


Psychosocial Centre

 International Federation
of Red Cross and Red Crescent Societies

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Healing through sports

A common
future -
Kyrgyzstan

The aftermath
of the bombs blasts
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Disclaimer:
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Cover photo:
Displaced boy flying a kite in front of tents for IDPs, Savukady camp, Sri Lanka (2007).
Photo by D. Madzarevic / UNHCR

Editorial

A tribute to volunteers

2011 marks the International Year of Volunteers. One of the projects that the IFRC Reference Centre for Psychosocial Support has in the pipelines is the development of guidelines and a toolkit for psychosocial support to volunteers in emergencies to ensure their long-run wellbeing.

Volunteers are the foundation for the work of the Red Cross Red Crescent Movement, representing the vast majority of the 97 million people* that take part in the work of the RCRC. Without them and the strong sense of solidarity behind their efforts, it is hard to imagine how much we would have lost. Countless lives have been saved, made better, and touched in some way by people with hearts greater than themselves. It is through the work of volunteers and staff that over 250 million beneficiaries are reached every year*. Every effort counts, from community home-based care to emergency response in the aftermath of a natural disaster. Volunteerism strengthens the social fabric in the communities in which it takes place.

Unfortunately, it is sometimes forgotten that they, like others, also have personal thresholds for how much they can take upon themselves. Their mental

health and general wellbeing must be safeguarded. Losing a volunteer or staff member due to overwhelming emotional stress neither benefits themselves nor the beneficiaries that would have stood to gain. And we know that humanitarian workers are particularly vulnerable in extremely turbulent situations such as in conflicts or natural disasters, just like the beneficiaries they are meant to help. Therefore, the IFRC Reference Centre for Psychosocial Support has made it a priority to promote the resiliency of volunteers in emergencies as the article "Safeguarding our Volunteers" further explains.

Whether it be promoting healing through sports, through social and recreational activities for children or adults, for example in the aftermath of conflict in Kyrgyzstan, or lending practical support to mourners and survivors such as after the Uganda bomb blasts, volunteers are our most valuable resource. Therefore, capacity-building and ensuring a framework for psychosocial support for staff and volunteers in all of the National Societies is of utmost importance, and the PS Centre will ensure that best practices are disseminated and that National Societies are



supported in their efforts to promote the resiliency of their volunteers.

Yours sincerely,

Nana Wiedemann

Nana Wiedemann,
Head of the International Federation Reference Centre for Psychosocial Support.

*For further information and other facts please refer to the following RCRC brochure which can be found on the IFRC website: http://www.ifrc.org/Docs/pubs/who/at_a_glance-en.pdf

Stories of Hope

A film by the IFRC in collaboration with the Thomson Reuters Foundation about psychosocial support in the aftermath of the Indian Ocean tsunami that killed over 226,000 people. Despite the devastation, out of the tragedy came stories of hope, compassion and dignity. Watch the video online:

<http://tsunami.trust.org/#>



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Healing through sports

Psychosocial physical activity programmes in crisis areas

By Katrin Koenen & Claudia Stura*

Despite international recognition of the importance of physical activity and play as part of a holistic education, sports has historically been underestimated as a tool for humanitarian and development programmes and has rarely been used in a systematic way. More recently, however, interest has increased, with development organisations incorporating sports and physical activity programmes more frequently into their programmatic repertoire.

Since the conflict in Beirut, which occurred in the summer of 2006, old wounds have reopened relating to the Lebanese civil war in the 1980s, and the risk of civil war resuming has increased significantly. This tension affects the daily lives of children and young people very much. But in two public schools in Dahieh, in the southern suburbs of Beirut, the Swiss Academy for Development (SAD) and a Lebanese Non-Governmental Organisation, Oum el Nour, have organised football, volleyball, basketball and handball training for children and young adults between 7 and 18. In order to overcome their emotional stress and enhance psychosocial rehabilitation, more than 120 people have already participated in this structured leisure time, and they judge these activities as a real stress relief.

In Beslan in North Ossetia, Russia, a play and sports centre for children was opened after armed men and women attacked a school in September, 2004, and killed many local people; in Dafur, Sudan, a volleyball programme for women in refugee camps was established in 2007; and in Uganda, countless former child soldiers have been playing soccer in The Kids League

(TKL). Over 40,000 boys and girls have taken part in TKL activities which aim to break social, economic and religious barriers.

Integration of sports

As these projects and many other psychosocial interventions in different places around the world show, guided sports and play activities can help people to cope with the impacts of a crisis, leading to a number of positive physical, psychological, psychosocial and social health benefits. Sports and play activities can help on the psychosocial and social level to build teamwork, respect for others, tolerance and acceptance of rules. In a playful way, it helps to foster team spirit, build trust and mutual respect, and can rebuild social cohesion. Therefore, it is not surprising that education through sports has also entered into conflict reconciliation. For example, a sport-based co-existence project for Jewish and Arab children in the Galilee region of northern Israel shows that sports and physical activity can provide opportunities for contacts across boundaries



17-year-old boy shows off his ball-control skills, Serbia and Montenegro (2007). Photo by D. Madzarevic / UNHCR



Congolese refugees (DRC) Kala Camp, Kawambwa, Zambia (2003). Photo by N. Behring / UNHCR

and promote peaceful and respectful coexistence.

The potential of sports is no news to sport scientists, but it has finally gained recognition by governmental and humanitarian organisations. In 2003, the Council of Europe highlighted the contribution of sports in alleviating the consequences of humanitarian disasters through the so-called *Ballon Rouges*, that “sport activities and games play an important role, especially in helping children and young people coping with the trauma they have experienced.” The *Ballon Rouges* is a project of the Council of Europe, its member States and other international organisations, which was adopted by the Committee of Ministers. With the idea to bring sports and education to the lives of young internally displaced people, it aims to communicate the core values of sports, such as fair play, co-operation, sharing and respect particularly to those living in difficult circumstances, whether inside refugee or other temporary camps or collective accommodations.

In addition, the Special Advisor to the United Nations and Secretary-

General on Sport for Development and Peace, Wilfried Lemke, stressed in 2006 that “the UN also fosters the use of sport as an instrument in emergency situations such as conflict and post-conflict contexts.”

Broadening the possibilities

The range of possible interventions, both within the humanitarian world and the field of development, are broadened by the tremendous potential of sports to reach people of different age groups and of varying abilities. This potential stems from the worldwide popularity of playing sports, and its corresponding applicability to diverse settings, even in crisis situations. Approaches to physical activities can also be tailored to suit almost every target group. In particular, children and young adults are more often affected by a crisis, because their personality and life views are still developing. Interaction when playing cannot only provide a safe, structured and friendly environment for them, it can also positively influence their development of resilience, facilitate emotional and social stabilisation, as well as help to build and instill

trust in others. However, when participating in sports, also adults and the elderly can allow themselves brief periods of relaxation and to focus attention away from the experience of loss and other profound problems.

