2ND RESEARCH CARNIVAL ON MHPSS

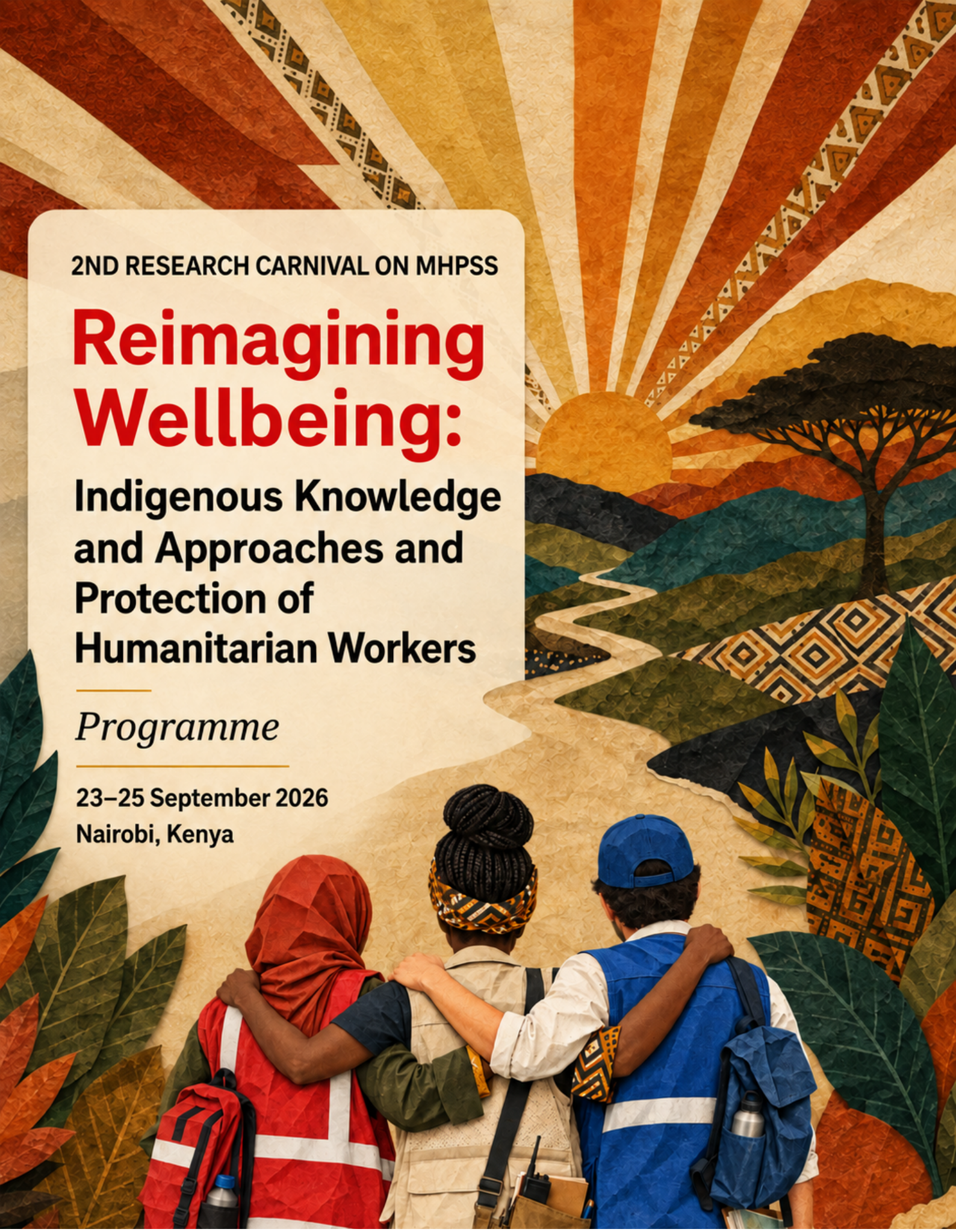
Reimagining Wellbeing:

Indigenous Knowledge and Approaches and Protection of Humanitarian Workers

Programme

23–25 September 2026

Nairobi, Kenya



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Day 1: Wednesday, 23 September 2026

08:00 – 08:45: Check-In & Registration (All Speakers & Participants)

08:45 - 09:00: Security Briefing

Opening remarks:

- **Taib Abdulrahman:** 1st Deputy Governor of the Kenya Red Cross Society.
- **Nathalie Nyamukeba:** ICRC MHPSS Regional for Africa (based in Nairobi)
- **IFRC Regional Director**

Opening Plenary

Moderator: Safia Verjee (D.S.G. International Center for Humanitarian Affairs [ICHA], Kenya Red Cross Society)

09:00 – 09:30 | Room: Ndovu Main Hall | Format: Plenary

- **Sarah Harrison:** Director, RCRC Movement MHPSS Hub
- **Dr Rafael Van den Bergh:** Research Coordinator, Protect Humanitarians
- **Representative:** IFRC
- **Dr Mercy Karanja:** Director Division of Mental Health, Ministry of Health

Session 1: Decolonizing and Localizing Mental Health and Psychosocial Support

Moderator: Yasin Duman (RCRC Movement MHPSS Hub & RCRC Research Network)

09:30 – 10:30 (incl. Q&A 10:00 – 10:30) | Room: Ndovu Main Hall | Format: Presentations & Q&A

09:30 – 09:45

When Healing Fragments the Healer: African Relational Ontology as a Framework for Reimagining Psychosocial Wellbeing

Eberechukwu Owuamanam SJ: Arrupe Jesuit University

ABSTRACT

Dominant MHPSS frameworks in humanitarian settings operate on a philosophical anthropology that treats the person as an isolated individual, trauma as individual

pathology, and recovery as individual resilience. This ontological premise, inherited from Western clinical traditions grounded in WEIRD epistemologies, produces measurable harm when applied in African conflict-affected communities where personhood is constituted through relational bonds rather than private interiority. The same premise misdiagnoses the psychosocial harm experienced by humanitarian workers, treating burnout, moral injury, and secondary trauma as personal pathologies rather than symptoms of relational rupture. The paper draws on the Ijeluwa framework, a systematic African relational ontology developed from Tempels, Menkiti, Ramose, and the broader African philosophical tradition, and applies it to MHPSS through field observations gathered across eight years of humanitarian practice in West and Southern Africa, including displaced persons camps in northern Nigeria, flood-affected communities in Bayelsa State, and humanitarian organisations operating under civic space suppression in Zimbabwe. Psychosocial wellbeing in African contexts requires restoration across three simultaneous dimensions of personhood: horizontal-relational (community, kinship, land), interior-vertical (character, interiority, discernment), and ultimate-vertical (orientation toward transcendent meaning). Interventions addressing only individual symptoms without restoring relational bonds deepen the ontological harm that displacement and conflict initiate. Humanitarian workers, particularly national staff operating under structural persecution, experience harm across all three dimensions that individual duty of care protocols cannot reach. This work repositions African indigenous knowledge as the foundation rather than the supplement for psychosocial care in humanitarian action, proposing accompaniment-based MHPSS practice that strengthens relational bonds rather than replacing them with clinical protocols.

09:45 – 10:00

Whose Knowledge Shapes the Care? Community Explanatory Models in Post-Conflict Somalia

Mohamed Ibrahim: University of British Columbia

ABSTRACT

MHPSS programming in conflict-affected settings frequently relies on frameworks developed outside the communities they serve. In Somalia shaped by three decades of conflict, displacement, and chronic humanitarian crisis formal mental health services reach fewer than 20% of those in need, the workforce gap remains acute, and indigenous healing knowledge has been systematically excluded from formal training curricula. This study asks whose knowledge shapes mental health care in Somalia, and whose has been left out. This qualitative study draws on six focus group discussions with frontline providers, religious healers, and community members, and six key informant interviews with policymakers and mental health leaders. All data were collected in Somali across five regional states and Mogadishu. The study maps the lived architecture of mental health care as actual functions, rather than as external frameworks assume it does. Somali communities understand mental distress primarily through spiritual, social, and somatic frameworks rooted in traditional and religious healing traditions. Families, religious leaders, and traditional healers are not parallel systems to biomedical care; they are the primary system, with biomedical services accessed only when all other pathways have been exhausted. This sequential,

pluralistic care-seeking is both culturally embedded and structurally reinforced by the near-absence of formal services outside urban centers. Rather than treating community frameworks as barriers to overcome, this study argues for their recognition as foundational knowledge that must shape MHPSS training, referral systems, and service delivery. It examines implications for contextualizing the WHO mhGAP-HIG for Somalia, contributing empirical evidence from a Global South, post-conflict setting to critical debates about whose knowledge shapes wellbeing.

