



IFRC Psychosocial Support Programme

Reference Centre for Psychosocial Support

Annual report - 2015

www.ifrc.org

Saving lives, changing minds.



International Federation
of Red Cross and Red Crescent Societies

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

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

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

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



Canadian Red Cross



Finnish Red Cross



croix-rouge française



Icelandic Red Cross



**Japanese
Red Cross Society**



Norwegian Red Cross



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Cover photo: Maria De Laiglesia Noriega/Spanish Red Cross

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Context and introduction

Pictures of volunteers rescuing families from rough and frigid waters on the shores of Europe and pictures of drowned children lying on the beach are some of the strongest images in the international media from the past year. 2015 became the year when migration was placed high on the international humanitarian and political agenda. This was mainly due to the unusually high numbers of migrants seeking refuge in Europe, but migration is a growing phenomenon with global consequences. Migrants leave or flee their homes to seek opportunities, protection or safer and better lives. Some flee abject poverty and climate changes that are rendering their lands impossible to live on, others flee war and conflicts alone or with their families. For many the journey to safety is almost as dangerous as the situation they are trying to escape.

While the situation and the needs vary greatly from one migrant population to another as well as within each population, most migrants have psychosocial support needs in their countries of origin, during their journey and in their new host countries. All over the world, National Societies are responding to the psychosocial support needs of migrants along the migration routes, in refugee camps and in helping them settle into host communities, or helping returnees re-integrate back into their own communities.

Good preparation, the right tools and the right people with the necessary qualifications and flexible systems are essential elements in being able to provide high quality psychosocial support. Over the past years, the IFRC Psychosocial programme has had a strong focus on building capacity in National Societies; on strengthening the programme's ability to be operational in emergencies, and advocating for the inclusion of psychosocial support in all phases of emergency response and during other crises. A high number of staff and volunteers have received training and supervision, resulting in an increase in staff and volunteers implementing psychosocial support in the field around the world. Simultaneously, more and more National Societies have been focusing strongly on the need to provide support and care for volunteers, and have carried out trainings and set up systems and plans to support volunteers with the assistance of the PS Centre.

The IFRC Reference Centre for Psychosocial Support (the PS Centre) has experienced a marked increase

in requests for training, mentoring and operational support, and has seen more and more National Societies implementing psychosocial support programmes in emergencies and protracted crises. In the field, psychosocial support staff, volunteers and delegates are deeply engaged in advocating the importance of including psychosocial support in all relevant interventions and sectors, and participate actively in cross-sector and cross-agency coordination.

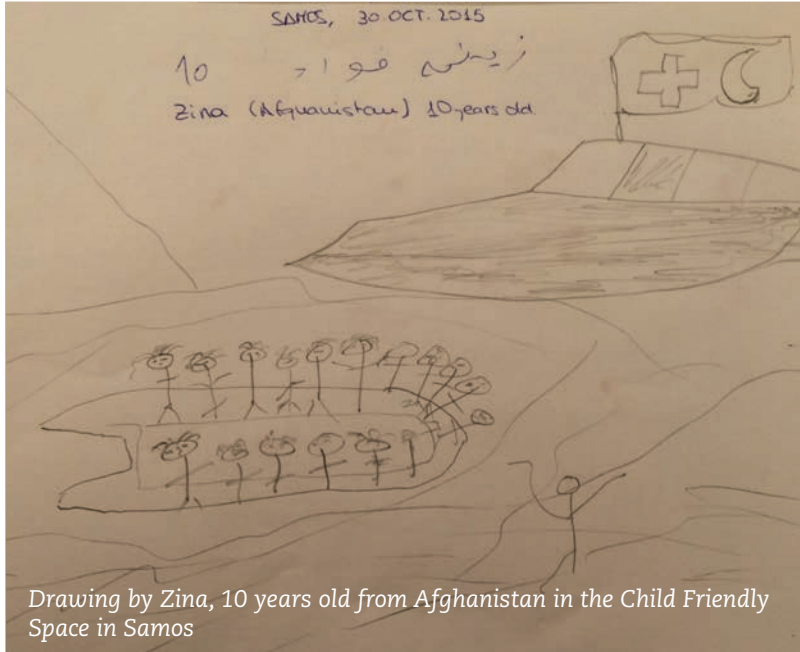
The earthquakes in Nepal in March and May wreaked havoc and claimed many lives and left many more injured and bereft of home and property. Very quickly after the first earthquake Nepal Red Cross Society staff and volunteers were organising and providing psychosocial support, and they soon received reinforcements from Emergency Response Units (ERU) with psychosocial support capacity. A well prepared National Society and an ERU system with well prepared and highly skilled psychosocial support delegates made an important difference for the people affected by the earthquake.

At the 32nd International Conference of the Red Cross Red Crescent the Swedish Red Cross, the ICRC and the IFRC successfully launched a side-event on "Addressing the psychological effects of armed conflict and violence". This side event and corresponding pledge is an important step towards recognizing that the mental health consequences of armed conflict are on equal terms with the impact to a person's physical health. This high level advocacy effort occurred in tandem with a process whereby the PS Centre forged stronger ties and closer collaboration with the Inter-Agency Standing Committee's Reference Group on Mental Health and Psychosocial Support.

Background

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

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



Drawing by Zina, 10 years old from Afghanistan in the Child Friendly Space in Samos

Child friendly space in Samos

As part of the emergency response unit, Spanish Red Cross delegate Maria De Laiglesia Noriega has set up a child friendly space (CFS) and is working around the clock to provide children in the camp with playing activities, music, games, drawings etc.

The child friendly space is an essential activity for the children. It gives them strength and courage to continue their journey and an opportunity to escape the harsh reality for a while and just be children again, explains Maria. It provides them with a bit of routine and a sense of normality in a chaotic world. The children have been

through unimaginable hardship both in

their home countries and on their journey. And for most, Samos is just a stop on a journey, which is still ongoing.

The children seem very quiet and withdrawn, but when they come into the child friendly space they smile, play and interact. The children respect and support each other.

The language barrier is one of the difficult challenges. Most communication happens through sign language and creative measures are used to organize activities. Maria takes photos and videos of the different activities and the next day she shows the children the different options for games and that way they decide what activity they should do.

Balloon volley and drawing are some of the activities the children love. Drawing gives the children a chance to express some of their thoughts, feelings and experiences that cannot be put into words. Sometimes the adults in the camps peek through the windows of the child friendly space, because as one person put it: "this is the only place where we see happiness in this horrible place". Besides the child friendly spaces, Hellenic Red Cross and the Spanish emergency response unit provides basic health care, provide information about Restoring Family Links, hand out maps of Europe and Greece and provides WIFI so the migrants can access information and be in contact with loved ones".

