

30/04/2014

This report covers the period

01/01/2013-31/12/2013

Syrian displaced children participating in a psychosocial support activity while their families are waiting for medical check-up at SARC mobile health clinic. Photo: Ibrahim Malla, IFRC



Context and introduction

2013 saw both an earthquake and the typhoon Haiyan in the Philippines, the Gansu earthquake in China, the Westgate Mall attack in Nairobi, the outbreak of violence in the Central African Republic and South Sudan, Ebola outbreak in Uganda, bombings at the Boston Marathon, the second anniversary of the triple disaster in Japan, the third year of the Syrian crisis, and many more sudden or ongoing crises around the world. A common denominator of these crises has been the inclusion of psychosocial support in the Red Cross Red Crescent response. The PS Centre has been involved in one way or another in all of these crises, providing operational and technical support, capacity building and advocacy to National Societies, regional and zonal offices.

The disasters and crises of 2013 have been diverse and required diverse interventions and methodologies in delivering psychosocial support. This means that as a reference centre, the PS Centre needs to be able to adapt to situations and be flexible in the support and capacity building it offers. While it is good to have a core of standardized trainings, it is equally useful to be able to adapt core trainings to specific contexts, and to offer supplementary trainings in more specialised topics such as lay counselling, life skills and caring for volunteers.

2013 also marked the 20th anniversary of the PS Centre. Looking back over the years and the developments and accomplishments in the field of psychosocial support in the Red Cross Red Crescent Movement and in the international humanitarian community at large, it is impressive how much the awareness and capacity of the National Societies has grown. In 2013, the PS Centre conducted a survey of psychosocial support activities in National Societies, which showed a wealth of diversity in the types of activities and crises that are being implemented around world. More than ever, psychosocial support interventions have become a natural part of disaster response, which also shows how far the field has come.

Working in partnership

The most important partners of the PS Centre are the National Societies and the Centre continues to respond to requests from a large number of National Societies from around the world. The PS Centre has particularly strong relationships with the Nordic National Societies who have supported the Centre since its inception 20 years ago as well as with the Japanese, Canadian and French Red Cross seeking to expand the network of Partnering National Societies.

In 2013, the PS Centre has had a strong focus on Africa as part of the strategic aim to build capacity in the region and in response to a number of disasters. There has been fruitful collaboration with the zone office and regional offices and particularly with the National Societies of Kenya, Uganda and Malawi.

International Federation

Being part of the IFRC Global Health team involves close collaboration with the Secretariat, Zone and Regional offices. A good flow of communication and information between health department unit and zones and regions fosters collaboration and a common ground to reach good results.

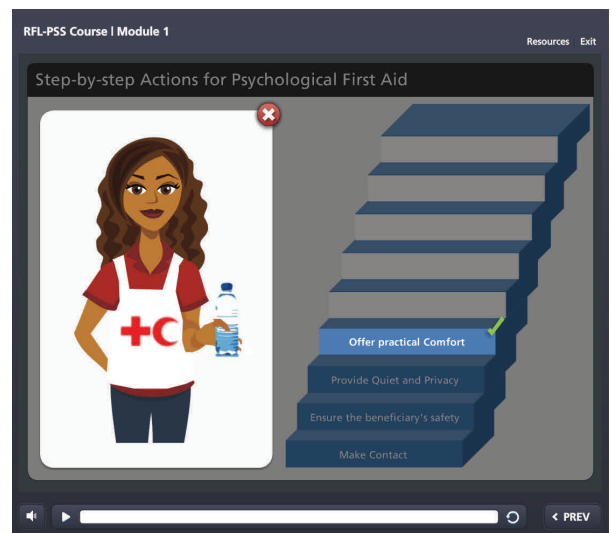
The Centre continues to strengthen and expand its cooperation with other colleagues and departments in the zonal and regional delegations and colleagues and departments in the Secretariat in Geneva.

In partnership with the International Federation Tsunami Unit in Kuala Lumpur a 'Strengthening Psychosocial Programming' project was initiated in the spring of 2012. One of the initial steps in the project was to conduct a study of existing psychosocial programmes among National Societies. Data was analysed in early 2013 and the results have fed into the development of a PSS best practice catalogue of programmes and activities "*Strengthening Resilience: A global compilation of psychosocial interventions*" and a one-day training module and handbook "*Broken links: Psychosocial support to people separated from family members*" to complement the existing handbook on PSS programming and the Community-based Psychosocial Support training kit respectively.

ICRC

The PS Centre maintains a productive working relationship with the ICRC.

Health Care in Danger is a Movement-wide global campaign led by the ICRC, which focuses on violence against patients and healthcare workers. The PS Centre is part of the campaign by providing input about psychosocial support to health workers in dangerous situations. The PS Centre facilitated sessions and gave presentations about psychosocial support at workshops about ambulance and pre-hospital care in risk situations (Mexico) and ensuring safety of health facilities (Canada). Psychosocial support featured prominently in the proceedings after the workshop in Mexico and has continued to be high on the agenda of the following workshops. The Centre will continue to support and follow the campaign until it ends in 2015.



