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IFRC Psychosocial Support Programme

Reference Centre for Psychosocial Support

Annual Report 2014

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Psychosocial Centre



International Federation
of Red Cross and Red Crescent Societies

Context & introduction

The year 2014 was characterized by an unusually high number of serious crises and disasters worldwide. Violent conflicts in Syria, Ukraine, the Central African Republic, Gaza, Libya and South Sudan have caused widespread human suffering and are contributing to the highest number of refugees globally since the Second World War. Responding to the needs in conflict affected countries and in the countries receiving refugees includes the provision of psychosocial support to beneficiaries, staff and volunteers. While not all the affected National Societies have had strong psychosocial support capacity to begin with, all have made substantial efforts to boost existing capacities or build new capacity.

The complexity and dangers of the crises mentioned above have put staff and volunteers under considerable stress. Fortunately, this is recognized by more National Societies than ever, and there has been a high interest from National Societies in building systems to care for and support volunteers better. In the wake of many armed conflicts it is common to see an increase in instances of sexual and gender-based violence (SGBV). SGBV is often associated with religious and cultural taboos making it very difficult to discuss, let alone address, openly. A scoping study showed that many Red Cross Red Crescent volunteers meet survivors of SGBV and often find it difficult to know how best to support.

In March the Ebola virus disease was first diagnosed in Guinea in West Africa, and the disease quickly spread to the neighbouring countries Sierra Leone and Liberia causing the largest outbreak of Ebola in history. Very early in the operation, psychosocial support was identified as one of the main priorities. Fear, stigma and rampant rumours were serious barriers to persuading patients to seek medical support, to get populations to take appropriate and reasonable measures to limit contamination and to practice safe burials. Being infected not only means a high risk of dying; for many patients it also means high risk of infecting loved ones, loss of livelihood, loss of possessions due to disinfection procedures and being ostracized by the community.

Mental health and psychosocial support was high on the agenda in nearly all disasters and crises worldwide. All members of the IASC Reference Group for Psychosocial Support report that as a result of the growing awareness and demands, their staff is under unusual amounts of stress; and that their human

resource capacity is stretched to the limit. This view echoes the difficulties there have been in 2014 in the Movement to recruit enough, sufficiently trained staff and delegates for psychosocial support programmes in emergencies.

Psychosocial support and the PS Centre

The IFRC Reference Centre for Psychosocial Support (PS Centre) is a centre of excellence and functions as a decentralised unit of the IFRC Health Department. The PS Centre is hosted by the Danish Red Cross in Copenhagen and mandated to support, promote, and advocate for the awareness and implementation of psychosocial support through the IFRC Psychosocial Support Programme.

The most important partners of the PS Centre are the National Societies and the Centre continues to respond to requests from a large number of National Societies from around the world. Being part of the IFRC Global Health team involves close collaboration with the Secretariat, Zone and Regional offices. A good flow of communication and information between the health department unit, zones and regions fosters collaboration and a common ground to reach good results.

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

The Centre continues to strengthen and expand its cooperation with other colleagues and departments in the zonal and regional delegations and colleagues and departments in the Secretariat in Geneva, as well as a productive working relationship with the ICRC.

Psychosocial support is generally defined as 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

Strengthening Psychosocial Support Programming



The 2004 Indian Ocean tsunami called attention to the acute need for psychosocial support in post-catastrophe situations and helped make psychosocial support a priority in humanitarian responses. During the tsunami operation, psychosocial support was an important part of the response and recovery in all affected countries. Following the disaster, a handbook on psychosocial support interventions was developed in close collaboration between the National Societies and the PS Centre. In 2012 it was decided to take the opportunity to learn from the post-tsunami interventions a step further with the “Strengthening Psychosocial Support Programming” project. The project sought to build on past experience to create an improved platform for psychosocial support in the region and globally. It would do so by strengthening the capacities of the National Societies to develop relevant PS programmes as well as by developing a tool to strengthen the link between psychosocial support and Restoring Family Links.