Making it work

So what should a professional interdisciplinary training package for trauma relief and the development of inclusive community-building initiatives for participants include to provide the participants with well-structured and planned sport programmes? Since the continued involvement of personnel in a programme in an area of crisis is of utmost importance - and the role of the trainer should never be underestimated - the project leader should be aware of the effective use of sports as a relief and reconciliation tool. Aside from being familiar with the technical knowledge of sport programmes, they need to know how to include each individual's different skills and abilities into physical activities and to adapt sessions accordingly. In addition, they should know how to create the right kind of activities in relation

to the age of participants, since coping mechanisms differ according to the cognitive, emotional and physical development of a person. Other important issues that need to be addressed are teaching style, the different dimensions of rules and regulations, how to create and choose equipment and also how to deal with different environments. Since the type of sports played always reflects cultural, religious and social norms and religions, any implemented sport programme will need to be respectful of local culture, as well as the larger political and socio-economic environments. Gender roles and religious aspects can differ extremely, particularly from one local context to another. Therefore, following cultural rules might be crucial for implementing an activity program in such an area.

The provision of training

To build a bridge between sports and post-disaster interventions, the International Council of Sport Science and Physical Education (ICSSPE) has conducted training

seminars to enable disaster responders to design, organise and deliver psychosocial sport programmes in the early stages of disaster response. These one-week training-workshops in “sports in post-disaster interventions” aim to bring together practitioners from diverse professional backgrounds and add a range of new elements to their disaster response toolkit. The workshops also consider the psychosocial needs of the coaches to build and develop their coping skills in order to enable them to best meet the needs of people affected by disaster.

Additionally, in 2009, the International Federation of Red Cross and Red Crescent Societies, through the Reference Centre for Psychosocial Support (PS Centre), and the International Council of Sport Science and Physical Education (ICSSPE) signed an agreement which outlines the shared commitment to cooperate to develop effective, high-quality approaches to community-based psychosocial interventions, using

sports and/or physical activities in disaster and recovery operations. The partnership between ICSSPE and the PS Centre will initially focus on three main areas of cooperation: 1. Knowledge-building and sharing on the links between sports, physical activity and psychosocial wellbeing; 2. Capacity and competence development of practitioners in the field of psychosocial support; and 3. Communications, advocacy and policy analysis to increase awareness of the use of sport and physical activity in psychosocial interventions in humanitarian operations. ■

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Iran. Boys playing basketball in the totally destroyed city of Bam after the earthquake (2004). Photo by V. Kunz / SAD



A common future

Psychosocial support activities in Osh, Kyrgyzstan By Sanja Pupacic with contributions from Assel Tastanova*

Children playing and performing in the Child Friendly Space organised by Save the Children in the village of Kyzyl Kyshtak near Osh town. Photo by Sanja Pupacic.

Ethnic tension in Kyrgyzstan grew following the overthrow of the previous government in early April this year. This subsequently rapidly escalated into the outbreak of violence that started in June in the areas of Osh and Jalal-Abad, Kyrgyzstan. The fierce clashes that erupted caused huge human casualties, property destruction and the mass exodus of people. Thousands of ethnic Uzbeks fled into Uzbekistan, which opened its borders to allow civilian passage. According to UN estimates, up to 400,000 people were directly affected by the wave of inter-ethnic clashes that left hundreds of people dead and thousands more wounded, mainly in and around Osh, the second largest city in Kyrgyzstan.

The Kyrgyz Red Crescent Society (KRCS) provided medical supplies to hospitals in and around Osh to help them cope with the large number of wounded people. The supplies included syringes, bandages, medical systems equipment and gloves, glucose, painkillers, stretchers, bed sheets and food components. In accordance with its mandate, the ICRC led the Movement's response, quickly scaling up its emergency operations in close collaboration with the KRCS.

The return

After the situation stabilised, displaced people began to return, and the rehabilitation and recovery process started. Two months after, the situation

in the affected areas has not yet fully normalized, as feelings of safety are still inadequate and tension remains among people of different ethnicities and political views.

Needs of the population in affected areas, including the psychosocial needs, are overwhelming, something reported by both the communities themselves as well as the humanitarian agencies on the ground. Both go beyond existing capacities to respond. It is estimated that some 100,000 people are in need of some kind of psychosocial support due to the recent experience of violence and destruction. Communities are coping with fear, anxiety, grief and uncertainty which can greatly affect their path

to recovery and obstruct them from accessing necessary services.

Supporting those in need

The National Red Crescent Society of Kyrgyzstan was among the first humanitarian organizations that provided assistance to the affected population, with the help of the International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC) and Sister Societies such as the Turkish Red Crescent and the German Red Cross. In addition to humanitarian aid in food and hygiene items and medical supplies, from the very beginning of the crisis, the KRCS has engaged its volunteers to provide



Photo by Igor Sapojnikov.

psychosocial support to vulnerable groups and individuals who have directly experienced stressful events. They provided psychological first aid together with food and hygiene parcels, as many people in the communities were in shock

ing a programme in towns and in villages that were affected by the crisis, here in particular Mady and Kyzyl-Kystak. They provide individual and family support, and are planning to set up various social activities and self-

help groups, together with community members. Furthermore, Osh and Jalal-Abad Red Crescent branches in the south strive to establish and train outreach psychosocial teams in other areas, in order to access all vulnerable persons

Care and a project focusing on women. But at the same time, they need to think of themselves and take care of their own fears and distresses, as they are also part of the affected communities. For them, the way to help themselves is to start helping others!

Rebuilding trust

Following the conflict and eruption of violence in June, even two months after, communities are gripped with fear, anxiety, grief and insecurity over their

immediate future. Some families tragically lost their family members, many families lost their houses and sources of income, and tens of thousands of people were displaced or moved permanently due to the ethnic tensions and subsequently lost their social support networks. But, traditional support system within extended families and communities remains strong and, as the

“We remember that tragic night when our neighbours, young people of Kyrgyz and Uzbek origin who lived together in good relations for many years, started to kill each other in front of our eyes. I asked them to stop, but nobody heard me. When shooting started my daughter-in-law and I, along with the grandchildren, crept on all fours out of the house and hid in the nearest forest,” recounted Sharipa, a 72-year-old inhabitant of Osh. “And only some days ago we found our big house burnt. Nothing was left, only seven cups and a teapot. But, the most horrible thing is how my small grandchildren suffer now because of what they have seen; blood and killings. How can you explain to them why people kill each other and when it will stop?” the old lady said with tears in her eyes, looking at her four-year-old granddaughter sleeping inside the tent which has become their home for many months.

after they witnessed a powerful wave of widespread inter-ethnic violence, rage and destruction in just one week.