This story was first published on the PS Centre Facebook page on 21 November 2015.

to enhance emotional assistance to staff and volunteers.

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

The functions of the PS Centre

The PS Centre is hosted by Danish Red Cross in

Copenhagen. The general functions as defined in the agreement between the IFRC and Danish Red Cross concerning the PS Centre are listed below.

- Advise and guide National Societies to sources of information on community-based psychosocial support
- Support National Societies in developing their capacity to provide community-based psychosocial support to vulnerable groups and volunteers through assessment and training
- Access external research and make it accessible to National Societies
- Cooperate with other humanitarian organisations

dealing with psychosocial support in order to exchange materials and experience, and to avoid duplication

- Develop, translate and share models, tools and case studies that reflect best practice in community-based psychosocial support within and outside of the Movement
- Further develop and maintain a database of external consultancy expertise («the roster»), to be deployed for assessment and training with National Societies.

The PS Centre strives to uphold a small secretariat with key positions, which are considered the minimum resources necessary to deliver on the agreement with the IFRC. In addition, the PS Centre continuously develops and maintains a roster of psychosocial professionals who can be deployed as staff or consultants. The PS Centre is part of, and coordinates closely with, the IFRC Health and Care department.

The framework for psychosocial support

Psychosocial support is generally defined as¹ a process of facilitating resilience within individuals, families and communities, with “resilience” understood as: The ability of individuals, communities, organisations, or countries exposed to disasters and crises and underlying vulnerabilities to anticipate, reduce the impact of, cope with, and recover from the effects of adversity without compromising their long-term prospects.

Psychosocial support can be centred on promotion or prevention. Promotion focuses on the notion of psychosocial well-being as a positive attribute, rather than merely the absence of psychosocial or mental health problems. Prevention can focus on preventing psychosocial problems from arising in the first place or preventing mild problems from developing into more severe or persistent mental health problems. These two aspects of psychosocial support contribute to the building of resilience in the face of new crisis or other distressing life circumstances.

Psychosocial support enables people to bounce back to normality after the impact of critical events and helps them to deal with such events in the future. By respecting the independence, dignity and coping mechanisms of individuals and communities, psychosocial support promotes the restoration of

social cohesion and social infrastructure.

Red Cross and Red Crescent National Societies implement community-based psychosocial support interventions that focus on strengthening the social bonds of people in affected communities, by improving the psychosocial well-being of individuals and of communities as whole entities. This approach is based on the idea that if people are empowered to care for themselves and others, their individual and communal self-confidence and resources will improve. This, in turn, will encourage positive recovery and strengthen the ability to deal with challenges.

Psychosocial support is a cross cutting discipline which can and should be integrated into key topics of humanitarian response, while at the same time include key considerations such as gender and diversity, promotion of a culture of non-violence and peace, as well as the “do no harm” principles.

Progress towards outcomes

The IFRC Reference Centre for Psychosocial Support (PS Centre) serves to promote and enable the psychosocial well-being of beneficiaries, humanitarian staff and volunteers, and thereby contributes 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 requests for support from National Societies and regional offices. Request include questions about how to integrate PSS in new or existing programmes, tools on monitoring and assessment, ideas for activities etc. Often requests can be satisfied by referencing to materials published by the PS Centre or other relevant literature. Sometimes a request leads to

¹ IFRC Reference Centre for Psychosocial Support: Strategic Operational Framework 2016-2020

2015 at a glance:

616

Requests to the PS Centre from

87

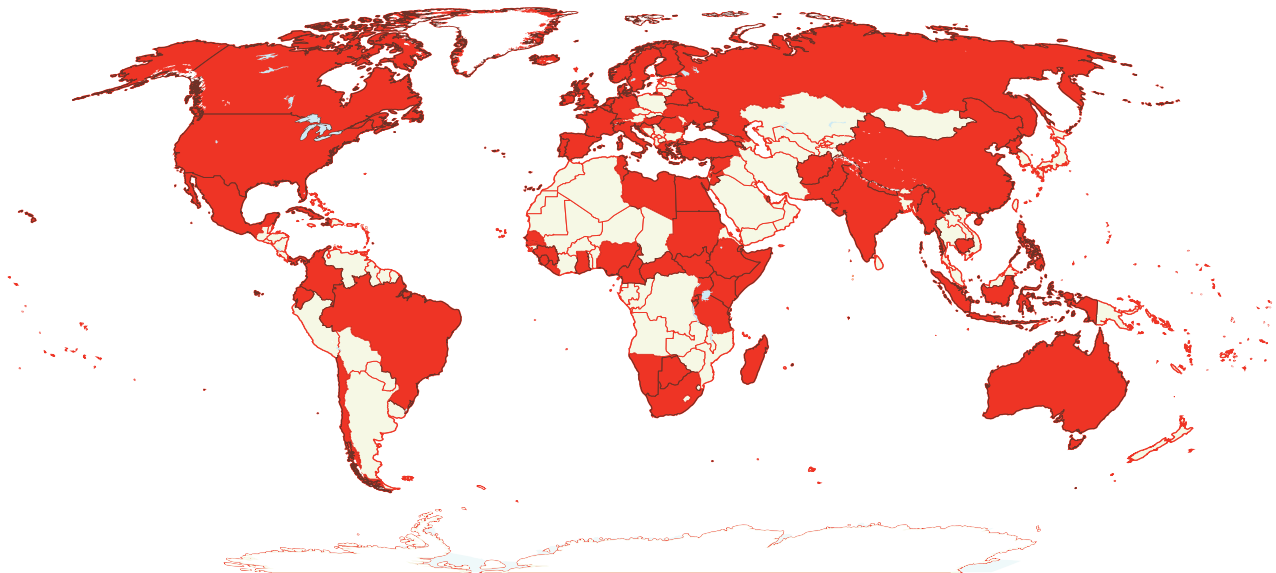
countries

252

Staff and volunteers trained in

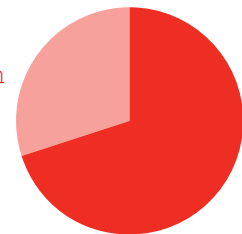
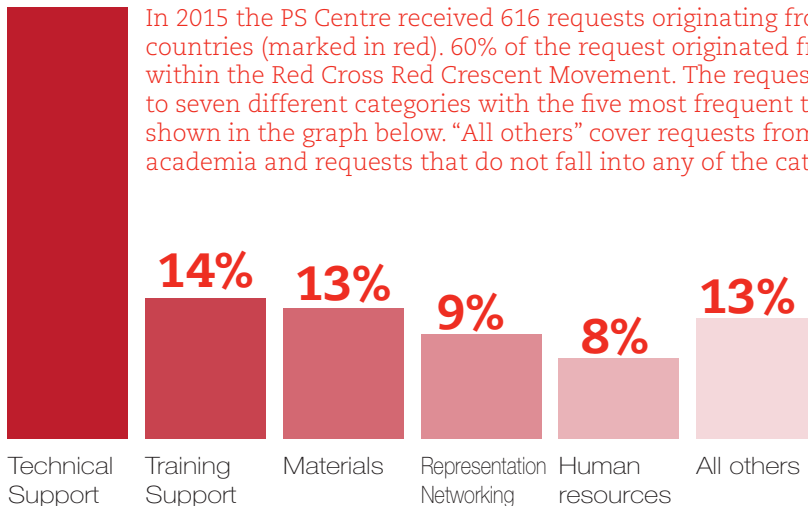
16