The project was finalised in 2014, and the tangible results were the Restoring Family Links and Psychosocial Support e-learning tool; a field guide and training manual on providing psychosocial support to people separated from family members and the book “Strengthening Resilience: A global compilation of psychosocial support interventions”, and finally a workshop for all the National Societies involved in the project, the Asia Pacific Zone and the PS Centre.

compromising their long-term prospects.
(IFRC 2012: The Road to Resilience)

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.

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.

Progress towards outcomes

The PS Centre serves to promote and enable psychosocial wellbeing of beneficiaries, humanitarian staff and volunteers, thereby contributing to the realization of the main aims of the IFRC Strategy 2020. This is achieved through four strategic approaches laid out in the PS Centre 2011-2015 Strategic Operational Framework:

- Technical and operational support
- Capacity building of National Societies and competence development of staff and volunteers
- Knowledge generation and knowledge sharing
- Advocacy and communication.

Strategic Approach 1: Technical and Operational Support

The PS Centre continually receives various requests for support from National Societies and regional and zonal offices. Requests include questions about how to integrate PSS in new or existing programmes, tools on monitoring and assessment, ideas for activities and much more. Often the answers to the requests can be found in the material published by the PS Centre or by referring to other relevant literature or partners. Sometimes requests result in trainings or consultancies. Requests also include briefing of delegates and assistance in identifying and recruiting suitable candidates for PSS delegate positions.

The PS Centre remains in close contact with International Federation PSS delegates providing ad hoc technical and operational support and in return receiving valuable input from the field.

Psychosocial Support in Emergencies

Since 2013 the focus of the PS Centre in relation to emergencies has been broadened. The PS Centre continues to play an active role in the maintenance and development of the PSS component of the ERU, working closely together with the ERU deploying National Societies. Adjacent to the ERU system there is a need for the National Societies to have their own capacity for providing psychosocial support in emergencies to supplement the ERUs in larger disasters and to be able to respond to disasters with less outside assistance.

Ebola virus disease

The outbreak of Ebola in West Africa is one of the most difficult emergency operations to date. There was very little experience in the humanitarian sector in providing psychosocial support in the context of a disease which is as dangerous and contagious as Ebola, and the provision of psychosocial support was further complicated by the fact that it was necessary to rethink many basic methods of providing the support when people either had to keep physical distance or be ensconced in multiple layers of protective clothing, including goggles and face masks. The fear and stigma surrounding the disease not only made it difficult to provide health care and psychosocial support to the affected people. It also made it unusually difficult to recruit delegates who were sufficiently experienced and willing and available for deployment to this exceptional situation.

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Caring for the volunteers – a central activity in emergencies

Syria, Ukraine and the Central African Republic. Three emergencies, in which Red Cross and Red Crescent volunteers were on the spot to help those in need at great personal risk – and too often also at great personal cost. The challenges in the emergencies were different, but one thing was the same: An understanding on management levels that supporting and caring for the volunteers must be highly prioritized.

In Syria and neighbouring countries several “Caring for Volunteers” workshops were conducted by the National Societies, and demand for the “Caring for volunteers: A Psychosocial Support toolkit” has been so great that it has been necessary to reprint the Arabic version.

In the Central African Republic the security situation was so tense that only a handful of delegates were allowed in the country at a time. Still, admitting a psychosocial support delegate was prioritized to support the CARC.

In Ukraine, there was very little capacity for psychosocial support when violence broke out in the beginning of the year. Very quickly, the Ukraine Red Cross asked for assistance in supporting the volunteers who were providing first aid services during the clashes in Kiev. Throughout the year, the National Society has rapidly built a large capacity for psychosocial support training staff and volunteers in numerous branches in caring for volunteers and community-based psychosocial support.

