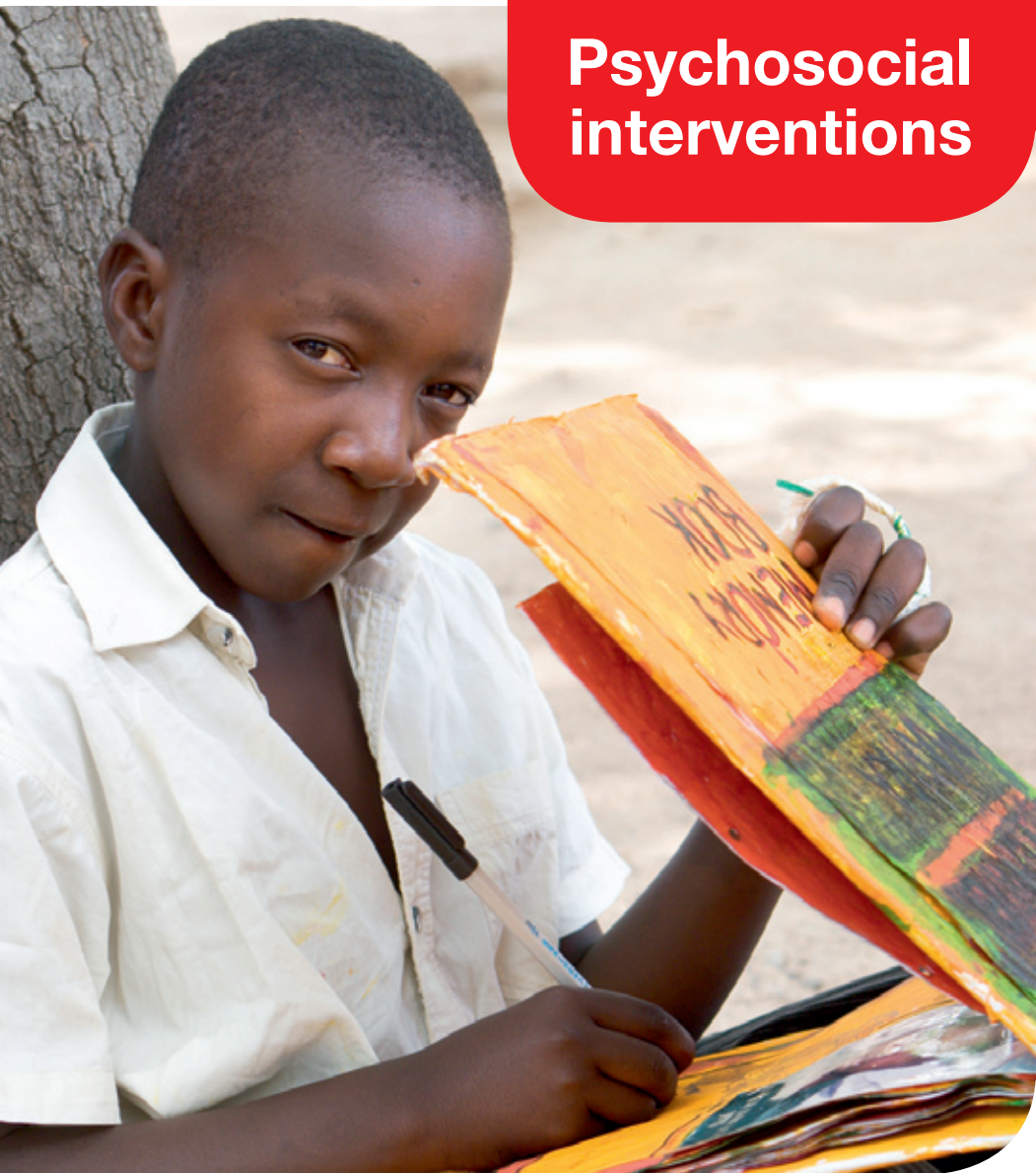


Psychosocial interventions



A handbook



**Reference Centre for
Psychosocial Support**



**International Federation
of Red Cross and Red Crescent Societies**

Psychosocial interventions

A handbook

Psychosocial interventions
A handbook

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A young boy in Zimbabwe writing in his memory book

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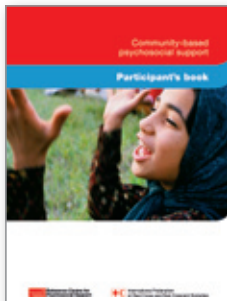
Please contact the Reference
Centre for Psychosocial Support
if you wish to translate or adapt
any part of the Handbook on
psychosocial interventions.
The Reference Centre for
Psychosocial Support will
supply further material as well
as information on how to state
the source. Mail:
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The International Federation Reference Centre for
Psychosocial Support would like to express its
gratitude to the American Red Cross for contributing
direct support to the entire project of collecting
lessons learned on the psychosocial response to
the tsunami, including support to this publication.



**American
Red Cross**

Please also see other publications by the PS Centre
Community-based psychosocial support training kit



Foreword

In the field of psychosocial support, the past two decades have seen immense development. The need for community-based psychosocial support in crisis response and development work has become increasingly clear, particularly as we have watched major operations such as the 2003 Bam earthquake, the 2004 Indian Ocean tsunami and subsequent emergency responses. Psychosocial support empowers individuals and their communities to tackle emotional reactions to critical events and also creates community cohesion essential for adaptation, transforming problems into opportunities for sustainable progress and moving forward. Psychosocial programmes, when planned and implemented correctly, can help prevent an emergency from turning into a disaster. As such, it is vital in all Red Cross Red Crescent work.

Although the benefits of appropriate psychosocial support programmes and activities have become more apparent, we cannot rest on our laurels. The International Federation, through its Reference Centre for Psychosocial Support, has a responsibility to ensure that capacity is built, and that appropriate support reaches those who need it most. This handbook provides guidance on how to plan and implement psychosocial interventions. The practices outlined are derived from a large study of lessons learned after the Indian Ocean tsunami, made possible through the allocation of resources from the American Red Cross. I hope and believe that the handbook will be a useful resource for psychosocial practitioners worldwide.

Nana Wiedemann

*Head of International Federation Reference
Centre for Psychosocial Support*

Acknowledgements

This handbook is the product of an extensive review of psychosocial interventions that has focused especially on the lessons learned from the psychosocial response to the Indian Ocean tsunami of 2004. We would therefore like to acknowledge the valuable input and support given to this process, with special mention of all who were visited in the tsunami-affected countries of Thailand, the Maldives, Indonesia, Sri Lanka and India. This includes members of the affected populations, Red Cross Red Crescent Movement volunteers and staff, representatives of other organisations working with psychosocial interventions, and representatives of governmental departments. Gratitude is also extended to colleagues of Red Cross and Red Crescent Societies who participated in and supported earlier and completed psychosocial interventions who have contributed to this project.

Thanks to

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FINAL NOTES

INTRODUCTION

Introduction

Psychosocial Support Program

نفسیاتی و ادی پروگرام
نفسیاتی امداد پروگرام

echo

Humanitarian Ai



EUROPEAN COMMISSION



This handbook prepared by the International Federation Reference Centre for Psychosocial Support (the PS Centre) reflects the increasingly active role that the Red Cross Red Crescent Movement plays in psychosocial responses. The development of the handbook is a result of collecting lessons learned on the many varied psychosocial interventions that have been implemented in different countries recently, with a particular focus on the psychosocial response to the Indian Ocean tsunami of December 2004. This event led to one of the largest emergency responses in history, with the involvement of a multitude of organisations and individuals in many varied psychosocial interventions. These interventions helped thousands of communities, families and individuals and contributed to increasing global awareness on psychosocial needs and responses following critical events and during crises.

The International Federation of Red Cross and Red Crescent Societies

Whenever there are disasters, conflicts and health emergencies and people lose their relatives, friends or homes and livelihood, there will be human suffering. Emotional pain, grief, anger and frustration are all part of such experiences. Providing psychosocial support in these circumstances reflects the principles and values of the Red Cross Red Crescent Movement. This introduction sets out the history, mission and principles of the Movement and introduces the work of the PS Centre.

History

In 1859 Henry Dunant, a young Swiss man, came upon a bloody battle between the armies of Imperial Austria and the Franco-Sardinian Alliance in Solferino, Italy. Some 40,000 men lay dead or dying on the battlefield and the wounded lacked medical attention. Dunant organized local people to bind the soldiers' wounds and to feed and comfort them. On his return, he called for the creation of national relief societies to assist those wounded in war, and pointed the way to the future Geneva Conventions.

The Red Cross was born in 1863 when five Geneva men, including Dunant, set up the International Committee for Relief to the Wounded, later to become the International Committee of the Red Cross. Its emblem was a red cross on a white background – the reverse of the Swiss flag.

Mission and role

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world’s largest humanitarian organisation providing assistance without discrimination as to nationality, race, religious beliefs, class or political opinions. The International Federation strives, through voluntary action, for a world of empowered communities better able to address human suffering and crises with hope, respect for dignity and a concern for equity. The mission of the Federation is “to improve the lives of vulnerable people by mobilizing the power of humanity”.



NOZMILION KALANDAROV/IFRC

Tajikistan Red Crescent Society members training in disaster preparedness

Founded in 1919, the International Federation comprises 185 member Red Cross and Red Crescent National Societies, a Secretariat in Geneva and more than 60 delegations strategically located to support activities around the world.

The Federation carries out relief operations to assist victims of disasters and combines this with development work to strengthen the capacities of its member National Societies. The Federation's work focuses on four core areas:

- Promotion of humanitarian values
- Disaster response
- Disaster preparedness
- Health and community care

Psychosocial support is vital and it is essential that it is integrated into activities in all four areas.

The International Federation of Red Cross and Red Crescent Societies is one of three components of the International Red Cross and Red Crescent Movement. The other two are the National Societies and the International Committee of the Red Cross (ICRC).

National Societies provide a range of services in the humanitarian field including disaster relief, health and social programmes. Many are also providing psychosocial support. During wartime, National Societies also assist affected civilian populations and support army medical services, where appropriate.

The International Committee of the Red Cross is an organisation whose humanitarian mission is to protect the lives and dignity of victims of war and internal violence and to provide them with assistance. It directs and coordinates international relief activities conducted by the Movement in situations of conflict.

Principles

Actions of the Red Cross and Red Crescent Movement should at all times be guided by these Fundamental Principles:

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

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

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

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

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

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

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

Emblems

The International Federation uses as its symbol two globally recognized emblems – the red cross and the red crescent, set on a white background within a red rectangle.



The emblems have a long history. The red cross was formally adopted in the first Geneva Convention of 1864. The red crescent was adopted by the Ottoman Empire in 1876 and

recognized in the 1929 Geneva Convention. The red crescent symbol is used today in place of the red cross in many Islamic countries.



With the adoption of the Third Additional Protocol in 2005, a third emblem – the red crystal – is now also a recognized distinctive sign under international law, with the same status as the red cross and red crescent. By offering new possibilities for protection and identification to National Societies and States that wish to use the red crystal, the Third Protocol exemplifies the Movement's commitment to neutral and independent humanitarian action.

The International Federation Reference Centre for Psychosocial Support

In recent decades, disasters and conflicts have taken their toll increasingly on civilian populations. In addition to traditional programming to address the physical and most basic needs of affected populations in the form of food, water and shelter, the International Federation of Red Cross and Red Crescent National Societies, as well as other humanitarian organisations, have developed programmes to address the psychological and social suffering of affected populations.



TILL MAYER/IFRC

Psychosocial support starts with supportive listening

The international community's continued and growing interest in the psychological and social impact of disasters and war is revealed in the growing literature on psychosocial well-being, as well as in an increase in projects and resources addressing psychosocial assistance. This is a relatively new field and evidence about the effectiveness of psychosocial support is emerging.

In 1991 the International Federation launched the Psychological Support Programme (PSP) as a crosscutting programme under the Health and Care Division. To assist the Federation with the implementation of the programme, the Danish Red Cross and the Federation established the Reference Centre for Psychological Support as a centre of excellence in 1993. In 2004 the centre changed its name to the Reference Centre for Psychosocial Support.

As a centre of excellence, the International Federation Reference Centre for Psychosocial Support (the PS Centre) assists Red Cross and Red Crescent Societies to develop community-based psychosocial services in areas affected by catastrophic events and armed conflicts.

The PS Centre aims to:

- help increase awareness of psychological reactions during disasters and/or social disruption
- facilitate psychosocial support
- promote the restoration of community networks and coping mechanisms
- enable National Societies in particular to understand and respond better to the psychosocial needs of vulnerable groups
- promote care for the carers, emotional assistance for staff and volunteers

The PS Centre does not intervene directly with affected people. Rather, it assists Red Cross and Red Crescent National Societies to do so through their local staff and volunteers and assists in building regional and local psychosocial support networks.

Please feel welcome to contact the PS Centre for additional information. You may also send suggestions or comments.

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How to use the handbook

This handbook is for psychosocial practitioners who are planning a psychosocial intervention in response to a crisis or critical event. It is specifically targeted at practitioners working for Red Cross Red Crescent National Societies, looking at the particular operations of the Red Cross and Red Crescent Movement. However, most of the suggestions and recommendations presented are relevant to all stakeholders working in the field of psychosocial support.

Crisis

A crisis is understood as one critical event or series of events that leads to major changes in the lives of the affected. It can be due to natural disasters (such as floods, earthquakes, cyclones etc) and man-made events, (conflicts, population displacements, large-scale accidents etc). A disaster is understood as “a severe disruption, ecological and psychological which greatly exceeds the coping capacity of the individual” (WHO, 1992).

This handbook pays particular attention to the response phases that follow a crisis. It is also relevant for planning and implementing responses to ongoing crises, such as continuing conflicts; health emergencies such as the HIV pandemic; environmental challenges, such as persistent droughts; and economic or political challenges that influence psychological and social well-being.

The handbook draws on the experiences of psychosocial interventions in different countries and contexts. Examples of lessons learned are presented in three ways, as best practices, promising practices or as those best to avoid.



Each chapter includes references further reading which can be found on the companion CD. The contents list of all documents on the CD is in the last chapter of the handbook with the final notes.



References are also made to useful websites. These are also listed in the last chapter with the final notes.

What is in the handbook?