trainings



43%

In 2015 the PS Centre received 616 requests originating from 87 countries (marked in red). 60% of the request originated from within the Red Cross Red Crescent Movement. The requests fall in to seven different categories with the five most frequent types shown in the graph below. "All others" cover requests from academia and requests that do not fall into any of the categories.



Legend:
 ■ Outside Red Cross Red Crescent Movement
 ■ Within Red Cross Red Crescent Movement

trainings or consultancies, contribution to policy and programme documents, development of job descriptions, assistance in identifying, recruiting suitable candidates and briefing of delegates for PSS delegate positions etc..

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.

A key task of the PS Centre is to stay in close contact with the National Societies, the regions and the secretariat, and support the mainstreaming and inclusion of psychosocial considerations in key reference documents, guidelines, appeals and other project proposals. The PS Centre received more than 600 requests in 2015.

Key examples of activities are:

- Input to the lay-out and translation of the Multi-Agency guidance note “Mental Health and Psychosocial Support for Refugees, Asylum Seekers and Migrants on the Move in Europe.
- Input to the scientific background for psychological first aid in first aid guidelines

- Guidelines for psychosocial support after chemical, biological, radiological and nuclear (CBRN) events included in the overall guidelines for CBRN.
- Collaboration and communication on Gender and Diversity with the Secretariat, the networks, and the field on guidelines and trainings, including dissemination and trainings in Sexual and Gender-based violence and psychosocial support.
- Contribution to and review of IFRC report about PTSD among responders in the Ebola outbreak.
- Contribution to IFRC child protection guidelines.
- Competency framework for psychosocial support delegates.
- Research proposal for the Research Fellowship Programme, in collaboration with the Secretariat for hosting two PhD students on a: task-shifting and PSS and b: Volunteers well-being to further research and follow up on previous findings.
- Collaboration with European universities and Red Cross National Societies on developing a Handbook on psychosocial support in crisis and 51 action sheets for different event types, stages and



Photo: Melissa Tsimon, Cyprus Red Cross

The story of a boatful of people

When a boat carrying 345 men, women and children fleeing the war in Syria landed on the shores of Cyprus, Cyprus Red Cross provided basic necessities and psychosocial support activities. The PSS activities aimed towards strengthening community bonds, actively supporting those in need, liaising with governmental services and mobilizing community members.

After five months, all services provided by authorities in the camp were shut down except electricity and water. The Cyprus Red Cross continued providing basic necessities and psychosocial support, assisting the refugees to actively organize themselves as a community. Now they took matters into their own hands and organized themselves into three groups. One group

was in charge of the security of the camp; another was in charge of cleaning and the last in charge of cooking. The older boys constructed their own tent – their fortress - and even decorated it with cobbled stones and greenery found in the area. This was their place, and no girls were allowed (except the Red Cross volunteers). The girls followed with their own tent, and this soon became the meeting place for all children to play, tell stories and even perform and sing together.

Weakened family dynamics and cultural roles were once again activated. Adolescents who had become disrespectful towards their parents were again looking up to their parents. In turn, parents were empowered and motivated to provide for, and protect their children; thus family bonds became stronger. Through this, community bonds were also strengthened. For the Red Cross psychosocial support volunteers, this was a great sight and a powerful experience.

This is an abbreviated version of the article by Melissa Tsimon, Cyprus Red Cross, which was published in *Coping with Crisis*, 2-2015



Photo: Stephen Ryan, IFRC

target groups.

Psychosocial Support in Emergencies

The PS Centre strives to play a larger role supporting the IFRC and the National Societies during emergencies through short term deployments to assess needs and set up support systems in the field. In order to ensure timely and high quality interventions during and after emergencies, the PS Centre works closely with the ERU deploying National Societies and continues to maintain and develop the psychosocial support component of the emergency response unit (ERU) remains important to. Adjacent to the ERU system there is a need for the National Societies to have their own capacity to provide psychosocial support in emergencies, to supplement the ERUs in larger disasters, and to be able to respond to disasters with less outside assistance.

Similar to previous years, 2015 was marked by numerous armed conflicts around the world and human suffering arising from violence and displacement. In 2014 and 2015 new types of emergencies emerged that have challenged the concept of psychosocial support in emergencies. The highly contagious nature of the Ebola virus disease and the fluid mobile nature of the migration crisis have clearly demonstrated that there is no such thing as “one size fits all” approach to psychosocial support. During 2015, the PS Centre focused on

the ability to adapt and respond to new types of challenges; this focus will carry forward to future years..

Migration crisis

The mental health and psychosocial well-being of migrants depends largely on pre-migration stressors, e.g. persecution, poverty, physical danger, family separation and post-migration factors such as detention, hostility and uncertainty. Higher levels of resilience, a positive sense of psychosocial well-being and lower mental health disorder rates in migrants are linked to being in employment, having appropriate living arrangements, and feeling accepted in the host country.

The emergency is complex and the need for psychosocial support is overwhelming, despite the complexities in providing such support. The migrant populations are very mixed and highly mobile, seldom staying for more than a few days in the same place and there are many different languages spoken within one group. Open camps, many unaccompanied minors and travel arrangements often made by smugglers present large protection challenges and concerns. Providing accurate and relevant information and restoring family links are high priorities in the areas where the migrants arrive or pass through. These activities also serve as entry points where psychosocial support and psychological first aid can be provided.

For refugee and migrant-hosting countries, the

PSYCHOLOGICAL FIRST AID



It is strongly encouraged that National Societies and others who use the Centre's materials translate and adapt them to fit the specific context in which they are to be used. This is exactly what South Sudan Red Cross did, when they adapted four PS Centre psycho-education brochures by having new drawings made and changing the cases and examples to local ones.

provision of psychosocial support can aid with the integration of migrants into new communities. Effective psychosocial support approaches include the facilitation of support groups for refugees and migrants, integrating psychosocial support into basic health and mental health care provision, identifying vulnerable person, referring persons to

additional services (including specialised services), meeting the needs of unaccompanied and separated minors, and restoring family links.

