



IFRC Psychosocial Support Programme

Reference Centre for Psychosocial Support

Annual report - 2016

www.ifrc.org

Saving lives, changing minds.



International Federation
of Red Cross and Red Crescent Societies

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The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest volunteer-based humanitarian network, reaching 150 million people each year through our 189 member National Societies. Together, we act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

Guided by *Strategy 2020* – our collective plan of action is to tackle the major humanitarian and development challenges of this decade – we are committed to ‘saving lives and changing minds’.

Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

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**DANISH
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The International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support is hosted by Danish Red Cross and receives further funding from the National Red Cross Societies of Canada, France, Hong Kong, Iceland, Japan, and Norway.



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Norwegian Red Cross



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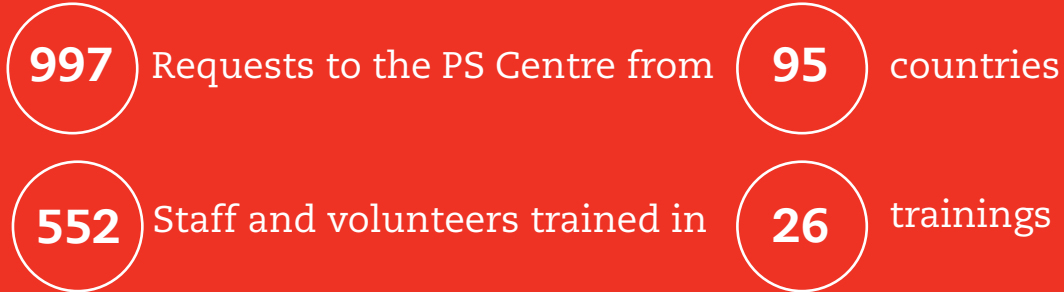
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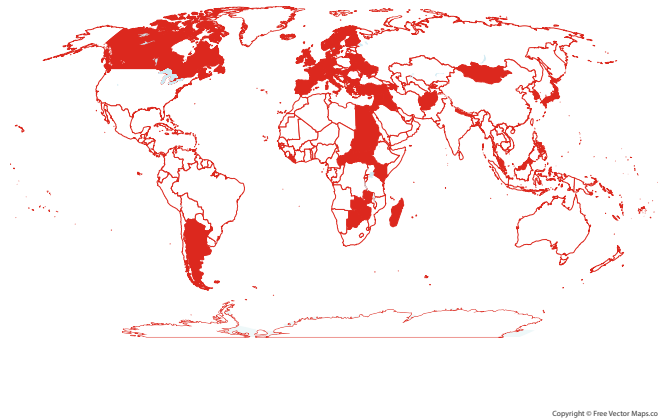
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2016 at a glance:



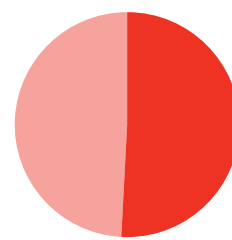
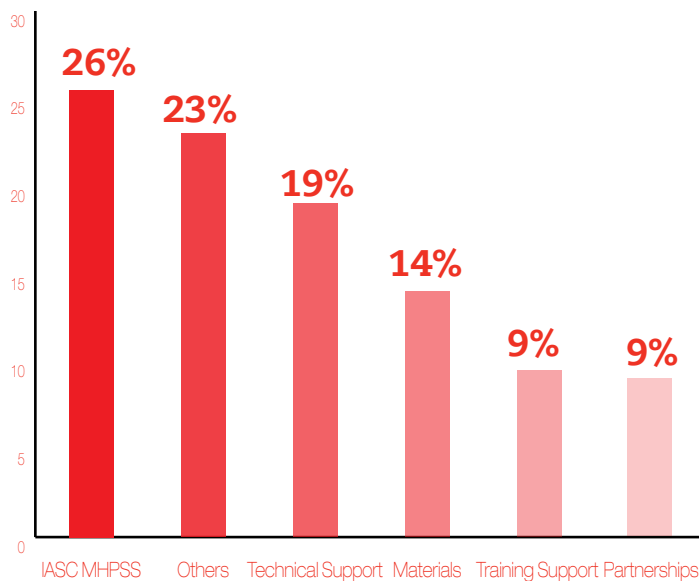
NS participating in PS Centre trainings



Participants per training

150	Caring for volunteers
62	Community-based psychosocial support
55	Building resilience with bricks
43	IASC and MHPSS Coordination
40	IASC MHPSS Guidelines
40	Monitoring and evaluation
30	Psychological First Aid
25	SGBV
25	PS after crisis events
23	Psychosocial Support in emergencies
21	Children's Resilience Programme
19	Broken Links
7	Introduction to psychosocial support

Types of requests to the PS Centre

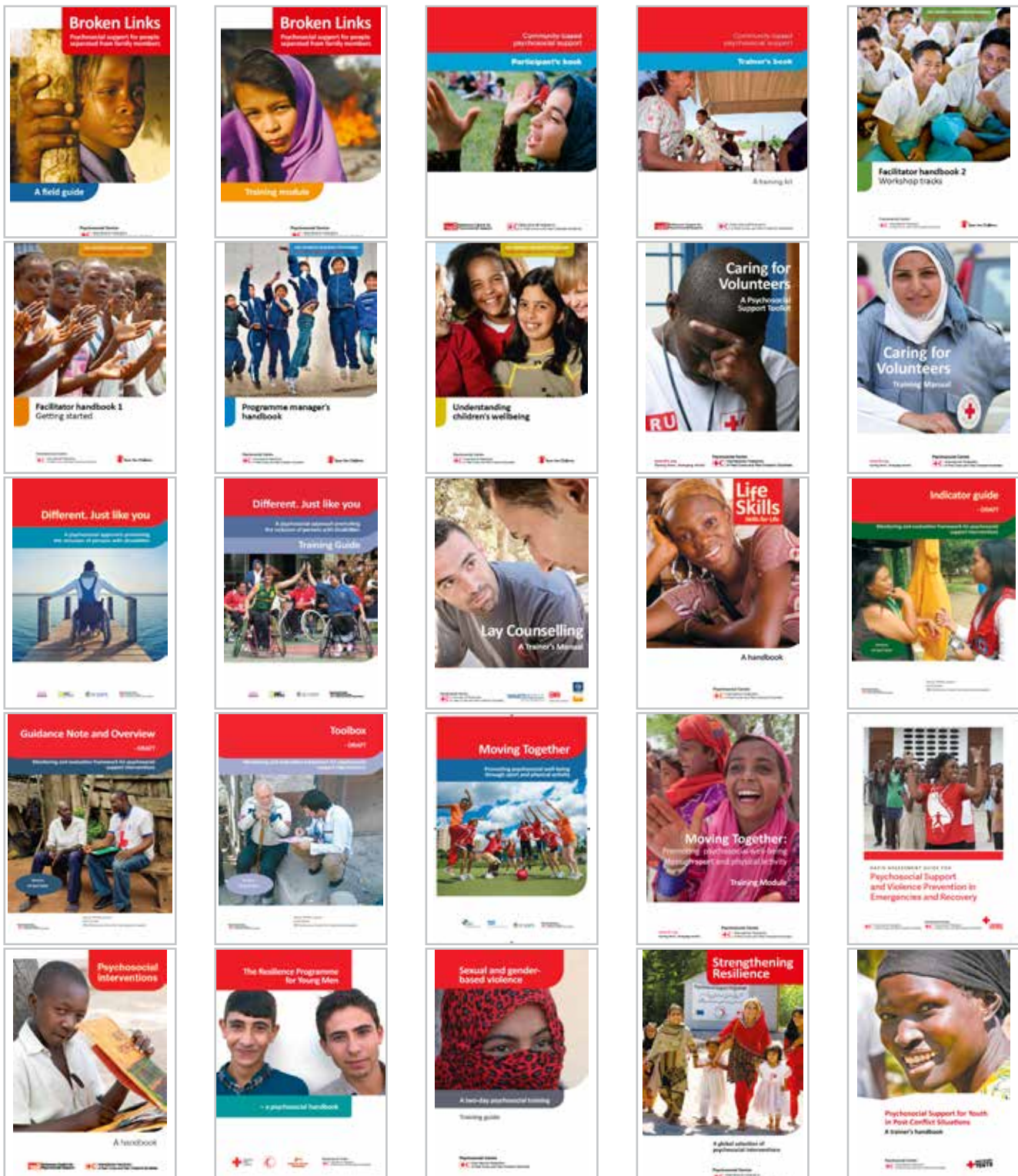


■ Within Red Cross Red Crescent Movement
■ Outside Red Cross Red Crescent Movement