Following the first chapter, which introduces concepts central to psychosocial interventions, there are four chapters which cover key aspects of planning and implementing psychosocial interventions. Each chapter contains explanations of the presented topic; why it is an important aspect to consider; when it is relevant to a psychosocial intervention; who is involved in this particular aspect of the intervention. Recommendations are included throughout the handbook. Please see the short descriptions of the chapters below.

Setting the context

The first chapter sets the context of the handbook by defining the concepts of psychosocial support and psychosocial well-being, explaining when psychosocial support is needed and why. It introduces the approach of community-based psychosocial support and presents the current psychosocial models typically used by Red Cross and Red Crescent National Societies worldwide. Finally it refers to the international standards and guidelines that lay the foundation for the psychosocial interventions recommended in this handbook.

Assessment

The initial step in planning and implementing a psychosocial response is assessing how the population in question has been affected, and how best to help them. This chapter describes the different kinds of assessments that can be used and their relevance at different stages of an intervention. It gives examples of questions to be considered in different kinds of assessments and suggests sampling techniques to get as detailed information as possible.

Planning and implementation

After an introduction to the planning and implementation process in a typical psychosocial intervention, the different stages of a response are outlined, ranging from considerations of disaster preparedness in anticipation of a crisis to the planning needs following such an event. Attention is paid to the multiple

groups involved in a psychosocial intervention, including the affected population, volunteers, the psychosocial team of Red Cross Red Crescent National Societies and other partners. Examples of possible activities that could be implemented as part of a psychosocial intervention are followed by a number of recommendations for successful programme management.

Training

This chapter looks at training needs at different stages of a psychosocial response, describing a range of training methods and examining who is involved in training activities. One of the first and most important activities in a psychosocial response is ensuring that the team responsible for the planned intervention has the necessary knowledge and skills. Once immediate training needs are met, further training may follow throughout the implementation period of an intervention with varied groups. In this way, a psychosocial response has the potential to build resources in responding to future psychosocial needs, both in National Societies and affected communities.

Monitoring and Evaluation

Monitoring and evaluation is essential to good management practice and is closely related to the process of assessment (see the chapter on assessment). This chapter explains the concepts of monitoring and evaluation and shows how monitoring and evaluation tools are used in relation to psychosocial programmes. Particular attention is paid to the challenge of identifying indicators to measure psychosocial well-being. The chapter concludes by encouraging practitioners to use monitoring and evaluation to contribute to the growing field of research on psychosocial responses.

Final notes

The last section includes reference notes from the five chapters, a bibliography, a glossary and list of abbreviations, contents of the CD, links to useful websites and a list of recommended further reading.

SETTING THE CONTEXT

Setting the context



REUTERS/STRINGER (COURTESY OF WWW.ALERTNET.ORG)

This chapter sets the context for the following chapters, highlighting commonalities in psychosocial interventions, whilst simultaneously stressing the importance of careful consideration of each specific situation. When planning and implementing a psychosocial response, certain common factors should always be considered, even though the specific context and circumstances that accompany and follow every crisis differ.

The chapter defines the concepts of psychosocial support and psychosocial well-being. It looks at why psychosocial interventions are needed, and considers who the main actors are in such interventions. Different models and methods of responding to psychosocial needs are introduced and reference is made to the international standards and guidelines that should be followed when planning and implementing a psychosocial response.

What is psychosocial support?

The Psychosocial Framework of 2005 – 2007 of the International Federation defines psychosocial support as “a process of facilitating resilience within individuals, families and communities” [enabling families to bounce back from the impact of crises and helping them to deal with such events in the future]. By respecting the independence, dignity and coping mechanisms of individuals and communities, psychosocial support promotes the restoration of social cohesion and infrastructure”.¹

In other words, psychosocial support helps people recover after a crisis has disrupted their lives. Red Cross and Red Crescent National Societies implement community-based psychosocial support interventions which concentrate 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 each other, their individual and communal self-confidence and resources will improve. This, in



INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Community involvement is the foundation for community based psychosocial interventions

turn, will encourage positive recovery and strengthen their ability to deal with challenges in the future.

Psychosocial support can be both preventive and curative. It is preventive when it decreases the risk of developing mental health problems. It is curative when it helps individuals and communities to overcome and deal with psychosocial problems that may have arisen from the shock and effects of crises. These two aspects of psychosocial support contribute to the building of resilience in the face of new crises or other challenging life circumstances.



PS Centre film on psychosocial support

What is psychosocial well-being?

The Constitution of the World Health Organisation defines health as “a state of complete physical, mental and social well-being” and not merely “the absence of disease or infirmity”.²

The Psychosocial Working Group suggests that the psychosocial well-being of individuals and communities is best defined with respect to three core domains:³

Human capacity refers to physical and mental health and specifically considers individuals' knowledge, capacity and skills. Identifying an individual's own human capacity is the same as realizing his or her own strengths and values.

Social ecology refers to social connections and support, including relationships, social networks, and support systems of the individual and the community. Mental health and psychosocial well-being are dependent on cohesive relationships that encourage social equilibrium.

Culture and values refers to cultural norms and behaviour that are linked to the value systems in each society, together with individual and social expectations. Both culture and value systems influence the individual and social aspects of functioning, and thereby play an important role in determining psychosocial well-being.

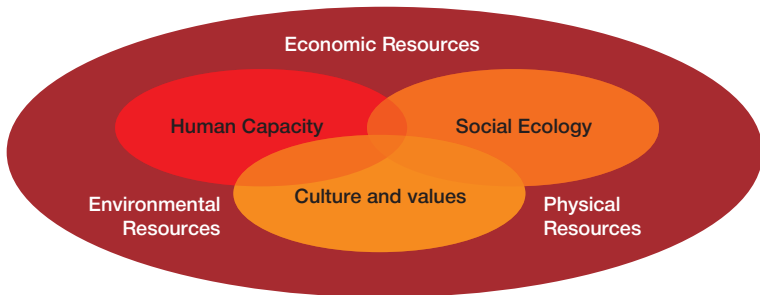
Psychosocial well-being is dependent on the capacity to draw on resources from these three core domains in response to the challenge of experienced events and conditions. The Psychosocial Working Group suggests that challenging circumstances, such as crises, deplete these resources resulting in the need for external interventions and

External influences on psychosocial well-being

Although psychosocial well-being is defined according to these three core domains, it is important to remember that other extenuating factors also have significant influence on well-being. The loss of physical and economic resources available to households, disruption to community and regional infrastructure, and degradation of the natural environment are all such examples of additional factors that may impact the psychosocial well-being of communities.

assistance to rebuild individual and communal psychosocial well-being.

Psychosocial well-being is experienced both in the personal individual and the social interactive domain, and is also influenced by external factors, such as livelihood, shelter and physical health, as shown in the model below.



Source: The Psychosocial Working Group. (2003) Working Paper. 'Psychosocial Intervention in Complex Emergencies: A Conceptual Framework'



Psychosocial Working Group Conceptual Framework

Dynamic and contextually determined

An individual's experience of psychosocial well-being is determined largely by the context he or she lives in. If an individual's immediate surroundings and community are disrupted, whether in the immediate impact of a critical event or in the aftermath, family and neighbours will be in distress. It is unlikely in these circumstances that individuals will experience positive psychosocial well-being.

Since contexts and influential factors are always changing, so will the experience of psychosocial well-being. This dynamic nature of the experience of psychosocial well-being makes it very difficult to provide a standard definition of what psychosocial well-being is, or how to recognize it. A common understanding of what defines psychosocial well-being may differ not only from country to country, but even in different populations within the same country.

It is therefore very important to learn and understand what psychosocial well-being means locally for the particular affected population before planning a psychosocial response. This is the only way to ensure that the planned and implemented activities are indeed relevant to the target population

and not merely a replication of psychosocial activities that worked elsewhere. In the process of defining psychosocial well-being, it will be necessary to find a local and culturally appropriate way to explain what is meant by psychosocial well-being and psychosocial support when training and working with others who do not know the concept. More details on this are given in the chapter on assessments.



Contexts determine how populations are affected. Flooding, such as in Haiti after Hurricane Hanna, 2008, may impact a population...

MATTHEW MAHER/AMERICAN RED CROSS

Psychosocial well-being and mental health

The Inter-Agency Standing Committee describes mental health

and psychosocial support as “any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder”.⁴ Although mental

TILL MAYER/FICG



...very differently to conflicts, such as in Iraq, 2003

health problems and psychosocial support needs require different approaches, they are strongly related. Psychosocial problems that are either very severe or persist over a long period of time without any intervention can lead to the development of mild, moderate or even severe mental health problems. Equally, people with mental health problems also often have psychosocial problems.

Although this handbook includes some references to mental health problems and accompanying issues, the primary focus is on community-based psychosocial interventions that do not require professional mental health services.

Why are psychosocial activities needed?

Crises typically disrupt a person's life in many different ways. They can lead to the loss of:

- near and significant loved ones
- control over own life and future
- a sense of security
- hope and initiative
- dignity
- social infrastructure and institutions
- access to services
- property
- prospects of a livelihood

Everyone who has experienced or witnessed crises is likely to be affected in one way or another. Reactions may be shock from the actual event; grief reactions to having lost loved ones; feeling a 'loss of place' and feeling distress due to other consequences of the crises. The extent of reactions varies between individuals and whole communities, as does the need for responding interventions.

Loss of place

Following a crisis, people commonly experience a loss of confidence in the norms, networks, and mutual trust in the society that is supposed to protect them and provide for interaction between themselves and institutions. This feeling has been defined as a 'loss of place' (Perkins & Long, 2002). This concept is used as the underlying basis for developing psychosocial support activities that aim to re-establish a 'sense of place'. (See the chapter on planning and implementation for further details.)

Sense of place (2 documents)

See short movie 'Root Shock' made by school students in India in collaboration with the American Red Cross



SHO HUANG/IFRC

Experiences of loss can be disorienting and emotionally painful for individuals and whole communities

Psychosocial support activities should be planned for whole communities, focusing both on individual and community needs, and on their resources to cope and recover. Such activities can help individuals, families and communities to overcome stress reactions and adopt positive coping mechanisms through community-based activities.



RODNEY DEKKE/ AUSTRALIAN RED CROSS

Psychosocial support activities are best planned with the participation of entire communities

Psychosocial support services play a crucial role in responding to crises that involve large populations, as they cater for the needs of the majority of the affected population. They help in the recovery process and reduce the development of mental health problems. In this way, psychosocial support services contribute to broadening outreach services, whilst also easing the overload on health systems.

Psychosocial support activities also include identifying and referring individuals requiring specialized support through professional mental health services, besides addressing the psychological and social factors mentioned earlier.

An example of a psychosocial response: Beslan School Hostage Crisis

On 1 September 2004, more than 1,100 children, parents and teachers were taken hostage by a group of armed terrorists at School Number One in Beslan, in the Republic of North Ossetia-Alania, Russian Federation. On the third day the crisis reached a peak, resulting in the death of at least 334 people, including 186 children. The whole population of Beslan was deeply affected by this crisis event.

The Russian Red Cross Society responded with a psychosocial programme with two main components. The first consisted of home visits to affected families by nurses, initially providing psychological first aid, and subsequently offering on-going emotional support. A community centre, the second component, was established as the hub of the psychosocial programme, serving as the base for the visiting-nurse service, and also as a venue for psychosocial support social and practical activities.

An evaluation of the programme in 2007 showed that the Red Cross community centre had served as an important mechanism in restoring social ties and cultural values of the affected population. It had thus contributed to the psychosocial rehabilitation of both individuals and the entire community. The home visiting service was also evaluated as appropriate and successful, considering the atmosphere of mistrust towards professional psychologists, the high incidences of individual isolation and societal division that had arisen after the tragedy.

“After I lost my child I did not want to attend public meetings, but the home visiting nurse persuaded me. I did not expect that I would find people here just like me, with similar problems. From then on I tried to attend the tea-parties at the centre. There we discussed things that helped us to live on”.

Mother of a child killed in the school siege

The combination of these strategies – family visits and opportunities for social interaction at a communal venue – are a good example of how community-based psychosocial approaches aim to improve both individual and community psychosocial well-being.



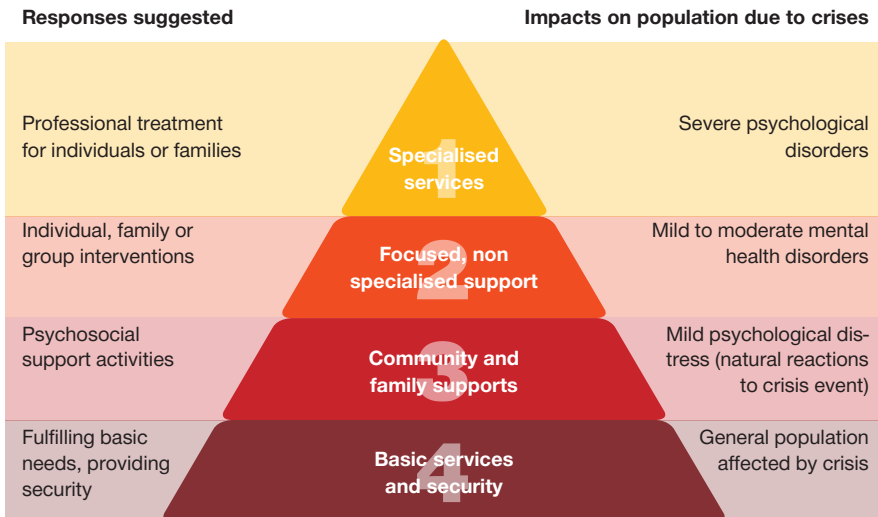
Community centre, Beslan

Who are psychosocial services provided to? The affected population

Psychosocial support should be available to all persons affected by a crisis. Different groups such as children, adults, men, women, older people and people with disabilities, have different reactions to crises. Even within these groups, some will have stronger or different reactions than others. For this reason, psychosocial interventions are designed according to the particular needs and resources in a group or subpopulation, and according to the individuals in these groups.

The diagram below illustrates in the form of a pyramid a layered system of complementary supports needed for a population affected by a crisis.

Mental health and psychosocial support services



Source: This illustration is based on the intervention pyramid for mental health and psychosocial support in emergencies in the IASC Guidelines (2007).

Level 1

Basic services and security

The well-being of all who are affected by a crisis should be protected by services that address their basic needs and provide protection from harm. Most of these services are provided through the other areas of response of health and care, water and sanitation, food distribution and nutrition, and shelter. When planning a psychosocial intervention it is very important to be aware of these services, and to advocate for basic physical needs to be met. All interactions with the affected population should in fact be done with consideration of psychosocial well-being. Further notes on the crosscutting nature of psychosocial well-being are presented later in this chapter.



INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Providing basic services and security helps promote psychosocial well-being

When planning a psychosocial intervention it is very important to be aware of these services, and to advocate for basic physical needs to be met. All interactions with the affected population should in fact be done with consideration of psychosocial well-being. Further notes on the crosscutting nature of psychosocial well-being are presented later in this chapter.



JAKOB DALL/DANISH RED CROSS

Assisting families to mourn the death of loved ones is a key activity in psychosocial interventions

Level 2 Community and family support

The majority of the affected population will need some form of psychosocial support to restore a sense of normality in their lives, enabling people to get on with daily tasks and demands. Psychosocial support can assist in a multitude of ways, for example helping those affected to mourn the loss of loved ones and to adapt to changed life circumstances. Family and community networks may have broken down and family tracing and reunification may therefore be included as activities in a psychosocial response at this level of intervention.

Level 3 Focused, non-specialized support

A small percentage of the population will be more severely affected than others by a crisis and may develop mild to moderate mental health disorders. These people will need individual, family or group interventions, typically carried out by trained and supervised staff or volunteers. Without any intervention, recovery from feelings of distress is likely to take much longer and there is a risk of developing severe psychological disorders.

Level 4 Specialized services

A smaller percentage of the affected population will need referral and care for severe psychological disorders, which includes professional psychological or psychiatric support. This can be individuals, entire families or whole communities who experience a very strong reaction to the crisis. It also includes individuals who have pre-existing psychological disorders, or pre-dispositions for such developments. The support given at this level can be individual or may require complex social interventions.

The need for referral to services in levels three and four is commonly identified through community-based psychosocial activities led by Red Cross Red Crescent National Societies. It is therefore very important that those working in this area have a basic understanding of mental health and psychological disorders, and know where and how to refer such persons for the necessary help.

People needing support at levels three and four are also likely to benefit from psychosocial support and community-based activities. If some are so challenged by severe psychological disorders that they are isolated, for example, plans should be made to assist their reintegration into the community.

Helping the helper

Responding to crises is more often than not an emotionally and physically challenging experience for everyone involved, regardless of which area of response they are involved in. This is especially so in the immediate aftermath of a crisis, but can also continue in a long-term response.

Red Cross Red Crescent volunteers and staff who are part of the population directly affected by the crisis or critical event may have experienced loss of loved ones and loss of place themselves. Other volunteers and staff who have come to help from other areas or countries are often away from their families and usual support networks. A common experience of all staff and volunteers is that the initial enthusiasm and motivation to assist is challenged, as the work is more demanding, both emotionally and physically, than they were prepared for. They may experience sleep deprivation,

anxiety over whether the help they are giving is adequate, frustration over things not happening the way they hoped they would and sadness or emotional reactions to the suffering witnessed. It is important to ensure that staff and



ULRIK NORUP JØRGENSEN/DANISH RED CROSS

Staff and volunteers also need psychosocial support

volunteers are cared for and are offered the same opportunities for referrals to specialized services as the population targeted by the psychosocial interventions. See the chapter on planning and implementation for more on helping the helper.

BEST PRACTICE

Waiting to respond to Cyclone Nargis

The circumstances in Myanmar immediately following Cyclone Nargis prevented the influx of international assistance that usually follows such a crisis. A host of international agencies and organisations were on standby and ready to respond, but were not granted entry into the country to assess the impact of the cyclone. Consequently they created a response hub in Bangkok, in neighbouring Thailand. However, as the weeks went by, very few of the ready-to-go team were able to enter Myanmar and most of them had to eventually return to the countries that had sent them out. Many reported feelings of deep frustration and inadequacy, from knowing that their assistance had the potential to save lives, and yet they were unable to do anything. A psychosocial support focal person was part of the team, waiting like the others to take part in assessment activities. She recognized that her co-workers were emotionally challenged by the situation, and offered them emotional support using active listening and reflection skills.



Links to Antares Foundation and People in Aid, both organisations that work to improve management and support to staff and volunteers.

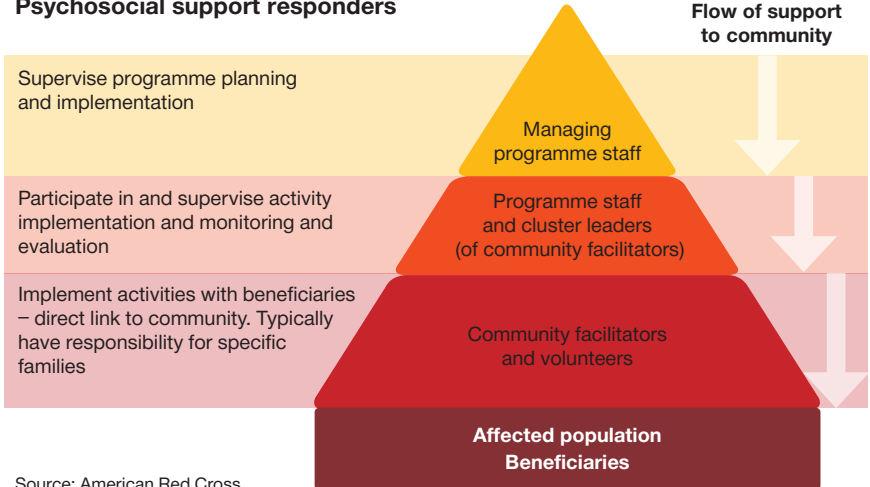
Who provides psychosocial services?

Psychosocial support is typically provided to affected populations with the help of trained community members that often come from the same affected population. Ideally such people are identified through an interactive community process and are trusted and respected in the community.

The model below gives an example of the flow of support to community members from the programme managers in a Red Cross Red Crescent National Society. The triangular shape of the model indicates that whilst there are very few people at the programme management level, there are many involved community facilitators and volunteers who work directly with a large number of affected people. The responsibility for supervision flows in a downward direction, with the overall responsibility lying with programme management.

In countries that do not have much, if any, experience of psychosocial responses, it is beneficial and often necessary to bring in external resources, such as independent consultants or experienced colleagues from within the Red Cross Red Crescent Movement, to help to plan a psychosocial intervention.

Psychosocial support responders



Source: American Red Cross

Coordination

More and more organisations are focusing on psychosocial needs in response to crises. It is therefore very important to find out who

the other active organisations are and whether a coordinating body or network group focusing on psychosocial support has been established. Coordinating efforts with other stakeholders will increase the potential coverage of psychosocial activities, and reduce the risk of duplication. Coordination meetings are a good place to discuss common issues influencing the success of activities. One example of a common issue would be how best to engage and retain community volunteers. Another is the standardisation of psycho-education training for front-line workers to ensure that they are providing the same information.

BEST PRACTICE

Coordination

During the months following the Indian Ocean tsunami, the number of active stakeholders working in the district of Batticaloa, in Sri Lanka increased from below 20 to over 70. A coordinating body had been set up within two weeks of the crisis to protect affected communities from being overwhelmed by poorly integrated services offered by the multiple organisations arriving in the area. The coordinating body served as a clearing-house for resources, a facilitator of inter-agency cooperation and a forum for discussing problems emerging from the field. Its success was largely due to the steering group comprising widely-trusted representatives of the various types of organisations working in the sector (UN agencies, international NGOs, local NGOs, government

and faith groups), and the fact that it functioned according to a set of clearly defined and equitable principles.



ANANDA GALAPATTI

Community members

The targeted population will largely determine who will be the most appropriate community members to work with. In a school-based programme, for example, teachers, parents and others who are involved in the life of the school and the children are the most likely candidates. Psychosocial activities done in connection with a health response may recruit local health workers to implement a programme.

Community members working to provide psychosocial services are often from the population who have been directly affected by the crisis. This means they have a deeper understanding of the challenges the target population is experiencing, but also means they may need psychosocial support themselves. See section above on 'Helping the helper'.

Psychosocial well-being as a crosscutting issue

Within the organisational structure of the International Federation of Red Cross and Red Crescent Societies, psychosocial support is located in the Health and Care Department. However, other areas of assistance also impact the psychosocial well-being of individuals and communities. Examples are:

Food distribution

Families who have no food and are fighting for survival may get caught up in domestic or community conflicts due to competition for resources, impacting social relations and emotional well-being.

Shelter

Having no place to live and relocating to a refugee or internally displaced people's camp usually results in a complete breakdown of one's social network. The loss of one's home and personal belongings is often accompanied by strong emotions of disorientation and loss.

It is essential to join a coordination network where responses from all assistance areas are represented and advocate for the consideration of psychosocial needs in all of the differing approaches. Examples of attending to psychosocial needs are:

Relocation

It is important for individuals and families who are relocated due to a crisis to be reconnected with others from their previous communities. This will lead to a sense of belonging and trust in their surroundings.

Relief distribution

Families who have become dependent on food and relief distribution due to a crisis often experience a sense of humiliation and disempowerment. It is important that distribution is done in a respectful way, so that beneficiaries can maintain a sense of dignity.

Health care

Health care service points are ideal forums for psycho-education where people can learn about normal psychological reactions to crisis and self-help techniques. For example, psychosomatic reactions, where psychological problems are expressed through physical problems or pain, are very common. Being empowered with such knowledge can reduce symptoms and increase understanding of one's own and others' reactions.

How to respond to psychosocial needs

A community-based approach

Red Cross and Red Crescent National Societies primarily use a community-based approach in responding to psychosocial needs. This is based on the premise that communities will be empowered to take care of themselves and each other. In this way dependency on outside resources is reduced, through community mobilisation and strengthening of community relationships and networks.

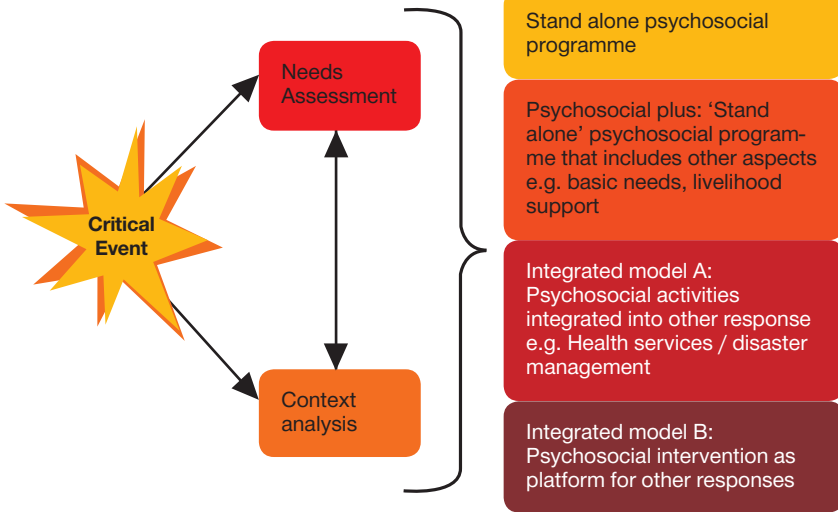


Self-sufficiency is essential for communal well-being

The term ‘community-based’ does not in fact refer to the physical location of activities. Rather it stresses that the approach strives to involve the community itself as much as possible in the planning, implementation and monitoring and evaluation of the response. It is an approach that encourages the affected community to gain ownership of and take responsibility for the responses to their challenges. Community participation is therefore an integral aspect of a community-based approach.

Given the uniqueness of every crisis situation, there is no blueprint on how best to respond to psychosocial needs. At present, there are four main models of psychosocial responses practised by Red Cross Red Crescent National Societies, as illustrated in the diagram on the next page.

Psychosocial response models



Source: PS Centre, 2009

1. Stand alone psychosocial programme

The first model is a stand alone psychosocial programme, focusing solely on psychosocial needs. Usually this type of programme has an independent staff and budget, and although administratively it may be run separately, it is implemented in collaboration and cooperation with other areas of response.

Example

Many Red Cross Red Crescent National Societies have telephone and online support activities, where people in distress can receive immediate support through these communication channels. An example is the peer support programme run by the Danish Red Cross Youth. Youth volunteers trained in supportive communication speak with other young people with various kinds of problems, such as having been sexually abused, eating disorders, anxiety, loneliness, love problems, conflicts in the family, drug problems etc. The volunteers know how and where to refer the distressed youth if need be, and receive regular supervision.

2. Psychosocial plus

The second model is also called a psychosocial programme, but it typically integrates psychosocial needs with others, such as food, shelter, water, clothing or livelihood, all needed for basic survival. It is based on the principle of integration and provides a holistic response, but is administratively managed as a psychosocial programme.

Example

As part of a school-based psychosocial programme in Sri Lanka, following the Indian Ocean tsunami, the children were given milk at the school on a daily basis. This was to supplement their diets and also to encourage school attendance, as this would contribute to the restoration of normal daily activities and encourage social interaction.

3. Integrated model A

In this model psychosocial activities are included in other response programmes, such as health and care, or disaster management. Psychosocial activities here are a component of a much larger and broader programme that addresses additional needs and aspects. In these types of programmes, staff may not be specifically recruited to focus on psychosocial activities, and the administrative and financial management of the programme lies with the larger focus area.



DAVID CHANCELOPH / IFRIC

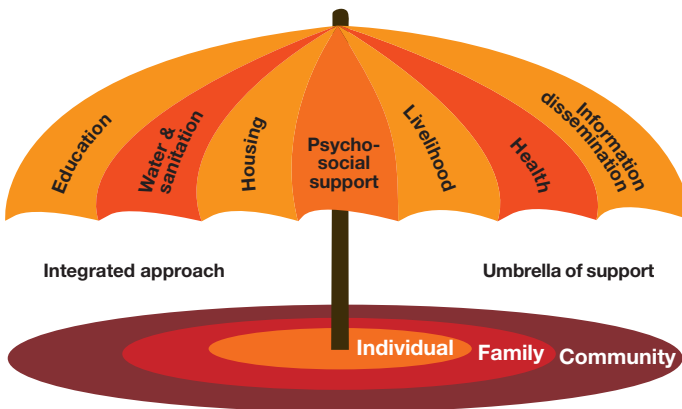
Psychosocial support is an integral part of providing home-based care, even if the primary focus is on physical health needs

Example

Most of the countries in sub-Saharan Africa are subject to persistently high levels of poverty and repeated natural disasters (such as drought, floods, cyclones etc). These factors contribute to the high prevalence of infectious diseases, such as tuberculosis, and to this area having the highest HIV and AIDS prevalence in the world. In response to these health challenges, it is a common approach for Red Cross Red Crescent National Societies to engage in home-based care activities. Volunteers visit the homes of sick and/or vulnerable individuals and families to provide basic medical care. Providing psychosocial care through supportive communication is a natural component of these home visits. The focus of these programmes may be primarily on medical care, but volunteers are also trained in skills to respond to psychosocial issues.