A joint prioritization of both the ICRC and the International Federation is the aim to strengthen psychosocial support in Restoring Family Links programmes. To this end the ICRC RFL_Missing Unit and the PS Centre has developed an online training course – which is available on both the ICRC and IFRC e-learning platforms. The PS Centre has also participated in the annual ICRC RFL Consolidation Course and in the workshop presenting the handbook *Accompanying the families of missing persons*, to which the PS Centre has contributed.

International Networks

The PS Centre represents the International Federation on the Inter-agency Standing Committee (IASC) Reference Group for Mental Health Psychosocial Support contributing to the development of key action sheets and in coordination during major humanitarian disasters like the Syrian Crisis and Typhoon Haiyan in the Philippines. The IASC is the primary mechanism for inter-agency coordination of humanitarian assistance. It is a unique forum involving key UN and non-UN humanitarian partners. Member-organisations of the reference group include WHO, UNICEF, UN-HCR, Save the Children, IOM and other important mental health and psychosocial support stakeholders.

The Mental Health and Psychosocial Support Network (MHPSS.net) continues to grow in members, resources and activities. With growth and streamlining the network becomes an increasingly important forum to be part of and to be able to influence. For this reason, the PS Centre is part of the advisory board and works actively to influence and strengthen the MHPSS agenda and collaboration.

The Regional Psychosocial Support Initiative (REPSSI) is an important partner in psychosocial support in Southern Africa. The PS Centre participated in the Regional Forum, "Psychosocial Support for Child Protection" where stakeholders working in Africa come together to present and share experiences and research in providing psychosocial

support (PSS) for vulnerable children and youth all over the world. The forum also serves as a platform for the participants to learn from the children and the youth collectively.

Regional Networks

Supporting regional Red Cross Red Crescent psychosocial support networks is a priority. The PS Centre has been represented at the European Network for Psychosocial Support (ENPS) board meeting in Budapest and at the annual meeting in Istanbul. In relation to the annual meeting, a regional training of trainers was conducted.

After a regional training of trainers workshop in Malawi in November efforts have begun to establish a regional psychosocial support network in Eastern and Southern Africa. The International Federation Regional Office in Nairobi and the PS Centre supports the establishment of the network.

The East Asia Network was established in late 2012, and the network has been consolidating and planning activities for the future. The International Federation regional delegate in Bangkok has supported the network and conducted several trainings in the region.

The PS Centre advised Danish Red Cross on setting up a programme for young vulnerable men in Palestine. As a direct result of the knowledge gained from the Sport and Physical Activities in Psychosocial Support Interventions project it was possible to make a stronger link between the proposed sports activities in the programme and psychosocial support.

Civil society organisations, academic institutions

The European Union 7th Framework programme has become a key partner for the PS Centre. With the starting up of the Operationalising Psychosocial Support (OPSIC) project and the negotiations underway for the DRiving InnoVation in crisis management for European Resilience (DRIVER) project, the PS Centre established technical partnerships with a number of new organisations, research institutions and commercial actors. Red Cross partners in these projects include the Austrian Red Cross, British Red Cross, and Magen David Adom.

Through the EU funding scheme “Leonardo Lifelong Learning” the PS Centre collaborated with the International Council for Sport

Sciences and Education, Swiss Academy for Development, the Technical University of Munich and Licht für der Welt on the projects Psychosocial support interventions for persons with Disabilities (PID) and Sport and Physical Activities in Psychosocial Support Interventions (SPAPSI). These collaborations have proved useful not only in relation to the outcome of the projects, but also because they add to the pool of knowledge in the Centre and thus directly improves the quality of the technical support the Centre is able to provide.

The Roskilde Festival Foundation, Palestine Red Crescent Society, Danish Red Cross and the PS Centre started a collaboration in 2013 to develop activities for young men in Palestine. The collaboration is targeting a group, which the Red Cross Red Crescent partners do not have much experience working with, namely young men. The Roskilde Festival Foundation on the other hand has a lot of experience engaging young men from different backgrounds in many different kinds of activities. By merging and benefiting from the expertise of all partners, activities to enhance the psychosocial well-being of young men will be created.

Progress towards outcomes

The IFRC Reference Centre for Psychosocial Support (PS Centre) serves to promote and enable psychosocial well-being of beneficiaries, humanitarian staff and volunteers, thereby contributing to the realization of the main aims of the IFRC Strategy 2020. This is achieved through four strategic approaches laid out in the PS Centre 2011-2015 Strategic Operational Plan:

- Technical and Operational Support
- Capacity building of National Societies and competence development of staff and volunteers
- Knowledge Generation and Knowledge sharing
- Advocacy and Communication

Strategic Approach 1: Technical and Operational Support

The PS Centre continually receives various requests for support from National Societies and regional and zonal offices. Request include questions about how to integrate PSS in new or existing programmes, tools on monitoring and assessment, ideas for activities and much more. Often the answers to the requests can be found in the material published by the PS Centre or by referring to other relevant literature or partners. Sometimes requests result in trainings

“On demand” PSS guidance and advice

Many European National Societies are responding to the economic crisis, and many have expressed an interest in providing more psychosocial support and wished to learn more about how this can be done. In response to this need, the PS Centre and the Europe Zone office jointly developed a guidance note on *“Providing psychosocial support for people affected by the economic crisis”*

which was distributed widely as an insert in Coping with Crisis.