In 2016, 51% of requests came from organizations outside the RCRC Movement and 49% came from within the movement. In comparison, 31% of requests came from external organisations in 2015. This increase is a result of the PS Centre's current role as Co-Chair of the Inter-Agency Standing Committee's Reference Group on Mental Health and Psychosocial Support in Emergencies

The category "others" include queries about vacancies and internships, requests from academia, referral to other organisations and requests that do not fall under any of the above categories.

Publications from the PS Centre



Download on www.pscentre.org

Psychosocial Centre

 International Federation of Red Cross and Red Crescent Societies

Introduction

62. Sixty two brave men and women; staff and volunteers of Syrian Arab Red Crescent have lost their lives saving the lives of others and bringing relief to the suffering since the conflict broke out in Syria in 2011. And they were not the only ones. All over the world, being an aid worker has become increasingly dangerous. At the same time, there are now more people than ever in urgent need of humanitarian assistance. Wars, conflicts, extreme poverty and impending famine is sending an unprecedented number of people onto the path of migration. Often the journeys are riddled with danger, and too many die or are hurt in the attempt to reach safety and a viable future. The hosting regions and countries often struggle to mobilize the resources needed to accommodate the refugees and migrants. Along the routes, in the refugee camps and hosting communities Red Cross Red Crescent staff and volunteers are ready to help and support.

In the Red Cross Red Crescent Movement psychosocial support is a natural component of humanitarian aid. And with emerging challenges, providers of psychosocial support request more knowledge, specialised interventions and better foundations for the activities. Psychosocial support interventions must be evidence-informed, flexible and adaptable.

Caring for staff and volunteers is high on the agenda for many National Societies. Being a volunteer, though immensely rewarding in many ways, is hard and comes with an extraordinary emotional toll. There is focus both on set-up of management structures to enable recruitment, capacity building, protecting and retaining volunteers and on making sure volunteers are supported emotionally after working in dire situations. This is particularly important in a time, when being a volunteer has become so dangerous in many parts of the world.



With migration, during wars and armed conflicts and in the aftermath of disasters there is an increase in sexual and gender-based violence. Red Cross Red Crescent staff and volunteers often encounter survivors of violence. Many find it difficult knowing how to provide support, especially if the violence is of a sexual nature and even more so in contexts, where there are strong taboos and stigma surrounding this violence.

2016 showed a clear link between the refugee situation in Europe and MENA, and an increased interest from the National Societies to improve the ability to support survivors of sexual and gender-based violence.

Fleeing from war and violence to a safe place does not always mean safety for a refugee or displaced person. Living in camps exposes women and children to high risks of sexual and gender based violence. Squalid living conditions, inadequate access to healthcare and food endangers the physical health of many refugees across the world. Living as refugees with little prospect of returning home and uncertainty of the future in the host country takes an enormous toll on the mental health of refugees. The prevalence of mental health disorders in refugee populations is much higher than in non-refugee populations. Studies show that 30 to 40 percent of Syrian refugees in Lebanon, Jordan and Sweden suffer from major depression. As a comparison, it has been estimated that approximately 7% of the European population suffers from major depression.

Another type of crisis emerged in early 2016: The Zika virus. This new crisis also presented a new challenge: an emergency like no other. It is not linked to any major disastrous event. There is no large death toll. No violent conflict. No rampantly infectious disease. Instead, there are many major emergencies for individual families. There are long term impacts that will remain acute for a generation, affecting both families and communities. And the psychosocial support provided must reflect these conditions by finding ways to be present for many years, by working on anti-stigmatization, the rights of people with disabilities; inclusion as well as providing more traditional community-based psychosocial support.

2016 was not characterised by large, spectacular natural disasters with massive international responses. But that does not mean that nature did not demonstrate its powers. Climate changes are causing more extreme weather, and more and more



In Rwanda the Red Cross provides psychosocial support to refugees from neighbouring Burundi, where violence has prompted more than 200,000 people to flee their homes. In the Mahama refugee camp psychosocial support teams, comprised of five to six volunteers, conduct door-to-door visits to help refugees cope with the emotional consequences of their situation, as well as resolve concerns arising in their everyday life in the camp. Photo: Katherine Mueller, IFRC

“People are fatigued and under enormous stress. Our role is to listen to their concerns and be accepting of their feelings and difficulties. Even if we cannot solve the problems as such, we can assist people in overcoming difficulties together.”

Kaliza Jonas, Volunteer, Rwanda Red Cross.

people experience flooding, hurricanes, droughts, severe heat waves or cold spells. Sometimes the outcome is deadly, but more often the outcome is extensive damage or loss of property, homes and of feelings of safety. Living in a disaster prone area is often highly stressful. People who have lost home and property to severe flooding report anxiety. Children who have seen typhoons ravage a coastline may be afraid of the wind when it rains.

With 54% of the world's population residing in urban areas in 2014 the urban population outnumbers the rural. Providing psychosocial support in urban areas has its own challenges. The sense of community in urban areas is often more fragmented than in rural areas. People may belong to various social networks and communities defined by shared interests, hobbies, beliefs and professions, but rarely defined by a specific local area. But disaster often affects a specific area. This means that social networks and communities will not automatically respond to a disaster or understand the specific need for support. Creating or knowing how to trigger a sense of community within a geographically defined disaster prone area becomes an important part of

psychosocial support disaster preparedness.

The functions of the PS Centre

The overall objective of the IFRC Psychosocial Support Programme (the PS Programme) is to assist the Red Cross Red Crescent Movement to

- create awareness regarding psychosocial reactions at a time of disaster or long-term social disruption,
- set up and improve preparedness and response mechanisms at global, regional and local levels,
- facilitate psychosocial support before, during and after disasters,
- restore community networks and coping mechanisms,
- promote the resilience and thereby the rehabilitation of individuals and communities, and
- enhance emotional assistance to staff and volunteers¹.

¹ From the IFRC Psychological Support Policy, adopted May 2003

Gender and diversity • Urbanisation and demographic change • Global inequalities and economic crises
Disasters and epidemic outbreaks • Displaced persons and survivors of violence • Mental health problems



The aim is to enable National Societies to understand, respond and utilise evidence based practice, when meeting the psychosocial needs of vulnerable groups. Technical support, including assessment, training, support, monitoring and evaluations is key to integrating psychosocial care in a) disaster preparedness and response b) complex emergencies and refugee situations and c) areas of community health, social welfare and youth.