A holistic approach

National Society psychosocial support staff and volunteers, supported by the International Federation psychosocial programme delegate, strive to develop a comprehensive program that facilitates the recovery of people in the communities through a variety of activities targeting the individual, family and community. The program is particularly focused on the most vulnerable groups - children, elderly, people with health difficulties, displaced persons and persons who survived violence and abuse. Staff and volunteers of the KRCS enhanced their knowledge and skills in the area of psychosocial support and adopted the principles and methods promoted by the International Federation, through a training in “Community Based Psychosocial Support”.

Staff and volunteers of the Red Crescent branch in Osh are currently implement-

and provide affected communities with individual and group support, information, training, social activities, psycho-education and activities related to other programmes of the Red Crescent such as Disaster Management, Health and

young Red Crescent volunteer Zulhumor pointed out: “I was happy to see that despite of destruction and pain over loss, the community keeps the common future as a goal, keeps friendships intact, and lives shoulder to shoulder - Uzkek with



PSS volunteers of the Osh Red Crescent branch of the Kyrgyzstan Red Crescent, providing support to women in the village Mady near Osh town. Photo by Sanja Pupacic.

Kyrgyz people, Azeri people and others. They help each other in such hard times. If somebody does not have any food, neighbors always help with food and products.”

Unfortunately, this is not the case in all communities. Those which were affected hard by the conflict need more time and should take small steps forward to re-establish community support links and rebuild trust among people. However, tensions and social distance among different ethnic groups persist. Security issues still prevent easy access of the Red Crescent volunteers to all affected communities, but they are trying hard to recruit volunteers who would be able to approach all groups in need, despite of their ethnicity, age, gender and social status.

Safe spaces for children

As children in the affected communities suffered a lot from fear, shock and insecurity during the crisis, the Red Crescent of the Kyrgyz Republic decided to provide them with some safe and comforting surroundings to recover and prepare for the start of the school year. The child rehabilitation camp in Issyk-Kul Lake was organized for 54 children who experienced stress during the crisis and is overseen by volunteers from three southern provinces of Kyrgyzstan. Rehabilitation programs for the children include various structured activities, such as art therapy, play activities and cultural events. For children who could not travel to the Issyk-Kul rehabilitation camp, the Osh Red Crescent branch organised cultural events, such as concerts and theatre performances, in cooperation with the Osh City theatre.

Maintaining hope

As autumn and winter approach, families and communities are increasingly anxious and are already struggling to ensure a very basic existence. Nonetheless,



Children and youth from the regions of Osh and Jalal-Abad, areas affected by the conflict in June, during the summer rehabilitation camp in Issyk-Kul lake. Photo by Igor Sapojnikov.

they look into the future with a positive perspective, praying for peace to be sustained in their region, despite the

experience more distress, and the Red Crescent needs to be there to help and empower them to cope with challenges

Tazagul, a young volunteer of the Red Crescent in Osh and a student of psychology, recounted: “I visit the older lady in the village Mady near Osh town, whose house and shop were burned down. The whole family ran away to the cemetery during the crisis and stayed there in hiding. When they came back, she saw their house was completely burnt and for a couple of days she was shocked and depressed, as they lost their livelihoods and did not know what to do. After some time, their family members tried to move on from sad memories and get help from the community, but they still suffer fear, pain and guilt. I think a careful attitude to our own pain leads to recovery from the crisis. Sometimes memories hurt. The pain which was inflicted on us and others arises again and again. No need to overestimate - serious mistakes have been made in our communities, some of them impossible to correct. They were in cold blood, vengeful and selfish. But it happened and it is impossible to change. However, we could change our behavior for the future. No need to dwell on incorrect actions of the past and waste energy and ideas. It is necessary to build our future using different skills and move forward, while learning from the past.”

tensions, rumours and false information that is slowing down the recovery process. However, as one Red Crescent psychosocial support volunteer stated: “People in the Osh and Jalal-Abad regions are in the phase of adaptation following the crisis and they may function well now, but as time passes they could

that face us all as a community.” ■

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Children and Community Resilience

A photo essay from Gaza and West Bank

Photos and text by **Jerome Grimaud**, psychosocial support delegate



Tense situation

In the occupied Palestinian territories, the effects of military violence, and night searches, harassment at checkpoints, settler attacks and restrictions of movement have a deep negative impact on the psychosocial wellbeing of children and their caregivers. Studies in children are showing signs of insecurity, withdrawal, inability to wetting, nightmares, aggressiveness, lack of concentration, strained relationships, community and physical or emotional violence at home a Psychosocial support is implemented by Palestine Red Crescent and by a Consortium formed by Danish, French, Icelandic and Italian R

Parents meetings

Research has shown that working with the social environment of the children has a positive impact on children well being and resilience. Parents of children involved in the programme are therefore also participating in parents meetings addressing the parent's needs. These meetings allow increased support of parents who are themselves under pressure and who have an important influence, especially, on the younger children's home environment. Subject matter will not only deal with children's situations and protection but allows parent's own needs, in part, to be met.



Psychosocial workshop

The psychosocial workshops consists of the organisation of psycho-educational activities which allow them to convey their true-life experiences and their feelings when faced with violent situations through games, theatre, dance, writing, as well as drawing. The second objective is to help them develop defence and coping mechanisms to confront violence. The workshops also allow the school children to play, to regain confidence in themselves and to develop interactions with their peers based on trust and tolerance.





Monitoring and evaluation

Thorough attention and efforts are devoted to the quantitative and qualitative measurement of the programme effects on the beneficiaries' psychosocial well being. Each of the defined and expected programme outcomes has specific indicators which are measured by tailored means allowing cross checks and triangulation: pre and post survey for children and parents, observations sheets for teachers, focus group discussions and key informants interviews

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Community workshops

Community unguided workshops are mainly recreational in nature and provide children with opportunities: "to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and arts" (article 31 in Convention of the Rights of the Child). These workshops are grouped under various headings such: arts, cultural, social, visits, voluntary work and sports. These workshops provide a possibility of interaction with the community between the children, teachers and community members, thus strengthening the social fabric.



After the bomb blasts

Providing psychosocial support after the Uganda bombings

By Alex Ssimbwa

The night of 11th July 2010 is still fresh in the minds of over 30 million Ugandans, not because it was the finals of the world cup in South Africa but because it's a day when the unsuspected suicide bombs hit two places in Kampala City, one at the Kampala Rugby Club and the other at Ethiopian Village Bar and Restaurant. 76 people were confirmed dead and several others survived with severe injuries.

The incident did not only inflict physical injuries to the victims but also widespread invisible wounds to both the survivors and bereaved families.

Uganda Red Cross Society (URCS) responded by providing first aid and non-food items to Mulago Hospital, the national referral hospital, as well as support to the victims and the family members.

psychosocial support centre was immediately raised at the hospital where counselling, family tracing, and referral services were offered.

Five other groups of four counsellors each were formed into mobile teams to conduct home-based care visits to the bereaved families. The situation was tense both at the hospital and in people's homes as anger, fear, hopelessness and discomfort permeated

and Basic Needs UK. This enabled the URCS to collaborate and share experiences in a mutually beneficial manner, and ultimately for more beneficiaries to be reached as conscientiously as possible.