The PS Centre has been involved in responding to the crisis by providing technical support to programmes and delegates, helping identify potential delegates, and arranging for psychosocial support in emergencies trainings. The multi-agency guidance note "Mental Health and Psychosocial Support to Migrants, Refugees and Asylum Seekers in Europe" was developed in collaboration with Inter-Agency partners. This guidance note complemented an issue of Coping with Crisis, which thematically focused on global migration.

Syria crisis

The ongoing armed conflict and refugee crisis in Syria and the surrounding countries continued in 2015. The Syrian crisis presents a big challenge for the humanitarian community. The needs are enormous and the unstable situation both in terms of security and funding makes the much needed capacity building difficult. Inside 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.

The National Societies of Syria, Lebanon, Jordan and Turkey are providing psychosocial support activities in community centres and refugee camps to adults and children. Many European countries that are experiencing an unprecedented influx of Syrian refugees have also increased their capacity to provide psychosocial support to the refugees—many of whom travelled through long and perilous journeys.

Nepal earthquake

In April and May, Nepal was struck by devastating earthquakes. The first earthquake caused extensive loss of lives, destruction and devastation. The second earthquake was less destructive, but caused widespread fear, and made people wonder if the shaking would ever cease and if they could ever rebuild their lives, and live in safety again.

Technical assistance was provided to the PS focal point on initial activities, the development of terms of reference for psychosocial responders, support to the mobilisation of volunteers, sharing of materials

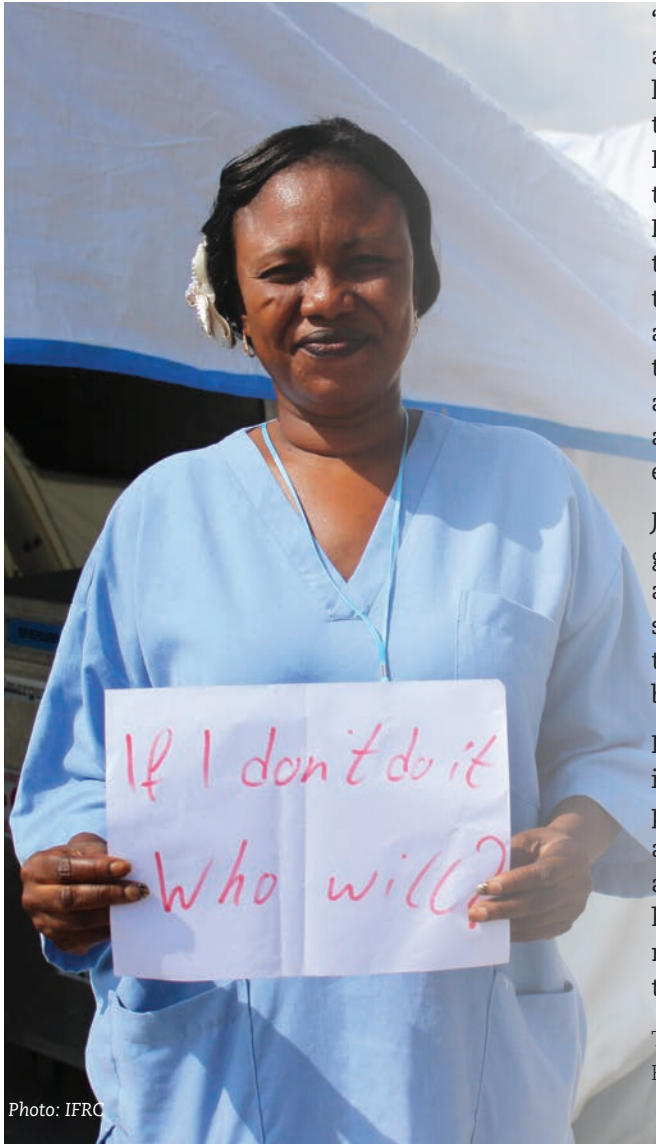


Photo: IFRC

“Often when patients are admitted to the centre with a positive diagnosis, many want to give up. But I don’t let them. I tell them to eat, to drink, to walk around, to do something, just don’t give up,” says Jestina Boyle, who is a psychosocial support volunteer at the Kenema Ebola treatment centre in eastern Sierra Leone. Many of the patients have already experienced terrible loss because of the disease. In some cases, their immediate family has succumbed to the disease and they are the only one remaining. Other times they have been infected while caring for someone and have then unwittingly contaminated their spouse and children. Needless to say, feelings of guilt can be enormous and many patients slide into depression.

Jestina is a lifeline for many in these dark times. “I give them hope. So many thought they were dead and then, by changing their thinking, it helps them survive. We pray together, or they see me praying for them and they realize that it is not their time. God has brought them here to survive.”

Keeping people motivated can carry its own toll as it is a very emotionally charged job. Jestina is a creative person and links her passion for caring with singing and dance which instantly uplifts her and those around her. “I sing to keep myself happy, it’s what I have to do when I see so many people dying. I see that my work has helped people, more are walking out of this centre Ebola-free.

This is an abbreviated version of the article written by Nicole Robicheaux and published on <http://www.ifrcmedia.org/ebola/?p=469>

“Treatment is only part of survival. It makes the body strong but with a weak mind, the person won’t survive. Now, when I make the mind strong, the body becomes stronger and people survive.”

Jestina Boyle, PSS volunteer, Sierra Leone Red Cross

such as assessment guides, training materials and guidance on Child Protection and mental health and psychosocial support, as well as technical guidance on the development of key messages regarding psychosocial support, such as self-care, coping with stress and supporting children. A newly developed monitoring and evaluation (M&E) system for psychosocial support interventions in emergencies was also shared. The M&E material was further disseminated to PS delegates deployed within ERU’s.

In Hong Kong and the Maldives, both countries that are host to large Nepalese migrant populations, the National Societies provided psychosocial support and RFL services to Nepali migrant workers who were worried about the fate of their loved ones in

Nepal.

Conflict in Ukraine

Since hostilities broke out in Ukraine more than two million people are internally displaced or have fled the country. The humanitarian community estimates that five million people affected by the conflict are in need of humanitarian aid across Ukraine.