The IFRC PS Programme is global, but the challenges are met locally. There are large variations in the need for psychosocial support across the world, as well as large differences in the capacity of the National Societies to provide psychosocial support from region to region and country to country. Close cooperation with the IFRC Secretariat, its five regions and the country delegations of the IFRC, is the cornerstone of the PS Centre’s ability to follow the needs and capacity of the National Societies. This enables us to be both proactive in supporting capacity building where needed, reactive in providing technical support in emergencies and to ensure the sustainability of the PSS interventions beyond the involvement of the PS Centre.

The membership services to National Societies are the following:

- Advise and guide National Societies to sources of information on community-based psychosocial support
- Support National Societies in developing their

capacity to provide community-based psychosocial support to vulnerable groups and volunteers through assessment and training

- Access external research and make it accessible to National Societies
- Cooperate with other humanitarian organisations dealing with psychosocial support (e.g. IASC, WHO, Save the Children) in order to exchange materials and experience, and to avoid duplication
- Develop, translate and share models, tools and case studies that reflect best practice in community-based psychosocial support within and outside the Movement
- Further develop and maintain a database of external consultancy expertise (“the roster”), to be deployed for assessment and training with National Societies.

Progress toward outcome

In order to promote high quality and timely psychosocial support, the primary task of the PS Centre is to enable and support National Societies. This fundamental premise drives how the PS Centre defines its strategic directions.

Beyond resiliency

By Bassam Marshoud, Psychosocial Support Delegate, Iraq, Danish Red Cross

“I want to help people not to be broken”, said Amal* with immense strength and sadness, when I met her for the first time.

Amal is a young Yazidi woman. She joined Iraqi Red Crescent Society (IRCS) psychosocial support programme as a volunteer to help people suffering as a consequence of the conflict in Iraq.

I met Amal for the first time as a candidate volunteer showing her interest in joining IRCS psychosocial team. “I want to help people to not be broken”, Amal said during the interview with both strength and sadness in her eyes. Although it was clear there was something behind her statement, there was no opportunity to delve into it during the interview. Later, when we worked together, I got to understand her words and the strength and sadness in her eyes. “We fled to save our lives. My dad is still held captive by ISIS and we do not know if he is dead or alive. I can’t stay silent and wait. I’m eager to do something. Of course I’m praying for my dad to return safely, but I want to support my people to be strong and help them to survive the crisis. Despite all the hardship we have gone through, we still need to continue”.

Amal and her fellow volunteers in the Iraqi Red Crescent psychosocial team visit camps and locations with refugees and internally displaced people. Psychosocial corners, where children participate in recreational activities and guided sessions to reduce stress and develop coping skills.

- Structured PS sessions for children to enhance trust, playfulness and tolerance.
- Structured PS sessions for adults to reduce stress and better cope with the consequences of trauma related experiences.
- Family support visits to help families cope with their new situation and link people to other services.
- Psychosocial First Aid (PFA) to support new arrivals and link them to other services.
- Community psycho-education to increase psychosocial awareness among community members of how to cope and deal with their adult and child dependents during such stressful times.

Thus, it is the hope that psychosocial well-being and resilience of girls and boys, survivors of violence and their families are improved through the provision of psychosocial support.

*Amal is not her real name. She has recently moved to Europe as a refugee and there is still no news of her father. The name Amal Means hope



Photo Iraqi Red Crescent Society

Strategic approach 1: Technical support and capacity building

The PS Centre continually receives requests for support from National Societies and regional offices. These include queries about integrating PSS in new or existing programmes, tools on monitoring and assessment, ideas for activities etc.

Successful participation in several research and knowledge generating projects over the past five years has made the PS Centre an attractive partner and there has been a notable increase in invitations to collaborate from academic partners and other organisations.

The PS Centre remains in close contact with International Federation PSS delegates and provides technical and operational support in turn receiving valuable input from the field, which is then shared via relevant communication channels.

A key task of the PS Centre is to maintain close contact with the National Societies, the regions and the secretariat, and support the mainstreaming and inclusion of psychosocial consideration in key reference documents, guidelines, appeals and other project proposals.

Key examples of activities are:

- Surge mission to Greece to support Hellenic Red Cross, IFRC and other active National Societies in the country in providing psychosocial support to refugees.
- Providing input to and reviewing guidelines and strategies on psychosocial support response to the outbreak of zika virus to WHO and IFRC in the Americas region.
- Reviewing emergency plans of action for typhoons Heima and Melor in the Philippines, for floods in the Democratic People's Republic of Korea and earthquakes in Aceh, Indonesia and Solomon Islands.
- Collaborating on research and proposals with partners such as the University of Galway, Trinity College Dublin, IT University of Copenhagen, WHO, Karolinska Institutet, Vrije Universiteit Amsterdam, UNICEF and several National Societies.

Psychosocial support in emergencies

Migration

Migration is a global challenge. According to UNHCR more than 62 million people were forcibly displaced by war and armed conflict in 2015. Sub-Saharan Africa hosts more than 26 percent of the world's refugee population. Over 18 million people in this region are of concern to UNHCR. This number has soared in recent years, partly due to ongoing crises in the Central African Republic (CAR), Nigeria and South Sudan, but also as a result of new conflicts erupting in Burundi and Yemen.

Living in and fleeing from conflict can result in loss of family, loss of homes, loss of livelihood, loss of sense of safety, loss of connectedness, loss of freedom and loss of hope. These losses impact the mental health and psychosocial well-being of the people affected. Psychosocial distress and the adaption of negative coping mechanisms will increase resulting in the collapse of community resilience. The disruption of a traditional supportive social environment makes caregivers struggle and sometimes fail to adequately care for, and protect their children.

Food insecurity following drought and conflict exacerbates the crisis, making refugees and internally displaced people (IDPs) particularly vulnerable.

South Sudan

South Sudan is the youngest nation in the world, but years of conflict have taken their toll. The population is uprooted; according to UN OCHA, more than 2.3 million people – one in every five people in South Sudan - have been forced to flee their homes since the conflict began. 2016 saw new areas of conflict, severe food insecurity, cholera outbreak and other serious health concerns in a population, where more than half are children.

New outbreaks of violence in the summer of 2016 further added to the seriousness of the situation sending even more people fleeing and adding drought, the food situation is now so bad that a famine was declared in February 2017.

Psychosocial support has been a high priority in South Sudan Red Cross and the unit has been expanded to a psychosocial support department. The renewed outbreak of violence was a setback for the capacity building, as the security situation became critical and many activities had to be suspended, and a large part of the international

staff, including a PS delegate was evacuated. South Sudan Red Cross continues operations as much as the security situation permits.

Greece - migration crisis

Greece is the primary entry point for refugees and migrants entering Europe. With the closing of borders in Europe in March 2016, Greece became a more permanent country of residence for many refugees rather than a country of transit, altering the focus of the emergency response.

From the perspective of the psychosocial interventions of the Movement the overall situation in Greece, with daily changes in policies, practices and guidelines pertaining to the migrant situation, makes the psychosocial interventions complex and very challenging. Psychosocial delegates, staff and volunteers are responding to situations in and outside organized camps, detention centres, shelters as well as helping people granted asylum and vulnerable Greek nationals. The target groups are varied, have different needs and the technical and personal demands on staff and volunteers are high. The changing environment and language barriers between volunteers and people of concern create barriers. In many cases security incidents occur, when emotions run high as migrants find their situations hopeless.

Zika virus

The Zika virus is transmitted by mosquitoes and it is not a new disease, and for most people it is not even a very serious disease. The growing evidence that

the virus is linked to an increase in the occurrence of congenital neurological disorders caused the WHO to declare a Public Health Emergency of International Concern in February.