The response to the bomb blasts attracted a lot of media attention, with a particular press conference convened by the URCS Secretary-General to update the nation on the response initiatives and how they would be coordinated. Furthermore, the national newspaper carried several stories on psychosocial support, and two radio talk-shows were conducted. Last but not least, a live phone-in television talk-show was also held for one hour.

Being the first time for the URCS to provide psychosocial support in a bomb-related disaster like this one, a lot of lessons and experiences were learnt in terms of peer support, coordination, resource mobilisation and adequately responding to the needs of survivors and the bereaved. Several professional psychologists and counsellors were willing to offer their professional support voluntarily. This increased the URCS' capacity in mobilising professional volunteers and strengthening its capacity in offering psychosocial support to the victims of the disaster.

The URCS is grateful to the 15 counsellors, who immediately volunteered when they were approached, and the IFRC DREF funds that supported the intervention, as well as all other stakeholders especially the Uganda Counselling Association and Mulago Hospital. ■



Left: URCS volunteer counselors are listening to a relative of one of the victims of the bomb blast at the Red Cross psychosocial support centre established at Mulago national referral hospital in Kampala. Right: Uganda Red Cross Action Team volunteers on Kampala North Branch at the casualty ward of Mulago national Referral Hospital Kampala. Photos by Jackline Zawedde / URCS.

The launch of the psychosocial response to this disaster is one of the most crucial activities URCS undertook. With support from professional friends from Kenya Red Cross, a total of 15 professional counsellors were assembled into teams, oriented on the task of being deployed to various centres to offer psychosocial support. One such team was statically stationed at Mulago Hospital, with five counsellors to offer support to the grieving friends and relatives of the deceased, both at the announcement of causality and at the morgue. A

the settings. The home-based psychosocial support led to 32 families being visited, counselled and assisted with practical services such as acquisition of death certificates, following up on the bank details of the deceased, among other endeavours.

Mobilisation and networking with other service providers and professionals were an important part of the overall response initiative. Collectively, this included actors such as the psychiatric doctors at Mulago National Hospital, the Uganda Counselling Association,



A Kenya Red Cross volunteer in an emotional session with a mourner.
Photo by Jacob Murimi / Kenya Red Cross

Mitigating vulnerability through the power of humanity

Psychosocial support unit - Kenya

By Hellen A. Mwangovya

KRCS seeks to mainstream psychosocial support interventions as part of emergency response, which addresses the psychological and social needs of individuals. The aim is to mitigate the impact of disasters, both man-made and natural, through preventive and curative interventions. By virtue of being a leading humanitarian organization, the KRCS' response mechanisms have been put to test many times and with much success. In the event of a disaster, the three arms of the society - the Emergency Medical Services, the Psychosocial Support Unit and the Tracing Team - are always on high alert.

The Psychosocial Support Unit at the Kenya Red Cross Society (KRCS) is under the department of Health and Social Services. The unit has cross-cutting functions ranging from protection, rehabilitation, community empowerment, co-ordination and networking and psychosocial support. Under this unit, KRCS seeks to mainstream psychosocial support interventions as part of emergency response, which addresses the psychological and social needs of individuals. The aim is to mitigate the impact of disasters, both man-made and natural, through preventive and curative interventions. The human impacts of disasters are characterized by the disappearance of normal social functioning, loss of leadership and guidance, insuffi-

ciency of health and emergency systems, therefore leaving survivors in a state of confusion and despair - hence the need for mitigation. The psychosocial support program is an integrative approach that is linked with other programs and units, such as Tracing, Emergency Medical Health, HIV/AIDS and the Emergency Operation Centre to complete a well-knit cycle of responses.

The psychosocial team

By virtue of being a leading humanitarian organization, the KRCS' response mechanisms have been put to test many times and with much success. In the event of a disaster, the three arms of the society - the Emergency Medical Services, the Psychosocial Support Unit

and the Tracing Team - are always on high alert. The initial steps entail setting up a Response Desk manned by the Tracing and Psychosocial Support Team whose main job is recording details from affected individuals and communities to guide the response teams in tracing loved ones. At the Response Desk, chaos can break loose as the relatives are referred to hospitals and morgues for their beloved ones, particularly if informed about their death. That is when the Psychosocial Support Team quickly takes over and debriefs those that have lost their loved ones, in preparation for what is ahead, and provides support such as accompaniment to the morgues. When resources are adequate, the services are extended to the time of burial, and follow up is done

for social protection, especially where orphans are involved, and for those who have lost sole breadwinners.

Psychological support as a stop gap measure¹

Co-ordination and networking is the over-riding strategy. At the KRCS, pre-qualification of stakeholders is done through mapping. In the event of a disaster; it is a matter of a phone call to determine the entry level and the required resources in terms of numbers, supplies, equipment and logistics among others. With timely updates from the Emergency Operation Centre, co-ordination is done on phone – the Psychosocial Support Response Team is informed that there is a disaster and that they should convene on site.

All partners including the counselors, the paramedics, the psychiatric doctors, the psychologists, the faith-based organizations and the staff at children's homes are brought together to form a network of resources to draw upon for the provision of psychosocial support. The Kenyatta National Hospital, the Psychological Association of Kenya, Save Our Souls, the ANNPCAN, DEAF AID Kenya, the Nairobi Women's Hospital, the UN fraternity, The Association for the Physically Disabled of Kenya, the Amani Counseling Centre, the Jaipur Foot Project, the Division of Mental Health are among the key stakeholders that we work with, all bringing their expertise on board for a holistic approach.

Helping the Helpers

"It is not possible to wipe away people's tears without soiling your hands". It is against this background that the KRCS has endeavored to put systems in place to ensure that the responders are given the necessary support and timely interventions to minimize adverse effects that they may suffer. To prepare them emotionally, physically and psychologically, debriefing sessions are carried out before, during and after interventions. This is important to capture their feelings and assess their capacity to continue, and provide support when necessary. This is all to ensure that their wellbeing is safeguarded in the long-

run, ultimately leading to the fact that more beneficiaries can be reached. Those responders that have suffered more than they can bare are spared from taking on further tasks. Some are also referred for clinical management to minimize the risk of them developing post-traumatic stress disorder (PTSD).

In appreciation of the remarkable contribution of responders and volunteers, the KRCS organizes team building/social events where they share experiences, do SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) to inform policy and other management procedures, document best practices and go through debriefing sessions. This culminates in a luncheon in honor of their dedication. They are also given first priority whenever there are job opportunities at the Society.

Referrals accelerate prompt service delivery and creation of synergy: The KRCS rides on goodwill to tap into the technical capacity of institutions that willingly provide services to vulnerable groups during disasters. These services include, but are not limited to, corrective surgery, provision of orthopedic equipment and appliances, ante- and post-natal care, foster care, clinical management for PTSD, rehabilitation, and provision of visual aids. Cases requiring long-term management, lobbying and advocacy are also enabled by tapping into networks that make their skills and resources available.