After Typhoon Haiyan the PSS delegate in South East Asia and the PS Centre saw a need to encourage a more precise way of communicating about psychosocial support in the aftermath of disaster focusing on the “do no harm” principle. As a result, a four-page brochure “Talking and writing about psychosocial support in emergencies” was developed.

Kenya Red Cross focuses strongly on psychosocial support, integrating it in many different types of interventions in response to both emergencies and on-going crises. Over the years a number of staff and volunteers of Kenya Red Cross have been trained in psychosocial support, and in order to help the trainees put what they learned in the trainings into use in the field, the National Society requested help to develop a pocket field guide, which explains the basic concepts of psychosocial support in a format that can easily be carried in the pocket of a Red Cross vest. In partnership with Danish Red Cross, the PS Centre developed the 28 page long *“Field booklet on Psychosocial Support”*.

or consultancies. Requests also include briefing of delegates and assistance in identifying and recruiting suitable candidates for PSS delegate positions.

The PS Centre remains in close contact with International Federation PSS delegates providing ad hoc technical and operational support and in return receiving valuable input from the field. In 2013 the collaboration with the PSS delegates in Haiti, MENA and South East Asia, the health and disaster management delegates in the Africa Zone and East Africa Regional Office and the health delegate in the Europe Zone office has been particularly strong. The PS Centre maintains a close working relationship with the Emergency Health Unit in the Health Department.

Psychosocial Support in Emergencies

The PS Centre continues to maintain and develop the psychosocial component of the ERU. It has been decided to broaden the scope of the component, by renaming it PSS in Emergencies – giving it more flexibility in terms of how materials and tools are used and how they can be deployed and implemented in the field. This also includes strengthening of the measuring of impact of interventions, as well as integrating violence prevention in the PSS in Emergencies component. The psychosocial support component of the ERU is an important part of the PSS in Emergencies concept.

PSS in Emergencies - trainings, development and coordination in 2013:

- PSS ERU Training, Canada
- PSS in epidemics, Health department, Geneva
- Annual ERU delegate meeting, German Red Cross
- ERU refresher training for PSS delegates, Danish Red Cross
- Annual ERU health technical working group meeting, Madrid
- PSS in Emergencies facilitators meeting, Canada
- PSS ERU partnership meeting in Copenhagen

- Input and support to deployment of Basic Health ERU's with psychosocial component (Norwegian/ Canadian and Japanese) to the Philippines
- Providing input for a PSS session on the RDRT induction course in the Africa Zone
- Input and support to Kenya Red Cross Society's response to the Westgate Mall Attack

A draft monitoring and evaluation system for use in PSS in emergencies was provided to the PSS delegates in the Health ERUs that were deployed to the Philippines after typhoon Haiyan. Work on developing a user-friendly M&E system for the first phase of disaster recovery will continue in 2014 in collaboration with the PS Centre's Advisory Board and our partners in the field.

Typhoon Haiyan, Philippines

Philippines Red Cross has a long standing record of providing psychosocial support in the disaster prone Philippines. After Typhoon Haiyan the large number of trained, experienced volunteers from neighbouring provinces proved to be a great advantage in the disaster response, once again underscoring the importance of building strong capacity in National Societies and regions.

The PS Centre provided technical and communication support to the International Federation PSS delegates and the ERUs. The PS Centre helped identify and brief a roster member who went for a short mission to support staff and volunteers in Philippine Red Cross, who had been under tremendous stress during and after the disaster.

Ebola, Uganda, Youth in post-conflict situations, Uganda, Liberia and South Sudan

The PS Centre has had close collaborations with Uganda Red Cross Society in 2013. In close collaboration with the Water, Sanitation and Emergency Health Unit at the Health Department of the Secretariat the PS Centre conducted an extensive evaluation with recommendations of the psychosocial support aspects of the response to an outbreak of Ebola in 2012. The report has since been shared with delegates responding to the ebola outbreak in western Africa in early 2014.

Uganda Red Cross Society and the PS Centre collectively outlined a project for implementing the Children's Resilience Programme on a large scale in Western Uganda in support to the influx of refugees fleeing the violence in the Democratic Republic of Congo. They are now looking for partners to support the implementation of the project.

Finally, Uganda Red Cross Society, Liberian Red Cross Society, South Sudan Red Cross and Danish Red Cross Youth have worked closely with the PS Centre on developing a training concept for providing psychosocial support for youth in post conflict areas. The training material builds on the Community-based Psychosocial Support Training Kit and was pilot tested in Northern Uganda in April and finalized and printed in November.