Session 2: Children, Adolescents and Youth Wellbeing

Moderator: Cecilia Mwangi (Kenya Red Cross Society) & Maureen Amuhinda (Kenya Red Cross Society)

11:00 – 12:15 (incl. Q&A 11:45 – 12:15) | Room: Ndovu Main Hall | Format: Presentations & Q&A

11:00 – 11:15

Wellbeing Interventions for Forcibly Displaced Children and Adolescents

Tooba Akhtar & Kristin Hadfield: Trinity College Dublin

ABSTRACT

Children make up around half of all refugees and internally displaced persons in Africa, yet research on this population has largely adopted a deficit-focused perspective, emphasising psychopathology rather than wellbeing. This contrasts with IASC guidelines and multi-tiered MHPSS frameworks, which position the promotion of psychosocial wellbeing as foundational. Moreover, the vast majority of research on displaced youth is conducted in high-income resettlement countries, despite 73% of forcibly displaced people residing in low- and middle-income countries. We asked: what interventions have been evaluated to promote the wellbeing of forcibly displaced children in Africa. We conducted a pre-registered scoping review, searching 10 electronic databases and 12 organisational websites for grey literature. We included studies published in English that evaluated psychosocial interventions aiming to promote hedonic or eudaimonic wellbeing among forcibly displaced (refugee or IDP) children in Africa. Quality was assessed using the Mixed Methods Appraisal Tool, and data were narratively synthesised. We identified only eight studies evaluating wellbeing interventions for forcibly displaced children anywhere in Africa. Interventions included Child-Friendly Spaces, CBT-based programmes, and academic initiatives, conducted in Uganda, Ethiopia, Tanzania, Liberia, and the DRC. While seven studies reported improvements in wellbeing, all relied on methodologically weak designs (predominantly uncontrolled pre-post studies with small samples) limiting confidence in their conclusions. The evidence base for promoting the wellbeing of forcibly displaced children in Africa is alarmingly thin. Addressing this requires a shift in research priorities toward rigorous, geographically inclusive evaluations that treat child wellbeing as a core humanitarian outcome rather than a secondary concern.

11:15 – 11:30

Measuring Child Wellbeing in Humanitarian Contexts

Ashley Nemiro & Noemi Skala: Save the Children Denmark

ABSTRACT

Evaluating the psychometric properties of a new well-being measurement tool for 1015-year-olds in humanitarian contexts. Despite its complexity, measuring the well-being of children and adolescents in humanitarian contexts is critical for assessing programme impact and tracking meaningful change over time. This study aimed to co-develop and evaluate the psychometric properties of a 24-item well-being measurement tool. Developed through an iterative process, the tool incorporates input from children and adolescents, practitioners from Save the Children, and a review of existing measures and evidence. The resulting tool is practical, user-friendly, positively worded, and designed for use across multisectoral settings, with adaptability across diverse contexts. The development and testing of the tool have taken place over more than two years across the Sahel, Ukraine, the Democratic Republic of Congo, and Bangladesh. The process has been iterative, with the tool being developed, tested, refined, and re-tested across diverse humanitarian contexts. Interviews were conducted with children and adolescents to assess the relevance and appropriateness of the tool. Quantitative analyses were undertaken to evaluate its psychometric properties, including internal consistency, exploratory and confirmatory factor analysis, test-retest reliability, and convergent and discriminant validity. Through an iterative and inclusive process of testing, learning, and refinement, we developed a well-being measurement tool with strong psychometric properties that is applicable across diverse contexts. The tool is designed for use as a pre- and post-intervention measure and can be integrated into monitoring and evaluation frameworks to assess change over time. This process underscores the importance of adaptation, continuous learning, and collaboration with diverse stakeholders to ensure the tools of relevance and validity. Measuring well-being remains inherently complex and continues to pose a significant barrier to assessing programme impact and determining whether interventions lead to meaningful change over time. Without robust, contextually appropriate tools tailored to this age group, capturing shifts in wellbeing and demonstrating effectiveness remains challenging. This study addresses that gap by introducing a validated and practical measurement tool that can be integrated into monitoring and evaluation frameworks to track change over time. Importantly, the tool was developed within the contexts in which it is intended to be used, rather than being designed in the global north and subsequently applied in the global south. Beyond its psychometric strength, the tool has been intentionally designed for real world applications. It is accompanied by an adaptation guide, training manual, and supporting resources to support appropriate use across diverse contexts. Furthermore, it has been tested across multiple modes of administration, including in person, online, and self-administered formats, enhancing its flexibility and usability in varied settings.

11:30 – 11:45

Integrating MHPSS and SRHR for Adolescent Wellbeing

Rosemary Ayiera: REPSSI

ABSTRACT

Mental health and psychosocial support (MHPSS) and sexual and reproductive health and rights (SRHR) services are often delivered separately in low-resource settings, limiting their effectiveness for adolescents with interconnected needs. This paper asks: How can MHPSS be effectively integrated into SRHR services through community-driven systems to better support adolescent wellbeing in urban informal settlements? Drawing on implementation practice in Kibra, Nairobi, this paper applies an implementation of science informed, practice-based approach. Health workers were trained using the WHO mhGAP Intervention Guide to integrate mental health into SRHR services. Community health promoters and youth peer facilitators provided psychosocial support, early identification, and referrals. The model uses task-sharing and strengthens community facility linkages to improve access, acceptability, and continuity of care. Implementation experience, including routine program data and field observations, shows that integration supports earlier identification of mental health needs, increases service uptake, and improves continuity of care. Community-driven systems build trust, reduce stigma, and help address social determinants such as poverty and gender-based violence. This work demonstrates how integrated, community-rooted approaches can reimagine wellbeing as practical and relational rather than facility-bound. It contributes to a scalable, implementation-informed model for integrating MHPSS across sectors in urban, resource-constrained settings.

Session 3: Community Mental Health and Social Determinants of Wellbeing

Moderator: Mercy Githara (Kenya Red Cross Society) & Jessica Lambert

(DIGNITY & RCRC Research Network)

13:40 – 14:30 (incl. Q&A 14:00 – 14:30) | Room: Ndovu Main Hall | Format: Presentations & Q&A

13:40 – 14:00

Spatial Heterogeneity and Multilevel Determinants of Institutional Delivery in Somaliland: Mapping the Social Determinants of Maternal Well-being

Hamze Gas Dahir: Amoud University

ABSTRACT

High maternal mortality (396/100,000 live births) and low institutional delivery rates (30.8%) in Somaliland drive profound psychosocial distress and community trauma. This study addresses the hidden subnational disparities and socio-spatial inequalities that act as structural barriers to maternal healthcare and, consequently, maternal mental health and holistic well-being. Analyzing the nationally representative 2020

Somaliland Health and Demographic Survey (SLHDS), we utilized a tripartite spatial econometric framework. We applied Fay Herriot Small Area Estimation (SAE) to stabilize district-level prevalence, Ordinary Kriging to generate continuous risk surfaces, and a four-stage multilevel mixed-effects logistic regression to partition variance across individual, household, and community levels. We identified severe, highly localized spatial inequalities (Gini = 0.4327), with 61.3% of the variance in facility delivery driven by community-level heterogeneity rather than individual traits. Wealth (AOR=8.69) and maternal education (AOR=4.29) were the strongest positive predictors. Furthermore, Spatial Autoregressive (SAR) modeling confirmed that delivery outcomes are highly localized (0.128, p = .453), lacking cross-boundary spillover. This research bridges precision public health and MHPSS by mapping the exact geographic and structural vulnerabilities that precipitate maternal trauma. By shifting from generalized policies to geographically targeted, area-based interventions, stakeholders can simultaneously address the structural drivers of maternal mortality and integrate targeted psychosocial support systems into the most deprived, high-burden districts in Somaliland.