In the Ebola affected countries, volunteers (working with community out-reach and safe and dignified burials) were trained in psychological first aid and psychosocial support, affected families were offered counselling, local staff in the IFRC hospital in Kenema, Sierra Leone were supported and a range of anti-stigma and anti-fear messages were developed. Among the steps taken by the PS Centre to enable the National Societies to provide psychosocial support to the affected population, staff, volunteers and delegates were:

- a range of measures to identify suitable delegates and preparing them for deployment, including wide searches in networks, screening of delegates,

briefings and answering questions, and development of informational material for friends and families of delegates

- training, briefing and ongoing technical support to staff and delegates in the field
- on-going collection of experiences and lessons learned from the field and other organizations in order to improve the quality and level of support to the field
- development, collection and adaptation of psychosocial support tools to fit the specific context of Ebola – particularly with regards to the constraints in physical closeness and the severity of the situation.

Central African Republic (CAR)

Since late 2013 the Central African Republic has experienced extremely violent clashes between militia groups. Central African Red Cross (CARC) provided different types of support to the affected population. The director of the Health Department of CARC and a CARC staff member were trained in community-based psychosocial support in Yaoundé, Cameroon in 2012, at a training of trainers arranged by the PS Centre. As a direct result of this they were able to train 281 CARC volunteers in psychosocial support in November 2013. So when the violence broke out on 5 December, a great deal of volunteers already had some background in psychosocial support. It soon became clear that the volunteers were under tremendous stress. Especially those whose job was to go into the streets of Bangui after violent clashes and recover the bodies, many of which were mutilated, were under extreme stress. The manage-

ment of CARC asked the IFRC for further support. In January, support was provided to CARC to assist in formulating a plan of action for providing psychosocial support to those most severely affected by the crisis and an initial training for 250 volunteers was held, conveying basic information on how to provide psychosocial support.

Ukraine

The civil unrest in the Ukrainian capital of Kiev, which had been oscillating between calm and violence since November 2013, became more severe during the last weeks of February 2014. More than 100 people died during clashes between anti-government protesters and police. Since then, unrest and violence has spread from Kiev to other parts of the Ukraine, especially to its south-eastern regions. In order to assist those affected by the violence, the Ukraine Red Cross Society (URCS) immediately mobilized all its first aid rapid response teams, providing first aid and evacuating wounded people. Five URCS volunteers were wounded while on duty. Because of the dangerous and demanding work, the URCS quickly decided to increase their capacity in caring for volunteers.

Typhoon Haiyan, Philippines

After the typhoon Haiyan in the Philippines the PSS component of the ERU was deployed with two ERUs. The evaluation, focused on both the organisational and the psychosocial sides of the operation. The evaluation has resulted in a list of recommendations for improvement for both the PS Centre and the deploying National Societies, which are being worked into action sheets for follow-up in early 2015.

A matter of life and death

Most of the time, when people think about psychosocial support, they think that it is not really a priority. But in the context of Ebola it is actually a life and death matter. To give an example: Working at the front with the safe and dignified burials is very stressful. And we know that when people are stressed or they are under the influence of alcohol they can put their lives at risk. Helping them managing their stress, taking good care of themselves and having appropriate peer support is a life and death matter in the Ebola context.

Eliza Cheung, Psychosocial Support delegate, Hong Kong Red Cross, deployed in July and August to Liberia to support Liberian Red cross Society in their fight against Ebola. The full interview with Ms. Cheung can be viewed on www.youtube.com, by searching "Psychosocial support during an outbreak of Ebola Virus Disease"



Two psychosocial support delegates from Belarus, who had participated in the 2013 regional PSS training in Moscow, were deployed to Ukraine to help set up support systems and conduct trainings with the support of the PS Centre. Ukraine Red Cross Society has prioritized psychosocial support highly and throughout 2014 there has been a steady increase in psychosocial support capacity, supported by the two Belarussian delegates, several PS Centre Roster members, IFRC and Danish Red Cross.

As a positive spin off, the involvement of the two Belarussian delegates has sparked interest in Belarus Red Cross to increase its psychosocial support capacity.

During the response to typhoon Haiyan 13 PSS delegates were attached to the Health ERU teams over three rotations. With local PRC volunteers trained in basic psychosocial skills they were able to provide PS activities in child-friendly spaces, psychological first aid (PFA) for children, adults, and volunteers within the clinic base and in outreach. One ERU Health team integrated Violence Prevention and included VP delegates who worked on training, awareness raising and protection issues related to VP in Ormoc and Tacloban.