Psychosocial support, Kenya West Gate Mall attack, 21 September 2013. Image courtesy of Kenya Red Cross Society

“What did you do to my volunteers? I can hardly recognize them after they came home from the training! They are so full of enthusiasm and ideas. It is as if something has relaxed inside of them”.

Danish Red Cross delegate based in Liberia, who stopped by the PS Centre's office on a home leave. “Her volunteers” had participated in the pilot community-based psychosocial support training for youth in post-conflict situations in Uganda together with participants from Uganda and South Sudan a few months earlier. This led to a request for a training workshop in Liberia to take place in 2014.

Urban Risk Reduction and the Westgate Mall Attack, Kenya

In May, Kenya Red Cross Society invited the PS Centre to conduct a training of trainers workshop in Nairobi. Participants of the workshop were staff and volunteers in a urban risk reduction programme in informal settlements in Nairobi. Preceding the training of trainers workshop, the PS Centre facilitated a two day workshop on Caring for Volunteers for Kenya Red Cross Society HQ staff and management. After this workshop, the training plan and curriculum for the training of trainers was adapted to reflect the special challenges the participants would face in their work in the field. Later that year, many of the staff and volunteers from the training would be responding to the West Gate Mall attack in Nairobi. Kenya Red Cross Society was one of the main responders to the attack, involved in search and rescue, restoring family links and providing psychosocial support to survivors, relatives and rescuers. One of the main lessons learned from the response was the

importance of having a large roster of volunteers trained in psychosocial support ready to be deployed when disaster strikes. An account of the psychosocial support response was published in the December issue of *Coping with Crisis*. Building on the training in May, Kenya Red Cross Society in collaboration with the IFRC Zonal disaster management unit decided to implement the Children's Resilience Programme as part of the urban disaster risk reduction pilot study launched by the International Federation. The PS Centre helped Kenya Red Cross Society set up the programme and will continue to support and monitor the ongoing activities. The lessons learned from this programme will feed into the continuing development and implementation of the Children's Resilience Programme in other National Societies and to the International Federation Urban Disaster Risk Reduction Pilot Study.

Psychosocial Support and Youth as Agents for Behavioural Change

The PS Centre has been working closely with the Principles and Values Department of the International Federation on integrating a component of psychosocial support to the Youth as Agents for Behavioural Change (YABC) trainings. Technical support and guidelines for psychosocial support in YABC training was developed in close collaboration. The guidelines will further help strengthen the YABC interventions and help ensure a do-no-harm approach

Syrian crisis

The ongoing armed conflict and refugee crisis in Syria and surrounding countries continued in 2013. The Syrian crisis presents a big challenge. The needs are enormous and the unstable situation both in terms of security and funding makes the much needed capacity building difficult. In Syria, a major concern is supporting and caring for the Syrian Arab Red Crescent staff and volunteers while in the neighbouring countries efforts to provide psychosocial support to the many refugees are ongoing. Caring for staff and volunteers and sexual and gender-based violence against both men and women have been singled out by the National Societies as areas of special concern, and the PS Centre will continue to work intensively with this during 2014. It has proven very useful to have the *Caring for volunteers* toolkit available in hard-copy in Arabic.

Restoring Family Links and Psychosocial Support e-learning tool

The Restoring Family Links and Psychosocial Support e-learning tool has been launched on the e-learning platforms of both ICRC and the International Federation. There has been much interest in the tool, which was expected to reach 500 learners in the first year on the IFRC learning platform. During the first three months online, this goal was already almost met. An explanation to this success is likely the great demand for psychosocial support training around the world in combination with the e-learning tool being used to provide a basic general introduction to PSS and psychological first aid in contexts that have nothing to do with Restoring Family Links. This combination gives the course a much wider application than originally envisioned.

The Centre has also facilitated an introductory session on community-based psychosocial support at the RFL Consolidation Course at ICRC in Geneva. As a further development of the work with integrating psychosocial support and Restoring Family Links, a short handbook and a one day training on *Broken links: Psychosocial support to people separated from family members* is underway.



Global outreach of Community-based psychosocial support training of trainers, 2013

Strategic Approach 2: Capacity building of National Societies and competence development of staff and volunteers

Training is a powerful tool for building capacity in psychosocial support. There is evidence that training enhances capacity for delivering PSS and that is in fact an obligation to train staff and volunteers well to ensure the do no harm principles.

In 2013 the PS Centre has focused on conducting trainings on the regional level, in an effort to strengthen regional capacity. After regional trainings the PS

Women in Prison, Yemen

In Yemen, Yemen Red Crescent with the support of Danish Red Cross has prepared an innovative psychosocial support programme for women in prison. The PS Centre has provided support to programme design, identification of staff and conducted a training of trainers workshop in Yemen. The workshop was co-facilitated by a Yemen Red Crescent staff member who had been trained in the global training held by the PS Centre in Copenhagen in November.