4. Integrated model B

The fourth model uses psychosocial support as an entry point to the affected population, as a platform for all other responses. The multi-sectoral responses needed to assist communities are identified and responded to, based on the outcome of initial psychosocial activities. This integrated approach aims to provide a holistic ‘umbrella of support’ to the individual, family and community.



Source: Dr. Subhasis, American Red Cross and Indian Red Cross Society

Example

Indian Red Cross Society is implementing a programme focusing on recovery after the tsunami of December 2004, where psychosocial support activities are used as a platform for the identification and initiation of other needed areas of responses. It is through the psychosocial support activities that community members volunteer to be trained as 'integrated programme technicians'. They then become the focal point between the community and the Indian Red Cross Society staff and volunteers. The emphasis is on communities taking responsibility for their own recovery, by being empowered to identify, design, implement and evaluate relevant community interventions. Great effort is made to link the communities with other service providers, such as relevant government departments, so that communities themselves can address the varying identified needs that affect their individual and community well-being.

Which model is used depends on needs and resources, the context and the realistic opportunities available. It may be that one model is chosen at the beginning of a response, and another later on. It can, for example, be appropriate to start a response with a stand alone psychosocial programme (model 1) and, with time, work towards integrating psychosocial actions and activities into another area of response, such as health and care (model 3), as the needs in the affected population change. Psychosocial needs change all the time, and it is important to make sure chosen interventions are always relevant.

Vertical and horizontal programmes

Sometimes stand alone psychosocial programmes are called 'vertical programmes' and integrated programmes are termed 'horizontal', as they are broader in focus. This is merely a difference in terminology, but they refer to the same thing.

National and international standards for responding to psychosocial needs

National standards

There may be national standards and guidelines available about psychosocial responses in crisis events. Where these are not available, health and care responses or other areas of operation may integrate psychosocial activities, for example, in a National Disaster Management Plan. Make sure to investigate what the national standards are and ensure that all the work done complies with these standards. This will make cooperation with local authorities easier.

International standards and guidelines

A number of specific documents exist, that are relevant for planning and implementing psychosocial interventions. It is important to be familiar with these documents and to use the guidelines, principles and suggestions as much as possible in planning all work, whilst adhering to specified standards.

Universal Declaration of Human Rights

Most humanitarian responses are based on the aim to fulfil the rights in this declaration. Individuals, families and communities are at heightened risk of human rights violations during crises. It is vital that staff and volunteers promote the human rights of all those in their care. For example, access to psychosocial support should be on the basis of equity and non-discrimination.



Link to Universal Declaration of Human Rights

Convention on the Rights of the Child (CRC)

The Convention on the Rights of the Child sets out the rights that must be realized for children to develop their full potential,

free from hunger and want, neglect and abuse. The CRC applies to all children equally, with special protections for particularly vulnerable groups, such as refugee children. In the course of planning, implementing and evaluating psychosocial programmes, it is crucial that the standard of ‘do no harm’ is observed at every stage. For example, Article 3 of the CRC states that ‘in all actions concerning children....the best interests of the child shall be a primary consideration.’

Convention on the Rights of the Child



The Sphere Project. 2004. Humanitarian Charter and Minimum Standards in a Disaster Response

Actions for acute phases following crises are presented in the section on mental and social aspects of health in the chapter on “standards on control of non-communicable diseases”. The standard reads:

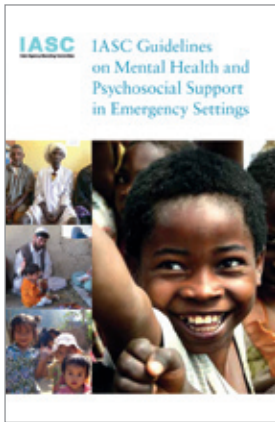
“People have access to social and mental health services to reduce mental health morbidity, disability and social problems.”

Supporting this standard, the Sphere Handbook lists key access points across the community. These access points combine external assistance alongside engaging family, community and cultural resources. In this way, they provide a good example of psychosocial support. For example, the family tracing service, which is an example of external assistance, in the list of social interventions stands alongside cultural and religious events being maintained, which is an example of community and cultural resources.



The Sphere Project





Inter-Agency Standing Committee, 2007. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

This comprehensive document provides detailed guidelines for minimum (immediate) responses in emergency settings. A matrix of interventions indicates 11 key areas of work in crisis settings. Areas of work include such functions as coordination, health services, food security and nutrition. For every area of work, the table shows what actions might be taken before, during and after a crisis.

The final section of the guidelines contains action sheets for all actions suggested during a crisis as a minimum response. The three main topics are common functions (action sheets 1-4), core mental health and psychosocial support (action sheets 5-8), and social considerations in sectoral domains (action sheets 9-11). Each action sheet includes practical steps that can be taken, provides sample indicators, gives examples, and indicates online resources.

A summary version of the guidelines is available in the form of a 'check-list for field use'. This check-list can be used for programme planning and emergency response, but it is recommended that it is used in conjunction with the full guidelines.

IASC Guidelines; IASC Guidelines Checklist for Field Use

The Psychological Support Policy of the International Federation of Red Cross and Red Crescent Societies

Psychological support applies across the range of the services provided by the Red Cross and Red Crescent National Societies. The International Federation psychological support policy

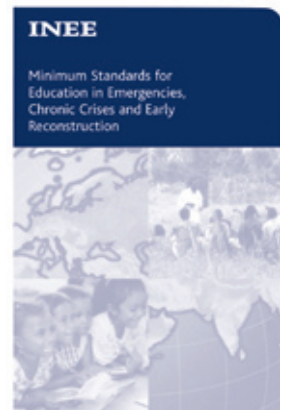
establishes a basis of Red Cross and Red Crescent action, both in emergency response operations and in the implementation of long-term developmental programmes. It outlines the main responsibilities of the International Federation and all its National Societies in the field of psychosocial support. The policy applies to any type of psychological support activity carried out by an individual National Society or any of its branches, staff or volunteers or by the International Federation acting collectively. It should be considered in conjunction with all other Federation policies.

International Federation Psychological Support Policy



The Inter-Agency Network on Education in Emergency: Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction (INEE)

Although these minimum standards relate to education, they are relevant since a lot of psychosocial work is done through the education sector, in schools and other institutions. Capacity building and training are also usually core activities in psychosocial interventions, and these should be developed with consideration of the INEE guidelines.



The INEE Minimum Standards provide examples of good practice and concrete guidance to governments and humanitarian workers on how to enhance the resilience of education systems. They are also used for programme and policy planning, assessment, design, implementation, monitoring and evaluation, as well as advocacy and preparedness in order reach the 'Education for All' goals.

INEE Minimum Standards



Final note

Planning and implementing psychosocial interventions after a crisis is no easy task in terms of:

- responding best to the impact of the crisis
- working in a challenging environment
- conforming to national and international standards
- meeting requirements set by the Red Cross Red Crescent National Societies involved in the response
- facing decisions at times that are taken above one's own level of operation, which poses immense challenges to the implementation of the psychosocial work

Whilst facing challenges like these, keep in mind that protecting the psychosocial well-being of adults and children caught up in crisis situations will lead to short-term and long-term benefits for individuals, families and communities.

ASSESSMENT

Assessment



Assessments play a critical role in determining what activities are planned in a psychosocial response. Before planning can begin, it is necessary to find out what has happened and how people have been affected. This chapter explains what assessments are, and why they are needed in a psychosocial response. It gives an overview of what kind of assessments are done at the different stages of planning and implementation, and gives guidance on how to do assessments. Attention is paid to who is involved in assessments, both in terms of who conducts them and who provides the data needed to create information.

Assessments are closely linked to monitoring and evaluation activities. References are given to supplementary information in the chapter on monitoring and evaluation.

What are assessments?

Assessments are, simply put, the processes and tools that help to find the facts. They measure and report the needs of a given population and in this way establish the status of well-being of that group. They also help identify particularly vulnerable sub-groups such as children, women, men or older people. Assessments pave the way for deciding where, when and how to start an activity.

The kind of data that is collected in assessments depends on the context and the nature of the crisis that is being responded to. It also depends on when in the response the assessment is taking place. Information needed in the initiation phases of a response differs from information needed later or at the end of the response.



Ethical principles should always be followed in data collection

There are two major kinds of assessments:

Needs assessments explore the needs and resources of an affected population.

Impact assessments or evaluations look at the impact of interventions (see the chapter on monitoring and evaluation for more on this topic.)

Needs assessments generally include information on:

- demographics – how many people are affected, where they are, how old they are, and so on
- impact – how the disaster has affected the population physically, emotionally and socially
- problems – what potential problems are likely to arise in the near future
- resources and capacities – what is the capacity of the affected population to help themselves including the normal coping mechanisms
- assistance – what is needed to help the population to achieve psychosocial well-being

Examples of needs assessment tools:

The Vulnerability and Capacity Assessment (VCA) of the International Federation.⁵

SWOT analysis method, looking at the strengths, weaknesses, opportunities and threats of the affected communities, the local governance and response agencies.

Impact assessments explore similar factors, but focus on changes in status of well-being and on the needs and resources of the population since an earlier assessment. See the chapter on monitoring and evaluation.



IFRC Emergency Assessment Guidelines; VCA folder; IASC Action Sheet 2.1

Why are assessments needed?

Assessments provide the information needed to plan good responses, ensuring that programme design and activities implemented are a response to the actual needs of the affected population. Assessments also explore the resources and strengths of the population, which are as important as identifying the needs, when planning a good psychosocial intervention. Assessments lay the groundwork for realistic expectations of what results the planned psychosocial interventions can lead to.

BEST TO AVOID

Making assumptions

It can be damaging to assume knowledge of how people react to a situation, or their needs following a crisis, due to having responded to a similar crisis event before. Every situation will be different and unique, as good assessments demonstrate. It is therefore important to make assessment as neutral as possible, and not to ask questions through a predefined model of understanding.

An example of such a mistake would be assuming that the affected population is severely distressed by their experiences, and asking them specific questions relating to one's own expectations of how people should be affected. This invites misinterpretation and can have long lasting negative consequences by planning inappropriate responses.



JEROME GRIMAUD / FRENCH RED CROSS

When conducting assessments each context should be considered unique

BEST PRACTICE**Assessment leading to specified actions**

In Kabul, Afghanistan, after the overthrow of the Taliban regime, a broad structured consultation process with children provided valuable information about the sources of threat to children's well-being, which included, "war and displacement; poverty, which leads to family tensions, heavy and exploitive work by children, and lack of access to schooling; family loss, which can lead to poverty and family separation which leads to anxiety and vulnerability; family tensions, including physical punishment at home and abuse against adopted children; and pressure at schools, including teasing and bullying, and abusive teachers. Other risks included unattended sickness and disability, gender discrimination, early marriage, kidnapping, and busy, unregulated traffic as well as the damaged and dangerous environment." This assessment process led to the development of interventions that attempted to address these identified problems, rather than simply provide the generic activities often rolled out in post-conflict situations.

Source: Save the Children Federation Inc. (2003)

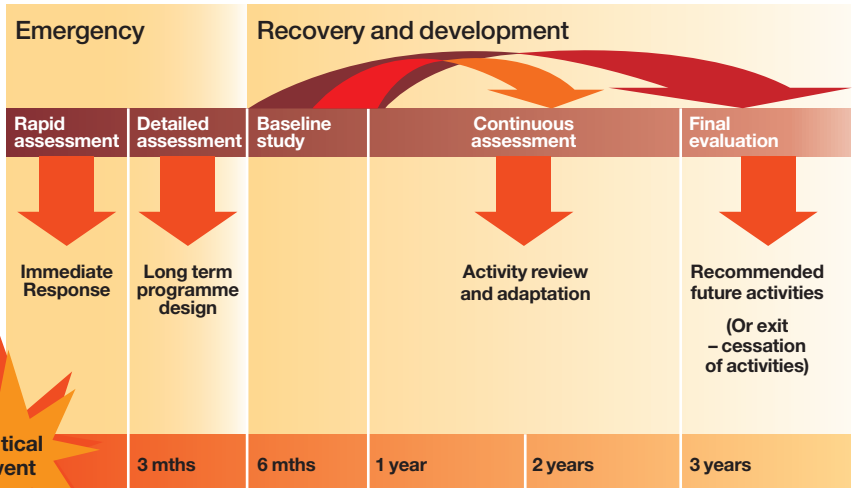
**Children of Kabul****When are assessments done?**

Different kinds of assessments are done at different stages of the psychosocial response. This is illustrated in the diagram on the following page. Please note that the timeframe shown is an example, and every response will vary according to the presenting circumstances.

Types of assessments

Rapid assessments are undertaken as soon as possible following a crisis to determine both the needs and the resources of the affected population. They are usually done quickly and can last from a few days to a few weeks. The International Federation can assist

National Societies with rapid assessments through the deployment of field assessment and coordination teams (FACT) or regional disaster response teams (RDRT).



Source: PS Centre, 2009

BEST PRACTICE

Including psychosocial needs in FACT missions

The field assessment coordination teams (FACT) are one of the global emergency response tools of the International Federation. They have been created to ensure sufficient support is provided to Red Cross and Red Crescent National Societies during the emergency phase of a response operation. This allows operations to begin, whilst longer term human resource support is mobilized. The International Federation has started to include FACT team members with a psychosocial focus when appropriate, to increase the attention to psychosocial needs. The inclusion of psychosocial FACT members allows the International Federation and its National Societies to make better plans for psychosocial interventions early on, thus drastically improving the psychosocial response to crisis events.

CD WHO Rapid Assessment Tool

WWW Sites for information on FACT and RDRT

Detailed assessments follow a rapid assessment and are undertaken because more information is needed. These kinds of assessments focus in more detail on all of the issues listed above for needs assessments, as well as on descriptions of the community power structure and set-up. They lay the groundwork for a good entry into a community, encouraging positive communication with community members and community participation in planned activities. To make sure that all aspects of community life are investigated thoroughly, detailed assessments should be made with full community participation. They are the first step in designing a long-term programme.