Syria crisis

The ongoing armed conflict and refugee crisis in Syria and surrounding countries continued in 2014. The Syrian crisis presents a big challenge. The needs are enormous and the unstable situation both in terms of security and funding makes the much needed capacity building difficult. In Syria, a major concern is supporting and caring for the Syrian Arab Red Crescent staff and volunteers while in the neighbouring countries efforts to provide psychosocial support



to the many refugees are ongoing. Caring for staff and volunteers and sexual and gender-based violence against both men and women has been singled out by the National Societies as areas of special concern, and the PS Centre has worked intensively with this during 2014.

The National Societies in 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 unprecedented influx of Syrian refugees have also increased their capacity in order to provide psychosocial support to the refugees, many of whom have a very long and perilous journey behind them.

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

Training is a powerful tool for building capacity in psychosocial support. There is evidence that training enhances capacity for delivering PSS and that it is in fact an obligation to train staff and volunteers well to ensure strengthening resilience and the do no harm principles¹.

In 2014 the PS Centre has focused on the development and testing of new specialised trainings and on trainings for specific capacity building purposes, such as enabling Kenya Red Cross volunteers to implement specific activities for children in informal settlements in Nairobi.

Together with the regional psychosocial support delegate, the PS Centre developed a tailored regional training in Phnom Penh, Cambodia on psychosocial support in emergencies. Experience from this training was used to develop the PSSiE training curriculum, which was launched at a training in Copenhagen later in the year.

Altogether, the PS Centre facilitated and co-facilitated 15 trainings at global, regional or national (HQ) level in 2015. The picture below shows the countries from which participants came to the trainings (dark

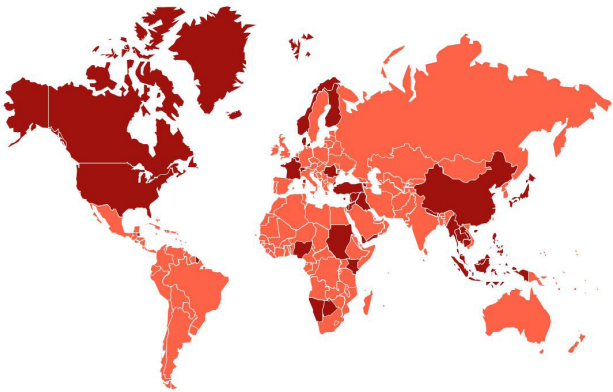
¹Henderson, Silje: Psychosocial interventions after natural disasters – an analysis of evidence and recommendations for practice, 2013

Capacity building matters

In March 2014, the Maldives Red Crescent (MRC) and the PS Centre conducted a Community-based psychosocial support training of trainers for 27 MRC staff and volunteers. In December a fire broke out in the Maldives Water and Sewerage Company (MWSC)'s Generator Unit, disrupting Male' City's water supply for several days. 10 days after the fire, the PS Centre received an email from one of the participants at the training:

"We mobilized over 750 volunteers to help with the distribution of water to the people. Working around the clock for almost eight days we realized the need for PSS not just in the operation center but for the community and the staff of MWSC. A group of us had some meetings and decided to come up with some structured de-briefing and PFA sessions. We used the materials you provided as a guide. After the initial plan, we met with 22 volunteers (who had some PSS background) to have a refresher session on PFA and stress and coping and the debriefing. Several people from various organizations (both government and private offices) agreed to go as Maldivian Red Crescent volunteers to provide PSS to the people. On this session we held last Friday, we did an induction session of the Movement and got them to sign as volunteers. Yesterday we had our first session with the staff of MWSC and we feel that it was a success. It was voluntary and 24 participants were there. Today we are having another session for the next group."

red). These trainings are only the tip of the iceberg as National Societies are conducting numerous trainings without the assistance of the PS Centre.