In June The PS Centre and the Regional office in Moscow conducted a regional training in Russian with participants from, among other countries, Ukraine and Belarus. When protests turned violent in Kiev in early 2014, Belarus Red Cross was able to support Ukraine Red Cross by deploying two staff members trained in psychosocial support to help set up a system to care for the volunteers. This was also supported by the PS Centre, sending a staff member to Kiev, but the language skills and deeper understanding of local culture of the Belarussian staff members was a distinct advantage and a direct result of the training in Moscow.

information and experiences take place among the participants and they are encouraged to stay in touch with each other after the training.

In 2013 the PS Centre organized or facilitated six community-based psychosocial support training of trainers, including an open, global training in Copenhagen, three regional trainings and two National Society trainings focusing on urban risk reduction and youth in post-conflict situations, respectively.

Roster

The PS Centre continuously updates the roster of PSS experts and trainers. This has been done in order to better respond to training requests as well as to harmonize trainings and expectations. A roster of experienced staff and delegates able to take on shorter term missions adds to the strength and ability of the Centre to provide capacity building and technical and operational support. In 2013 roster members facilitated or co-facilitated most of the trainings, a roster member has been a strong advocate for psychosocial support in the Healthcare in Danger workshops and will continue this work in 2014, a roster member conducted the evaluation of the PSS response to an ebola

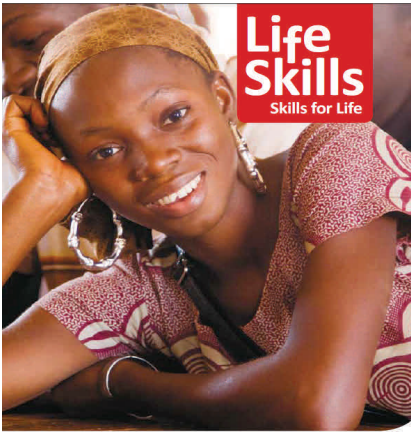
Centre experiences a rise in the number of requests and expressions of interest in psychosocial support in the trained regions, from both National Societies that had staff or volunteers attending the training and those that did not. Building regional capacity also means that there are more locally trained staff and volunteers that can be deployed to neighbouring countries as part of RDRT instead of international delegates and experts.

A typical training of trainers workshop is facilitated by two master trainers (often a PS Centre technical advisor and a roster member from the region). The training can be adapted to specific contexts, needs and the participants' skill level. Apart from the technical psychosocial teaching, the participants also learn facilitation skills, are required to contemplate seriously how they can use their newly acquired skills in their daily work and to make a plan of action. During the five intensive days of the training much exchange of ideas,

“The first weeks were so hard. I hardly had any sleep and I really needed help. Then Elin and Zara came. Zara [Sejberg, South East Asia Regional PSS Delegate and roster member] assisted in preparing an action plan and long term plan so we could get help from the IFRC appeal. Elin [Jónasdóttir, Icelandic Red Cross roster member] helped me support the staff and volunteers who were close to burnout at that time. Elin and I have known each other from the roster for many years. It was a great help to have Elin here because I know her both as a friend and as a professional”. Zenaida Beltejar, Social Services Manager of Philippines Red Cross and long-term roster member.

Building supportive networks

In November, a regional ToT workshop was held in Malawi with participants from National Societies from Eastern and Southern Africa as part of a capacity building plan for Africa. During the training, the participants were highly enthusiastic and all prepared plans of action for how they would put their new skills into use when they returned to their National Societies. At the suggestion of the facilitators the participants formed groups on the social medium “WhatsApp” and Facebook to keep in touch after the training. Five months after the training the groups are still highly active sending messages and sharing photos. The participants use the groups to stay in contact, to seek advice and inspiration for planning and implementing activities and to offer support in times of crisis. When one of the participants was part of the psychosocial support response to a deadly attack on a church in Kenya, more than 200 messages of support and advice was exchanged in the group in a week. The technical advisor who facilitated the training continues to provide support and advice in the forum, including input to a project proposal on PSS and HIV/AIDS and TB in South Africa and received a request for a training in Namibia.



A handbook

outbreak in Uganda, which has become a valuable input in the 2014 response to the ebola outbreak in Guinea and surrounding countries. Finally, a roster member was deployed to the Philippines to support the staff and volunteers of the Philippines Red Cross after Typhoon Haiyan.

PS Centre materials – production and rollout

In 2012 the PS Centre produced the *Caring for Volunteers: A psychosocial support toolkit*, and in 2013 much focus has been on rolling it out and presenting it to potential users. The toolkit is translated and printed in French, Spanish, Arabic and Russian. The toolkit helps fill a gap as the care of volunteers and staff is becoming an increasingly high priority in the work across the Movement. It has proven especially helpful to have the toolkit in hard copy in Arabic, as Red Crescent and Red Cross volunteers in Syria and neighbouring countries are working under very difficult circumstances and are in great need of care and support. It is expected that it will be necessary to re-print the Arabic translation in 2014.

Lay Counselling; trainer's manual enables Red Cross and Red Crescent Societies and other organizations to train non-specialized PSS volunteers in providing immediate support to affected people in disaster situations without doing harm. The PS Centre advocates for the inclusion of PSS Lay Counselling in training of volunteers in disaster preparedness programmes.