The IFRC Emergency Appeal focuses on alleviating the effects of displacement amongst women and families. Psychosocial support is provided by regional and district branches of the Ukraine Red Cross Society (URCS) through a variety of activities including support groups for mothers facilitated

by trained PSS experts, conducting of master-classes for the beneficiaries, excursions, plays and social recreational activities for children. The psychosocial support programme has contributed to the translation of materials from the PS Centre; these materials are actively being used by the URCS coordinators. With the support of the PS Centre, URCS has taken steps towards establishing a core group of staff responsible for PSS and has developed a plan of action for psychosocial support in Ukraine. URCS has further developed their psychosocial support component for vulnerable persons. These initiatives will further consolidate the achieved results of the IFRC's ongoing work on PSS in Ukraine. (Source: IFRC Emergency Appeal Operational Update October 2015)

South Sudan

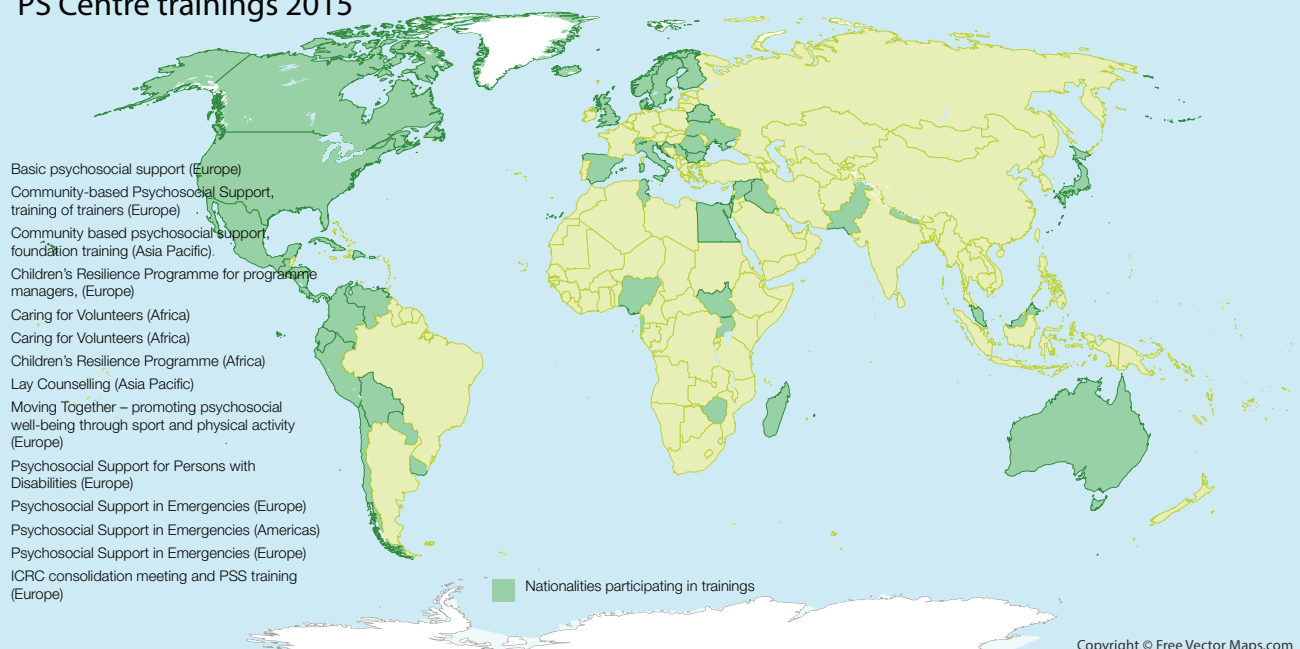
South Sudan is the youngest nation in the world but the years of conflict have taken their toll. The population is uprooted; according to UN OCHA, more than 2.3 million people – one in every five people in South Sudan - have been forced to flee

their homes since the conflict began. 2015 saw new areas of conflict, severe food insecurity, cholera outbreak and other serious health concerns in a population of which more than half are children.

Conflicts, like the one in South Sudan, include various types of losses, e.g. loss of family, loss of homes, loss of livelihood, loss of sense of safety, loss of connectedness, loss of freedom and loss of hope. These losses impact the mental health and the psychosocial well-being of the affected people. Psychosocial distress and the adoption of negative coping mechanisms are on the rise, which highlights the collapsing of community resilience. The disruption of a traditional supportive social environment make caregivers struggle or fail to adequately care for, and protect, their children. The situation in South Sudan continues to be unpredictable and fragile; over 2.5 million children are estimated to still be affected by the conflict and in need of comprehensive services.² In a situation like this, there is a great need for psychosocial

² Psychosocial Support Intervention: Achievements in 2015, Child Protection Sub-Cluster PSS Task Force South Sudan

PS Centre trainings 2015



The PS Centre strives toward a geographically balanced composition of trainings and trainees. There are two complementary approaches to obtaining this balance: The global trainings, conducted at the PS Centre in Copenhagen, invites participants from all over the world, ensuring trained staff in all regions. The regional and national trainings focus more strongly on building capacity in one defined geographical or linguistic area.

Approximately 222 people representing 54 nationalities were trained in 2015 by the PS Centre. There were: one regional training in the Americas, five global trainings in Copenhagen and six national trainings.

support, both to the general public and the staff and volunteers of the National Society. Helping the National Society to build its capacity to provide psychosocial support is a core activity of the PS Centre.

The PS Centre supported the South Sudan Red Cross (SSRC) to establish a Psychosocial Unit to meet the mental health and psychosocial support needs of beneficiaries as well as staff and volunteers. The Psychosocial Unit has since been working on strengthening the capacity of SSRC to deliver PSS programmes and it has become evident that PSS is a cross cutting issue that needs to be mainstreamed in various departments' activities and programmes. The SSRC Secretary General with the support of the senior management team and the IFRC movement have decided to expand the PS unit to a PS department in recognition of psychosocial support as a cross-cutting issue and in acknowledgment of the large unmet MHPSS needs in South Sudan. There is a close collaboration between the SSRC PS department and the PS Centre.

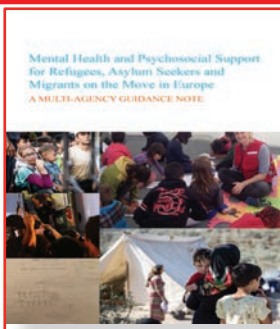
Strategic Approach 2: Capacity building of National Societies and competence development of staff and volunteers

Training is a powerful tool for building capacity in psychosocial support. There is evidence that training enhances the capacity of staff and volunteers to deliver PSS. It is a moral obligation to train staff and volunteers well, to ensure strengthening resilience and respecting the do no harm principles³.