Workshop 1: Applying the Red Cross Red Crescent Mapping Project to Understand and Build Integrated Climate and MHPSS Programming

Moderator: Wilson Owino Opudo (Kenya Red Cross Society)

14:45 – 16:15 (incl. Q&A 15:45 – 16:15) | Room: Simba Hall | Format: Workshop

Limited capacity (50). Sign up at the start of the day; first come, first served

ABSTRACT

The workshop will use preliminary findings from the RCRC Mapping Project as a foundation to explore the integration of climate and MHPSS programs and activities. The study, conducted in partnership with the RCRC MHPSS Movement Hub and RCRC Climate Centre, is collecting data from global surveys, in-depth interviews, and focus group discussions to describe the geographic distribution, content, and implementation of integrated programs across the RCRC Movement; barriers and facilitators to integration, implementation, and scale-up; and indicators and means of verification for monitoring and evaluating these programs. Through a brief presentation and interactive activities, this workshop will aim to build participant awareness of integrated climate-MHPSS programs across the RCRC Movement and to support research-practice links for integrated climate-MHPSS programming globally.

Participants will engage in interactive exercises (derived from human-centered design activities) to critically reflect on the preliminary findings from the RCRC Mapping Project, considering their diverse experiences, perspectives, and backgrounds. Participants will engage in group discussions to co-create an understanding of integrated climate-MHPSS programs, including key considerations for implementation and evaluation. Participants will also co-develop recommendations for sharing results with stakeholders and identifying effective ways to close the research-practice gap by sharing findings across the RCRC Movement and beyond. In partnership with the RCRC Movement MHPSS Hub and RCRC Climate Centre, the research team will use

participants' insights and recommendations to guide practical steps to support integrated climate-MHPSS activities globally.

By the end of the workshop, participants will be able to: 1) describe programs that integrate climate and MHPSS activities reported by members of the RCRC Movement, 2) reflect on key considerations for implementation and evaluation of programs that integrate climate and MHPSS activities, and 3) identify optimal strategies to share and receive recommendations that can promote further integration of climate-MHPSS programs within the RCRC Movement and globally.

14:45 – 15:05

Christine Bourey: McGill University

15:05 – 15:25

Lucie Reford & Andrés Barrera Patlan: McGill University

15:25 – 15:45

Shona Whitton: RCRC Movement MHPSS Hub

Networking Session

16:15 – 17:00 | Room: Ndovu Main Hall | Format: Networking reception

Session overview

As part of our commitment to support global connections, this international networking reception offers a dedicated space for researchers, practitioners, and partners to connect informally. This session is designed to break down silos, spark dialogue, and build meaningful cross-sector collaborations. Attendees are invited to share insights, discuss emerging trends, and explore potential partnerships that contribute to individual and collective resilience and humanitarian impact worldwide.

16:15 – 17:00

Facilitators

Sarah Davidson: British Red Cross & RCRC Research Network

Wilson Opudo: Kenya Red Cross Society

Day 2: Thursday, 24 September 2026

Session 4: Protection of Humanitarian Workers: Keynote Lecture

Moderator: Rafael Van den Bergh (Protect Humanitarians)

09:00 – 09:30 | Room: Ndovu Main Hall | Format: Keynote: 09:00 – 09:30

Keynote: From Individual Counselling to Community Healing: A Multi-layered Staff Care Model and Indigenous Wellbeing Practices for Humanitarian Workers in Ukraine

Anna Kholodnytska: The Alliance of Ukrainian CSOs & Caritas Ukraine

ABSTRACT

From Individual Counselling to Community Healing: A Multi-layered Staff Care Model and Indigenous Wellbeing Practices for Humanitarian Workers in Ukraine

Humanitarian workers in Ukraine operate under prolonged risks, including continuous shelling, loss, and chronic exposure to secondary trauma. While the imperative to protect frontline responders is widely recognized, organizational Staff Care in crisis settings often remains reactive, fragmented, and vulnerable to systemic barriers. Sectoral assessments reveal a critical paradox: 77.8% of frontline member organizations of the Alliance of Ukrainian Civil Society Organizations provide psychosocial support to their teams, yet 83.3% face severe financial constraints and 50% encounter donor budget restrictions that prevent the institutionalization of comprehensive Duty of Care frameworks. Consequently, there is an urgent need to transition from ad-hoc emergency interventions to sustainable, systemic models of care.

Drawing on practical implementation data from the Alliance of Ukrainian Civil Society Organizations (including the Ukrainian Red Cross Society, Charitable Foundation "Rokada", NGO "Ten of April", Caritas, and other organizations), we present a multi-layered Staff Care framework introduced in 2025. Using the Caritas network as an illustrative example, the study analyzes a model that integrates individual clinical assistance (up to 5 targeted therapy sessions), multi-tiered group supervision (specialized peer-intervision and supervision groups for phone hotlines, social workers, legal facilitators, and psychologists), crisis interventions, and psychoeducation. Furthermore, anchoring the approach in indigenous and community-led paradigms, the model incorporates traditional Ukrainian cultural practices—such as pysankarstvo (Easter egg painting), traditional Christmas ornament crafting (pavuq and star-making), and calendar holiday rituals—as structured group restoration tools grounded in art therapy methodologies. These psychological restoration activities rooted in Ukrainian traditions systematically receive positive feedback from personnel and generate high demand for repeated participation, reinforcing psychosocial support and resilience amidst the ongoing war against Ukraine.

The implementation outcomes demonstrate that integrating individual and group support yields the highest reduction in professional burnout and emotional fatigue. Weekly hotline support groups were associated with decreased staff turnover and improved psycho-emotional stability, while regular supervision created safe spaces to process complex field cases and navigate occupational stress. Crucially, embedding cultural traditions into staff wellbeing created a powerful non-clinical bridge: by transforming creative group workshops into spaces for collective processing, these practices restored community connection, reinforced cultural identity, and fostered deep psychological safety.

Psychosocial support for frontline workers is most effective when embedded directly into organizational culture rather than deployed solely as a post-incident reaction. By demonstrating how structured clinical support and indigenous, community-led practices mutually reinforce each other, this study highlights that psychological recovery extends beyond individualized clinical interventions to encompass a restored sense of belonging and cultural heritage. Reimagining staff wellbeing in conflict zones requires institutionalizing multi-layered Duty of Care models that legitimize vulnerability, build systemic resilience, and leverage local identity as an essential resource for humanitarian protection.

Session 5: Protection of Humanitarian Workers: Organizational Responsibility, Duty of Care and Preparedness

Moderator: Nishant Joshi (Humanitarian Aid International)

09:30 – 10:50 (incl. Q&A 10:30 – 10:50) | Room: Ndovu Main Hall | Format: Presentations & Q&A

09:30 – 09:45

Duty of Care for Staff and Volunteers During Disaster Response: A Case Study of the KwaZulu-Natal Floods at the South African Red Cross Society

Sehorane Kwuimi (Lehlomela): South African Red Cross Society

ABSTRACT

Humanitarian staff and volunteers face elevated psychosocial risks during large scale disaster responses, yet National Societies often struggle to translate IFRC duty of care principles into consistent, practical action in emergency settings. There is limited documented evidence from Global South contexts illustrating how duty of care for staff and volunteers, particularly in relation to mental health and psychosocial support (MHPSS) is implemented during active responses. This case study asks: How did the South African Red Cross Society (SARCS) operationalise IFRC duty of care obligations to protect the psychosocial wellbeing of staff and volunteers during the KwaZulu Natal (KZN) floods. This study adopts a practice-based qualitative case study approach, drawing on organisational experience from the SARCS response to the KZN floods. Analysis is guided by IFRC duty of care principles, including risk mitigation, staff wellbeing, preparedness, and access to psychosocial support.

Descriptive operational practices and internal referral mechanisms form the basis of inquiry, with a focus on embedded MHPSS interventions during deployment. The findings indicate that IFRC duty of care can be effectively enacted through routine, preventive, and responsive MHPSS measures. SARCS conducted daily morning briefing and debriefing sessions prior to deployment, enabling psychosocial check ins, stress identification, and peer support. Staff and volunteers requiring additional care were referred to in-house Social Workers and Psychologists, while provinces without professionals relied on partner organisations. Volunteer shifts were limited to four to five hours per day, and staff were encouraged to take leave to prevent fatigue and burnout. This study contributes applied evidence on how IFRC duty of care principles can be translated into practical MHPSS actions during disaster response. It demonstrates that structured routines, referral systems, and workload management are critical to protecting humanitarian workers, sustaining operational capacity, and promoting ethical and resilient humanitarian practice.