Provision of relief

The provision of supplies during emergencies is a core activity of the KRCS. The Disaster Preparedness and Response Unit undertake large-scale distributions in designated areas affected by disasters. This provides an impetus and entry point for the Psychosocial Support Team to address psychological needs. In large scale displacements, the exercise is continuous and resources are secured through emergency appeals from local and international partners and donors. The relief supplies are usually not enough to meet all the needs of the people but are a stop-gap measures while long-term strategies are put in place.

Peer Psychosocial Support Beyond Borders.

The KRCS reaches out beyond its Kenyan borders through its dedication to provide technical support to sister National Societies. A case in point is the Uganda Red Cross Society (URCS). The KRCS supported the URCS during the floods operation in Uganda following a landslide that buried an entire village, leaving more than 20 people dead. The KRCS was also present in Kampala, Uganda, after the 11 July 2010 twin bombings that left over 64 people dead.

Support to vulnerable groups

The capacity to address the needs of vulnerable groups especially women, children, the disabled and the old during emergencies is a powerful indicator of an inclusive response. However, this remains a challenge to many aid workers and KRCS is no exception. To address these challenges, measures have been put in place to ensure that assessment tools are disaggregated to inform the response mechanisms so that all get equal attention. It entails working closely with stakeholders and doing physical counts to determine inclusiveness.

The establishment of a protection unit is a milestone in the history of the humanitarian work of the Society. The KRCS is not new in protection issues. Its history stretches back to the pre-independence era during which time KRCS established a centre for physically handicapped children in Embu, the provincial headquarters of North Eastern Province with a capacity of 50 children. The Jomo Kenyatta Children's Home for the physically handicapped was started as a self-help project of the KRCS. The home admits physically handicapped children within the municipality and its environs. The project targets physical disabilities such as amelia (lack of one or more limbs) and other congenital birth defects. The second children's centre, Nyeri Children's Home, was established in 1963. It is currently home to 21 children, while 60 visit the centre either for a feeding program or vocational training program. The main challenge has been the acquisition of basic equip-



Team building exercise at the Kenya Red Cross Headquarters after the Fire Tragedy Response. Photo by Jacob Murimi / Kenya Red Cross

ment i.e. sewing machines, masonry and carpentry tools, hair dressing equipment and computers to facilitate trainings that can serve as a strategy for enhanced community integration.

The deaf fall in the category of special vulnerable groups whose disability could easily go unnoticed leading to undue suffering and inherent risks. During emergency operations, KRCS ensures that special mechanisms are put in place to sensitize the authorities, thus ensuring that communication barriers are bridged by ensuring that interpreters are available in Internally Displaced Persons camps and that television broadcasters have personnel trained in sign language, especially during news bulletins to ensure that the deaf are not left out. We have had cases where the deaf have been injured during riots and even clubbed by the riot police for not heeding to orders through no fault of their own. The KRCS partners with DEAF AID Kenya to address the needs of the deaf, especially children in both emergency and non-emergency settings.

Persons with disabilities

Globally it is estimated that persons with disabilities (PWDs) represent about 10 percent of the world's population which translates to about 650 million people. Addressing the needs of

PWDs during emergencies has been one of the Society's key focus areas in recent years, for example through provision of orthopedic equipment and appliances in collaboration with a local non-governmental organization. The Society also focuses on amputees and through collaboration with the Jaipur Foot Project, amputees are given a fresh breath of life through the fitting of prosthesis.

Sexual and reproductive health

As people flee following disasters, it is difficult to observe general hygiene practices and protection against diseases. Mainstreaming Sexual and Reproductive Health (SRH) has been a timely intervention. Previously, the relocation of populations to IDP camps invariably also meant a breakdown of social networks and increased vulnerability. The KRCS, in collaboration with the United Nations Fund for Population and Development, has embarked on an ambitious plan to mainstream SRH in emergency response. The initiative was able to put smiles on many faces, especially women, after the recent floodings in Kenya. The distribution of dignity kits among displaced populations has had a positive impact on the lives of people through observance of general hygiene standards, access to reproductive health materials such as condoms

and basic sanitary wear, among others.

The provision of psychosocial support for survivors and responders has proved vital in the recovery and reconstruction process. Psycho-education has gone a long way in enhancing coping skills and resiliency that is necessary for recovery and adaptation. Following an intervention, the majority of survivors have expressed optimism as their potential is activated and are able to take on the challenges and move on with life. Through group therapy, people have been able to share and ventilate their thoughts, thereby minimizing incidents of relapse into negative emotions, particularly post-traumatic stress which is characteristic of disasters of large magnitudes.

The interventions also targeted children, some of whom expressed fears about more rains that could cause havoc. They were particularly worried that upon returning from school, whether they would find their parents and loved ones safe. The children were taken through group and individual therapy for reassurance. The children also made individual promises to continue attending school. It was apparent that the children were happy that there were others outside of their families willing and able to help them with their challenges. ■



The Kenya Red Cross Rescue Team prepares bodies for mass burial. Photo by Jacob Murimi/
Kenya Red Cross

The tragic flames

The fires in Kenya that left a trail of scars and traumatic memories

By Hellen A. Mwangovya

Kenya has experienced a series of disasters throughout the past-century, but in the past thirty years the disasters have increased in diversity, intensity, frequency and impact. The main disasters have been climate-related floods and drought, transport accidents (rail, road and air accidents), as well as occasional fires and earth tremors.

During these unfortunate occurrences, the role of psychosocial support stands out significantly. The Psychosocial Support Team has been indispensable - calming irate mourners, periodic debriefing of rescue workers, mediating for peace among family members, individual counseling in special cases, and making referrals for clinical management. During the post election violence for example, Kenya Red Cross was able to co-ordinate psychosocial support to the internally displaced population countrywide, reaching out to a record cumulative figure of 16,000 people. Traditionally, such technical services have been outsourced through networks. Subsequent to the post-

election violence a spate of calamities broke out the following year, characterized by fires that left hundreds injured and others displaced.

January 2009 was a month many will not forget. On the 28th, at 3pm in the afternoon a fire broke out, burning down Nakumatt Downtown Supermarket in Nairobi's Central Business District. Four days later on 31st January, another tragedy struck, a fuel tanker caught fire after an accident near Kibuja centre in Sachangwan in Molo District.

The two fires have been some of the most devastating, in terms of both intensity and magnitude, as well as the enormous challenges they posed to response efforts. The fires reminded

many of the previous year when the country went up in flames during post election violence.

The Molo fire tragedy occurred along Nakuru-Eldoret highway, 230km from Nairobi and 3km from Salgaa Trading Centre, in Molo District. The tanker leaned over and overturned beside a ditch in a forest, spilling the contents. Young people from within the area called one another on cellphones to loot the fuel. In no time members of the surrounding community and villages assembled on the scene with jerry cans and other portable plastic containers.