Throughout the epidemic, the PS Centre has been actively involved in consultations, reviews, workshops and development of guidelines for PSS interventions regarding the zika epidemic with National Societies, IFRC and WHO.

Psychosocial support forms an important part of a sustainable response. One of the challenges is that the Zika epidemic is a low intensity event, but of very long duration and the approach needs to be adjusted to this reality.

The main focuses of the intervention are:

- PSS for women of childbearing age, pregnant women, pregnant women with Zika virus and/or confirmed cases of congenital syndrome in babies; and adults with the Guillain-Barré syndrome
- Capacity building for volunteers and staff in PSS
- Community sessions to reduce stigma and discrimination.

Ecuador Earthquake

In April 2016 a powerful earthquake struck off the coast of northern Ecuador. The human toll was 668 dead, eight people missing and 6,274 people severely injured. More than 230,000 people were wounded and more than one million people were directly or indirectly affected by this event.



Photo: Ecuador Red Cross

Global survey of National Societies' PS activities

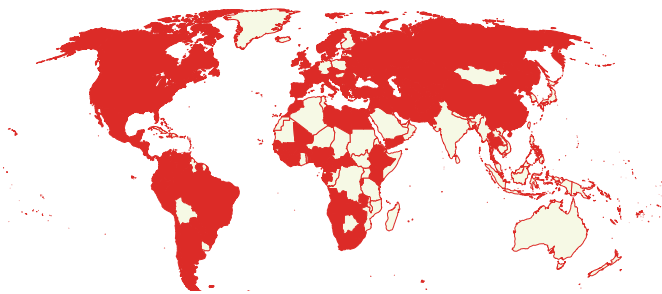
111 out of **190** National Societies **responded** to the survey.

They were asked about their **psychosocial support** activities, **mental health** activities, **trainings**, use of PS Centre **materials** and **future needs**.

105 of the responding National Societies reported that they conduct psychosocial support activities either domestically or internationally.

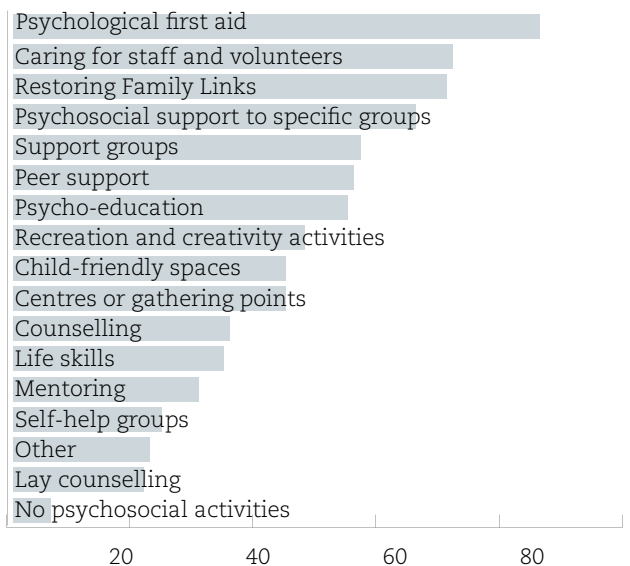
81 National Societies plan to **expand** their PS activities in the coming year and only **5** plan to **reduce** activities.

National Societies responding to survey

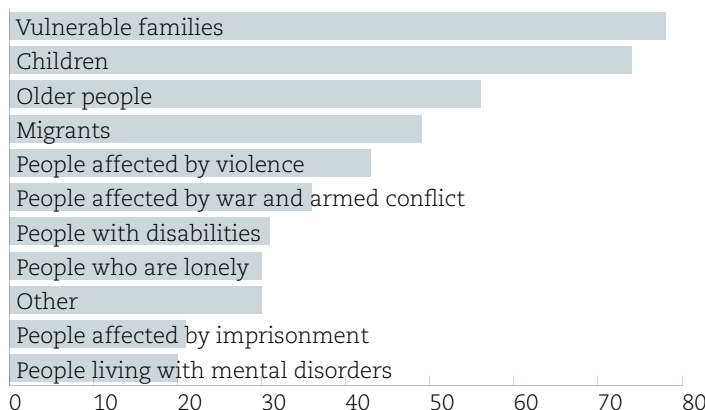


The chart to the right presents the number of National Societies by psychosocial activity conducted. 77% of all respondents conducted PFA activities, 64% of respondents conducted Caring for Staff and Volunteers related activities and 63% indicated having conducted RFL activities. A large number of National Societies in Europe indicated RFL activities during the last year and the response rate for this region was high.

Psychosocial activities in National Societies

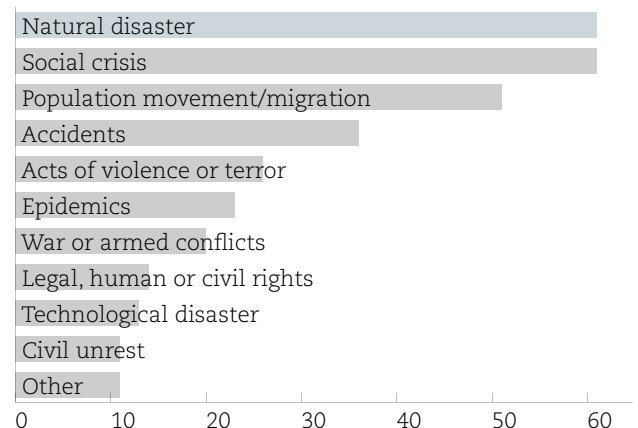


Target groups for PS activities

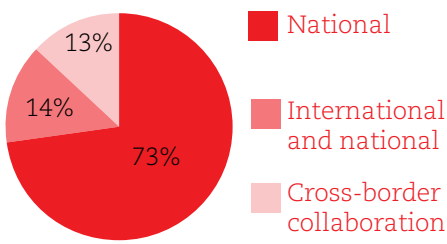


Families, children and older people are the major beneficiaries of PS activities. If people affected by armed conflicts and people affected by violence were grouped together, this group would be the major beneficiary of the NS' PS services.

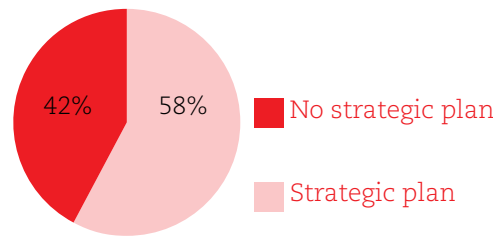
Contexts for PS activities



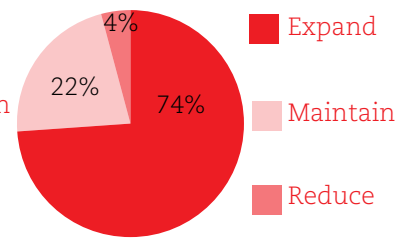
The context in which National Societies provided psychosocial support services during the last year. More than half of respondents indicated providing psychosocial support during social crisis (poverty, economic hardship, homelessness, destitution and stigmatization).