09:45 – 10:00

Determinants of Staff Burnout in Humanitarian Settings: The Role of Organizational Staff Care Systems in Ethiopia: A Mixed Methods Study

Debela Tarecha Neda: Ethiopian Red Cross Society

ABSTRACT

Burnout, or emotional exhaustion syndrome, is increasingly becoming a challenge in humanitarian work, where prolonged stress, work overloads, and limited support systems create significant physical and emotional syndromes. Despite its operational and ethical implications, especially in complex emergencies, evidence on the determinants of burnout in Ethiopia's humanitarian sectors remains scarce. Using a mixed methods approach, data were collected from 281 humanitarian workers through an online survey in mid-2024, supported by qualitative interviews. The quantitative component used standardized tools to measure burnout, organizational strategies, well-being, perceived stress, social support and supervision, and PHQ-9 to assess levels of depression. Qualitative findings provided deeper insight into workers' experiences, enriching the understanding of how organizational, environmental, and individual factors contribute to burnout in Ethiopia's humanitarian context. From a total of 281 participants, 42% of participants had burnout, 35% had depressive symptoms, and 27% had PTSD. Many highlighted the emotional burden of witnessing suffering, navigating political sensitivities, and managing community tensions. Importantly, staff emphasized that burnout was intensified not merely by exposure to hardship but by the absence of practical organizational support systems. Overall, 41.3% of participants showed low levels of wellbeing, which may be linked to high workload and limited access to staff care services within humanitarian organizations in Ethiopia. This finding aligns with global evidence from humanitarian settings where organizational support is a key determinant of staff wellbeing. The study found that organizations with structured and proactive staff care systems integrating mental health support, fair workload distribution, clear job description, supportive supervision, and transparent communication had significantly lower levels of burnout. Gaps in psychosocial support, limited access to counselling, insufficient debriefing mechanisms, and inconsistent

security management were frequently cited as contributors to stress and fatigue. Overall, the study concludes that strengthening staff care systems is essential for safeguarding humanitarian workers wellbeing and sustaining effective humanitarian action in Ethiopia. Investing in comprehensive staff care approaches is both a moral responsibility and a strategic necessity for operational continuity and principled humanitarian response.

10:00 – 10:15

Enhancing Ethical Crisis Preparedness in Healthcare: Evaluation of a Web Course

Martina Gustavsson: Department of Global Public Health, Karolinska Institutet

ABSTRACT

In disasters, health care workers (HCWs) must manage increased ethical challenges and work-related stressors. There are currently no established national training programs addressing ethical preparedness. Hence, a web course on ethical preparedness has been developed to provide awareness and tools to manage ethical challenges and stress. This ongoing study aims to evaluate the relevance of this web course among Swedish HCWs and line managers. Participants from regular healthcare and from disaster responding organizations will be invited to take part in surveys before and after completing the web course. An explorative and participatory study design enables the investigation of 1) self-assessed knowledge and awareness of ethical preparedness and 2) the usefulness and relevance of the web course through pre- and post-surveys. The survey data will be analysed with suitable statistical methods, while qualitative content analysis will be used to analyse the open-ended responses. Participatory feedback will be integrated to further refine the content of the web course. The result will further guide if and to what extent the web course has practical relevance among HCWs and line managers. Also, open-ended responses will give insight into participatory suggestions of other types of preparedness and support, besides web courses. The web course which consists of four modules with video-lectures and audio-simulated dilemmas where participants practice decision-making and ethical reflection, will be further developed. The course can be translated and launched to other local and international organizations, in order to reach a global audience of HCWs. Furthermore, individual knowledge and awareness derived from a course provide one basis of preparedness, while the organization should provide transparency of guidelines and prioritizations, as well as proactive and reactive support for ethically challenging situations for HCWs and line managers.

10:15 – 10:30

Rethinking Personal Safety Training in Humanitarian Action: From Trauma Based Simulation to Well-Being-Centred Preparedness

Vivegan Jayaretnam: International NGO Safety Organisation (INSO)

ABSTRACT

Hostile Environment Awareness Training (HEAT) and similar personal safety courses are widely positioned as essential risk mitigation measures in humanitarian action. However, these models are largely adapted from military and security sector approaches without sufficient contextual adaptation, relying on high-stress simulations, trauma exposure, and overlearning to build automatic responses under pressure. This paper examines whether such approaches remain appropriate, effective, and ethically justifiable in humanitarian settings, particularly through the lens of duty of care and humanitarian worker wellbeing. Drawing on ongoing research by the International NGO Safety Organisation (INSO), a review of literature on stress, learning, and retention, and practitioner reflections from humanitarian actors, this paper analyses how high-intensity simulation-based training shapes participant learning, psychosocial wellbeing, and preparedness outcomes. Particular attention is given to inequities in access to training, especially for local humanitarian actors and last-mile delivery workers, who often face greater exposure to risk while having fewer opportunities for refresher training or adapted learning models. The paper explores how, while moderate stress may support learning, excessive or poorly regulated stress exposure can reduce retention, increase psychological strain, and undermine preparedness, particularly in a sector where many staff are already managing cumulative and chronic stress. It also questions the transferability of overlearning models, which depend on frequent repetition rarely available in humanitarian contexts. This paper argues that training intended to protect humanitarian workers should not itself become a source of psychosocial harm. Reframing personal safety training as part of organisational duty of care requires moving beyond trauma-based simulation toward approaches that are evidence-based, inclusive, and centred on wellbeing. This contributes to broader debates on staff care, localisation, and ethical humanitarian practice.

Session 6: Protection of Humanitarian Workers: Psychological Impacts, Peer Support and Care Responses

Moderator: Carla Uriarte (Protect Humanitarians & RCRC Research Network)

11:20 – 12:50 (incl. Q&A 12:20 – 12:50) | Room: Ndovu Main Hall | Format: Presentations & Q&A

11:20 – 11:35

Protecting the Well-Being of Local Humanitarian Workers: Evidence from Peer Refugee Helpers in Greece and Aid Workers in Gaza

Gro Mjeldheim Sandal & Alaa Alnasser: University of Bergen, Norway

ABSTRACT

Humanitarian work in protracted crisis settings is increasingly carried out by locally recruited actors, including both formal aid workers and community-based peer helpers. While these roles are essential for delivering culturally grounded and accessible support, they also expose individuals to substantial psychological risks shaped by chronic insecurity, traumatic exposure, and constrained working conditions. At the same time, locally recruited personnel often face barriers to accessing appropriate mental health and psychosocial support (MHPSS), and evidence-based interventions tailored to their contexts remain limited. This study brings together findings from two complementary research contexts, Gaza and Greece, to examine the well-being, coping conditions, and support needs of local humanitarian actors. In Gaza, the study is embedded in a multi-phase collaboration with the Palestinian Red Crescent Society (PRCS), aiming to adapt and pilot WHO's Problem Management Plus (PM+) intervention for locally recruited aid workers. Drawing on the first phase, preliminary qualitative findings from interviews with humanitarian workers and MHPSS leaders highlight how restricted mobility, limited organizational support, and reliance on short-term funding structures shape psychological strain and coping opportunities. In Greece, we draw on a multi-method research program examining Peer Refugee Helpers (PRHs)- refugees and asylum seekers providing psychosocial support to their peers. Across focus-group interviews, cross-sectional, and longitudinal survey data, findings reveal that the role can be meaningful and empowering, yet also demanding. Challenges include role overload, blurred boundaries, and gendered pressures. Mental health outcomes appeared shaped by structural conditions such as financial compensation, role clarity, and access to supervision. The results show that, across contexts, well-being of local humanitarian workers is not only an individual matter but is strongly shaped by structural and organizational conditions. The presentation will discuss implications for designing sustainable, culturally appropriate MHPSS interventions, emphasizing the importance of supportive work environments, peer-based approaches, and contextually grounded strategies to protect those providing frontline care.