CHRISTOPHER BLACK/IFRC

A combination of various data collection methods will always be useful in assessments, including focus group discussions and interviews with key individuals.

Baseline studies should be conducted as one of the very first planned activities of a long-term response, if the resources to support long term interventions are available. A baseline study can be anything from a simple profile to a detailed study. The data collected in a baseline can be used for comparison after a period of implementation, e.g. half way through the time frame and again at the end of the time frame. The data collected is used to measure indicators of psychosocial well-being that are specific to the planned psychosocial activities. The same indicators are thus measured at the different time intervals mostly using the same tool. This kind of assessment therefore provides an analysis of the impact of the psychosocial interventions, looking specifically at whether the expected changes have been achieved.

Continuous assessments take place throughout the implementation of a psychosocial intervention. They have to be incorporated into the planning and the design of the response, being a regular and obligatory activity. These assessments play a vital role in monitoring activities, ensuring that the psychosocial interventions are responding to the actual needs of the targeted population, as these are likely to change with time. The information from continuous assessments is used to regularly review and, if necessary, adapt the implemented activities (see also the chapter on monitoring and evaluation.)

Final evaluations are final assessments that investigate both the impact of the implemented activities, as well as the need for future activities or interventions. To assess the impact, the data that is collected is compared against that collected in the baseline study. The need for future activities will be based on the needs of the population at the time of the evaluation. It is thus a tool that combines methodologies of needs and impact measurement. More guidance on final evaluations is presented in the chapter on monitoring and evaluation.

Contextual understanding of psychosocial well-being:

In the very early stages of a response, it is important to establish a clear understanding of how the affected population experiences psychosocial well-being. The following questions explore local meanings of psychosocial well-being:

- How do you know when people in your community are doing well?
Not doing well?
- What has changed in your daily life and in the community following the crisis event?
- What were the good things in your life prior to the crisis event?
What changes would be desirable for you and for your community in the next month and within a year?
- How can you and your community contribute towards such changes?

Further aspects to explore would be feelings of life-satisfaction, defined roles and responsibilities in the family and the community, confidence in dealing with challenges, and dreams about the future.

How to conduct assessments

Assessment methods

It is common to use a variety of methods to collect data, when conducting both needs and impact assessments. This data is either quantitative or qualitative. Collected data is analysed, providing information needed for planning, monitoring and evaluation.

Quantitative data is always described in numbers, such as counts, percentages, rates or ratios. Common methods of quantitative data collection include population counts, surveys and questionnaires with scaled answers, such as the Likert scale, and observations.

An example is a count of how many children have been orphaned following or during a crisis.

Qualitative data is described in words, and is of a more personal nature, such as perceptions on a situation or feelings of psychosocial well-being. Methods of collecting qualitative data include key informant interviews, focus group discussions, case studies,

observations and self-reporting using open-ended questionnaires. An example would be descriptions of how people have reacted emotionally to a crisis. When collecting qualitative information, it is best to use open-ended or semi-structured questions that allow for the exploration of new topics, instead of following a rigidly set list of questions.

More details on conducting assessments are found in the IFRC Emergency Assessment Guidelines

Likert scale

This type of measurement is often used in surveys and questionnaires to record answers on Likert items. A series of statements is given and the scale is used to indicate how much one agrees or disagrees with the statements. A typical five-level Likert scale uses the following terms:

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly Agree



THOMAS BERTELSEN/DANISH RED CROSS

Data collected for assessments should be both quantitative and qualitative

BEST PRACTICE**Volunteer participation in assessments**

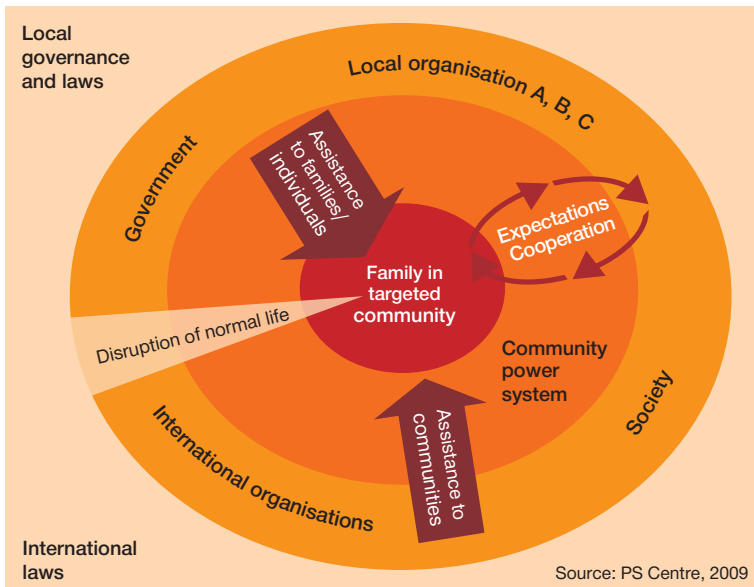
Following the Indian Ocean tsunami, new volunteers were recruited in the affected areas of Sri Lanka. The Sri Lanka Red Cross Society programme manager of the psychosocial response engaged the local Red Cross volunteers in an initial assessment. This served both as a source of information for the programme and also as an introductory activity for the volunteers.

The volunteers were asked in groups to draw a map of the area, noting the sea, houses, schools, institutions and any other relevant details. The volunteers were asked to include the houses they lived in themselves. When the volunteers explained what they had drawn, it became clear that some of them had lost everything due to the tsunami. They were in fact part of the same affected population they had been recruited to help. This information surprised the programme manager and some of the other volunteers. The expectation had been that the volunteers who had signed up to help were not part of the affected population. It was a very useful activity for both the programme manager and the volunteer groups, as personal challenges were shared amongst the volunteers in this way, strengthening understanding and bonds between the group. It also informed the programme manager on the extent of the impact of the crisis event.

Conducting a situational analysis

A situational analysis is usually part of a rapid assessment, undertaken as soon as possible following a crisis. A situational analysis differs from a rapid assessment, in that it does not necessarily focus on the needs and resources of the population, but analyses the context, looking at the political, economic, social and ecological environments. Situational analyses provide additional and crucial information that enable National Societies to assess how best to respond to needs in the given circumstances.

Community in emergency context



The diagram shows that there are always different factors influencing and affecting families in crises. These need to be explored fully to get an understanding of the context that individuals, families and communities are living in. Such increased understanding will make the planning of activities and responses more realistic and relevant to the presenting needs. Some questions to guide a situational analysis relevant to responding to psychosocial needs are presented below:

Family considerations

- What are the cultural and traditional family structures in the communities affected by the crisis?

The family in the community

- Have people been relocated due to the crisis?
- Are the families living in the same community they lived in before the emergency situation?

- What power structures exist within the community and how do these affect the families?
- What roles do the targeted families play in the community?
- What are influential factors in the community that existed before the disaster that still influence the families?
- How disrupted is the community by the crisis event? How does this affect each family?

Assistance to the community

- Which stakeholders are planning to or already assisting the targeted community?
- What is the role of the Operating National Society in comparison to other stakeholders?
- What do the assisting stakeholders expect from the community?
- What does the community expect from the assisting stakeholders?
- Does the community have specific expectations to each family?



MARINO KOKIC/ICRC

Larger influencing factors

- What are the social, political and economic factors that influence the communities?
- How do these circumstances affect the planning and implementation of a psychosocial response?

Considering children

Children are the most vulnerable population in any crisis, as they are fully dependent on others for their safety and well-being. Include in a situational analysis specific questions on how children have been affected and what mechanisms there are to protect children from violence and abuse. See the chapter on monitoring and evaluation on specific considerations when collecting data from children.



CLAUS AMUNDSEN/DANISH RED

Particular attention should always be paid to the situation of children

Designing an assessment

1. The first step in designing an assessment is to gather all background information available about the situation at hand and about the populations that have been affected. Read all the documents available to get as much relevant information as possible. Be sure to get hold of other assessments that have already been undertaken, for example, from government ministries, UN agencies or from other psychosocial stakeholders. Additionally, interview colleagues and other key informants knowledgeable about the environment and the situation. Key informants might be members of the population affected directly by the crisis or colleagues from other organisations or governmental departments already responding to the crisis.
2. The next step is to focus on what information is needed. If the assessment is undertaken with partners from response areas other than psychosocial support, ensure that a psychosocial support programme person is part of the larger assessment design process.
3. Consider the time frame of the planned intervention in the assessment design. The information needed for an immediate response is different from that needed for a three month, six month or a one year long programme.

4. Decide on the best methods to gather the necessary information. It is good practice to use both qualitative and quantitative data collection methods. Choose ways of inquiry that are culturally appropriate.

5. When using assessment tools that have been used before, make sure the terms and wording used are relevant in this situation and that both interviewer and respondents will understand what is being asked. If translations from other languages are necessary, make sure to have at least one back-translation to confirm that the terms and wording used will get the information required.

6. Make sure that the questions to be asked are both culturally and politically appropriate. Never include any questions that will make the people interviewed feel uncomfortable or in any way jeopardise their safety and security.

Community-based focus

When collecting information to guide the design of a psychosocial support programme, it is usually not helpful to use tools that measure psychological disorders or conditions. Treatment of such disorders is beyond the scope of community-based psychosocial programme.

7. Decide who will actually conduct the interviews. Make sure that all who conduct interviews have cultural awareness, relevant language skills and have been trained in interview skills and the ethical principles concerning data collection (see the chapters on training and on monitoring and evaluation).

8. If possible, pre-test the assessment tool with a small sample of the affected population to ensure that it truly does collect the information needed. Some questions may need to be reformulated, modified or changed completely.

9. Consider whether it is appropriate to take something to the population being interviewed, for example in the form of gifts, information, leaflets on reactions, etc.

BEST PRACTICE**Initial contact**

Note that the very first time members of an affected population are approached, for example to collect data in assessment, is actually the initial contact in a psychosocial response. It is important to be aware of this, and to be conscious of how this initial contact is made, as it lays the foundation for future interaction with the affected population.

In Aceh, Indonesia, following the Indian Ocean tsunami, the first contact with the affected population was through psychological first aid activities. This proved to be a positive way of making initial contact, as the affected individuals and families were asked how they were, instead of what they felt they needed. After the initial contact had been made and trust had been established between the staff and volunteers and those affected, then topics of conversation could move into an exploration of impact and needs.

Data analysis

Once data has been collected by the assessment team, it is time to make sense of the data to provide useful information for planning purposes. Revert to the original questions from the beginning of the design phase, and analyse the data in relation to these questions. The derived information guides the planning for the next activities of the psychosocial response.

Joint coordinated assessments

When planning assessments, it is best to join with other response areas of the Operating National Society and other collaborating stakeholders, especially concerning psychosocial reactions to a disaster or emergency situation. Make sure that all questions that need to be answered are included in a multi-sectoral assessment, as psychosocial needs are often overlooked or not prioritized by other areas of response.

If it is not possible to conduct joint assessments, try to get information from other stakeholders' assessments. Always be ready to share results with others, as most active partners in a psychosocial response are looking for the same information.

Benefits of joint assessments

It is overwhelming for families to be visited by many different people representing different organisations or agencies, and to be asked over and over again about their well-being. "How has the present situation affected them?" "What problems are they experiencing?" "What assistance do they require?" This can cause distress, as emotional pain is felt when difficult experiences are relived. It is more respectful and considerate for stakeholders to plan and undertake joint assessments, where the information needed can be collected in one family visit or in joint community events.

BEST PRACTICE

Sharing information

In the Maldives, the American Red Cross and UNFPA supported the implementation of a psychosocial support programme in the emergency phase after the Indian Ocean tsunami. A number of challenges led to a gap in implementation between the closure of the emergency programme and the start of a long-term programme by the American Red Cross. During this period, the UNFPA conducted programmes in various tsunami-affected islands, which included an extensive assessment of the psychosocial situation in these islands. The results of this assessment provided detailed recommendations for long-term programmes, which were then followed by the American Red Cross when designing the long-term development response.

Who conducts assessments?

The Red Cross Red Crescent Society programme managers of the psychosocial intervention, whether in a stand-alone programme or in an integrated response, have the responsibility that appropriate assessments are designed and conducted ethically and according to international, local and Red Cross Red Crescent standards and principles.

It is usually National Society volunteers or others from the affected communities who visit those affected to conduct interviews or focus groups. This is less intimidating for the affected population, and helps to prevent too high expectations of the Operating National Society. Cultural norms of communication have to be considered in facilitating interactions between those interviewing and those being interviewed. In some countries, for example, it is not appropriate for women to interview men, or vice versa, about personal issues or states of emotion.

The International Federation recommends that the same people are responsible for all assessments in a programme cycle, as this minimizes loss of information and improves consistency between different programme phases.⁶

Ethical principles of data collection

There are specific ethical principles to consider when planning any form of data collection. Please refer to the chapter on monitoring and evaluation for these details.

Supporting data collectors

Collecting information from affected people in a crisis situation can be an emotionally challenging experience. Volunteers who are recruited to assist in assessments need care and support, especially as they themselves may also be affected by the crisis.



MARK KOKIC/IFRC

It is always best to get information from as many varied subgroups as possible, especially in the initial phases of gathering information

Who provides the information?

Sampling

In the early stages of a response, when conducting an initial assessment, a sampling method reaching as many subgroups in the affected population as possible is recommended. This will give the broadest overview of the impact of the disaster or emergency situation. Use a mixed method approach, combining quantitative methods such as questionnaires, with qualitative methods of observations and focus group discussions to investigate psychosocial well-being.

Broad sampling

Sampling as broadly as possible will ensure that the assessment is robust. Careful planning in the timing and scope of sampling will help in ensuring that as many different groups as possible are included in the process. Work out when the most suitable time would be in visiting groups. Visiting children in a school, for example, will need to be synchronised with class times. Work out which public institutions (such as hospitals, health care facilities, government offices, schools), work places; and public social sites, (such as markets, coffee houses) would be relevant.