Despite the presence of police officers to stop the crowd from collecting fuel, the rowdy crowd had the upper

hand. An explosion occurred while people were still scrambling for fuel. The fire instantly engulfed more than three hundred people (including men, women and children), igniting them like flaming torches. The initial services of the responders were to try and put out the fire, combined with search and rescue operations. The scenes were chaotic and provision of psychological first aid was a critical moment for the Psychosocial Support Team due to the high level of hysteria and trauma that had never been witnessed before.

The place of the Psychosocial Support Team in mitigating the disaster and handling the aftermath was recognized from the beginning. The main activities were tracing missing persons, trauma counselling and recovery of the deceased. As family and friends walked into the tents set up at the scene to try and get information about their loved ones, a hard task indeed was to console and comfort the bereaved, while having an overwhelming amount of other tasks to see to. To the astonishment of many, the counselors were able to do it all – comforting mourners, alleviating anxiety, diffusing suicide attempts, restoring calmness even for a moment, facilitating debriefing sessions for both responders and mourners, and providing information to the media.

The emerging picture was horrible. Some 373 people were burnt by the fire; out of which 130 people died on the spot, mostly youths in the prime of their lives. Those who survived escaped with burns that ranged from very severe (over 80 percent of the body) to minor burns. The hill side was gloomy and desolate, with weeping widows and traumatized families. The number of widows and orphans were mind-boggling. Over 50 families lost their sole bread-winner. The mass burial of 78 bodies on 9 February 2009 in a common grave at the scene of the tragedy was attended by the President and other top government officials. A total of 50 counselors were deployed on the scene to mitigate against the emotionally volatile situation. The KRCS, in collaboration with the Ministry of Special Programs has

continued the rehabilitation programs in the affected communities, with the overall aim of restoring livelihoods.

In the case of the Nakumatt Downtown supermarket, on the third day, as dark clouds smouldered and made their way into the sky, the message was clear – chances of getting survivors were minimal. As hope for

both at the rescue site and at the city morgue. In the tent, it was a beehive of activities and sometimes it became overwhelming for the counsellors who worked in shifts for twenty four hours for five days in a row. Confusion, anguish, despair, hysteria, anger and suicidal threats characterised the entire period, calling for the best of



The survivors of the floods in the Central Region are taken through a debriefing session by a counselor. Photo by Jacom Murimi / Kenya Red Cross

further survivors to make it out alive dwindled, the grief and despair was taking its toll. The mission for the rescuers was clear: to recover the bodies of the deceased – some burnt beyond recognition. There were cultural considerations that had to be taken into account; failure to bury the dead in some communities was equivalent to a curse being cast over the entire community leading to spells of anxiety and agony as people feared being haunted by dead spirits. As the response team embarked on their tough mission, their faces told it all; it was not easy – They were taken through a psychological debriefing session before going to the site. The technical team, comprising of counselling psychologists, psychiatry nurses, religious leaders, child therapists and a team of first-aiders, were deployed on standby

skills in trauma counselling to calm down the irate mourners and survivors as the bodies were retrieved one after the other and ferried to the city morgue for preservation, DNA tests and identification.

When it comes to psychosocial support interventions, experience has taught me that the goodwill is there and mine has been to tap into it. I do the mapping for stakeholders, mobilize resources, facilitate the logistics, provide the structures, co-ordinate, document best practices and finally, I ensure that all the stakeholders are given acknowledgment for their contribution and participation. The interventions have worked wonders as we reach out to vulnerable groups with minimal resources as we move the “Power of Humanity” into action for immediate, short and long term goals. ■

Safeguarding our volunteers

Psychosocial support to volunteers in Red Cross Red Crescent Societies

By Åsta Ytre, PS Centre Consultant

Humanitarian workers must, in the words of thousands of stewards and stewardesses all over the world: “put on their own oxygen mask before helping others”. While this seems like common sense, the reality is that volunteers and staff often do not receive the help they need. It might not be available, they might not be aware of its existence, or they might not believe they need it. At the end of the day, it is the responsibility of volunteer organisations to provide care, including psychosocial support, to their volunteers.

In the International Federation of Red Cross and Red Crescent Societies, each National Society is responsible for its workers, paid and unpaid. This is clearly stated under item 3.8 in the Federation’s Psychological Support Policy of 2003: “The International Federation and the National Societies shall provide psychological support as a long-term and reliable commitment to ensure that the psychological

aspects of relief work are professionally implemented and make a crucial difference to the population, volunteers and staff affected by disaster.”

The International Federation Reference Centre for Psychosocial Support (PS Centre) works to develop the psychosocial capacity of Societies so that they can provide psychosocial support to beneficiaries, staff and volunteers. It is with

this overarching goal in mind, that the PS Centre launched a worldwide survey in order to gather a holistic overview of the policies and practices already in place (or lack thereof) by the different National Societies. An overview of the results of the survey is given here, along with concluding recommendations.

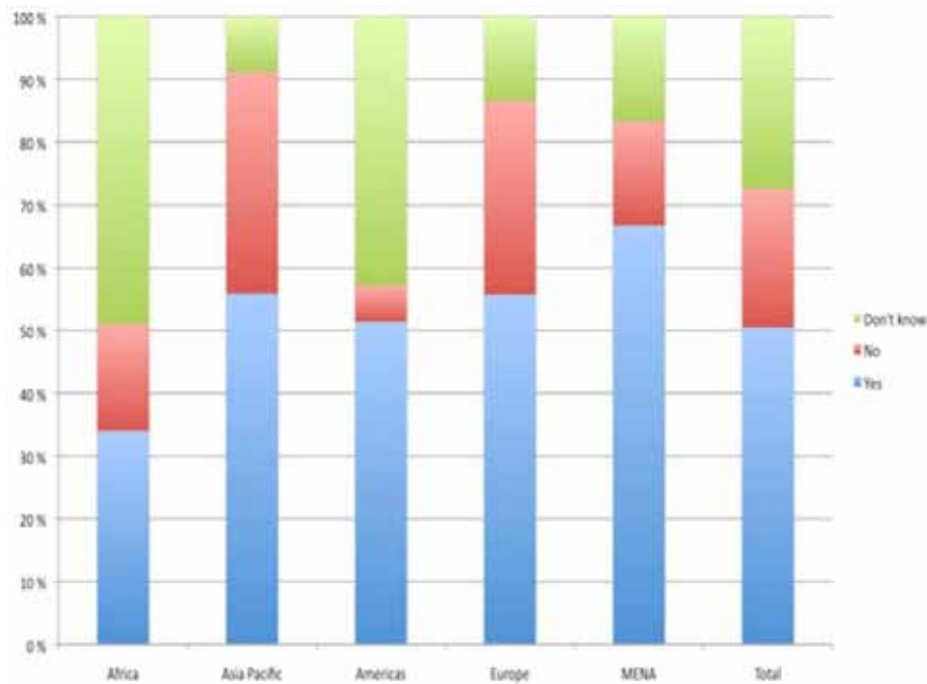
Comprehensive volunteer support

The PS Centre aims to set global standards, and develop products and services to form a comprehensive psychosocial support system for volunteers. In order to do so, an understanding of how National Societies are currently addressing the needs of volunteers is crucial in order to know how best to buttress the capacities of the respective Societies. Thus, the first step in this process was to develop an indicative report of the current situation. The report was undertaken with a three-pronged aim. First, to assess the perceived needs of National Societies and volunteers for psychosocial support to during emergencies, as well as the extent



120 volunteers from all 18 Iraq Red Crescent Society (IRCS) branches completed a five-day humanitarian exercise as part of their disaster preparedness efforts. Photo by IFRC.