11:35 – 11:50

Identifying Practical Guidance for Suicide Prevention and Response in Humanitarian Settings: A Qualitative Study

Matylda Sulowska: Trinity College Dublin

ABSTRACT

Recognised as a major global public health concern, suicide remains a leading cause of death globally, and among young people worldwide. Humanitarian settings are associated with increased suicide risk; nevertheless, practical guidance on effective suicide prevention – including what to do and when to do it – remains limited, especially for children and young people. This study aims to address this gap by identifying key content, considerations, and recommendations that should be included within a toolkit supporting frontline workers to respond to suicide and self-harm in humanitarian settings, including among children. Qualitative interviews were conducted with practitioners, researchers, and policymakers experienced in suicide prevention, including a subset with expertise in suicide prevention among children and young people. Interviews explored operational guidance, lessons learned, best practices, contextual factors, and challenges in frontline humanitarian suicide prevention. Thematic analysis identified key emerging themes. Findings informed the development of a Suicide Prevention Toolkit providing frontline humanitarian workers with operational guidance for effectively delivering suicide prevention activities, with dedicated considerations for children and young people. Participants emphasised the importance of a clear, concise, and accessible toolkit, particularly for non-specialists, supported by practical tools (e.g., checklists, scripts, templates). Core areas included risk assessment, safety planning, communication skills, training, contextual adaptation, referral and follow-up, and postvention. Broader considerations included supervision, self-care, and ethical, cultural, and gender-related factors. Participants emphasised feasibility and advocated for multisectoral, community-based, and integrated approaches. For children and young people, participants underscored the need for tailored, practical guidance addressing caregiver involvement, developmental and social factors, online risks and the potential role of peers in suicide prevention. This study will contribute to humanitarian suicide prevention by identifying key activities and considerations to support humanitarian workers in delivering prevention activities.

11:50 – 12:05

Who Cares for the Carers? A Reflective Analysis of Peer Support and Systemic Challenges in Emergency MHPSS Response

Doaa Abdelrahman: Independent Researcher & Consultant

ABSTRACT

This paper examines the gap between organizational MHPSS priorities focused on

beneficiaries and the comparatively limited attention given to the wellbeing of frontline staff. It asks: How do emergency response conditions shape staff psychological wellbeing, and what protective mechanisms emerge in the absence of structured support systems. This study adopts a reflective practice approach combined with a qualitative case-oriented analysis, grounded in field experience within a large-scale emergency response in the MENA region. The inquiry is informed by Trauma-Informed Care (TIC) principles and Organizational Psychology, with thematic analysis used to explore patterns related to team dynamics, informal roles, and systemic pressures. Findings suggest that in rapidly scaled emergency settings, staff wellbeing often depends more on informal peer support and shared humanitarian values than on formal organizational structures. The emergence of informal, complementary roles (adaptive, clinical, operational, and vision-oriented) that support team resilience. The presence of systemic challenges linked to rapid recruitment, evolving structures, and performance-driven models limited availability of safe feedback and support mechanisms, contributing to unaddressed psychological strain. This paper contributes to current discussions on the protection of humanitarian workers by emphasizing that staff wellbeing is central and not secondary to effective MHPSS delivery. It calls for more integrated and context-sensitive approaches to duty of care, particularly in emergency settings. The paper also offers a field-based perspective from the Global South, highlighting how teams navigate systemic gaps through collective resilience and adaptive practices.

12:05 – 12:20

Beyond PTSD: Moral Injury, Shared Trauma and Peer Support among

Cameroonian National Humanitarian Workers - A Decolonial Approach

Eunice Blondelle Epoma: University of Douala | ***Gustave Armand Esuele:*** University of Douala, MSF | ***Marie-Chantale Ntjam:*** University of Douala, CENTREPSYS | ***Siméon Boris Nguéhan:*** University of Buea, Eden Psy

ABSTRACT

This study examines the overlooked psychological and moral suffering experienced by national humanitarian workers in Cameroon who operate within contexts of chronic armed conflict and humanitarian crisis. While humanitarian mental health research has traditionally focused on post-traumatic stress disorder (PTSD) and secondary traumatic stress, this paper investigates how moral injury, shared trauma, and institutional neglect shape the lived experiences of national staff. The study specifically asks how humanitarian workers experience and makes sense of these forms of suffering, and what culturally relevant and contextually grounded support mechanisms they perceive as meaningful and effective. The research adopts a qualitative and decolonial approach grounded in clinical and community psychology perspectives. Data were collected from 20 Cameroonian national humanitarian workers (10 women and 10 men) operating in three crisis-affected regions of Cameroon through biographical interviews, photovoice/photo elicitation techniques, and shared reflective journals. The analysis followed a constructivist grounded theory methodology inspired by Charmaz (2014). The study is theoretically informed by the concepts of moral injury (Litz et al., 2009), shared trauma (Saakvitne, 2002), institutional betrayal (Smith &

Freyd, 2013), and decolonial mental health frameworks that critique the universalization of Western trauma models in humanitarian settings. The findings reveal that the distress experienced by national humanitarian workers extends beyond fear-based trauma and PTSD frameworks. Three major forms of moral injury emerged: (1) institutional betrayal, characterized by feelings of abandonment and unequal protection by humanitarian institutions; (2) constrained helplessness, resulting from having to implement directives perceived as contradictory to humanitarian values; and (3) enforced silence, reflecting organizational cultures that discourage the expression of vulnerability and emotional suffering. The study also highlights the phenomenon of shared trauma, where the boundaries between professional and personal suffering collapse because humanitarian workers are themselves members of the affected communities. Participants consistently criticized individualized and externally imported psychosocial interventions, instead emphasizing the importance of peer-support discussion groups as culturally meaningful spaces of mutual recognition, solidarity, and dignity restoration. This work contributes to humanitarian mental health research by shifting attention from individualized and pathology-centered models toward relational, moral, institutional, and sociopolitical dimensions of suffering among national humanitarian workers. It advances the growing literature on moral injury in humanitarian contexts while introducing a decolonial perspective that foregrounds local experiences, power asymmetries, and endogenous coping resources. The study also provides practical implications for humanitarian organizations by advocating for low-cost, peer-based, and culturally grounded psychosocial support systems that align with the localization agenda in humanitarian action. More broadly, it challenges dominant Global North-centered approaches to trauma care and proposes alternative frameworks for supporting frontline humanitarian staff in conflict-affected settings.

Session 7A - Parallel Panel: CoCreate Humanity's Mental Health Humanitarian Peer Support Model

Moderator: Diletta Salviati (INSO)

13:50 – 15:20 | Room: Simba Hall | Format: Parallel panel (runs alongside Session 7B)

13:50 – 15:20

Tania Shybko - CoCreate Humanity

Moses Bwesige Mukasa - CoCreate Humanity

ABSTRACT

This panel explores a central question: what would it mean to reimagine Mental Health and Psychosocial Support (MHPSS) for humanitarian workers beyond dominant, expert-driven models While increasing attention is given to staff wellbeing and duty of care, many MHPSS approaches remain rooted in Western, individualised, and hierarchical frameworks. These models can be difficult to access, poorly adapted to operational realities, and may overlook relational and experiential dimensions of wellbeing, creating a gap between available services and humanitarian workers' needs. Drawing on decolonial thinkers such as AnÌbal Quijano, Arturo Escobar, and

Frantz Fanon, this panel examines how MHPSS systems may reproduce epistemic hierarchies that marginalise lived experience and position humanitarian actors within unequal systems of care. In response, it introduces CoCreate Humanitys Humanitarian Peer Support (HPS) model as a relational, context-sensitive approach grounded in shared experience, mutual recognition, and horizontality. By bringing theory and practice into dialogue, the panel contributes to debates on decolonising MHPSS, strengthening staff support systems, and advancing recognition of lived experience as a core component of care. The panel brings together two complementary perspectives: 1) Moses Bwesige Mukasa, PhD, psychologist, MHPSS researcher specialising in critical and decolonial approaches to mental health, and peer supporter (CoCreate Humanity), who will examine the epistemological foundations and limitations of dominant MHPSS models. 2) Tania Shybko, humanitarian practitioner and peer supporter (CoCreate Humanity), with over a decade of experience in crisis and conflict settings, who will share field-based insights from supporting humanitarian workers through peer support. These perspectives complement and challenge each other: the theoretical lens interrogates dominant systems and assumptions, while the practitioner perspective grounds the discussion in operational realities.

Presentation 1 - Critical perspective on dominant MHPSS frameworks.

This presentation examines the epistemological foundations of dominant MHPSS approaches in humanitarian contexts. Drawing on decolonial theory, it argues that these frameworks often reproduce colonial power dynamics through the privileging of Western models, expert authority, and individualised care. It highlights how such approaches can silence experiential knowledge and collective healing practices, while positioning humanitarian workers within hierarchical systems of care. The concept of the 'pluriverse' is introduced to challenge universalist assumptions and open space for multiple ways of knowing and healing.