Life Skills: Skills for life was inspired by lessons learnt after the Haiti earthquake and aims to strengthen recovery mechanisms. It provides psychosocial competencies and interpersonal skills to help people make informed decisions, solve problems, communicate effectively, and otherwise cope with and manage their lives in a healthy and productive manner.

All developed material is available in both electronic and hard copies. It is also available for download on www.pscentre.org

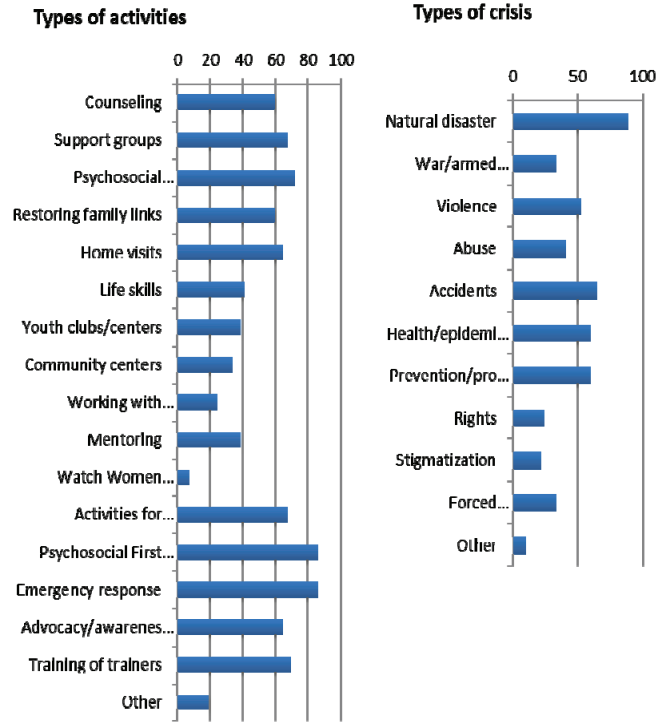
The development of more specialized manuals and training materials means that the PS Centre is increasingly able to comply with requests by providing more in depth support not only to emergency response or disaster preparedness programmes, but also to development programmes. The tools are developed in cooperation with and on the request of National Societies and enable them to respond better, and in a timelier manner, to psychosocial needs.

Strategic Approach 3: Knowledge Generation and Knowledge Sharing

“Despite the existence of countless guidelines and consensus papers, much controversy surrounds the field of disaster mental health. Disagreements regarding how to understand effects of disasters, cross—cultural relevance of diagnosis such as PTSD [post-traumatic stress disorder] and priorities and timing of post-disaster interventions [exist]. This is partly due to lack of research, but mainly due to complexity of disaster mental health, which spans over disciplines as diverse as: trauma psychology, neuropsychology, epidemiology, clinical psychology, social and community psychology and cultural psychology, just to mention some...” Silja Henderson: Psychosocial interventions after natural disasters – an analysis of evidence and recommendations for practice, 2013. PhD thesis, University of Copenhagen, supported by the PS Centre.

The systematic identification, compilation and analysis of best practises, academic results and information about psychosocial support interventions throughout the Red Cross Red Crescent Movement remain a high priority focus area for the PS Centre.

As indicated in the quote above, the field of psychosocial support is very broad, and the PS Centre is not able to follow up on all relevant areas of knowledge and expertise. Instead, the PS Centre follows emerging trends and responds to requests from National Societies and other International Federation partners in order to help them respond better to the specific challenges they face. In 2013, this means that the PS Centre has shared and generated knowledge about PSS and the economic crisis, sexual and gender-based violence, PSS in epidemics, PSS for persons with disabilities, integration of sport and physical activities in psychosocial interventions, psychosocial support and restoring family links, and how to support women in prison.



Mapping of psychosocial outreach

As part of the PS Centre's work to document the psychosocial support outreach a survey was sent to more than 80 National Societies, of which 42 responded. The mapping provided valuable information about the priorities in psychosocial support by the National Societies, the type of activities they offer and the type of disasters and crisis they respond to. The survey shows that 95 percent of the responding National Societies use PS Centre materials in their psychosocial work, and that only a minority of the National Societies (18 percent) only have stand-alone psychosocial support activities. The rest have either only activities integrated in other programmes (55 percent) or a mix of both types (27 percent).

The survey also shows a great variety in the types of beneficiaries served in the activities and in the type of crisis the activities are responding to. The mapping has provided invaluable insights in the psychosocial work in the Movement and the results will feed into the work of the Centre in many ways in the coming time.

Operationalising Psychosocial Support in Crisis, OPSIC

The PS Centre coordinates the EU funded research project Operationalising Psychosocial Support in Crisis (OPSIC). There are 11 European partners in the project, including universities, Red Cross, technology companies and first responder organisations. In the second half of 2013 the first results of the academic part of the project were presented. They include a tool to measure quality of psychosocial support interventions, a study on the long-term mental health impact of crisis and a comprehensible mapping and gap analysis of existing psychosocial support guidelines and handbooks.