Breakdown of the provision of psychosocial support by all 186 National Societies, by region and total.



to which such support is already offered and available. Secondly, the aim was to identify different psychosocial support instruments available for volunteers, and third, to analyze existing assessments, reports and evaluations of these instruments.

The methodology

The research for this report was done through a combination of methods. An online survey was distributed in five languages, and yielded around 350 valid and unique responses. 92 of the 186 National Societies replied. Qualitative questions were distributed to a select group of Societies already involved in providing psychosocial support to volunteers, and served to fill in more details about support work. Finally, interviews with zonal contact persons for psychosocial support provided basic information on most of the remaining Societies. In this way, information was gathered from around 90 percent of the National Societies in Asia Pacific, Europe and Middle East North Africa regions. In Africa and the Americas the response rate was lower, with information gathered from 50-60 percent of the Societies.

Key questions, findings and recommendations

To describe psychosocial support in the National Societies and to develop recommendations for the future, seven key issues were examined, and recommendations developed for each point.

1. Provision of psychosocial support in the National Societies

As can be seen in Figure 1, around half of all National Societies are known to provide psychosocial support. The majority of Societies support both beneficiaries and volunteers. The way psychosocial support to volunteers is provided varies greatly, however. It is often needs driven, with response activities being far more common than preventative activities that take place before an emergency or critical situation. The set-up of the support systems varies as well. The overall recommendation based on the results from the survey is that National Societies not providing psychosocial support must be encouraged to do so. Knowledge-based guidance is essential, and must be developed through an analysis of the models in current use.

2. Timing and objectives for provision of support

Some Societies offer psychosocial support continuously; before, during and after emergencies and critical situations. Others have more sporadic or, as mentioned before, needs-driven forms of support. When and by whom the support differs from Society to Society. The objectives are fairly similar, nonetheless, and focus on volunteer capacity-building, individual wellbeing and group functionality.

It was apparent from the survey that some Societies need advice on where and how to focus their psychosocial support efforts to be most effective and efficient, depending upon the existing capacities and types

of support already provided by the National Society.

3. Information on, and eligibility for support

Information about the available support is given to the volunteers through a number of different channels. Briefings, meetings, written information calls are used, and those providing the psychosocial information varies among and within National Societies. Eligibility criteria vary as well, but in most examined cases all volunteers who will participate or have participated in a particular type of response or other humanitarian work are eligible.

Based on this, the PS Centre would be well advised to give guidance on ways to inform volunteers, to ensure that all who are eligible are aware of the support available.

4. The use of psychosocial tools

Many National Societies produce basic information materials, and a few have also developed manuals, handbooks, etc., particularly for volunteer support. The majority, however, rely on Federation material or simply on methods and techniques to provide support. Many ask for additional assistance, particularly with a view to locally adapted material.

Therefore, it is recommendable that further translations and adaptations of standard material be pursued. In the continuing process, it would be good to collect and review the scope of existing materials, both to gather an overview of what is available but also of the quality..



Kenya Red Cross rescue workers search the site of the Nairobi bomb blast. Photo by IFRC.

5. Evaluations, assessments and reports

Evaluations and assessments are seen as very important, but also as very difficult to perform. In some cases, such work is taking place, but many report this is as a difficult area that they would like to improve. Indicators are often missing, as are baselines, making measurement difficult. It is therefore important that guidelines on evaluations and on indicators that can be used to measure the effect of psychosocial support should be further developed and disseminated

6. Psychosocial support in policies and strategies

There is a strong correlation between having formalized psychosocial support in policies or strategies, and implementing such support. Around 60 per cent of the 92 National Societies who responded to the online survey said that psychosocial support was included in their policies and strategies, and half said that volunteer support was included in policies and strategies.

Hence, it is evident that formalizing psychosocial support strengthens the provision of psychosocial support and presumably the quality as

well. Societies who have not included psychosocial support in policies and strategies must be encouraged to do so.

7. Perceptions on psychosocial support

Perceptions on psychosocial support are increasingly positive. National Societies see psychosocial support, both in general and to volunteers, as an increasingly important issue. However, it often takes a natural disaster or another type of emergency to demonstrate this importance. In many countries there is still a need to reduce the stigma attached to psychosocial, and psychological, support. There is strong agreement among the respondents of the online survey that emergencies affect people's lives and that psychosocial support should be a part of the ensuing response. There is also strong agreement that volunteer organizations have obligations towards their volunteers and that they must provide training and support. In terms of the volunteers' needs for support, the opinions seem to differ more. There is evidence that not all volunteers realize their own support needs, even though they see the need in others.

The PS Centre must assist those Societies still needing to work against

the stigma against psychosocial support. It must also encourage more dissemination on the importance of self-care, and continue its advocacy work towards those National Societies who do not provide psychosocial support.

There are a lot of examples of good psychosocial support being provided to volunteers. However, there is also quite a lot of room for improvement. The report on psychosocial support to volunteers, where these findings and recommendations can be examined further, is only the first step in the process to create a comprehensive system for volunteer support. The challenge will be for the International Federation to follow through on the recommendations and create clear, knowledge-based guidance for National Societies to lean on in their endeavours to support volunteers. On their side, the Societies also have a job to do to improve and formalize their volunteer support, so that all volunteers know how to put on their own masks first, and actually understand why they have to do so.

The full report is still under revision. Once it has been finalized it will be made available on the PS Centre's website.

Case: How the Colombian Red Cross Society provides psychosocial support to their volunteers

Tools and interventions used to support volunteers

The Colombian Red Cross psychosocial programme has two target populations, one of which is Red Cross volunteers and the other is paid staff. The National Society aims to provide psychosocial support not only in emergencies and disasters, but also in areas such as HIV/AIDS, domestic violence, internally displaced people and volunteer care. Therefore, the psychosocial programme includes a direction called Mental Health to Red Cross. All branches of the Colombian Red Cross Society must have a team or a person who knows and works with the programme, and who belongs to the psychosocial network.