Developing the PS Academy

The PS Academy is the collective term for the psychosocial support trainings offered to the National Societies. The idea behind the PS Academy is to offer a wide range of trainings, from a basic introduction to community-based psychosocial support, over shorter, specialized trainings to training of trainers for more experienced psychosocial support providers. The PS Centre strongly encourages that each training is adapted to fit the specific context and needs. In 2014 four new trainings were developed:

- Psychosocial support in emergencies
- Broken Links. Psychosocial support to people separated from family members
- Caring for Volunteers
- Psychosocial support to people affected by sexual and gender-based violence.

(See box on page 11)

Roster

The PS Centre continuously updates the roster of PSS experts and trainers. This has been done in order to better respond to training requests as well as to harmonize trainings and expectations. A roster of experienced staff and delegates were 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 following are examples of work done by roster members in 2014:

- facilitated or co-facilitated trainings,
- were deployed to the Central African Republic and Ukraine to help set up support systems for volunteers in the two National Societies,
- were a strong advocate for psychosocial support in the Healthcare in Danger workshops and this work will continue in 2015,
- were deployed to West Africa, training volunteers and helping the National Societies developing plans of action and setting up psychosocial support for beneficiaries and staff and volunteers in the Ebola response,
- supported the development of important guidelines such as HiD guidelines and the development of monitoring and evaluation tools.

In December, most of the Roster members met in Copenhagen for a two-day workshop on psychosocial support in emergencies, learning from each other's experiences in recent emergencies and discussing how responses can be improved in the future. A session aimed at ensuring that the roster members are up-to-date with important emergency tools.

PS Centre tool box – production and rollout

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

Additionally the PS Centre has developed smaller publications responding to ad hoc needs, such as the briefing note and briefing package about providing psychosocial support to people affected by Ebola, a brochure on Psychosocial support during epidemics, and a brochure in collaboration with the IFRC Staff Health Unit with information to families and friends of delegates deployed to the Ebola operation. The PS Centre regularly provides input to guidelines, policies and tools developed by National Societies, other IFRC operational units and important partners in academia and the international mental health and psychosocial support community.

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

Strategic Approach 3: Knowledge Generation and Knowledge Sharing

Interventions and methodologies are requested in an increasing number of National Societies and IFRC operational units. New areas of interventions and new ways of combining psychosocial support with other types of humanitarian interventions are continuously emerging. At the same time, universities and applied research institutions produce large amounts of research and knowledge about new interventions and target groups. As the area of expertise and the number of requests grow, the need for new knowledge, tools and methodologies increase in order to base interventions on best practice and research.

With strong ties to both the practical implementation of psychosocial support in the field and the research in academia, the PS Centre is uniquely placed to bridge the gap between the two and work

towards better generating and sharing of knowledge, ultimately resulting in better interventions.

Mapping of psychosocial outreach

Knowledge of the psychosocial support capacity and needs in the National Societies is essential in order to assist them in supporting those affected by disasters and sudden or slowly developing crises. The PS Centre has been in contact with the PSS focal persons of 66 National Societies worldwide in order to map the existing psychosocial support efforts, analyse which tools and materials are being used and to look into the needs for further support. Increasing the number of focal persons in the National Society is a high priority as this greatly increases the reach of the PS Centre and facilitates the sharing of knowledge and experience.

The results from this global communication show that 92% of the participating National Societies that were reached conduct PSS activities or activities with elements of PSS. 85% of these National Societies are using the PS Centre resources including tools and handbooks and 75% have had IFRC psychosocial trainings conducted in their National Society. Furthermore the mapping gives a deeper insight towards where to focus the development of future tools.