Developing the PS Academy

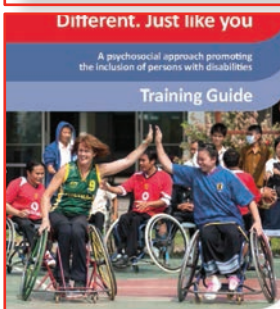
The "PS Academy" is the umbrella term for

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



This brief guidance note seeks to provide advice on protecting and supporting the mental health and psychosocial wellbeing of refugees, asylum-seekers and migrants in Europe. It describes key principles and appropriate interventions to guide all those who are designing and organizing emergency services and/or providing direct assistance to the affected people. The multi-agency guidance note was prepared by UNHCR, IOM, mhpps.net and the PS Centre; it was peer reviewed and endorsed by 12 other organisations.

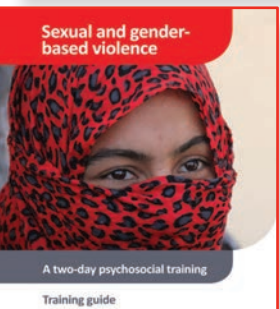
[Download here](#)



The concept of empowerment is central to the approach presented in "Different. Just Like you", which aims to create awareness on the importance of psychosocial support and inclusion in promoting the well-being of persons with disabilities. The manual provides guidance on inclusion and examples of inclusive psychosocial activities that are applicable across multiple contexts.

This manual and the accompanying PowerPoint presentation operationalise the concepts related to inclusion and supporting persons with disabilities.

[Download here](#)



The training provides information about different types of SGBV and provides participants with the skills and knowledge to handle disclosures of SGBV, and how to provide practical psychosocial support to people affected by SGBV. It is a standalone, two-day training workshop, but can also be combined with the PS Centre's Community-based Psychosocial Support: Training kit or other basic trainings in psychosocial support.

[Download here](#)

psychosocial trainings, workshops and seminars focusing on cost-effective regional trainings and specialised trainings, e-learning and distance learning provided by the PS Centre. The objective of the PS Academy is to build the capacity for providing high quality psychosocial support within the Red Cross Red Crescent Movement.

The trainings offered by the PS Centre in Copenhagen are open for all in the Red Cross Red Crescent Movement. However, demand most often exceeds availability, and participants are selected based on criteria such as relevant previous experience and current or planned involvement in psychosocial support activities in their National Society. The high level of interest has resulted in trainings with highly qualified participants.

PS Centre tool box

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 and social support programmes. The tools are developed in cooperation with, and upon the request of National Societies, to enable them to provide quality and timely responses to the psychosocial needs of people affected by emergencies and crises.

The tool box comprises handbooks, manuals, training guides and guidance notes. In previous years a number of handbooks and manuals have been developed. Part of rolling out any new materials is facilitating their practical implementation. To this end, a number of training guides have been developed to accompany the handbooks.

- Monitoring and evaluation framework and training guide.
- Training guides for SGBV and psychosocial support; People with disabilities based on the “Different. Just like you” book; for integrating psychosocial support and physical activity based on the handbook “Moving Together”, and for programme managers of the Children’s Resilience programme.
- A guideline for psychosocial support in relation to the current, European Migration crisis – developed in collaboration with the IASC Reference Group for Mental Health and Psychosocial Support.

Roster

A roster of experienced staff and delegates able to take on shorter term missions (1-2 weeks) adds to the strength and ability of the Centre to provide capacity building and technical and operational support. 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.

In 2015 roster members trained and co-facilitated trainings, a lessons learned workshop, and provided valuable input to the ERU PSS framework by reviewing and testing the framework on behalf of the PS Centre. The WHO Psychological First Aid Field Guide was also reviewed in order to assess its applicability to the Red Cross Red Crescent context.

Over the past years, several roster members participated in the PS Centre’s “Psychosocial support in emergencies” trainings and have used their skills on deployments to disasters through their National Societies or with Emergency Response Units. After the earthquakes in Nepal four roster members were deployed with ERUs.

Strategic Approach 3: Knowledge Generation and Knowledge Sharing

With strong ties to both the practical implementation of psychosocial support in the field, research and academia, the PS Centre is uniquely placed to bridge the gap between the two and work towards the better documentation and sharing of knowledge, with the aim of increasing the quality of MHPSS interventions.

New types of interventions are continuously emerging in the field of psychosocial support, and new interventions and methodologies are requested by an increasing number of National Societies and IFRC operational units. One of the key functions of the PS Centre is to bring these new interventions into the Movement and help translating them into practice.

Low intensity psychological interventions

In 2015, the Steering Committee of the PS Centre decided to focus on a new type of interventions developed by the World Health Organization labelled ‘low intensity psychological interventions’. These

The three elements of the IFRC Psychosocial Monitoring and Evaluation Framework

Guidance Note

Provides an overview of monitoring and evaluation approaches and principles as key components of the programme management cycle. Psychosocial programme objectives and indicators are covered in depth – including quantitative and qualitative indicators, the importance of triangulation of data, and the how “neutral” indicators are used in the Indicator Guide.

Indicator guide

A collection of indicators meant to be broadly applicable to IFRC PSS programmes of various kinds. Indicators are designed to measure the change produced by PSS programmes. Although each programme will be unique, certain key priority areas are shared among different kinds of PSS programmes. This guide therefore outlines sample indicators that capture the key aspects of change that PSS programmes hope to achieve.

Toolbox for data collection

The toolbox contains guidance and tools (sample templates) for data collection in M&E of PSS programmes. The tools can be adapted to PSS programme, depending upon target group, activities and scope. These are tools that may be useful for your programme and many are drawn from existing PSS programme M&E tools, but they are not an exhaustive list. They can act as an inspiration and supplement to other existing tools.

interventions are based on existing evidence-based interventions, but the term “low intensity” indicates a less intense level of specialist human resource use. It means that the intervention has been modified to use much less resources (such as through group and self-care approaches) compared to conventional (more individual) psychological treatments delivered by specialists. Large-scale Randomized Controlled Trials are currently being implemented by the WHO in collaboration with different universities and international NGOs. The PS Centre is following the results from these trials and will continue to work with WHO and relevant university partners in order to assess the feasibility of low intensity psychological intervention in the context of the

Movement and develop training materials for volunteers to deliver these interventions.

The IFRC Psychosocial Monitoring and Evaluation (M&E) Framework

Monitoring and evaluation is one of the most difficult aspects of psychosocial support programming. The IFRC Psychosocial Monitoring and Evaluation (M&E) Framework was developed in order to identify and ensure best practices throughout IFRC global psychosocial programmes, contributing to quality interventions and strengthening the advocacy for psychosocial support programmes. The framework aims to support National Societies to design relevant M&E systems for psychosocial programmes, to help in programme planning and the development of strategies, and to mainstream global reporting of progress on PS programmes as they contribute to achieving the priorities of IFRC Strategy 2020.