PhD thesis about psychosocial support interventions

"Psychosocial interventions after natural disasters – an analysis of evidence and recommendations for practice" is the title of a PhD thesis by Silja Henderson at the University of Copenhagen. The thesis was made with the support and input of the PS Centre and several National Societies involved in the response to the 2004 tsunami. Among the main conclusions of the study was the importance of training as a tool for capacity building. Psychosocial support is a knowledge heavy type of intervention and the more trained capacity is present before a disaster, the more successful the intervention is likely to be. Another interesting conclusion is that the strongest predictor of low psychosocial well-being in the long term after a disaster is poverty and loss of livelihood.

Strategic Approach 4: Advocacy and Communication

Dialogue and exchange of information, knowledge and views are at the core of the PS Centre's approach to communication and advocacy. Through publications, magazines, newsletters, social media and the website the PS Centre increases its visibility and disseminates information. But the return flow of information – from the field, from partners, from the Secretariat and from the mental health and psychosocial support community at large to the PS Centre is equally important. For this reason there is a strong focus on communication directly with delegates, staff and volunteers in the field, increased presence on social media, a website design, which invites dialogue through commenting and increased collaboration with www.mhpss.net

The PS Centre has published two issues of Coping with Crisis, the PS Centre's regular magazine in 2013. The first edition focused on National Societies responding to disasters in their own countries and the second edition focused on the on-going crisis in Syria and the response to the Westgate mall attack in Kenya.



Humanitarian diplomacy in action



Photo: Leif Jonasson

In March, Japan commemorated the second anniversary of the Fukushima nuclear disaster. Japanese Red Cross was a major responder during the triple disaster of earthquake, tsunami and nuclear accident, providing among other things hospital care, re-housing and psychosocial support. The PS Centre was invited to give a lecture to more than 100 Japanese Red Cross staff members and to visit some of the most affected areas. Japanese Red Cross is a National Society with large capacity and the ability to handle large-scale and complex emergencies and has many years of experience in integrating psychosocial support in emergency

response. The field visits were a good opportunity to learn more about psychosocial reactions particularly in connection with nuclear disasters and about how a National Society can organize such a large response. The visit thus feeds directly into the knowledge-base of the PS Centre, generating knowledge that can be shared with other National Societies and further strengthens the ties to an important partner.

A new website was launched in 2013. It has a simpler and more user-friendly design and a better functioning document library. The address of the new website is www.pscentre.org. The website and the Facebook page feature news about psychosocial support interventions around the world, news updates about interesting trends and research, and all PS Centre materials in all available languages can be freely downloaded and used in the field. The PS Centre's Facebook page has become an increasingly important medium for communication and dialogue within the Red Cross Red Crescent psychosocial community. Making short updates is easy and time-efficient and through the informal nature of the medium, it is possible to show a broad range of the activities of the PS Centre and of the broad field of psychosocial support. The number of "likes" (followers) on the website has grown from 238 likes at the beginning of the year to 778 at the end of the year. There is always an increase in likes in connection with trainings and when activities of National Societies are mentioned

The Centre has been able to increase its visibility within and outside the Movement. In addition to sharing magazines, newsletters, updating the PS Facebook site and website regularly, the PS Centre is advocating for its work through being visible and vocal in meetings, networks, conferences, etc. inside and outside the Movement. Likewise, visibility is ensured through a generally high level of activity; trainings, development and introduction of new training material and establishment and development of partnerships.

Financial management

The PS Centre still maintains a core group of traditional PNS donors, which include the National Societies of Denmark, Norway, Japan, Finland, Iceland and France. In relation to many of the trainings that were organised by the PS Centre in 2013, valuable contributions were additionally provided by the American Red Cross, British Red Cross, German Red Cross, the International Federation and the ICRC.

While project based funding, mainly from the European Commission, is funding specific projects, the PNS donor's funding for core operations at the PS Centre – those interventions directly supporting National Societies, such as capacity building, technical support, PSS in Emergencies and communications - becomes increasingly important.

In the coming years, several traditional Partnering National Societies are indicating a restructuring, reduction or withdrawal of their financial support to the PS Centre. As the activity level of the Centre is increasing, there is a growing need to identify sustainable sources of non-earmarked funding for the core activities. At the same time as some partners are withdrawing or reducing funding, other partners has been successful in supporting the PS Centre in obtaining funding from other sources.

A financial situation with only a small group of PNS to provide core funding to running costs is very vulnerable. To counter this vulnerability, the PS Centre has looked to other humanitarian and research funding sources including the European Commission.

The Strengthening Psychosocial Programming project, supported through the International Federation Tsunami Operation has completed its second year in 2013. While some of the major expenses are slightly delayed, due to postponement of production process, the project is well on track and will be concluded in 2014.

Through the years the technical requirements for financial reporting to donors has become more complicated. To live up to requirements the PS Centre restructured the financial set-up and financial management system in 2013. The new set-up provides a clearer link between financial achievements and strategic approaches.