Different kinds of information can be accessed from different groups, for example:

Individuals available at home: impact on their family and neighbours; coping mechanisms

Parents: impact on children and needs of children; parenting needs

Older people: historical perspectives on previous crises and earlier coping mechanisms; earlier best practices within community; capacities of community; impact on themselves

Children and youth: impact on self; awareness about psychological and social issues after event; major concerns for future

Community leaders: overall impact on communities; overview of key activities or support already received; future community plans; geography of community; key people in response and community structure

Religious leaders: impact on religious aspects of life and coping mechanisms; spiritual coping practices that should be considered in programme design

Teachers: impact on children and overview of their reactions; impact on behaviours in schools; personal impact on teachers and their specific needs for support

Crisis responders or caregivers already working in affected population: sensitive information that may be difficult to ask the affected population themselves

Government officials: overall impact and overview of ongoing activities

How to ask questions

Asking people direct personal questions can be experienced as intrusive and may discourage people from answering in an open and honest manner. Questions can be posed instead in a non-personal manner, such as 'does (this) happen in your community?', or 'do you know anyone in the community who has experienced (this)?'

Once the target group for the psychosocial response is identified, a more detailed assessment will need to be conducted. In this kind of assessment, the sampling needs to be more specific, involving representatives of that target group to get as much detailed information about their situation as possible.

When conducting impact assessments, if possible it is good to collect data from the same people at regular intervals. This will allow for a comparison of the data over time and will measure if the response is having the desired impact.

BEST PRACTICE

Community mapping

One effective method of gathering information on the strengths and resources of an affected population is to engage community members in community mapping. In this exercise, community members are asked to draw or build their community with real size and distance proportions, and to describe the community as they are mapping it. It is an invaluable source of information on who lives in the community, what losses and damage have been experienced, what the community structure is, including power relations between community members and also what are its resources and strengths.

Community mapping is also an excellent exercise when engaging in disaster preparedness planning.



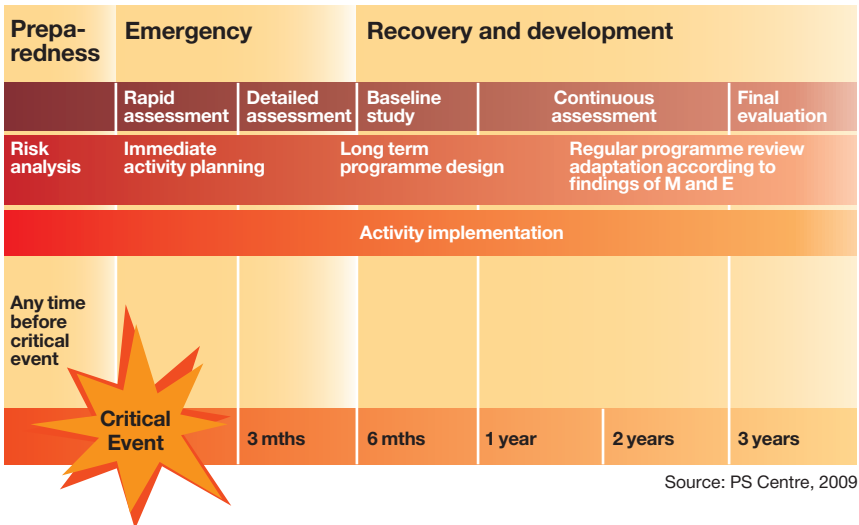
STEPHEN REEGL/NOTTINGHAMSHIRE HEALTHCARE NHS

PLANNING AND IMPLEMENTATION

This chapter is about planning and implementing a psychosocial intervention. It looks at when the various aspects of planning and implementation take place, and describes who is involved in a psychosocial intervention. Detailed attention is paid to the planning of activities and examples of activities in different kinds of settings are given. The chapter ends with a section on programme administration, considering both general and specific psychosocial aspects of programme management.

The planning and implementation process

The diagram below gives an overview of the planning and implementation process in response to all stages of a crisis, looking at preparedness, assessment, activity planning and monitoring and evaluation activities. Even though the time frame will vary according to each specific context, the logic in the planning process is applicable to most processes.



Source: PS Centre, 2009

When does planning a response begin?

Disaster preparedness

A number of factors may encourage disaster preparedness in a country. These include a high risk for natural disasters, such as hurricanes, floods, cyclones, earthquakes; political unrest or instability that may lead to armed conflict or possible terrorist attacks; ongoing poverty that may add to a vicious cycle of vulnerability to disease. An analysis of risks and resources will guide the specific requirements of disaster preparedness in a country. However, one thing is certain. It will always be beneficial if the staff and volunteers who are trained in disaster preparedness are also trained on psychosocial effects of disaster, and on possible interventions needed in the immediate aftermath of a crisis. Having a team of people trained in recognizing and responding to psychosocial needs is a huge resource when responding to a crisis.

Responding to a critical event

Immediately after, or even during, a critical event, a rapid assessment enables the planning of instantaneous activities to respond to urgent needs. A detailed assessment should be initiated as soon as possible, to identify the needs and resources of the affected population and to clarify how the event has impacted psychosocial well-being. This information creates the platform for planning the next steps of the response. See more in the chapter on assessment.

Who is involved in a psychosocial response?

Community

The most important population to work with is the affected population, also referred to as the community. A community is interpreted as a group of people who live together in a town, village or smaller unit. However, a community may also be defined as any group of people who interact and share certain things as a group. Examples of communities could be those who belong to the same ethnic group; those who go to the same church; those who work as farmers, or those who are volunteers in the same organisation.

Community participation – a key to success

Active community participation is one of the key factors to successfully planning and implementing relevant and helpful psychosocial activities. Engaging the community has been introduced in the chapter on assessments, where it was stressed that the community members themselves are the experts on what the needs and resources of the communities are. They are also the people who have the appropriate solutions to the problems and challenges of the affected population.

True community participation means that the community has ownership of the programme and the activities, and that the Red Cross Red Crescent psychosocial team is more in the role of facilitators. Ideally community members should be involved in all phases of the programme or activity planning and implementation including:

- assessing needs, planning activities and drafting proposals
- implementing activities including mobilizing fellow community members to participate
- engaging in the monitoring and evaluation processes

Full involvement does two very important things. First, it establishes and continually confirms the mutual responsibilities and roles of the responding National Societies and the community. Second, it makes it much easier for the community to take over the activities, if needed, once the National Society is ready to leave the area.



JACOB DAL/DANISH RED CROSS

Community capacity

Crises typically cause physical and emotional upheaval in affected communities, whilst also disrupting social systems and networks. It may therefore be necessary to assist with re-establishing or strengthening community systems, and to invest in capacity building of selected community members, as a way of ensuring successful community participation in the psychosocial intervention. It may take some time to identify the people best suited for this role, when inviting community members to participate in the planning and implementation process.

PROMISING PRACTICE

Village tract committees

In response to the devastation caused in Myanmar by Cyclone Nargis in 2008, the International Federation supported the Myanmar Red Cross Society in forming village tract committees in each of the targeted affected villages. These committees comprise village representatives, women, older people, monks, teachers and other influential community village members. The main aim of the committees is to facilitate the integration and implementation of all of the Myanmar Red Cross Society activities targeting the affected community. Committee members will coordinate and cooperate with Myanmar Red Cross Society hubs to be fully involved in:

- all needs and impact assessments
- identifying and prioritizing relevant activities
- identifying beneficiaries for distributions of relief items and psychosocial support kits
- helping to identify audiences that should be targeted with awareness-raising activities and talks on topical issues, such as health and psychosocial support
- working with the water and sanitation sector response team to identify locations of water points and latrines
- advising and guiding the Myanmar Red Cross Society on culturally accepted ways of implementation

Working with communities; Participation by Crisis-Affected Populations; Community Participation



Volunteers

One of the Fundamental Principles of the Red Cross and Red Crescent Movement is voluntary service. The Movement is a volunteer-based organisation and carries out its mission ‘to improve the lives of vulnerable people by mobilizing the power of humanity’ through the help of volunteers.

Working with volunteers is a positive investment in all countries, as it leads to increased capacity and resources. It also encourages community participation and involvement in responses.



MEL TOLMAN/AUSTRALIAN RED CROSS SOCIETY

Volunteers who are involved in a psychosocial response are empowered with the knowledge and skills, encouraging long-term sustainability of psychosocial activities beyond the life of the planned response.

Be sure to plan for adequate training on psychosocial support and related issues for all the volunteers who are recruited to the response (see the chapter on training).

Managing stress in the field



Caring for volunteers

It is common in a crisis situation that the same people volunteer for different tasks in a community. At times this is a good thing, as families develop close relationships with the same volunteers. It is important, however, to be sure that volunteers are not overwhelmed with too many different tasks, or overworked so that they cannot cope with the demands.

The psychosocial team

The composition of a Red Cross Red Crescent psychosocial team depends on the financial and human resources available, and the type of psychosocial intervention model selected. If a stand-alone programme is going to be implemented, it is likely that a team solely dedicated to working with the psychosocial intervention is needed. If psychosocial activities are integrated into a larger and broader response, other programme staff, for example from a health and care programme, may be the ones who are given responsibility for the psychosocial interventions and thus need the relevant training.

Internal and external partners

It is very important to coordinate with other partners in other areas of a response to a crisis, internally within the Operating National Society, externally with Participating National Societies

and also with other active stakeholders in the targeted area. In this way all existing needs and resources can be identified to determine the roles and responsibilities of each active partner, encouraging a holistic and comprehensive response.



Red Cross volunteers from Palang Merah Indonesia play with children in a tent provided by UNICEF

Coordination challenges

Coordination is always a challenge. Although organisations may be willing to share information about what they are doing at a coordination meeting, they may not always be willing to change or modify their plans, when coordination of future activities is attempted. Reasons for this include predetermined mandates that reduce scope for flexibility and competition for visibility in the response.

See IASC Action Sheet 1.1 for good practices on coordination



BEST PRACTICE

Best practice: Coordination and sharing of responsibilities

The Maldives consist of 198 inhabited islands; more than 50 were directly affected by the Indian Ocean tsunami. There were only two psychiatrists on the capital island of Male at the time of the tsunami and no mental health services on any of the other islands. No technical capacity for community-based psychosocial support was available within the existing agencies in the country. Therefore the two major challenges were logistics and technical know-how for community-based psychosocial support. The American Red Cross under the International Federation provided the technical support; UNFPA (for the community component) and UNICEF (for the school component) supported the logistics and the programme was implemented by the National Disaster Management Centre of the Government of Maldives.

Who is targeted in a psychosocial response?

Choosing the target group

It is obvious that people with psychosocial difficulties should be targeted when planning a psychosocial response. However, depending on the definition of psychosocial well-being that is being used, it may appear that everyone in the affected population has psychosocial difficulties.

Coordinating with other active psychosocial stakeholders at this time to prioritize identified needs is recommended, as a joint effort will reach a wider population. Coordinating planning also means services can be focussed on target groups to which a high quality response can be committed, rather than trying to reach everyone with poor quality services.

Inaccessibility leads to vulnerability

A population that is hard to reach, either by road or other means, is vulnerable by this factor of inaccessibility. It is therefore important to consider the practical and logistical arrangements needed to make sure that such groups are reached with the help they need.

Avoiding duplication and overwhelming the affected population

It is important to be conscious of available resources and capabilities. It makes sense not to duplicate what other stakeholders in a psychosocial response are already doing with the same population. It is overwhelming and can be very demanding for a community, when there are many different organisations that all want to offer services and engage them in similar activities.



AMERICAN RED CROSS

Specific needs

Subgroups, such as children, men, women, young and older people, have different needs that have to be considered in all activity and programme planning.

Make sure that

activities targeting children of different age groups, for example, consider the children's development stages. Also recognize special needs within groups such as the specific needs of children who are separated from their guardians or families, child soldiers, child-headed households, widows, widowers and people with disabilities.



Attention should always be paid to the special needs of children

TILL MAYER/IFRC

Vulnerable and voiceless

As the mission of the Red Cross and Red Crescent Movement is to improve the lives of vulnerable people, remember to look beyond the obvious when identifying who the vulnerable are. The weakest and worst affected can be difficult to find, as they may not be able to reach out and actively seek help themselves.

Very young children, an example of a particularly vulnerable group, may be overlooked in the course of a crisis on the assumption that families are taking care of them. Unfortunately families may be so challenged by the consequences of the crisis that they are not in a position to provide the care needed. Children are also usually targeted through school activities for which this group is too young and therefore very young children may slip through the net. Early childhood care is critical for healthy development and as such, specific activities directed towards families and very young children themselves may well be needed.

The most vulnerable may also have social challenges, either by being ostracised from social circles, or from finding it too difficult to interact with others on their own account. It is therefore important when planning activities for specific vulnerable groups that these activities do not contribute further to social separation, but instead try to create social links. Plan activities for whole communities which include those who may be dissociated, at least in the beginning of the response. If it remains clear that certain individuals are coping less well later in the response, then activities and interventions to address these continued challenges should be developed.

BEST PRACTICE

Supporting widows in Sri Lanka

The Danish Red Cross and Sri Lanka Red Cross Society implemented a psychosocial support programme after the Indian Ocean tsunami. The programme had varied components linked to the needs of the subgroups targeted. Many of the women who were widowed were unable to leave their homes for the first few months after the tsunami, according to the accepted norms of their religion. This heightened their vulnerability, as they were unable to seek employment or otherwise support themselves in the community. The two National Red Cross societies gave the women sewing machines, so that they could make clothes for other people. This was a psychosocial intervention in that it aimed to increase the women's sense of empowerment and independence. It also encouraged social interaction as other women came to their houses to have clothes made.

Mental health versus psychosocial problems

Only a small percentage of a population will have psychological or mental health disorders requiring professional psychological or psychiatric treatment, as mentioned in the chapter on setting the context. These people need to be identified and referred to

appropriate services for treatment. However, psychological and mental health disorders are often accompanied by psychosocial problems. In fact people with psychological or mental disorders should be included in psychosocial activities, as participation is likely to benefit the treatment and recovery progress. Participation in community activities also encourages also a more positive understanding of mental health issues by others, reducing stigma and discrimination.

Holistic and integrated approach

If a particular subpopulation in a community is targeted, remember to regard them in their entire social and ecological context, as illustrated in the diagram below. If the primary focus is on planning and implementing activities for children, for example, then their caregivers, teachers and others in the community who have influence on their well-being also need to be involved in the planned response. Working holistically brings benefits not only on the individual level, but also for the community, encouraging social cohesion and building resilience. Interventions may therefore involve community members at different levels of social interaction – individuals, households, different subgroups in the community, whole communities.

