and a guide for caregivers for mothers and fathers
1. **Have you encountered any challenges in implementing the commitments contained in this resolution?**

Answer: yes

If yes, what type of challenges? (*you can choose more than one option below*).

* Human resources **X**
* Funding constraints **X**
* Lack of leadership support
* Competing priorities
* Lack of specific knowledge/expertise **X**
* Lack of capacity and/or support (technical, financial, or other)
* Other

Please provide details of these challenges

The needs related to MHPSS are increasing and aggravating: The World Health Organization (WHO) estimates that 22% of Iraq's population suffers from mental health conditions such PTSD, anxiety, and depression (WHO, 2021). At the same time the humanitarian actors are scaling down or leaving Iraq as other, more mediatic, crisis are over the table of the main donors. This situation make that the reduction of funding appear as the main challenge to continue addressing mental health and psychosocial needs of the Iraqi population in situation of greater need. This funding constraints also affect the retention of staff and volunteers.

The lack of knowledge for addressing specific needs of groups in situation of special vulnerability is also a challenge for IRCS.

1. **Have the commitments contained in this resolution had an impact on the work and direction of your State/National Society/Institution?**

Answer: **Yes**

If yes, what type of impact? *(You can choose more than one option*)

* Cooperation between Government/public authorities and National Society has been strengthened
* Programming and operations have become more effective and efficient
* Innovative tools/methodologies have been developed and are utilized **X**
* Partnerships with other humanitarian actors have been created or enhanced **X**
* Increase in mobilization of resources **X**
* Training and capacity of staff and volunteers has increased (for National Societies) **X**
* Other

Please provide details about this impact:

The resolution 2 and its commitments have impulse IRCS compromise with the inclusion of MHPSS in its strategy and interventions: it supported the consolidation of the MHPSS program as a core one in IRCS interventions; it guided the integration of MHPSS, Health and Livelihoods; it supported the inclusion of protection component with the support of new partners as BRC and IFRC, and the mobilization of new funds for it; and it impulse the improvement of IRCS teams capacities through training and experience.

IRCS attaches great importance to adapting and translating MHPSS guidelines to suit the local context, which contributes to improving the quantity and quality of services it provides.

1. **Have the commitments contained in this resolution had an impact on the communities that your State/National Society/Institution serves?**

Answer: **Yes**

If yes, please briefly describe the impacts at community level

The MHPSS programme of IRCS is being very well received by the communities, and the topics related to MHPSS are becoming normal conversations among the population, leaving behind the stigma associated to them. The activities oriented to specific groups as NCD peer support groups were seeing with some reluctance when first started. But now, after several groups of people have participated on these activities are some of the more demanding by the communities.

Different methodologies to measure impact in psychosocial wellbeing through individual surveys and focus groups have been put in place.