The total expenditure of the PS Centre in 2013 amounted to DKK 6.059.594. This is lower than anticipated in the 2013 budget of DKK 7.015.000, which is due to the fact that two planned production processes have been postponed from 2013 to 2014.

2013 saw the start of the OPSIC project, a project of 11 partners, funded by the European Commission for three years. Being the budget holder of the entire project, the PS Centre receives the entire funding pool through its financial system; funds for 11 partners over three year. This means that the PS Centre has a substantial end balance at the end of 2013; funds that will be spent by all project partners over the next two years.

Attached to this annual narrative report is the PS Centre Financial Statement of 2013, which also includes a detailed financial report.

Summary and looking ahead

The PS Centre experiences an increasing number of requests for support from National Societies and the International Federation. This reflects an improved awareness of the need for psychosocial interventions, a more strategic approach, and possibly also the improved visibility of the PS Centre.



Photo: Louise Steen Kryger, PS Centre

Often requests lead to synergy effects coming from strengthened partnerships, exchange of knowledge and experiences and the discovery of opportunities and knowledge gaps. A request from one National Society may result in the generation of knowledge, guidelines or tools that can be of use in other National Societies.

In 2013 the PS Centre's collaboration with the ICRC was stronger than ever, and this close relationship will

continue into 2014. One of the initiatives of 2014 is a mapping of ICRC PSS field staff and a consideration of how the PS Centre can work closer with the ICRC field staff. The PS Centre will also continue its involvement in the Health Care in Danger campaign, aiming to keep psychosocial support high on the agenda and on strengthening the link between Restoring Family Links and psychosocial support.

Africa has been a focus area for the PS Centre since 2012, and in 2013 and early 2014 it has become increasingly clear that this is a useful strategy. There is much more collaboration with the zone, regional offices and National Societies in implementing psychosocial support in many different types of interventions.

In disaster responses, the PS Centre experiences a closer and more visible relationship with the International Federation disaster response, in particular with the Emergency Health Unit, the National Societies who have PSS components in their health ERUs and the zonal and regional PSS and health delegates.

As part of the strategic priority of knowledge generation and knowledge sharing, the PS Centre works in close relationship with several research institutions. The strongest formal collaboration is through the EU funded Operationalizing Psychosocial Support in Crisis (OPSIC), which has already produced new useful knowledge, and which in 2014 will enter the stage of operationalizing the research into tools for crisis managers.

Through projects like OPSIC and other knowledge driven projects and new types of collaborations, like the collaboration with the Roskilde Festival Foundation, where an external funding partner contributes knowledge and technical expertise as well as financial support, the PS Centre has been able to find new and better ways to collect and share knowledge.

Measuring impact of psychosocial support interventions remains a high priority. The PS Centre is exploring the possibilities of cooperating with the Department of Education of the University of Århus, Denmark on measuring impact of PSS interventions and developing monitoring and evaluation tools.

Demands have increased for PS Centre publications such as the training manuals and different guidelines. The PS Centre will continue to plan for capacity and organisational development activities primarily through training, raise awareness and advocate towards National Society staff and volunteers.

In 2013 the PS Centre published its first online training, the RFL-PSS e-learning tool. The reception of the tool has been positive. E-learning and other digital ways of teaching is a cost-effective way of sharing knowledge and teaching, and this is an area which will be explored further in 2014.

The further development of the PSS ERU component into “Psychosocial Support in Emergencies” came a long way in 2013, and in 2014 the PS Centre will continue to develop and roll-out, including working on improving tools for monitoring and evaluation.

The large post-tsunami project “Strengthening Psychosocial Support Programming” will be finalised in 2014. Through the project much knowledge and experience in psychosocial programming has been collected, and in 2014 a large compilation of psychosocial support interventions from around the world and a handbook and training course on RFL and PSS will be presented at a workshop to all the National Societies involved in the post-tsunami operation.

In 2014 the PS Centre will be rolling out new and existing tools, focusing especially on psychosocial support in emergencies, on psychosocial support to persons with disabilities, young vulnerable men, RFL and PSS and the integration of sport and physical activities in psychosocial support interventions.

Knowledge generation initiatives always comes from requests or expressed needs for more knowledge and guidance from National Societies and other partners in the Movement. One such need is capacity building of volunteer management and support and more knowledge about how to deal with people affected by sexual and gender-based violence in the MENA region in the wake of the Syrian crisis. Other initiatives in 2014 will be about preparation and response to nuclear disasters, psychosocial support for mine victims and further work on PSS in connection with epidemics in collaboration with the Emergency Health Unit.



Staff and volunteers from Syrian Arab Red Crescent work around the clock under extremely difficult and dangerous circumstances. By January 2014, 34 SARC volunteers have lost their lives since the beginning of the conflict in Syria, all of them killed or captured while carrying out their humanitarian duties. An important focus for the PS Centre in 2014 is to assist the National Societies in Syria and surrounding countries to provide care and support to the volunteers. Photo: Ibrahim Malla, IFRC

How we work

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on www.ifrc.org

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Find out more about the PS Centre on www.pscentre.org and engage with us on www.facebook.com/psychosocial.center