Operationalising Psychosocial Support in Crisis, OPSIC

The PS Centre coordinates the EU funded research project, "Operationalising Psychosocial Support in Crisis" (OPSIC). 2014 was the second year of the three year long project and the year when the results became tangible. More than 600 international guidelines and handbooks on PSS were analysed, broken down and comprised into 51 action sheet for providing psychosocial support to different target groups, in different stages of response and in a range of different types of events. The action sheets have already proven their usefulness: They were used by Austrian Red Cross when they updated their plan for disaster preparedness in flooding situations and the PS Centre has used the action sheet when asked to provide input to the IFRC guidelines on chemical, biological, radiological and nuclear events (CBRN). A study on long-term effects of crisis has also been performed in the project showing that the need for psychosocial support is present for much longer time than previously assumed. The results from this study will help guide recommendations for provid-



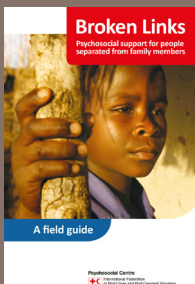
Strengthening Resilience

Strengthening Resilience: A global selection of psychosocial interventions was developed in answer to the growing demand for guidance on how to implement psychosocial support activities. It is designed to provide the practitioner with a range of possibilities when planning psychosocial support activities. Drawing on case studies and programme globally, the book presents fundamental methods of providing psychosocial support, including concrete examples of interventions, ideas for activities, and how to modify them to suit specific contexts and groups.



Psychosocial support in emergencies

Based on problem-based learning, practical exercises and role playing mixed with presentations, this training prepares the experienced psychosocial support staff and volunteers for work in the field during and after emergencies by providing knowledge on how to identify, train and supervise volunteers. The training introduces the delegate to fieldwork by focusing on assessment, implementation, M&E and liaison and coordination. By the end of this training, participants will be able to work according to the standard operational procedures and meet criteria as stated in the IASC Guidelines when setting up the PS component in the vicinity of the ERU.



Broken Links. Psychosocial support to people separated from family members, field guide and training module

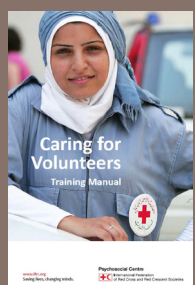
Developed to support staff and volunteers in a wide range of settings where they may come in contact with families who have been separated from their loved ones. The material focuses on the causes and consequences of being separated from family members, the psychosocial impacts of separation, how staff and volunteers can support people in this situation, as well as self-care for staff and volunteers.

The one-day training is designed to support staff and volunteers are in contact with families who have been separated from their loved ones.



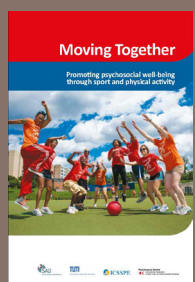
Psychosocial support to people affected by sexual and gender-based violence

SGBV is a major problem in the wake of the conflicts, and it is something that is always difficult to deal with, especially in cultures where matters of sexuality and sexual assault is rarely talked about openly. The training covers subjects like the definition of SGBV, sensitization, dilemmas and do no harm, supportive communications and referral.



Caring for volunteers, training

This training prepares participants to facilitate “Caring for Volunteers” workshops built on the “Caring for Volunteers, a Psychosocial Support Toolkit”. The participants gain deeper insight in the subjects of the tool kit: understanding of psychosocial support; risks, resilience and protective factors for volunteers’ psychosocial well-being; self-care; peer support; Psychological First Aid; setting up psychosocial support systems for volunteers; monitoring and evaluating volunteers’ efforts.



Moving Together: Promoting psychosocial well-being through sport and physical activity

A handbook about delivering psychosocial support programmes in crisis situations. Well-designed sport activities offer a safe and friendly space for expressing and addressing problems and fears and help participants gain resilience, coping skills and hope. The handbook explains the theoretical framework for sport and physical activities in psychosocial support interventions, and how to implement. It includes activity cards that can be adapted to suit different situations.

ing psychosocial support in the long-term aftermath of disasters.

Strategic Approach 4: Advocacy and Communication

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

The magazine *Coping with Crisis* is a part of the effort to advocate for psychosocial support, to highlight important issues and to showcase the wide spectrum of psychosocial support programming. The first issue focused on the mental health gap and violence. The second issue focused on the psychosocial consequences of performing dangerous humanitarian work. This issue also featured a brochure on providing psychosocial support in epidemics.