Levels at which National Societies conduct their psychosocial activities in percentages



National Societies with strategic plans for psychosocial support activities in percentages



National Societies' expectations of expanding or reducing psychosocial support activities in the coming year in percentages

Mental health activities

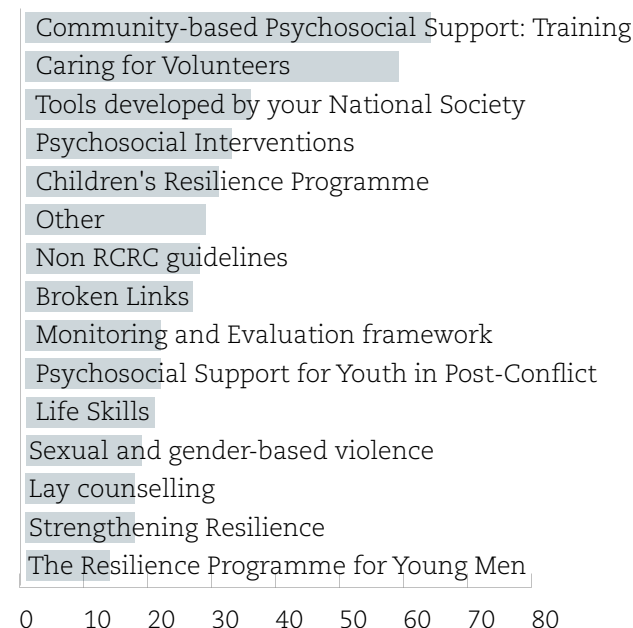


55 National Societies indicated having conducted at least one mental health activity during the last year.

The category "Other" included the following types of interventions:

- Ethno-psychological support for asylum seekers
- Intervention for victims of gender-based violence, neglected children and asylum seekers
- Mental health in crisis
- Interventions for separated families
- Victims of house fires, identification
- Referral of mental health disorders,
- Complicated grief
- Stress management.

Use of services from the PS Centre



National Societies were asked in an open-ended question, which types of support they were interested in receiving from the PS Centre. The following themes emerged from the answers:

- Training and refresher trainings – In particular trainings on psychosocial support in emergencies with more focus on support AFTER the emergency.
- Accompaniment of the National Societies' work on MHPSS
- Exchange of experiences on PS activities
- Support on drafting PS plan and budget plans
- Financial support
- Support to develop strategic plans for psychosocial support
- Technical support (Most of these responses came from French-speaking National Societies in Africa)
- Supervision of PS work during crisis (Most of the responses on the Europe region)



It takes time

Capacity building is a cornerstone in supporting the National Societies. Training is one element, but mentoring and working closely with delegates, headquarter staff, branch staff and management through surge missions and consultancies is equally important.

Capacity building efforts stretching over several years have the potential to involve larger parts of the organisation and partners hereby facilitating lasting change. The Caring for Volunteers programme is one such example. Launched for the first time in 2014, the programme aims at supporting National Societies in setting up structures on management and field level to support volunteers. The first two years the project was planned as one-year interventions with the National Societies, but evaluations showed that one year was not sufficient for the changes to take root. As a consequence 2016 marked the beginning of fewer National Societies participating, while prolonging the programme period to two or three years. A longer time frame allows more time for planning and involving the right stakeholders, while increasing the sustainability. Mentoring and on-the-job training is an important part of the work providing time to put new knowledge and ideas to the test and discuss and adjust with the mentor.

Tariq Isaac is the focal person in Sudanese Red Crescent, and has been working for two years with the PS Centre technical advisor on implementing the Caring for Volunteers programme in Sudan: "The PS Centre provided Sudanese Red Crescent Society with relevant technical support in a facilitative and constructive way.

I've learnt a lot from my mentor's accumulative experience on caring for volunteers during the development process of the standard operating procedures (SOPs) on psychosocial support for volunteers.

Throughout the project we have had trainings, management meetings, drafted SOPs in a well-structured and participatory way, conducting the workshop for volunteer managers to discuss the SOPs and finally the upcoming endorsement workshop. This process has resulted in a valuable document that will pave the way to caring for volunteers and contributing to volunteering development within SRCS in the near future".

As part of its ongoing psychosocial support activities, the Ecuadorian Red Cross designed a collection campaign called Cajitas de la Esperanza, or "Little Boxes of Hope" to help children cope with the emotions of recovering from such a tragic ordeal. The campaign called for one child to fill a box for another child with gender neutral toys, clothes, crayons, candy, colouring books, storybooks and most importantly a handwritten letter of

encouragement for that child, and to deliver the box to their nearest Red Cross branch.

"Once the first call for donations of these boxes was made, our headquarters in Quito got flooded with calls asking about this. It has been very popular throughout the country, we've even gotten boxes from people outside of Ecuador!" explains Ana Marcela of Ecuador Red Cross.

The positive impact of the Boxes of Hope campaign extends beyond the support given to the children of Ecuador's coasts. The campaign's success has affected positive change in those, who have donated as well.

"I think one of the reasons, why the Boxes of Hope work is that it strengthens family bonds of those, who are making and sending them as well - it teaches children the value of giving to others."

"It's been wonderful to see people outside of the Red Cross supporting us through these donations. Not only has it proven to be an effective tool for psychosocial support, it's really made us evaluate our methods - it's the simple things that work in child psychology."²

Regional support and knowledge sharing

Regional IFRC offices are important collaboration partners for the PS Centre. The regional offices enable collaborations and knowledge exchange between the PS Centre and National Societies, and also amongst National Societies. In the Asia Pacific Region, PS Centre's ability to support the National Societies has

been greatly strengthened by a fruitful collaboration with Hong Kong Red Cross. Under this agreement a psychologist from Hong Kong Red Cross spends 15% of her working time as a technical advisor to the PS Centre.

Regional networks

The migration crisis remained one of the most pressing topics for the European National Societies in 2016, as many of the European National Societies play important roles in housing and caring for the refugees. The Annual Forum of the ENPS took place in Lisbon, Portugal, and focused on the psychosocial responses to the current migrant crisis and in particular the current and on-going work of National Societies, the IFRC and ICRC as they respond to the needs of migrants, who enter, transit and become integrated in the European countries.

Training, supervision and mentoring

Training is a powerful tool for building capacity in psychosocial support. There is evidence that training enhances the capacity of staff and volunteers to deliver PSS³.

The Red Cross Red Crescent Research Network for Mental Health and Psychosocial Support marked the publication of the World Disaster Report with a webinar presented by Dr. Maureen Mooney, author of the chapter "Inner resilience: mental health and psychosocial support, and Dr. Lee Devaney, psychologist and community mobilization expert of British Red Cross.



Inner resilience: mental health and psychosocial support
- a Red Cross Red Crescent Research Network on Mental Health and Psychosocial Support webinar

The PS Centre and the Red Cross Red Crescent Research Network for Mental Health and Psychosocial Support proudly presents the webinar about "Inner resilience: mental health and psychosocial support."

Speakers are:
Dr Maureen Mooney, PhD, Joint Centre for Disaster Research, School of Psychology, Massey University and the Research Network. Dr. Mooney is the author of the chapter "Inner Resilience: Mental Health and Psychosocial Support" in the 2016 edition of the World Disaster Report.
Dr Lee Devaney, Psychologist, British Red Cross. Dr Devaney works on the project "Creating Resilience in Urban Areas, in which research is combined with community engagement with the aim of building resilience in flood prone urban communities.

The webinar takes place on **Friday 14 October at 09:00 CET**

Join the webinar via your browser: http://bit.ly/psc_webinar

Please note that you may be asked to install a small Skype for Business plug-in to join. If you experience problems viewing the webinar, please try another browser.

Photo: Sarah Dall, Danish Red Cross

2 This story was published on www.ifrc.org. It has been edited by the PS Centre.

3 Henderson, Silje: Psychosocial interventions after natural disasters – an analysis of evidence and recommendations for practice, 2013

PS Academy

The PS Academy encompasses psychosocial trainings, workshops and seminars focusing on cost effective regional trainings and specialised trainings, e-learning and distance learning provided by the PS Centre.