The framework builds upon the wealth of experience of National Societies and the PS Centre in designing and implementing interventions in diverse contexts. Resources were drawn from an extensive desk review of best practices in M&E of psychosocial programmes and specific resources for the development of psychosocial support indicators, M&E frameworks, means of verification and tools from both within and outside of the movement.

Experience was also drawn from and exchanged with a parallel process of developing M&E frameworks initiated by the Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support in Emergencies (of which IFRC is a member). A series of consultations with PS Centre staff further aligned the framework with IFRC and National Societies’ programme goals and field strategies.

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

- Guidance note
- Indicator guide
- Toolbox for data collection (quantitative and qualitative)

Ebola lessons learned workshop

As the Ebola operation gradually moved from response to recovery, there were growing experiences in terms of understanding the

psychosocial needs of beneficiaries, staff, and volunteers, and in implementing psychosocial support interventions for beneficiaries in the context of Ebola. In December 2015, the IFRC Ebola virus disease (EVD) operation in close collaboration with the PS Centre hosted a lessons learned workshop on psychosocial support in Ebola to document and share the lessons learned from the PSS component of the Ebola operation across the affected countries, focusing on

- Care and support for staff and volunteers
- Psychosocial support interventions for beneficiaries

The workshop was facilitated by the PS Centre in Senegal with representation from the National Societies of Liberia, Guinea, Sierra Leone, the regional EVD operation's office, and the IFRC Africa regional office.

The ambition was to facilitate institutional learning and support efforts to improve psychosocial preparedness for future epidemics.

Research was presented by Dr Sigridur B. Thormar, who has conducted the study "The psychological strain of responding to West Africa's Ebola outbreak" on behalf of IFRC in Guinea, Liberia and Sierra Leone. Dr Thormar presented the key findings from the study and discussed plans for a follow-up study.

The key recommendations arising from the workshop are that psychosocial support should have been a higher priority from the onset and throughout the EVD response and that concerted advocacy efforts are needed at different levels to ensure that PSS is a strong pillar in future responses. Furthermore, the recovery phase is seen as an important opportunity to strengthen PSS capacity in the Ebola affected National Societies and to create strong networks at the regional level to increase knowledge sharing and capacity building.

Operationalising Psychosocial Support in Crisis, OPSIC⁴

In psychosocial crisis management, there is a vast amount of manuals, guidelines, handbooks, tools and research available. This makes it challenging for crisis managers or public authorities, professionals and volunteers or their organizations to efficiently identify relevant evidence-informed resources.

⁴ The OPSIC project received funding from the European Union's Seventh Framework Programme for research, technological development and demonstration under grant agreement no 312783.



OPSIC successfully developed the Mental Health and Psychosocial Support (MHPSS) Comprehensive Guideline. This quality management instrument points users to relevant guidelines, resources and tools for planning and implementing MHPSS programmes, at all phases of response, in all types of disasters and with all possible target groups. The guideline contains 51 planning tools, for general crisis managers, psychosocial crisis managers, mental health professionals and other practitioners. It also contains new academic knowledge on long term consequences of crisis, best practices and a newly developed assessment tool.

The knowledge generated in the project was then anchored in a prototype of an advanced IT system, called COMPASS. With COMPASS professionals will be able to share knowledge and ensure a coherent and coordinated approach, and the population can access relevant information and get in touch with MHPSS professionals.

The COMPASS system and the research results were presented to European academics, MHPSS experts and governmental end-users at a conference in Stockholm in November 2015. Encouraged by strong, positive and concrete interest potential users of the system, an organisation is being set up with project partners to support and sustain the further development of the research and the COMPASS system.

The three-year project with 10 partners from National Societies, European crisis management organisations, universities and IT-development companies was funded by the European Union and ended in January 2016.

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 the visibility



The Mental Health & Psychosocial Support Network is a growing global platform for connecting people, networks and organizations, for sharing resources and for building knowledge related to mental health and psychosocial support both in emergency settings and in situations of chronic hardship. The network aspires to the building and shaping of good practice in support of people affected by difficult events or circumstances.

The Mental Health & Psychosocial Network aspires to improve mental health and psychosocial well-being in emergencies and situations of adversity by improving access to people, resources and knowledge.

The PS Centre represents the IFRC on the advisory board of the network.

Visit the network: www.mhpss.net

of the IFRC psychosocial support programme and disseminates information. 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 magazine *Coping with Crisis* is part of the effort to advocate for psychosocial support, to highlight important issues and to showcase the wide spectrum of psychosocial support programming conducted by various National Societies. The first issue focused on the volunteers and capacity building. The second issue focused on migration worldwide.

In addition to sharing magazines, newsletters, updating the PS Facebook site and website regularly, the PS Centre is advocating for psychosocial support programmes by 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 the establishment and development of partnerships.

Social media 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 psychosocial support activities in the Red Cross Red Crescent.

IASC Mental Health and Psychosocial Support Reference Group (IASC MHPSS RG)

In 2015 the PS Centre hosted the annual meeting in the IASC Working Group for Mental Health and Psychosocial Support in Istanbul. At the annual meeting the PS Centre was elected co-chair of the reference group for 2016 and 2017. The co-chair position will be shared with UNICEF and a Coordinator, based at the PS Centre in Copenhagen has been appointed.

The IASC MHPSS RG was established in December 2007 to advocate for the implementation of the IASC MHPSS in Emergency Settings guidelines, to interface with the humanitarian coordination and cluster system at the Geneva and field levels, to develop relevant tools, policies and advocacy briefs, and to support interagency coordination for MHPSS in emergencies at the global, regional and national levels. The Reference Group consists of more than 35 members, and fosters a unique collaboration between INGOs, the IFRC and ICRC, UN and International Agencies, and academics, promoting best practices.

Through the IFRC PS Centre and UNICEF, the Coordinator represents the IASC MHPSS RG within the humanitarian coordination system at the Geneva, New York and field level. The Coordinator is expected to facilitate the activities of the RG workplan, interface with the humanitarian cluster system, liaise closely with the IASC Secretariat in Geneva and New York, provide technical and operational support to field level MHPSS working groups that are active in many emergency contexts, support with the development of new guidance, tools and policies, conduct policy-advocacy for MHPSS in emergencies, advocate for the use of the IASC MHPSS Guidelines in emergency contexts,

and liaise with the donor community. For the 2016-2017 period, as the Co-Chair, the IFRC PS Centre is in a central position in the global field of MHPSS in emergencies, providing ample opportunity for networking and influencing the global MHPSS in emergencies agenda.