Social ecological model



Source: Adapted from Bronfenbrenner, 1979

What activities are appropriate in a psychosocial response?

Preparatory activities

A psychosocial response begins as soon as questions relating to psychosocial well-being are included in the very first assessment following a critical event. The information gathered through these assessments usually point to immediate activities needed in the emergency phase of the response, such as psychological first aid. Red Cross Red Crescent National Societies' programme staff and volunteers commonly have to undergo initial training, unless a trained psychosocial team is available. The initial preparatory activities, following assessments, are therefore usually training activities. Detailed information and recommendations for training in psychosocial responses is given in the chapter on Training.

THE SRI LANKA RED CROSS SOCIETY



Community meetings are usually the first step in mobilising community participation

Community mobilisation

The affected population should be involved from the onset of the psychosocial response. Both initial assessments and identifying the appropriate interventions are activities that need to be included in plans and budgets. The time and effort to enable and support

full community involvement should not be underestimated. Activities mobilising community participation and involvement might include individual meetings with community leaders, larger community meetings and community events.

Community-based psychosocial activities

Once assessments have provided adequate information on the needs and resources of the affected population, it is time to begin working with the communities to identify relevant psychosocial activities. Deciding which activities are beneficial will be a balance of meeting identified needs and a realistic appraisal of resources

available, both of the affected community and of the Operating and Participating National Societies. It is important not to plan activities that cannot be carried out, as this risks the development of feelings of inadequacy, disappointment and failure for both implementers and beneficiaries.

There are many important things to consider when planning appropriate activities. Some of these include:

Meeting basic needs

Most people will not be able to take part in psychosocial activities, if they are hungry, cold, have nowhere to live and are struggling to survive. It is therefore critical that the planned psychosocial response is coordinated with responses relating to health and care, water and sanitation, food security and nutrition, and education. It should be possible to initiate some psychosocial activities at the same time as basic needs are being met, but fulfilment of basic needs must be a priority.



INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Entry point to the community

The first communication with a community is often the most important and paves the way for a successful future interactive relationship. Make sure that the targeted communities are approached respectfully and appropriately. In many communities it is fitting to first approach the community leaders, and with their support, trust and participation of others is gained easier. Find out the best way to enter the community through consultation with people who are familiar with the community.

The target group and the planned activities will also determine where activities will take place in the community.

BEST PRACTICE**The role of schools**

Schools have been found to be ideal settings for psychosocial responses in many countries, both as the entry point to the community and for assisting children following a crisis event.

As an entry point to the community, schools are often centrally placed accessible venues and as institutions are highly valued in communities. Teaching staff are usually highly respected and their engagement in psychosocial activities frequently mobilises the participation of parents and other community members in the psychosocial response.



As an activity in a psychosocial response, enabling children to return to school is a crucial part of normalizing life after a crisis event. It restores some predictability of daily routine, reconnects children to peer networks and provides a context

within which children can process the experiences they have just been through. As teaching staff may often be burdened by dealing with losses and disruption in their own lives, it is good practice to help them too, which in turn will enhance their potential to support their students.

In Yogyakarta, Indonesia, teachers reported that the training and support they received as part of the psychosocial intervention, run by Palang Merah Indonesia after the earthquake in May 2006, helped alleviate their own sense of distress, whilst also improving their relationships and interactions with students.

Awareness raising and psycho-education

Regardless of the specific activities that are implemented, successful participation and understanding of the activities will always benefit from raising awareness in the targeted communities on:

- the Red Cross and Red Crescent Movement and how it operates with particular explanation of the work of the Operating National Society. This explains both mandate and intention, reducing suspicion.
- psychosocial responses including the meaning of the terms ‘psychosocial well-being’ and ‘psychosocial support’
- what activities are planned and why
- who is involved in the response and in the community-based activities
- how activities will benefit target groups
- how community members can be actively involved in activities

Raising awareness can help to decrease any potential stigma that may arise, since the word ‘psycho’ in psychosocial can easily be misunderstood, if not explained well. There is prejudice in many countries against people who have psychological problems.

Here, once again, it is important to raise awareness of the normal reactions that arise in connection to abnormal events.



YOSHI SHIMIZU/IFRC

Methods of raising awareness on relevant issues vary from country to country



There are many ways to raise awareness. Popular methods include using the media, such as radio and television, as well as the production of information and education communication (IEC) materials such as leaflets, booklets and posters. It is vital that all messages and images are sensitively presented, culturally appropriate and also consciously target the right age groups

with the right messages. Awareness-raising opportunities can also be used to highlight key messages that are relevant for the positive well-being of the target group. For example, if targeting teenagers, include key messages on drug abuse and teenage pregnancy.

There are many examples of good IEC materials developed as part of psychosocial activities responding to the Indian Ocean tsunami. It is important that the use of all communication materials is monitored and evaluated.



PS Centre site on Indian Ocean tsunami psychosocial response

BEST TO AVOID

Letting children watch live television

In the Maldives, live television programmes continually featured distressing footage of the Indian Ocean tsunami and the devastation it had caused, not only in the Maldives but also in neighbouring countries. These images frightened many of the children much more than their own personal experiences. This type of insensitive media reporting was taken into account by the American Red Cross, when they were planning psychosocial activities with the children.

BEST PRACTICE

Adapting leaflets

In Banda Aceh, Indonesia, after the Indian Ocean tsunami, Palang Merah Indonesia and the American Red Cross adapted leaflets that had been used in a psychosocial programme in India. They featured illustrations that were culturally appropriate of families and their reactions to the tsunami. Their aim was to educate adults on normal reactions to what they had experienced. However, the first reaction to the leaflet was negative, as the adults felt the pictures were cartoon-like and that they were condescending to their level of intelligence. The materials were redone following consultations with community members and were eventually a success.



Source: Indonesian Red Cross Society: Palang Merah Indonesia

Phases of psychosocial recovery

Psychosocial needs are dynamic and change according to the stages of psychosocial recovery. These changes have to be considered when planning psychosocial activities. The diagram on the next page gives an example of how different recovery phases affect changes in activities, and how this interrelates with the processes for planning activities.

Emergency		Recovery – long term			
Immediate response	Long term programme design	ACTIVITY PLANNING Regular review and adaptation according to findings of ongoing monitoring and evaluation			
Root shock	Realisation	RECOVERY PHASES Acknowledgement		Adaptation	
ACTIVITY EXAMPLES Psychological First Aid Need and resource mapping Drama activities		ACTIVITY EXAMPLES Support groups Home visits		ACTIVITY EXAMPLES Youth clubs Drama activities Regular play groups with children Memorial activities	
Critical Event					
	3 mths	6 mths	1 year	2 years	3 years

Source: PS Centre, 2009

Gender and age

Make sure that activities are specific and appropriate for the gender and age groups of the targeted population. It would, for example, be incorrect in some contexts to assume that the same activities are suitable for boys and for girls. Appropriate activities also vary for children of different ages, as they are at differing developmental stages. Be sure to budget for the development and/or adaptation of age- and gender appropriate materials.



PERNILLE HANSEN/PS CENTRE

Psychosocial activities should always be specific according to the targeted group

BEST PRACTICE**Youth programmes for children**

Red Cross youth volunteers in Costa Rica, in collaboration with UNICEF, a local university and other partners, run a psychological support programme called "Return of Happiness" with children affected by natural disasters. They perform puppet shows and play with the children to help them overcome shock after a disaster. This youth programme complements the work of the Costa Rica Red Cross. The approach of "with, for and by youth" has greatly improved the quality of the services to children. In the past, they were often silent victims and therefore particularly at risk.

Religious affiliation

In many countries religion influences what activities are appropriate as psychosocial interventions. Be sure to consider what role religious beliefs and practices play in the lives of the target group, and plan the activities accordingly.



LI ZHENG/IFDC

Differences in mourning rituals should always be respected

Protection

Crisis and post-crisis environments are unfortunately often marked by an increase in violence and abuse especially against children and women, but also against other vulnerable groups such as people with disabilities or older people. Always be aware of special protection needs of particular groups and integrate these needs into the plans and design of interventions. It is the responsibility of all National Societies to protect vulnerable groups. Use all opportunities available to ensure that protective measures are in place in the targeted communities.

BEST PRACTICE**RespectED: Violence & Abuse Prevention and Be Safe!**

Education is a vital key in the prevention of abuse, bullying, violence and sexual exploitation. The Canadian Red Cross is in the forefront on issues of preventing child abuse, implementing a series of prevention education programmes throughout Canada, promoting healthier relationships and safer communities. Over 2.6 million Canadian children and youth, as well as more than 900,000 adults, have been educated by prevention educators and volunteers on the prevention of different types of child abuse, neglect, harassment, relationship violence and bullying. The programmes are designed for children of different ages and adults, with appropriate messages, information materials and activities. An example is c.a.r.e (Challenge Abuse through Respect Education), a personal safety programme designed for children from ages 5 - 9 which combines story telling, puppetry and other hands-on activities.

The Canadian Red Cross is sharing its expertise and successful experience of the **RespectEd: Violence and Abuse Prevention** programme in Guyana, where Guyana Red Cross has developed a programme called **Be Safe!** in collaboration with local and international child protection agencies. The main objectives of this programme are to teach the children:

- about body ownership
- that bodies are private
- that touches can be safe or unsafe
- that secrets about touching should never be kept
- about safety rules: Say “NO!”, Get away and tell someone you trust – keep telling until someone helps you.



RespectED: Violence & Abuse Prevention program on the site for Canadian Red Cross Society

BEST PRACTICE**Protection measures in camps**

Following the Indian Ocean tsunami, thousands of people were moved into internally displaced people's camps. In some countries, it was not long after relocation into the camps that incidences of abuse, both of physical and sexual violence, were reported. Small but effective interventions were implemented to address this. One example was ensuring that bathrooms or water-collection points were close to the homes, and that there was adequate lighting by these facilities. Another was holding community meetings to reinforce public knowledge on abuse.

Protection folder**Short-term versus long-term response**

Short-term responses usually address essential needs immediately after a critical event. Long-term responses also address psychosocial needs that develop in the recovery phases, when communities are adapting to the resulting situation. A number of issues should be considered regarding short-term versus long-term responses.

Psychosocial well-being is an outcome of both individual emotional and social factors. It often takes a long time before an improvement in psychosocial well-being is experienced as a result of implemented interventions. It is therefore advisable to plan for long-term interventions when planning psychosocial activities if at all possible.

If it is clear from the beginning that resources are not available to support a long-term intervention, consider partnering with other stakeholders that have these resources. This means that the affected population will have access to psychosocial activities if needed, after the Red Cross Red Crescent implemented programme has expired. Be sure to plan the short-term response activities well; activities should not be started that will leave people more vulnerable if they are discontinued.

Psychosocial activities differ in the emergency response and the recovery phase. Useful and relevant activities in the emergency response phase are not the same as those relevant in the recovery phases. Make sure that adequate monitoring and evaluation of the intervention is undertaken to confirm that activities are still relevant and address real needs. If a programme has been funded for several years, be sure to include both adequate time and budget to regularly review and adapt the approach.

Although activities change and adapt according to changing needs, it is still important to retain a link and sense of continuity between different activities. This will encourage the trust and participation of beneficiaries, and in this way increase the chances of improving psychosocial well-being. This can be done, for example, by involving beneficiaries in identifying new or adapting old activities and by retaining the same volunteers and staff.

Long-term psychosocial response activities should be coordinated with other areas of response in reconstruction and development.

THE SRI LANKA RED CROSS SOCIETY



Psychosocial interventions aim to empower communities to take care of themselves

Empowering the community

Today there is a huge number of international agencies and bodies that want to help when a country or an area has been affected by a crisis or critical event. This can be overwhelming for the local government, implementing partners and most of all for the affected population. There is always a risk that excessive external assistance will encourage dependency and decrease communities'

motivation to help themselves. Psychosocial activities can play a positive part in empowering communities with the strength needed to rebuild and recover from a critical event or crisis. It is vital to plan activities that rely on the strengths and potentials that lie in the community. This is empowering and helps the community to rebuild their resilience.

BEST PRACTICE

Long term support at community centre

Immediately following the Indian Ocean tsunami, Turkish Red Crescent Society sent a small team of psychosocial delegates to Aceh, Indonesia, to assess psychosocial needs and initiate an emergency response in collaboration with Palang Merah Indonesia and other Movement

partners. Already in the initial phase of response, Turkish Red Crescent Society committed to building and furnishing a needed community centre, which could be used for long term service delivery of psychosocial support. The Sultan II Selim Aceh Community Centre has since been used for a vast variety of activities including training, art classes and competitions, sports and fun activities for groups of all ages, community meetings, support groups, etc. The centre continues to improve the coping capacity of individuals, groups, families and communities during times of disaster, and now provides services in cooperation with governmental agencies, local authorities, universities, non-governmental organisations, as well as volunteers.



TURKISH RED CRESCENT SOCIETY

Examples of activities in a psychosocial response

Examples of activities that have been undertaken in various psychosocial interventions are given here to stimulate ideas. They will naturally need adaptation for the specific context and affected population. Some of the examples are specific to emergency responses, recovery activities, conflict or HIV and AIDS scenarios, whereas others are relevant for use in all settings and phases.

Emergency response activities

0 to 6 months

Chaos often follows in the wake of crisis. Every effort should be made to encourage the restoration of order as soon as possible in coordination with others, allowing families to establish some sense of normality to their every day life. In the immediate aftermath of a critical event, most people need active and supportive listening; information about normal reactions to the event; and support to engage in the natural coping and healing mechanisms of the specific context.



GENIE DALEY/AMERICAN RED CROSS

Supportive communication is key immediately after a critical event has taken place



SHI HUANG/IFRC

Family tracing plays a critical role following a crisis.

Concrete psychosocial activities include:

- psychological first aid
- support groups for different groups e.g. widows or widowers, teenagers, children, older people
- support to engage in appropriate burial ceremonies or grieving rituals
- distribution of psychosocial support relief items, like prayer mats, toys and games for children
- family tracing
- safe spaces for children equipped with play-kits
- collective community actions such as clean-up activities where members of the community, both those affected and those who were not, get together to clear debris etc; restoration of public institutions, for example painting of schools, clinics etc; religious ceremonies to commemorate the dead following mass burials; community kitchens, where members of the community get together and cook meals for those affected by the disaster

Also see the examples of general activities listed later, as many of these are also relevant to this phase of response.