Cost effective trainings under the PS Academy are offered in Copenhagen and around the world upon request from National Societies and regional offices. The trainings in Copenhagen are open to all from the Red Cross Red Crescent Movement, who meet the requirements for the training, while access to the trainings and workshops outside Copenhagen are often determined by the organising National Society or regional office. Trainings in Copenhagen are cost-effective and require a minimum of resources. This enables the PS Centre to increase the number of trainings offered and even to a limited extend support participants from less affluent National Societies.

The trainings are facilitated by a PS Centre technical advisor and a member of the PS Centre's roster – often someone with a relevant linguistic or cultural background or with special knowledge on the subject of the training.

In 2016 552 key staff members from National Societies were trained in the PS Academy in 26 workshops and trainings.

SGBV training

Developed in 2015, the two-day training in psychosocial support for people affected by sexual and gender-based violence was one of the most requested PS Academy trainings in 2016. The training provides volunteers already engaged in

psychosocial support, with skills to identify different forms of SGBV, knowledge on how to minimize risks, include protective measurements and meet and refer survivors of SGBV. Participants are invited to reflect upon their own reactions to SGBV. Even though SGBV is a very serious topic, it has been important for the PS Centre to keep the ambience engaging, stimulating and highly interactive.

The roll-out of the training coincided with an increased focus on this topic from many National Societies and the IFRC, particularly in connection with migration and conflict, and on protection, gender and inclusion (PGI). There are clear overlaps between PGI and psychosocial support, and collaborations between the PGI and Gender and Diversity Networks and the PS Centre have been strengthened throughout 2016.

The PS Roster

A roster of experienced staff and delegates able to take on shorter term missions (1-2 weeks) adds to the strength and flexibility of the Centre to provide capacity building and technical and operational support. The PS Centre continuously updates the roster of PSS experts and trainers in order to better scale up activities by responding to training requests as well as harmonizing trainings and expectations.

Support systems for volunteers

More and more National Societies are beginning to place support systems for volunteers high on the agenda for organizational development. Creating good support systems for volunteers goes beyond teaching volunteer managers to facilitate peer support in groups of volunteers. It goes all the way to the top of the organisation, where management

Photo: Ibrahim Malla, SARC



“On 19 and 20 October 2016, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH gathered 75 MHPSS actors from eight different countries in Amman, Jordan in order to discuss the challenges of measuring the impact of MHPSS activities and to learn more about existing M&E-tools. The large number of registrations showed that the topic is highly relevant to the experts working with refugees. Sarah Harrison, representing the IFRC PS Centre, presented IFRC’s M&E Framework for PSS programmes. Her input was very much appreciated by the participants, especially the practical group session on how to use the tool. The framework is very useful for the organizations offering psychosocial support for refugees and IDPs in the Middle East. Therefore, offering more workshops for non-Red Cross Red Crescent staff on how to use it would be very helpful.”

Andreas Löpsinger, Regional Programme “Psychosocial Support for Syrian & Iraqi Refugees”, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

considers how to recruit, educate, retain, insure, manage and support volunteers. A core function and focus area for the PS Centre is to help transform these thoughts into implementable plans of action.

The Caring for Volunteers: A toolkit is available in five languages and is widely used throughout the world, and in 2016 the PS Centre conducted three regular Caring for Volunteers trainings, one training of trainers and two workshops, while 95 trainings were conducted by National Societies independently of the PS Centre⁴.

Elements of the programme are the training of volunteer managers, workshops with management, developing plans of action and mentoring the National Society focal persons. In 2016 Sudan Red Crescent, Iraqi Red Crescent Society and Afghanistan Red Crescent Society participated in the programme, which has been extended for another year.

Strategic approach 2: Knowledge generation and sharing

Psychosocial support is a discipline under constant development both in academia and in the field.

The demand for new intervention methodologies are ever increasing within National Societies and IFRC operational units. New areas of intervention and ways of combining psychosocial support with other types of humanitarian efforts are continuously emerging.

Universities and applied research institutions

produce vast amounts of research on these topics as well as target groups. This growing area of expertise, coinciding with a growing number of requests, creates a heightened need for new knowledge, tools and methodologies to facilitate evidence-based interventions and SOPs.

With strong ties to both the practical implementation in the field and the research in academia, the PS Centre is in a unique place to bridge the gap between the two and work towards more appropriate generation and knowledge sharing, ultimately resulting in improved interventions.

Strong partnerships with academia

Throughout the Red Cross Red Crescent Movement and the wider humanitarian community there is an increasing recognition of the need and value of producing evidence to support and enhance humanitarian work across all sectors.

The Red Cross Red Crescent Research Network on Mental Health and Psychosocial Support

The Red Cross Red Crescent Research Network on Mental Health and Psychosocial Support (MHPSS) was established by the PS Centre and a group of academics and practitioners all engaged in MHPSS at a two-day workshop in Copenhagen in June.

The vision of the Research Network on MHPSS is to provide effective humanitarian action through a strengthened evidence-base in the Movement for mental health and psychosocial support for beneficiaries, volunteers and staff. This will be done through encouraging, commissioning, producing

⁴ PS Centre survey of psychosocial support activities in National Societies 2016



and disseminating research, including exploring the potential for future research partnerships on MHPSS topics.

Membership is open to individuals engaged in research on MHPSS topics and associated to the Red Cross Red Crescent Movement and affiliated membership is open to individuals with experience in MHPSS research in humanitarian settings.

Monitoring, evaluation, accountability and learning

Contact with National Societies is vital to understanding how best to support them to detect emerging trends and to support the National Societies in connecting with each other and accessing each other's experience. To this end, the PS Centre conducted a survey of all 190 National Societies to which 111 responded. This is a significantly higher number of respondents than in any previous surveys conducted by the PS Centre, and may be an indication of increased psychosocial support activities in the National Societies and of a better ability to reach out to the National Societies.

The survey shows a wide range of psychosocial support activities taking place in many different contexts, but also some clear trends. Social crisis, natural disasters and population movements are the most common contexts for National Societies providing psychosocial support.

Interestingly, half of the respondents indicated

having conducted at least one mental health activity during the last year. Interventions ranged from psychotherapy, alcohol and substance abuse interventions, suicide prevention, pharmacological management of mental disorders, complicated grief and stress management. The majority of National Societies have referral systems to specialized services (psychologists, psychiatrists or social workers) and only 33 do not have referral systems. A few of the 33 do not need a referral system because they have the necessary resources within their organization.

Training is a high priority overall – 85% of the respondents conducted at least one psychosocial support training during the last year. The most widely offered training is the Community-based psychosocial support training, which is a foundation training. Caring for volunteers and psychosocial support in emergencies were also widely offered.

The vast majority of the National Societies (74%) reported plans to expand their psychosocial support activities, and only five per cent are planning to reduce activities.

Respondents were asked which services and support they were interested in receiving from the PS Centre and the main trends were

- Trainings and refresher trainings
- Exchange of experience on PS activities
- Support on drafting PS plan and budget plans
- Financial support

- Technical support
- Supervision of PS work during crisis

Expansion and development of the PS tool box

The development of more specialized manuals and training materials enables the PS Centre to provide more in depth support not only to emergency response or disaster preparedness programmes, but also to development and social support programmes. The tools are developed in cooperation with, and upon the request of National Societies, to enable them to provide quality and timely response to the psychosocial needs of people affected by emergencies and crises.