Within the programme, there are three levels of training. The first level is very basic, and focuses on introduction and orientation, identifying risk factors related to mental health, referral to professionals and awareness raising campaigns. At the second level, the focus is on community based counselling, psychosocial workshops and psychological first aid; while the third level is professional. In each branch of the Colombian Red Cross Society there are psychosocial support groups for volunteers and staff that develop activities.

The volunteers are made aware of the support available through the psychosocial support groups, who give information about the programme. Volunteers who need

more specialized support are referred to professionals.

The Colombian Red Cross Society has a psychosocial tool kit with a selection of material and readings. The National Society also has several guides, rules and policies that focus on psychosocial support, including Guía IASC Salud Mental (Versión Español Final), Lineamientos Nacionales Psicossocial Ministerio PS, Política Nacional del Campo de la Salud Mental, Política Nacional Psicossocial Cruz Roja Colombiana and Salud Mental para el personal de CruzRoja.

Psychosocial support policy

Psychosocial support to volunteers is formalized in the psychosocial support policy of the National Society. Here, two target groups are defined: persons affected by emergencies, disasters or violence or living in vulnerable conditions, and volunteers and staff involved in humanitarian interventions. It further states that psychosocial support should be tailored to fit the needs of the people involved, and that it should support them during adaptation to new situations by



Following the earthquake which affected approx. 4.8 square kilometers of coffee plantations on 25 January 1999, 400 Colombian Red Cross volunteers participated in rescue activities to pull victims from the rubble and transport the injured to medical center in the region. Photo by IFRC.

Evaluations of psychosocial support to volunteers

Some research on psychosocial support to volunteers has been done in the branches, and there was also a mental health study in 2008. The Colombian Red Cross Society has built instruments to measure risk factors and protection risk in mental health.

strengthening their coping skills and recovery.

In the policy, the National Society commits to recognise the role and value of volunteers, to provide volunteers psychosocial support, as well as the opportunity to be trained and guided by psychosocial support professionals. ■

Integrating psychosocial support

An update from South African Red Cross

By Basani Malambe, National Psychosocial Support Manager for the South African Red Cross

Following an audit of South African Red Cross Society's courses, it was realized that psychosocial support should be a cross-cutting provision in all training regimes. It was found that outsourcing was an unsustainable approach that was neither necessary nor cheap. Rather, the integration of psychosocial support is found to be a far more efficient and durable solution.

Psychosocial support (PSS) has been recognized as a cross-cutting and vital component to all of the projects currently underway by the South African Red Cross Society (SARCS). Therefore, a vision is to have psychosocial support fully integrated into SARCS' programme portfolio. The decision, to embark upon a PSS project, was taken following an audit of all of SARCS' training courses, and this means that all training regimes must stress the PSS component of their programmes. The audit revealed that most of the training that are outsourced are also available in SARCS' in-house training. The Project is Designed to be implemented in five of the nine provinces in South Africa, the PSS project (funded

consequently it has been slow to roll out. Most training programmes did not offer courses in PSS because it was seen as a field that merited an entirely separate training programme, rather than as one that can be supplementary to existing programmes. This "silo phenomenon," according to the SARCS audit, was PSS's biggest Achilles heel. SFor those that are unaware of this term, silos were originally very large containers used on farms to store grains such as wheat. In today's jargon, it has become an analogy for different groups working so independently that efficiency is hampered and reaching a common higher purpose is virtually impossible, because each group focus exclusively on their own interestsniche. The integration of PSS has been slowed down in large part due to this very phenomenon, and so SARCS decided that more must be done.

From now on all training courses must have a PSS component, to ensure a comprehensive approach and to contribute to long-term sustainability of any and all endeavours. This way, the wellbeing of staff and volunteers is enhanced, ensuring that their capacity to handle potentially volatile situations isare at an optimal level at all times, while beneficiaries' needs and situations are considered as conscientiously as possible. I am certainThere is confidence that the training department will be equal to the task of fully integrating the PSS component in all training courses.

The audit also identified a need to develop a Wellness Policy this year for both staff and volunteers. The audit was

carried out in last February, to identify ways to integrate PSS in a sustainable way. Presently, volunteers receive more psychosocial support opportunities than staff. With the Psychological Support Policy, the Wellness Policy will provide guidelines for PSS interventions to be provided for staff and volunteers alike. This will boost the morale of the target group and augurs well for sustainability and behavioural change.

It is with great anticipation that the impact of PSS will be visible and strong when it is fully integrated throughout the country. In order to monitor progress, the Red Cross branches in South Africa are therefore expected to submit their provincial integration plan to the national PSS manager, to be included in the SARCS operational plan for monitoring and evaluation. Part of the latest developments includes the recent production of DVDs and "coffee table" books that highlight the impacts made of the PSS project so far, by profiling between 20 to 30 beneficiaries, volunteers and staff members.

It was also recognized by SARCS during the audit, that outsourcing of training or counselling services, as far as psychosocial support is concerned, is both expensive and unsustainable, again buttressing the reasoning behind the integration of PSS in all current training courses.

Lastly, SARCS will renew its memorandum of understanding with relevant service providers in the psychosocial support sector, which will include monitoring visits to project sites, evaluating partnership aspects and activities of all planned interventions. There is much to look forward to. ■




PSS as part of community home-based care., Pretoria, South Africa. Photo by David Chancellor / IFRC

by the European Union through the Finnish Red Cross) was launched back in 2007 with a lot of expectations.

However, progress to date had been marred with obstacles, and

Psychosocial Centre

 International Federation
of Red Cross and Red Crescent Societies

The **IFRC Psychosocial Centre** was established in 1993 and is a delegated function of the International Federation of Red Cross and Red Crescent Societies, hosted by Danish Red Cross and situated in Copenhagen, Denmark. Its primary function as a "Centre of Excellence" is to develop strategically important knowledge and best practice which will inform future operations of the Federation and National Societies.

The centre was established to promote, guide and enhance psychosocial support initiatives carried out by Red Cross and Red Crescent National Societies globally. The International Federation Psychological Support Policy Paper, adopted May 2003, established the basis of Red Cross and Red Crescent intervention both in emergency response operations and in the implementation of long-term development programmes. Within this policy, the mandate of the Psychosocial Centre is to mainstream psychosocial support in all National Societies. As stated in the consultation on National Society centres and networks commissioned by the Governing Board of the International Federation in March 2007, the centre provides a potentially flexible and creative structure to develop and disseminate expertise.

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The Seven Fundamental Principles

Proclaimed in Vienna in 1965, the seven Fundamental Principles bond together the National Red Cross and Red Crescent Societies, The International Committee of the Red Cross and the International Federation of the Red Cross and Red Crescent Societies. They guarantee the continuity of the Red Cross Red Crescent Movement and its humanitarian work.

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 continue 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. Read more about the principle of Neutrality.

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. Read more about the principle of Voluntary service.

Unity

There can be only one Red Cross or one 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 world-wide.