The PS Centre has been able to increase its visibility within and outside the Movement. In addition to sharing magazines, newsletters, updating the PS Facebook site and website regularly, the PS Centre is advocating psychosocial support by being visible and vocal in meetings, networks, conferences, etc. inside and outside the Movement. In 2014 the PS Centre hosted the annual meeting in the IASC Working Group for Mental Health and Psychosocial Support, participated actively in the ICRC led Healthcare in Danger project in order to place psychosocial support high on the agenda. The PS Centre represents IFRC on the board of the online global resource and networking tool www.mhpps.net.

Likewise, visibility is ensured through a generally high level of activity; trainings, development and introduction of new training material and establishment and development of partnerships.

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. The outreach on Facebook, measured in “likes” has doubled in 2014.

Financial management

Throughout 2014, the PS Centre has maintained close cooperation with its core group of PNS donors; the National Societies of Denmark, Norway, Canada, Japan, Finland, Iceland and France. Generally, there is increasing interest among National Societies to collaborate and partner with the PS Centre. While the interest in psychosocial support and developing partnerships with the PS Centre increases, it is still a challenge to attract new PNS funding partners. However, new and improved agreements have been negotiated with some of the traditional PNS donors. Expanding and working towards a broader PNS funding base remains a key priority for the PS Centre – as the current situation is vulnerable.

Project based funding, mainly from the European Commission, remains important, especially related to research – and knowledge management projects. The PS Centre participates in three European research projects, one of which was kicked off in 2014. At the beginning of 2014 a new financial management set-up was introduced, which has enabled the PS Centre to better plan and manage resources effectively. This has been actively supported by the financial controlling section of the Danish Red Cross.

The total expenditure of the PS Centre mounts to DKK 7.196.301, which is an increase of 19% since 2013. The detailed financial report is included in the PS Centre Financial Statement, which is annexed to this Annual Report.

Looking ahead

The PS Centre will continue to work towards strengthening the IFRC Psychosocial Support Programme following the strategic aims set out in its Strategic Operational Framework, with a special focus on psychosocial support in emergencies, knowledge management and advocacy:

Psychosocial support in emergencies

2014 saw an unusual high number of serious emergencies and there is no sign of a lessening in the number or severity of emergencies in 2015. Coupled with an increased awareness in the field about the importance of psychosocial support there will be a continued need to support National Societies and IFRC operational units in preparing for, implementing and monitoring and evaluating psychosocial support in emergencies. This means that there is an increased demand for the PS Centre to become more operational in its support to National Societies. This need will be met through an increased focus on capacity building and technical support to programming, but also by exploring ways of improved direct field support.

Knowledge management

Over the past few years, there has been an increase in the number of psychosocial support programmes and interventions globally; related to preparedness, emergency relief, recovery and longer term programming, within a wide array of thematic programmes ranging from health, disaster management, migration to resilience programmes. This generates enormous amounts of new learning and knowledge, which needs to be captured, developed and used in order to ensure evolved learning and increased capacities and applicability in the Movement. The PS Centre will work towards strengthening the knowledge base on psychosocial support, with the ambition to strengthen the quality of the technical support and the capacity building available to National Societies. Furthermore, more cost effective ways of sharing knowledge, such as e-learning and web-based solutions will be explored.

Advocacy

There will be a continued effort to advocate for the inclusion and mainstreaming of psychosocial support within the Red Cross Red Crescent Movement, but 2015 and 2016 also offers important opportunities to influence the Movement and the global humanitarian agenda. Focus will be on psychological consequences of armed conflict, which will be addressed at the 32nd International Conference in 2015. The PS Centre will work closely with the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support on including psychosocial support on the agenda of the World Humanitarian Summit in 2016.

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

For further information specifically related to this report, please contact:

Nana Wiedemann, Head of Centre
psychosocial.center@ifrc.org
+45 35 25 93 59.

Jon Kristiansen, Senior Advisor and Deputy Head of Centre
jokri@rodekors.dk
+45 35 25 92 93.

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