Presentation 2 - Field-based insights from peer support practice.

This presentation draws on practitioner experience within the CCH Humanitarian Peer Support model. It explores how peer support operates as a relational, community-driven approach, and how safe, non-judgmental spaces enable humanitarians to share experiences, process stress and difficult experiences, and rebuild meaning through dialogue. It also examines how peer supporters navigate cultural diversity, power dynamics, and institutional constraints. The presentation reflects on both the transformative potential of peer support and the challenges of scaling such approaches.

Through a facilitated dialogue, the panel will explore key questions: To what extent can peer support be considered a decolonial practice? How can relational, peer-based approaches be sustained and scaled without losing their essence? This exchange will lead to three guiding principles for reimagining MHPSS: epistemic humility, relational solidarity, and structural democratisation, and will open into a discussion with participants. Contribution to the field: Rather than proposing a single model, this panel invites participants to rethink how care is conceptualised and delivered in

humanitarian settings. By foregrounding peer support as a relational and accessible form of care, the session contributes to discussions on staff wellbeing, duty of care, and protection of humanitarian workers. It also supports the development of peer support as an emerging professional field, reflecting a broader shift toward integrating lived experience within MHPSS systems, while critically examining its limitations.

Session 7B - Parallel Panel: Organisational Approaches to Staff Care, Safety, and Wellbeing in Humanitarian Settings

Moderator: Frédérique Vallières (Trinity College Dublin & RCRC Research Network)

13:50 – 15:20 | Room: Kifaru Hall | Format: Parallel panel (runs alongside Session 7A)

13:50 – 15:20

Ganna Legkova: World Health Organization, Country Office Ukraine

Cátia Sofia Peres de Matos: RCRC Movement MHPSS Hub

Charles Zemp: Trinity College Dublin

ABSTRACT

Core Theme: *The wellbeing, safety, and care of health staff are not peripheral concerns but central determinants of organisational effectiveness, ethical practice, and sustainable MHPSS programming. This panel brings together evidence from three different initiatives to argue for strengthen staff care in humanitarian settings across individual, peer-based support mechanisms*

Abstract 1: Doing What Matters in Times of Stress (DWM) for reducing psychological distress among frontline hospital workers in Ukraine.

Doing What Matters in Times of Stress (DWM), developed by the WHO, is a brief stress management intervention designed for resource-constrained settings. Its effectiveness among hospital staff working in active conflict settings is unknown. This study examined whether participation in DWM was associated with reduced psychological distress among frontline hospital staff in Ukraine's Dnipropetrovska region and whether effects varied by sex, profession, age, and location. A total of N = 556 healthcare workers across five hromadas participated between October 2024 and February 2025. Psychological distress was assessed pre- and post-intervention. Multilevel modelling was used, with repeated measures nested within individuals. Time was included as a level-1 predictor, and age, sex, profession, and hromada as level-2 predictors. Baseline distress varied significantly by hromada, with lower scores in Kamianske and Samar compared to Dnipro. No significant differences were observed for Kryvyi Rih or Pavlograd. Younger staff reported higher baseline distress, though age did not predict change over time. Sex and profession were not associated with baseline distress; however, non-medical staff showed greater improvement post-intervention. Variation in outcomes across hromadas may relate to differing levels of

conflict exposure during implementation.

Abstract 2: The Integrated Model for Supervision for mental health and psychosocial programming within humanitarian emergencies

MHPSS providers in humanitarian settings face chronic adversity, including trauma exposure, high workload, insecurity, and resource constraints. Supervision is widely recognised as essential for safe and effective service delivery but remains inconsistently implemented. The Integrated Model for Supervision (IMS), launched in 2020, provides evidence-informed guidance for supportive supervision within MHPSS programming. This presentation draws on six years of mixed-methods participatory action research across six humanitarian contexts, documenting co-development, implementation, and evaluation of the model. Findings indicate that supervision functions as a structured, reflective, and supportive process distinct from managerial oversight and is critical for consolidating skills gained through training. Quantitative results show improvements in supervision knowledge, self-efficacy, and confidence, alongside reduced burnout and perceived service quality gains. Qualitative findings suggest that IMS strengthens organisational culture, supervision systems, and team functioning.

Abstract 3: Nationalising supportive supervision for MHPSS workers in protracted crisis: the multi-sectoral scale-up of the Integrated Model for Supervision (IMS) in Ukraine

Supportive supervision is essential for MHPSS service quality and workforce sustainability, yet little is known about how to scale such systems in protracted crises. Since 2024, IMC Ukraine has led efforts to 'nationalise' the Integrated Model for Supervision (IMS) across humanitarian, health, and education sectors. This study documents this process and identifies future priorities. A qualitative design was used. Seventeen participants from humanitarian, education, and healthcare sectors who had completed IMS training were interviewed. Data were analysed thematically. Five themes were identified. Participants highlighted an urgent need for supportive supervision in Ukraine and endorsed IMS as a suitable national framework. Nationalisation was defined as establishing a state-owned, standardised supervision system for wide workforce coverage. Early progress included independent trainings, emerging supervision practices, and awareness-raising activities. Key recommendations focused on continued advocacy, expansion of training, and pilot implementation projects.

Workshop 2 - When the Body Is Left Behind: Why Is the Body Absent from MHPSS?

15:40 – 17:40 | Room: Simba Hall | Format: Parallel workshop (runs alongside Workshop 3)

Limited capacity (60). Sign up at the start of the day; first come, first served

15:40 – 17:40

Facilitator

Henrik Kjellmo Larsen: Affiliated with Monash University

ABSTRACT

Humanitarian workers absorb months, sometimes years, of exposure to other people's trauma. The mental health and psychosocial support (MHPSS) field has built increasingly sophisticated frameworks to address this, yet a direct review of six of the sector's core reference documents, including IASC's founding guidelines and current minimum service package, the Red Cross Movement's MHPSS policy, and UNHCR and IOM guidance, found the body itself almost entirely absent. Where "somatic" appears at all, it names a diagnostic symptom, not something to be worked with.

This workshop argues that gap has a cost. Trauma disrupts the connection between bodily sensation and language, and much of what organizations currently offer, debriefing, counselling, is built on language. Somatic approaches, evidenced in trials for trauma-related presentations, work directly with the body instead. The workshop asks why this approach has stayed outside MHPSS frameworks, and what it would take to bring it in.

The session moves between three registers. It opens experientially, a short, optional physical practice grounds the room in what the workshop is actually about before any theory is introduced. It then draws on neuroscience and clinical research to explain what trauma does to the body and why somatic approaches can reach what talk based tools sometimes cannot. Finally, it turns structural, participants test, in small groups, the actual reasons the body has been left out, historical, methodological, and cultural, against their own institutional experience, before the group works together toward what inclusion could practically look like.

The facilitator brings a dual background, a decade of research on the mental health of humanitarian workers and spontaneous volunteers, and training as a yoga teacher and somatic facilitator, allowing the workshop to move credibly between both worlds.

What participants should know: the session includes brief, optional physical movement, around ten minutes total, requiring no prior experience, no particular fitness level, and no physical contact between participants. Comfortable clothing is recommended but not required, and anyone may choose to observe rather than participate at any point. The remainder of the session is discussion based, conducted in English, and does not require any specialist background in somatic practice.

Workshop 3 - Protecting Volunteers in Humanitarian Work: A Safeguarding & MHPSS Experiential Lab

15:40 – 17:40 | Room: Kifaru Hall | Format: Parallel workshop (runs alongside Workshop 2)

Limited capacity (36). Sign up at the start of the day; first come, first served

15:40 – 17:40

Facilitator: Rihème Lanani - Tunisian Scouts

ABSTRACT

This workshop explores an integrated Safeguarding & MHPSS approach to protecting volunteers across the humanitarian lifecycle. Drawing from the Tunisian Scouts' national safeguarding policy ("Safe From Harm"), it focuses on preventing and responding to all forms of harm: psychological abuse, bullying, discrimination, exploitation, sexual harassment, burnout, and secondary trauma. Participants will engage with practical methodologies including: Pre-mission preparation (risk awareness, boundaries, ethical conduct); Supervision & observation during missions (safe reporting, early detection); Post-mission support (Listening Ears, group debriefing, peer support circles); Psychosocial risk awareness (e.g., survivor syndrome, stress responses); and Creating safe, inclusive, and confidential environments.