The tool box comprises handbooks, manuals, training guides and guidance notes. In previous years a number of handbooks and manuals have been developed. Part of the roll-out of any new material is facilitating the practical implementation via trainings and inclusion in programming.

All PS Centre materials are developed as universal tools and National Societies are encouraged to adapt and translate them to fit the context in which they are to be used.

For example, the “Broken Links” material, which is about providing psychosocial support to families of missing people, has been translated and adapted into Arabic by Egyptian Red Crescent, into Hungarian by Hungarian Red Cross and into Russian by Ukraine Red Cross. In all cases, a certain amount of adaptation has taken place in order to make the material relevant and useful in the specific situations in which it is intended to be used.

Monitoring and evaluation framework

When discussing M&E of psychosocial support interventions there seems to be a wide consensus on two points: 1) M&E is very important and we need more of it. 2) It is very difficult.

It is necessary to document results and learn from them in order to improve interventions as well as to be able to demonstrate beyond a doubt that interventions actually improve the lives of the people. Having good reliable data from the field combined with the growing mass of research from academia on the field of MHPSS helps the community of practice to build a good advocacy case for incorporating MHPSS in humanitarian work and to demonstrate to donors that their money is well spent.

The IFRC M&E framework was tested in early 2016 in a mature draft format and underwent a rigorous review in late 2016. During this review much effort was put into making sure that whenever possible, the IFRC framework is aligned with the The Inter-Agency Standing Committee (IASC) framework “A common monitoring and evaluation framework for mental health and psychosocial support in emergency settings”, which was finalized concurrently as a collaborative inter-agency and multi-year effort including several different member organizations - among them the PS Centre.

It may look like a double effort to develop two frameworks, but there are crucial differences between the two, making both relevant and complementary.

The IASC framework is deliberately kept universal and operates on the higher levels of goal and outcome for both mental health and psychosocial programmes, making it easily adaptable to organizational and situational contexts, while keeping within a large, internationally agreed upon framework underpinned by the IASC Guidelines.

The IFRC framework on the other hand is specifically designed for the Red Cross Red Crescent, where non-emergency interventions, capacity building and caring for staff and volunteers are key activities. This framework also has indicators on the output level, suggestions for means of verification and a substantial toolbox to support data collection.

The IFRC M&E framework consists of various tools to help build the capacity of National Societies in developing a systematic approach to M&E of their PS programmes:

- Guidance note
- Indicator guide
- Toolbox.





IFRC stress counsellors in Copenhagen

The IFRC has regional stress counsellors all over the world, whose task it is to support IFRC staff and delegates during and after deployments.

In October the stress counsellors were gathered in Copenhagen by invitation of Danish Red Cross. They spent a two days with the PS Centre being introduced to the community-based approach to psychosocial support that the IFRC promotes and discussed ways of supporting staff during and after stressful and dangerous incidents.

Photo: Ea Suzanne Akasha, PS Centre.

Scalable psychological interventions

For the vast majority of the world, there is a gap between the prevalence of mental health problems and the availability of evidence-based service. Even in high income countries disasters or large influx of refugees can put otherwise well-functioning mental health systems under pressure.

To close this gap, the World Health Organization recommends a range of psychological and pharmacological interventions by non-specialized care providers. It recommends, for example, cognitive behavioural therapy (CBT) and interpersonal psychotherapy (IPT) for adult depression. In most countries there are mental health professionals who are expected to offer these psychological interventions. However, these professionals are scarce and too often are not trained in CBT or IPT. There is a need to develop psychological interventions in simplified form so that they can be quickly learned not only by professionals but also by people who are not mental health professionals. Scalable interventions are often referred to as “low-intensity psychological interventions”, in that their delivery requires a less intense level of specialist human resource use. It means that the intervention has been modified to use fewer resources compared with conventional

psychological interventions. People with and without previous training in mental health care can effectively deliver low-intensity versions of CBT and IPT as long as they are trained and supervised. Also, people experiencing severe levels of depression can benefit from low-intensity interventions.

Many National Societies see a need to offer more structured mental health interventions. The interventions are showing very promising results so far, and the fact that they can be delivered by trained volunteers makes them interesting for the Red Cross Red Crescent Movement. At the same time, successful implementation of the interventions require stable organizational structures in which there are resources to provide ongoing training and supervision of the facilitators.

The PS Centre closely follows the development of further interventions and the research in existing interventions with the view to assess the feasibility of implementing the interventions in the Red Cross Red Crescent Movement. The centre is engaged in several research projects and other collaborations with universities, the WHO, and both large international NGOs and smaller local NGOs, in which the interventions are developed, adapted and field tested.



Photo: "Flood Aftermath" by thebeanblog on www.flickr.com

Key actions for psychosocial support in flooding

In Europe one of the most common and destructive natural hazards is flooding. Floodwater destroys or damages almost everything in its path. Flash floods sweep property, infrastructure and sometimes also people away. Floods soak homes and everything in them. The water is dirty and smelly and when it recedes it leaves silt, mud and sometimes toxic mould behind. Floods also damage places of worship, schools and recreational areas. The psychosocial effects of flooding are long lasting and can complicate recovery and rebuilding and cause lasting harm to individuals, families and communities.

Key Actions for Psychosocial Support in flooding was developed by the PS Centre based on research and community mobilization workshops in Northern Ireland, Hungary and Denmark. The document is a short and practical guide to providing community-based psychosocial support before, during and after flooding in urban areas focusing on building resilience in urban communities.

Strategic Approach 3: Humanitarian diplomacy and communications

Influencing relevant policies and strategies

The PS Centre continues to contribute to relevant new IFRC policies and sub-strategies to ensure that psychosocial aspects are addressed and in line with the IFRC approach and international standards. Outside the Red Cross Red Crescent Movement, the PS Centre speaks on behalf of IFRC in matters of psychosocial support and promotes the psychosocial support programme and policy in relevant international networks.

Addressing the psychological effects of armed conflicts and violence

Armed conflicts and violence give rise to great mental health and psychosocial challenges among millions of people around the world. While needs are increasing, mental health and psychosocial well-being is still not high enough on the list of priorities in the field of humanitarian intervention.

At the 32nd International Conference of the Red Cross Red Crescent in December a pledge was launched to:

Photo: Yari Nardi, Italian Red Cross



- contribute to mobilising greater global attention to the psychological effects of armed conflicts and violence with the aim to gain further recognition of the humanitarian impact;
- engage in and support activities aiming at better understanding the psychological consequences and the needs of those affected (e.g. research);
- together with affected persons and communities, support and further develop activities and methods to address the psychological effects;
- contribute to strengthening the Red Cross and Red Crescent Movement's collective capability and capacity to respond effectively to mental health and psychosocial needs.

Since the conference efforts have been ongoing to take the pledge further and the parties to the pledge aim to present a resolution at the 2017 Council of Delegates.

Co-chair of the IASC Reference Group for MHPSS in emergency situations

The Inter-Agency Standing Committee Reference Group for Mental Health and Psychosocial Support in Emergency Settings (MHPSS RG) supports country-level mental health and psychosocial support coordination groups in various humanitarian contexts (including refugee settings and protracted crisis). The MHPSS RG disseminates the inter-agency guidelines on MHPSS in emergency settings and associated documents and conducts

policy-advocacy on MHPSS in emergency settings in general. The MHPSS RG is a subsidiary body under the IASC Secretariat, based in Geneva and New York.

The coordination and day-to-day management of the group is maintained by two member organisations; co-chairs. In 2016, the IFRC PS Centre became a co-chair IASC MHPSS RG, along with UNICEF.