As a result of the annual meeting, a working group was rapidly established to produce guidelines for agencies and organisations responding to the large number of refugees and migrants on the move.

World Humanitarian Summit

An advocacy paper was submitted by the IASC Reference Group on Mental Health and Psychosocial Support with the support of the PS Centre to influence the agenda of the World Humanitarian Summit. The key message of the paper is:

- Mental Health and Psychosocial Support (MHPSS) should be integrated into all humanitarian responses. All people affected by disasters, conflict and chronic adversities should have access to appropriate mental health and psychosocial support to restore day-to-day functioning and recovery.

Addressing Psychological Effects of Armed Conflicts and Violence

A Movement consultation seminar aimed at addressing the psychosocial effects of armed

conflicts and violence was organised in Stockholm by IFRC, ICRC and the Swedish RC. The main purpose was to explore how the Movement can adequately address the psychological effects of armed conflicts and violence and receive recommendations from National Societies on a comprehensive Movement-wide approach and strategy.

In December, the Swedish Red Cross, Danish Red Cross and the IFRC hosted a side-event at the 32nd International Conference of the Red Cross and Red Crescent in Geneva under the headline "Addressing psychological effects of armed conflicts and violence".

An open pledge was also submitted. Signatories pledge to:

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

Coping with crisis



Coping with crisis



capacity to respond effectively to mental health and psychosocial needs.

Partnerships and collaboration

Through its knowledge management activities and its position as co-chair of the IASC MHPSS Reference Group, the PS Centre is expanding its collaborations and interfaces with a number of organisations and institutions, including UN-organisations such as UNICEF, WHO and UNHCR, non-governmental organisations and universities across the world. This complements the strong Movement focus that the PS Centre is mandated with and enables us to bring new trends, knowledge and ideas into the IFRC psychosocial support programme. The PS Centre continuously seeks to transform these collaborations into long-lasting partnerships, for example through research projects and knowledge management activities that could also involve and benefit National Societies. In 2015, the PS Centre implemented research projects in partnership with Magen David Adom, Austrian Red Cross, Hungarian Red Cross and British Red Cross.

Financial management

Throughout 2015 the PS Centre has maintained a close collaboration with its current donors, including the National Societies of Denmark, Canada, Finland, France, Iceland, Japan, and Norway. New collaborations, including support, are in the pipeline with Hong Kong, Sweden and Qatari National Societies.

New and improved agreements have been negotiated with some of the traditional Red Cross Red Crescent donors. For example: Canadian Red Cross and Danish Red Cross have contributed to the current (2016) position as coordinator for the function as Co-chair for the IASC MHPSS Reference Group along with UNICEF.

The PS Centre has explored new venues such as new action research funding and private donors' funding in Denmark and the United States. This is part of an effort to diversify and enlarge funding streams to support the growing demands from the National Societies and the international community to advocate for the inclusion for MHPSS in programming.

Expanding and working towards a broader PNS funding base remains a key priority for the PS

Centre – as the current financial situation is precarious. Project based funding, mainly from the European Commission, remains important, especially related to research – and knowledge management projects.

The PS Centre participated in three European research projects, one of them ending early 2016.

To support the effective utilization of resources the PS Centre went through a LEAN process resulting in a more cost effective management of the training systems and the PS Academy component of the PS Centre.

The total expenditure of the PS Centre mounts to DKK 7.330.401 (CHF 1.083.118), which is an increase of 2% since 2014. The detailed financial report is included in the PS Centre Financial Statement, which can be requested from the PS Centre.

Looking ahead

From 2016 to 2020 the IFRC Psychosocial Support Programme (PS Programme) will be guided by a new strategic operational framework.

The IFRC PS programme is global, but the challenges are met locally. There are large variations in the need for psychosocial support across the world, as well as large differences in the National Societies' capacity to provide psychosocial support from region to region and country to country. Close cooperation with the IFRC Secretariat and regional offices of the IFRC is the cornerstone in the PS Centre's approach. This enables the PS Centre to follow the needs and capacity of the National Societies and be proactive in supporting requests for capacity building where needed, and reactive in providing technical support in emergencies - whilst ensuring the sustainability of the PSS interventions beyond the involvement of the PS Centre.

The ultimate goal of the IFRC psychosocial support programme is for all National Societies to have the capacity to provide psychosocial support to vulnerable groups in the community and ensuring the physical and psychosocial well-being of their staff and volunteers. The need and demand for capacity building is much greater than the resources to provide it, so the focus will be on identifying and supporting National Societies that have little or no capacity to provide psychosocial support, or National Societies who are facing extraordinary challenges in meeting the needs within their country.

By means of three strategic approaches, the psychosocial support programme will seek to deliver the following outcomes in 2016:

Technical support and capacity building:

The operational capacity of the PS Centre in emergencies will be developed through the establishment of a surge capacity. In parallel to this, the PS Centre has assumed the role as co-chair of the IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings as of 1 January 2016, and it is expected that there will be important synergies between the two new functions of the PS Centre. In addition to these important new steps, the newly developed PSS in Emergencies M&E Framework will also be rolled out and tested in 2016. The concept of the PS Academy will be further developed and refined. This includes developing a system for evaluations of training and an action plan for learning, including, mentoring and supervision, e-learning, webinars etc. A number of trainings are planned under the PS Academy in Copenhagen, Israel, Pakistan, Sudan, Belarus and Ukraine.

Knowledge generation and sharing

The main priorities are to establish the Movement's PSS Research Network. Furthermore, the PS Centre will monitor the results of WHO's Low Intensity Psychological Interventions and explore potentials for collaboration with WHO on this topic. The PS Centre will develop and/or input to a number of guidelines, including PSS module in eCBHFA and guidelines on gender and diversity, HIV/AIDS, debriefing etc. Finally, a scoping study will be conducted in relation to migration and PSS in order to further develop PSS interventions for people on the move.

Humanitarian diplomacy and advocacy

The main focus is to support the response to the refugee crisis through advocacy and dissemination of relevant materials. Furthermore, the magazine "Coping with Crisis" will be re-branded as an online version

Looking further ahead

The world is becoming increasingly interconnected and there are a number of global challenges that influence the psychosocial well-being of people. These challenges will inform the focus of the PS Programme in the coming five years and include

- Gender and diversity
- Urbanisation and demographic change

- Global inequalities and economic crises
- Disasters and epidemic outbreaks
- Displaced persons and survivors of violence
- Mental Health conditions

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

Contact information

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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

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

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

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

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

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

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

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

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