The workshop emphasizes "learning by doing" through real-life scenarios and co-created safeguarding strategies. Participants are expected to gain 1) The ability to identify and respond to safeguarding risks affecting volunteers, including subtle forms of psychological harm and power dynamics; 2) Practical skills to facilitate peer support spaces, such as Listening Ears sessions and group debriefings after missions; and 3) Tools to design a volunteer protection pathway, integrating preparation, supervision, and post-mission psychosocial support within their own contexts.

Self-Organised Networking Opportunity - Out and About in Nairobi

15:40 – 17:40 | Format: Self-organised (parallel to Workshops 2 and 3)

Day 3: Friday, 25 September 2026

Session 8 - Supporting Humanitarian Workers and Responders

Moderator: Sarah Davidson (British Red Cross & RCRC Research Network)

09:00 – 10:30 (incl. Q&A 10:00 – 10:30) | Room: Ndovu Main Hall | Format: Presentations & Q&A

09:00 – 09:15

Navigating Vicarious Trauma in Witnessing War-Related Sexual Violence: Integrating

WRSS and the SERS Method

Wioletta B. Rebecka - RAPE: A History of Shame Project NYC

ABSTRACT

This paper addresses how humanitarian, clinical, and research professionals can ethically and sustainably engage with survivors of torture and conflict-related sexual violence without becoming overwhelmed by vicarious trauma. It asks: How can vicarious trauma be understood beyond individual pathology, and what structured approach can support practitioners working within conditions of ongoing violence, institutional constraint, and collective silencing? This work draws on an interdisciplinary narrative approach integrating clinical practice, qualitative testimony-based fieldwork, and critical trauma theory. It is grounded in the framework of War Rape Survivors Syndrome (WRSS), which conceptualizes trauma as socially and politically mediated, and the Social and Political Nervous System (SPNS), which examines how recognition and denial shape regulation. The SERS method (Stabilization, Education, Redirection, Self-Navigation) is introduced as a practice-based model derived from long-term clinical and field experience. The paper argues that vicarious trauma is not solely an individual response but a relational and political phenomenon shaped by exposure to testimony within systems that may perpetuate silence or invalidation. The SERS method provides a structured pathway: Stabilization restores regulation; Education contextualizes trauma and power; Redirection maintains ethical boundaries without disengagement; and Self-Navigation supports reflective positioning within complex environments. This integrated approach allows practitioners to remain present without collapsing into overwhelm or detachment. This work contributes to the reimagining of wellbeing in MHPSS by shifting the focus from individual resilience to relational, systemic, and culturally grounded care. It aligns with decolonial and Indigenous-informed perspectives by recognizing collective processes of healing and responsibility. It offers a practical, scalable model for protecting humanitarian workers while preserving the integrity of survivor-centered witnessing.

Link to published work: https://doi.org/10.4236/psych.2026.171002

09:15 – 09:30

The Peer Support Leaders Program in Syria: A Promising Model to Strengthen Staff Wellbeing in Humanitarian Contexts

Fatima Jarrar **-** Americares

Mohamad Al Sayed - Shafak Organization

ABSTRACT

Health workers and humanitarian workers face the dual burden of providing services to conflict- and disaster-affected populations while coping with their own losses, trauma, and stressors. Carrying this burden can result in high rates of burnout, depression, anxiety, and post-traumatic stress disorder for humanitarian workers. There remains a substantial gap in interventions and research aimed at supporting humanitarian workers' mental health, and resources to strengthen wellbeing in this population are needed. The Peer Support Leaders program is one approach to addressing this gap through a relatively simple and low-cost partnership model. Americares, an INGO, and Shafak, a local Syrian NGO, have collaborated to deliver online peer support groups to humanitarian workers, and to train workers to facilitate groups for their own colleagues and for workers at other organizations in Syria. The five-session support group intervention builds on Steven Hobfoll's five principles for mass trauma recovery. Participant wellbeing was measured according to the WHO wellbeing index. Each group of participants (n=316 during 2023-2025), both those supported by an MHPSS specialist and those supported by trained non-specialists, demonstrated improvements in wellbeing. On average, participants of groups facilitated by an MHPSS specialist experienced a 46% improvement in subjective wellbeing as measured by the WHO-5, while participants of groups facilitated by trained non-specialists experienced a 40% improvement following the five-week intervention. These findings suggest that psychological well-being of humanitarian workers can be improved through psychosocial support groups and a partnership model that emphasizes supportive supervision. The program has implications for local and international organizations seeking to develop organizational staff wellbeing systems in humanitarian contexts as well as those training non-specialists to deliver psychosocial support interventions more generally.

09:30 – 09:45

VentSpace: A Pre-Disclosure Emotional Expression Intervention for

Reimagining Early Psychosocial Support in Low-Resource Settings

Valeria Muinde: Independent Psychologist

ABSTRACT

Research problem/question: This paper addresses the gap in Mental Health and Psychosocial Support (MHPSS) systems where access to care is largely dependent on verbal disclosure to a provider, leaving individuals with unspoken or unarticulated

distress without meaningful support. The guiding question is: What if psychosocial support begins before formal disclosure is possible or desired? This study proposes VentSpace, a structured emotional expression intervention designed as a low-intensity, pre-clinical support tool. The model is informed by Single Session Therapy (SST), emotional regulation theory, and decolonial critiques of Western-centric mental health systems that prioritize clinical disclosure as the entry point to care. It also draws on community and Indigenous practices of storytelling and emotional release as culturally embedded forms of coping. A pilot school-based implementation is proposed using a pre-post design to assess feasibility, acceptability, changes in self-reported emotional distress, perceived relief, and willingness to seek further support. The intervention is expected to demonstrate that structured emotional expression without immediate clinical facilitation can produce immediate reductions in emotional distress and increase perceived emotional clarity and agency. It is also anticipated that participants may report increased openness to further help-seeking following engagement with the intervention. This work reframes emotional expression as a standalone intervention within MHPSS systems rather than a preliminary step to therapy. It contributes to ongoing efforts to reimagine wellbeing in the Global South by introducing a pre-disclosure layer of psychosocial support that is scalable, low-cost, and culturally adaptable. VentSpace expands the MHPSS continuum by positioning early emotional release as a legitimate point of care, potentially reducing barriers to access and strengthening early intervention pathways in resource-constrained settings.

09:45 – 10:00

Rethinking Duty of Care: Humanitarian Workers in a Changing Risk Landscape

Nishant Joshi: Humanitarian Aid International

ABSTRACT

This paper examines how duty of care for frontline humanitarian workers remains narrowly focused on high-risk conflicts, while neglecting broader and increasingly prevalent contexts such as climate-induced disasters and protracted development crises. The humanitarian sector must ask how duty of care can be redefined to address systemic inequities and evolving risk environments faced by national and local humanitarian workers. The analysis draws on evidence from the Status of Frontline Humanitarian Workers report and insights from the Charter of Rights for Frontline Humanitarian and Community Workers. The paper adopts a rights-based and localisation-informed framework, situating duty of care within broader structural, organisational, and funding dynamics. Predominantly local and national frontline staff face cumulative risks that extend beyond physical security, including chronic job insecurity, inequitable compensation, mental health strain, and limited access to organisational protection mechanisms. While workers demonstrate strong commitment to engage in increasingly complex disaster and crisis contexts, current duty of care models remain fragmented, underfunded, and disproportionately skewed towards international staff. Critically, psychosocial harm is driven less by isolated trauma and more by systemic conditions. The paper argues for a shift from compliance-based approaches to a comprehensive, rights-centred duty of care framework. It highlights the Charter of Rights as a practical tool to standardise safety,

wellbeing, compensation, and accountability, while emphasising on donor and institutional endorsement to enable implementation. This work contributes to ongoing debates on localisation, decolonisation, and the sustainability of the humanitarian workforce by positioning the duty of care as both an ethical obligation and a strategic imperative across all crisis contexts.