Support missions to emergencies are an important part of the work of the full-time coordinator. In 2016, she travelled to South Sudan, Jordan and Greece.

The South Sudan mission was requested by the child protection, protection, health and GBV clusters in the country, as the different responding organisations (including South Sudan Red Cross and associated partner National Societies) were struggling to present a united approach to MHPSS programmes and coordination. During the support mission, the coordinator was able to create one MHPSS coordination group, with a set ToR and to situate this group within the wider humanitarian architecture. The mission also enabled South Sudan Red Cross and their PSS activities to be included within the MHPSS coordination group giving them a voice and the opportunity for input in key decision making processes regarding humanitarian programmes in the country. The RG coordinator also briefed the donor community in South Sudan and at their respective headquarters as a follow up to the visit, but also to mobilise more funding and interest to be directed during MHPSS programmes in South Sudan.

The support mission to Jordan in October 2016 was organised by the German Development Cooperation (GIZ) to support the roll-out of the IFRC M&E Framework for PSS Programmes and the IASC M&E Framework for MHPSS Programmes in Emergency Settings.

In Greece, in December 2016, the RG coordinator conducted a Training of Trainers on the IASC MHPSS Guidelines for national level MHPSS actors – including Hellenic Red Cross staff and volunteers.

Other key activities conducted in 2016 by the MHPSS RG include the creation of an inter-agency referral form and guidance note to support referrals and referral pathways for individuals and families in humanitarian settings. This tool has been adapted by the IFRC PS Centre, included within our M&E Framework toolbox and incorporated into relevant trainings such as on SGBV – regarding referrals for survivors of violence.

Challenges and constraints

Humanitarian work has become more dangerous in recent years. The need for psychosocial services is often high in dangerous situations, but the risks are high for the staff and volunteers providing the services. For the PS Centre this meant that several important field visits to Afghanistan, the Central African Republic and Iraq, became very difficult to execute in 2016 and had to be postponed and down-scaled.

Mental health and psychosocial support are complex disciplines and high quality interventions require high levels of knowledge and training. It takes time to acquire the competencies necessary and the need for training, accompaniment, supervision and mentoring are currently much higher than the capacity to provide it.

More and more National Societies are offering psychosocial support. As a result of this, demands on the services of the PS Centre are increasing, but the availability in funding does not follow the demand for support.

Projects and direct activities are the least difficult to fund while research, capacity building, knowledge management and advocacy is harder to fund. As a result,

the PS Centre spends considerable resources on fundraising and project management in order to be able to meet as many demands as possible.

Given sufficient funding, the PS Centre would aim to conduct more regional trainings, have better language competencies, translate material into more languages and be more capable of supporting the IFRC in advocacy.

Looking ahead

The PS Centre remains committed to providing membership services to all interested National Societies to enable them to provide relevant psychosocial support of high quality.

More than half of the National Societies are reporting that they are conducting psychosocial support activities and the number of psychosocial support focal points has never been higher.

This network of focal persons is an important foundation for the work of the PS Centre in promoting mental health and psychosocial support



Photo: Anita Dullard, IFRC

throughout the Movement, and efforts will be made to expand and strengthen it. The focal persons are the gateways to National Societies. They are aware of the most recent methods and are invited to be trained and supervised by the PS Centre and they are supported in scaling up psychosocial interventions in their National Societies. An indicator of success for the PS Centre is to have trained and supported focal persons in all National Societies.

Across the global landscape of humanitarian actors there is momentum towards doing more in the area of mental health. The IFRC is part of this and will launch a Mental Health Framework in the coming year. The PS Centre is involved in several international research projects about task shifting and scalable psychological interventions and will use the knowledge generated to support the implementation and testing of scalable interventions in the Red Cross Red Crescent context.

Other areas of research and knowledge management in the coming year will be on mental health consequences of the Syrian refugee population including children with high levels of stress and trauma, and on faith sensitive psychosocial programming.

Child-friendly spaces is a widely used intervention, especially in emergency situations. Following reports from the field, particular in the European National Societies responding to the migration crisis, and the result of the 2016 IFRC review on child-friendly spaces, it became clear that there is a need for a systematic approach to child-friendly spaces to ensure high standards of protection and psychosocial support. In 2017 the PS Centre and World Vision International will collaborate on developing a manual on psychosocial support in child-friendly spaces, an activity catalogue and a three day training programme to support high-quality child-friendly spaces with a strong psychosocial support component for both children and their care-givers.

The PS Centre will continue advocacy work with ICRC, the IFRC Secretariat, Danish Red Cross and Swedish Red Cross on addressing Mental Health and Psychosocial Effects in Armed Conflicts, disasters and other Emergencies. In the 2017 Red Cross Red Crescent Council of Delegates the PS Centre will co-organize a workshop on this topic. In the coming years the PS Centre is committed to working towards the adaption of a policy framework at the International Red Cross Red Crescent Conference in 2019. The framework will address

state responsibilities aimed at providing services for affected populations and duty of core staff and volunteers.

The SPHERE guidelines are undergoing a thorough revision and in the new guidelines there will be a stronger focus on mainstreaming mental health and psychosocial support in protection and health. The PS Centre will provide input during the review process in 2017.

The well-being of volunteers is at the core and heart of the work of the PS Centre. The PS Centre will contribute to the Movement wide Volunteering Alliance and continue its work in rolling out trainings in caring for Volunteers as well as engaging in in-depth organizational development projects to set up caring for volunteers structures in National Societies. The PS Centre co-hosts a PhD student with Trinity College Dublin in Ireland who is researching the mechanisms by which organisational factors (i.e. supervision, training) impact on the psychological well-being of humanitarian volunteers in post-conflict settings. Findings from the project will be used to increase the utilisation of mental health and psychosocial support structures within the IFRC National Societies and to develop better policies and guidelines for Good Practice for volunteer care in emergency responses

Psychological First Aid (PFA) is widely used across the Red Cross Red Crescent Movement. In the coming year, the PS Centre will make a systematic update of the current PFA material and develop new training modules. The package will be developed for staff and volunteers in the Red Cross Red Crescent Movement and others who provide care to people in distress. Furthermore, this work will be reflected in the new IFRC package for community-based health and first aid, eCBHFA, to which the PS Centre is contributing modules on psychosocial support.

Financial statement

The level of activities in the PS Centre depends on financial resources available.

Throughout 2016 the PS Centre has maintained a close collaboration with its current donors, including the National Societies of Denmark, Canada, Finland, France, Iceland, Japan, and Norway.

New and improved agreements have been negotiated with some of the traditional Red Cross Red Crescent donors. For example: UNICEF and Danish Red Cross have contributed to the current (2017) position as coordinator for the function as Co-chair for the IASC

MHPSS Reference Group.

The PS Centre has explored new venues such as new action research funding and project initiatives on scalable interventions for mental health, PSS community-based support in epidemic outbreaks and Child Friendly Spaces. The PS Centre will further its work with WHO and university partners to assess the feasibility of scalable psychological interventions in the context of the Movement and develop training materials for volunteers to deliver these interventions. Project based funding, mainly from the European Commission, remains important in this regard. The PS Centre will maintain and

expand on its strategic aim to diversify and enlarge funding streams to support the growing demands from the National Societies and the international community to advocate for the inclusion of MHPSS in programming.

The total expenditure of the PS Centre mounts to DKK 6,560,211 (CHF 957,654), which is a decrease of 10.5% since 2015. The detailed financial report is included in the PS Centre Financial Statement, which can be requested from the PS Centre.

Photo: Ea Suzanne Akasha, PS Centre



The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.