Link to the Charter of Rights: https://hai-india.org/charter-of-rights

Link to The Status of Frontline Humanitarian Workers: https://hai-india.org/status-humanitarian-frontline-workers

Session 9: Innovations for Wellbeing in Humanitarian Contexts

Moderator: Jessica Lambert (DIGNITY & RCRC Research Network) & Jilly Kaunda (Kenya Red Cross Society)

10:50 – 12:20 (incl. Q&A 11:50 – 12:20) | Room: Ndovu Main Hall | Format: Presentations & Q&A

10:50 – 11:05

Bridging Mental Health Gaps in Vocational Training Centres: Addressing Social Determinants Among Youth in Nairobi's Informal Settlements

Catherine Onguti - NO ONE OUT

ABSTRACT

The current study investigates the role of social determinants of mental well-being and health in young people undergoing the INJOB vocational training program conducted in eight vocational training centres (VTCs), namely Kiwanja, Mathare, Dandora Greenlight, Old Mathari, Ofafa, Bahati, Waithaka, and Kangemi, through NO ONE OUT initiative in Nairobi slums of Kenya. Specifically, the study looks into how socio-economic determinants, gender norms, and access to supportive services shape the well-being outcomes of learners who have no access to trained psychologists and counselling resources. Qualitative research design involving focus groups and in-depth interviews with the trainees and trainers as well as field observations were adopted as the main methods used, informed by the framework of social determinants of health. The results revealed a variety of issues experienced by the trainees, such as financial constraints, poor family environment, violence, and psychosocial disorders that influence their learning process. While some VTCs employ counsellors, they face shortages of trained professionals and have limited capacity to provide effective assistance due to a high caseload. Nonetheless, incorporating basic mental well-being interventions, including psychosocial counselling and life skills development, had positive impacts on students' outcomes. The current study emphasizes the importance of improving mental well-being of vulnerable populations receiving vocational training and demonstrates how VTCs can be used as a platform to address the issue.

11:05 – 11:20

Vernacular Architecture as a Core Component of MHPSS in Protracted Displacement

Mikayla Branch: RMIT University

ABSTRACT

The paper examines the relationship between shelter settlement architecture and MHPS outcomes in protracted displacement contexts and investigates shelter's role in contributing to long-term MHPSS frameworks for displaced persons. Shelter interventions are typically framed as both lifesaving but temporary; however, displacement is likely to be protracted. This misalignment can result in significant MHPS impacts directly linked to the built environment. Drawing on interdisciplinary literature, the paper explores how architectural conditions influence community wellbeing, and physical and mental health through a rigorous literature review and data analysis. Findings indicate that displaced populations commonly experience hopelessness, fear, and loss of agency; these experiences can be intensified by shelter environments. Through the lens of Social Identity Theory, the paper suggests that displacement exacerbated by temporary shelter typologies in protracted settings contribute to out-group? categorisation and social marginalisation between displaced and host communities. Furthermore, the standardisation of temporary shelters often contributes to identity erasure, undermining dignity, belonging, and psychosocial recovery. In contrast, evidence suggests that culturally responsive and indigenous architectural approaches can improve environmental performance and inhabitant comfort, while supporting wellbeing and aiding recovery in displaced communities. The paper highlights the role of shelter design in shaping individual and community health outcomes, including the spread of disease and increased risk of gender-based violence. Crucially, there are identifiable causal links between top-down, temporary architectural methodologies producing chronic psychosocial distress in displaced populations. Despite extensive research on both MHPSS and shelter independently, there remains a critical gap in studies that directly correlate architectural typologies with MHPSS. The paper reframes shelter design as a core component of multi-dimensional MHPSS frameworks, and advocates for the integration of decolonial principles into emergency shelter strategies to improve cultural adequacy and overall wellbeing for displaced populations, particularly in protracted scenarios.

11:20 – 11:50

Community-Based MHPSS Integration: Zambia's Operational Experience

Serah Kalumbilo: Zambia Red Cross Society

Ernest P. Nyame-Annan: Ghana Red Cross Society

ABSTRACT

This panel explores practical approaches to integrating Mental Health and Psychosocial Support (MHPSS) into multi-sectoral humanitarian and development programming. Despite growing recognition of MHPSS as essential, it is often implemented as a standalone intervention rather than embedded within key sectors such as health, Water, Sanitation and Hygiene (WASH), Disaster Risk Reduction (DRR), and community engagement. The panel addresses a critical gap between policy commitments and field-level implementation, particularly in low-resource and emergency-prone contexts. It contributes to ongoing debates on scalability, sustainability, and community ownership of MHPSS interventions. Drawing on experiences from the Ghana Red Cross Society and Zambia Red Cross Society, the session highlights both shared challenges and context-specific innovations in mainstreaming MHPSS across sectors.

Session 10 - INTIQAL: Collective Meaning-Making, Cultural Continuity, and Humanitarian Worker Wellbeing in Gaza

Moderator: Carla Uriarte (Protect Humanitarians & RCRC Research Network) &

Henry Kyalo (Kenya Red Cross Society)

13:20 – 14:35 (incl. Q&A 14:05 – 14:35) | Room: Simba Hall | Format: Panel

ABSTRACT

The panel explores how culturally grounded, community-based practices can support humanitarian workers' wellbeing in protracted crises. It addresses a critical gap in Mental Health and Psychosocial Support (MHPSS): while much attention is given to affected populations, the wellbeing of humanitarian staff, particularly national staff who are themselves embedded in crisis contexts, remains under-theorised and insufficiently supported. Focusing on the INTIQAL initiative in Gaza, the panel examines how heritage-based activities (storytelling, arts, collective rituals) function as non-clinical, culturally resonant approaches to psychosocial support. It contributes to ongoing debates on localisation and decolonisation of aid by demonstrating how indigenous frameworks of meaning-making can complement formal MHPSS models, particularly in contexts where collective identity and cultural continuity are central to resilience.

13:20 – 13:35

Humanitarian Work and the Blurred Line Between Helper and Survivor

Anthony Dutemple - Première Urgence Internationale

ABSTRACT

The presentation analyses the specific stressors faced by humanitarian workers in Gaza, including secondary trauma, moral distress, and the collapse of work-life boundaries. It argues that existing staff care mechanisms are often insufficient in contexts where staff are directly affected by crisis. Drawing on field experience, it highlights the need for collective, culturally adapted approaches to complement standard duty-of-care models.

13:35 – 13:50

Integrating Collective Meaning - Making into MHPSS Practice

Liliana Herrera Sanchez - Médecins Sans Frontières

ABSTRACT

This presentation examines how INTIQAL aligns with and challenges established MHPSS frameworks. It explores how storytelling, group reflection, and cultural practices enable collective processing of distress, particularly in settings where individualised psychological approaches may be limited. It argues for a more pluralistic understanding of psychosocial support that integrates clinical and community-based modalities.

13:50 – 14:05

Heritage, Space, and Psychosocial Resilience in Gaza

Rafif AlAmassi: Première Urgence Internationale

ABSTRACT

Her presentation focuses on the role of cultural heritage and shared spaces in fostering resilience. It analyses how activities such communal gatherings, and engagement with heritage sites create continuity and reinforce collective identity. It argues that these practices are not symbolic alone but constitute practical mechanisms for restoring agency, social cohesion, and hope. The proposed panel advances understanding in three key ways. Firstly, it reframes humanitarian worker wellbeing as a collective and contextual issue, rather than solely an individual psychological concern. Secondly, it demonstrates how culturally grounded practices can function as effective, non-clinical psychosocial interventions for both communities and staff. Finally, it contributes to debates on localisation and decolonisation by highlighting the value of indigenous knowledge systems in shaping more relevant and sustainable MHPSS approaches. By bringing together operational, clinical & community perspectives, the session offers a nuanced and practice-informed

contribution to improving staff care and expanding the scope of psychosocial support in humanitarian settings.

Closing Remarks

14:40 – 15:15 | Room: Ndovu Main Hall | Format: Plenary

14:40 – 15:15

Dr Sarah Davidson: Chief Mental Health Officer & RCRC Research Network Co Chair, British Red Cross

Shona Whitton: MHPSS Technical Team Lead, RCRC Movement MHPSS Hub

Dr Yasin Duman: Research Specialist & RCRC Research Network Co-Chair, RCRC Movement MHPSS Hub

Carla Uriarte: Global Survivor Network Coordinator, Protect Humanitarians & RCRC Research Network Group Member

Sarah Nduku: Head of Humanitarian Diplomacy and Governance, Kenya Red Cross Society

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Kenya Red Cross

MHPSS INTERNATIONAL MOVEMENT HUB

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Schweizerisches Rotes Kreuz
Croce Rossa Svizzera

McGill