What is psychological first aid (PFA)?

Psychological first aid is about providing basic, human support, delivering practical information and showing empathy, concern, respect and confidence in the abilities of the individual. It is offered to individuals immediately after a critical event.

Those affected should be met with compassion, listened to and protected from their surroundings. They will need help with practical needs and problems while gradually becoming stronger and better able to care themselves.

Basic steps of PFA:

- Establish contact by introducing yourself and your role in offering assistance
- If at all possible, remove the person from the stressful situation; limit their exposure to sights, sounds and smells; protect them from bystanders and the media; provide adequate food and fluids but avoid alcohol
- Make sure that someone stays with the person at all times
- Ask what happened, how they are doing and let them talk about their experiences, concerns and feelings, without forcing anyone to talk if they are not ready to do so
- Reassure the affected person that their reactions are normal
- Assist in decision-making if necessary
- Ask them if they have a place to go. If they do not, help them find shelter. Also ask if they have someone to look after them or someone to talk to after getting home. If not, assist in establishing contact to significant others
- Provide factual information about where and how to seek specific assistance

Recovery and development activities

3 months to 1-3 years

Recovery and development activities should be based on a detailed needs assessment. Psychosocial needs change rapidly from the emergency to recovery stages, and therefore need careful assessment. Activities in the recovery stage may address needs arising directly from the crisis, but may also relate to other societal factors that affect psychosocial well-being.

Concrete activities that could be established in the long-term recovery and development phases are listed below. Also see the examples of general activities listed later as many of these are also relevant to this phase of response.

- Children’s clubs and youth clubs
- Informal schooling
- Life skill activities, such as raising awareness of sexual and reproductive rights of teenagers and young adults; basic hygiene practises; parenting skills
- Collective memorial ceremonies, such as lighting of candles; listing of names of the deceased; saying prayers together; posting of pictures or photos of the deceased or missing
- Group activities combined with livelihood initiatives, such as handicrafts, baking, cooking
- Training for future disaster preparedness as part of a crisis response plan, such as simulations of evacuations, risk and resource mapping



Successful livelihood initiatives contribute to psychosocial well-being

WILDA ANGGRAENI/AMERICAN RED CROSS

Conflict situations

Conflict situations present specific challenges to psychosocial well-being. There is often an accompanying high risk for feelings of mistrust, fear and hostility towards others, as well as reactions to losing loved ones and the disturbance of one’s daily life patterns that are common to other crises. Specific psychosocial activities that have been used in conflict settings are given overleaf. Also see the examples of the general activities listed later, as many of these are also relevant to responses in conflict situations.



JAKOB DALLANISH RED CROSS

Rebuilding the ability to trust through play is a useful activity for children living in conflict situations

- Role play with children and adults on tolerance and respecting differences
- Education and training in non-violent conflict resolution
- School-based activities designed for children affected by armed conflict (CABAC)

Health emergencies

Health emergencies, such as the HIV and AIDS pandemic, avian influenza and tuberculosis, present specific challenges, as families are often aware of the imminent death of family members. Examples of useful activities are listed below. See the examples of general activities below, as many of these are also relevant to responses in health emergencies.

- Home-based care
- Memory work
- Hero books
- Will writing

BEST PRACTICE**Memory boxes and hero books**

The South African Red Cross Society is implementing a psychosocial programme for orphans and vulnerable children. One of the activities in the programme is making memory boxes, where the children can keep precious things that remind them of their loved ones or of good experiences shared with them. Although this activity is often used to remember someone who has passed away, it is also a good activity for parents and children to do together, either in the preparation for imminent death, or simply as an activity of sharing. Another activity is making hero books with children from about age 10 years. In a hero book, the child / adolescent writes his or her own story, often identifying the challenges they are facing. In the same process they also find positive aspects and solutions to their story and they become the hero of the circumstance they have described. This activity has proved an excellent way of working with older children, providing them with the opportunity to talk through difficult situations, as well as enabling the Red Cross volunteers to identify the children who are at risk and vulnerable. Below is an excerpt from one child's hero book:

“I’m Ebby. I live in Knysna, near the field. I am fourteen years old. My [hero] book is the shelter for other children. And I think my book will give a solution to those who have problems like me!!!”



TOMAS BERTELESDANISH RED CROSS

Memory books help children retain good memories about loved ones and special moments in their lives

General activities

The activities grouped here can be adapted for use in any of the phases or contexts described above.

• Psycho-education

Information, education and communication materials

The development and production of information, education and communication (IEC) materials is integral to a psychosocial response. These are a part of public psycho-education, and are effective ways of sharing the messages on normal reactions to the crises, how to cope with such reactions and where to seek help if needed. Lots of successful IEC materials have been produced by Red Cross and Red Crescent Societies and other partners, and these can be adapted and used to suit other contexts.

Information, education and communication materials often carry very simple but key messages, making them easy to understand by anyone who sees them. Common formats include posters, pamphlets, leaflets, single page and hand-outs. They are often passed from hand to hand in a community, and should therefore be appropriate for

everyone. Most IEC materials include hand-drawn pictures of people who represent the affected population, and not photos of specific people. In this way, anyone can relate to the drawings, and no single person is singled out as an example in the community.



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• Community mobilisation

See page 88 for examples

• Training

See chapter on training for more on this

• Individual and community recovery and restoration

- Restoration of family links

- Return to school, work and normal daily routines
- Provision of legal and practical support to refugees, those who are displaced and families of those who have disappeared
- Physical restoration and ecological activities
- Support groups for specific groups as teenagers, adults, widowers or widows, staff and volunteers
- Community-based care for separated children and orphans
- Recreational activities for children and adults
- Cultural and sport activities
- Religious and cultural ceremonies and activities
- Drama, art and cultural activities
- Activities that focus on management of fear

Building community resilience

- Setting up mechanisms to protect the population from risks of violence or harm
- Risk and resource mapping and analysis
- Disaster preparedness (contingency plans)

Activities folder



TOMAS BERTELESEN/DANISH RED CROSS

Drama is both educational and recreational and can be used to initiate discussion in group forums

The importance of play

Many psychosocial interventions involve activities to encourage and stimulate children's play. Play is a fundamental part of children's physical, psychological and social development. In post-crisis situations, play can also serve as an outlet for children to express their emotions and describe difficult experiences without having to put words to them. In this way play is sometimes regarded as having natural healing properties. Play is also a window to the psychosocial well-being of a child. If a child is unable to play with others, is excessively aggressive or displays other abnormal behaviour, this may be an indicator that the child is not doing well and needs special attention and care.

Source: Tolfree (1996)

PROMISING PRACTICE

GO ON Game

HELLE THOLSTRUP AND ANETTE LYBECH



GO ON is an innovative game, developed specifically for children affected by a crisis event. It encourages children to help each other and have fun together. It establishes contact between the children and gives them an experience of how a community is strengthened, when people help one another. GO ON is a very structured game, helping children feel a sense of normality in abnormal and chaotic situations.

Pilot testing of the game in Pakistan showed that the children:

- gained confidence as they played the game
- learned to be part of a group and play as a group
- felt motivated to win
- enjoyed the game from start to finish
- had a chance to forget their sadness
- learned how to make others understand through acting

Overall, playing GO ON was the first time since the crisis event that there was an activity that “brought happiness” to the whole community, for the adults watching and for the children participating. For more information on the GO ON game, please contact the PS Centre.

Programme management

The following section looks at issues relating to managing a psychosocial programme. It is not solely directed at programme managers as it discusses aspects of planning and implementation of relevance to all those involved in a psychosocial response.

What are the aims of the psychosocial intervention?

Good planning starts with defining the aim or goal and expected outcomes and outputs of the psychosocial intervention. This is also the basis to most, if not all, programme proposals and descriptions. It helps in defining precisely what is going to be done and why.

Logical Framework Approach

A good tool for planning an intervention is a logical framework, also called a logframe. This is based on the idea that certain inputs will lead to specific outputs and outcomes or results, which will eventually bring about the expected change. A logframe is often used as the core reference document throughout the whole implementation period of a response: planning and design, implementation and monitoring, and evaluation of the intervention. A logical framework should be developed with the full participation of all involved in the psychosocial response and then made available to all who have an interest in the planned interventions.

The components of a logical framework may vary from one National Society to the next, depending on the adopted management structure and reporting requirements. At times the terminology and headings in a logframe may also differ.

Comparisons between terminologies



The flow from overall planning to more detailed planning, to specifying activities and expected outcomes is, however, usually the same. Typical components of a logical framework are presented below in the example developed for the Iranian Red Crescent Society's psychosocial programme in response to the earthquake in Bam, Pakistan in 2006. The development and use of indicators is explained in detail in the chapter on monitoring and evaluation.

Goal / Overall objective

To reduce the suffering, and risks for development of severe trauma, of those who lost their family members and friends, promote social and economic livelihood and mobilise own and community strengths, and thereby increase the possibility of those affected, to regain own capacity, to build up their life again.

Outcome/immediate objective

To extend and reinforce the Iranian Red Crescent Society's ongoing provision of psychosocial and basic relief support to the survivors of the earthquake.

Output / results

- Outreach of community-based psychosocial support programme activities to up to 20.000 affected people in Bam and surrounding villages
- Capacity building of Iranian Red Crescent Society: 200 trained new volunteers and staff in psychosocial support programme work and integration of Iranian Red Crescent Society psychosocial support programme activities and briefing/debriefing systems into Iranian Red Crescent Society Disaster Response capacity and plans.

Examples of activities

- Introduction course to the specific activities given to 200 already trained volunteers. Volunteers will, when applicable, train beneficiaries in psychosocial support programme activities.
- Psychosocial support programme activities for the children living in the camps: drawing, traditional games, singing, physical activities and reassurance.
- Psychosocial support programme activities for the women/mothers in the camps: counselling in groups and individually, according to needs. Assist and encourage mutual support in the communities.
- Tent visits are provided by Iranian Red Crescent Society to women who are reported to display symptoms of withdrawal and depression.

Indicators

- Decrease in stress-related symptoms and decrease in the need for individual consultations during the implementation period.
- Increased survivor knowledge and reinforce healthy coping mechanisms in local communities.

Indicators

- The project is run by the Iranian Red Crescent Society, the volunteers and staff are conducting psychosocial activities and the beneficiaries are participating in the activities.
- Monitoring and evaluation system has been implemented by Iranian Red Crescent Society with minimum supervision by psychosocial support programme consultants.

Selected indicators

- 20.000 survivors in Bam and the surrounding villages have been offered and have participated in psychosocial activities.
- The beneficiaries regain the capacity to relate to others within the community and/or families and have the will to work.
- Children regain desire and capacity to play, interact with other children, adults and other specific aspects of childhood.
- Briefing and debriefing system is established for the 200 volunteers working with the psychosocial support programme activities for the survivors, as well as training has been conducted for both volunteers and staff working with psychosocial support programme in the Iranian Red Crescent Society.



Guidance on developing a log frame is provided in the IFRC PPP Handbook and in SIDA LFA-review

Flexibility

Good planning for psychosocial activities needs to incorporate flexibility, particularly in relation to the time frame and to the budgeting of activities:

Time frame

Although it is essential to plan a time frame for any given response, allow a certain degree of flexibility given the need for community participation. When planning activities ensure that there is ample flexibility in implementation schedules to suit the routines of the targeted group.

BEST PRACTICE

Flexible activity implementation

Following some months of implementing community activities by the Red Cross National Societies in both Sri Lanka and Indonesia after the Indian Ocean tsunami of 2004, it was found that men were not participating as much as had been hoped. The reason was the activities were held during the day, when most of the

men were out working. The activities were rescheduled to the evenings, and male participation increased tremendously.



Flexibility encourages wider participation

Activity planning and budgeting

If the response planned is long-term, it is unlikely that all activities can be identified in the early planning days. The accompanying budget therefore has to be flexible and able to accommodate the creativity needed for later planning. Since psychosocial support activities are very dependent on community participation, budget spending is likely to vary a lot, with some periods of very little spending, and others of high expenditure. It is not always possible to predict when these fluctuations will take place. It is important to be aware of the possibility of these fluctuations.

If the psychosocial response is funded by external sources, ensure that a common understanding is reached with the donors in terms of what is acceptable concerning programme activities.

Although long-term activities may not be definable at the initial start of the programme, there should be clarity on what is acceptable in terms of the funding agreement, right from the start, to avoid later disagreements.

Be sure to include time and budget allowances for the management and capacity building activities that are needed for a successful psychosocial intervention. These may not be obvious activities when planning a psychosocial response, but they are critical for facilitating the actual implementation of the psychosocial activities with the affected population.



Identifying relevant activities is a gradual process

JAKOB DALL/DANISH RED CROSS

BEST PRACTICE**Flexible activity planning**

The first activities of the psychosocial programme in the Maldives, implemented by the American Red Cross in response to the Indian Ocean tsunami, were to mobilise communities. These included social gatherings, sharing meetings, children's activities etc. During these meetings, communities were encouraged by psychosocial programme staff and using IEC materials, to identify specific activities that would contribute social cohesion and community resilience. Examples were given, such as the construction of buildings or renovation of children's parks, community centres etc. Monies were set aside for atolls to plan their specific activities, relevant for their particular needs. The communities were also offered assistance in developing a plan for their projects. The programme funded the procurement of materials instead of handing out cash. The programme resulted in a variety of small projects that contributed to building community resilience and improving psychosocial wellbeing.

BEST TO AVOID**Programme locking**

Following a critical event, a Red Cross Red Crescent Society had included a set number of referrals to mental health institutions as an indicator in the planned intervention. Reaching the end of the implementation term, the number of people who had been referred was unexpectedly low. In an attempt to meet the expected indicators anticipated by the donors, staff and volunteers spent extra time searching communities for people they could refer to mental health institutions. This proved to be a fruitless task, and also gave a wrong impression of activity outcomes. It was a learning experience for the Red Cross Red Crescent Society to be careful when developing indicators and not to commit themselves to unrealistic numbers which could not be met.

Avoid ‘programme locking’

Ensuring flexibility with regard to time frame and activity planning reduces the risk for programme locking. Programme locking occurs when a commitment is made to a strict time frame for implementation, together with specific activities that are determined in the initial planning stages, and these are set in stone with the donors and supporters of the programme. If it is not possible to negotiate flexibility, there may be a risk of losing funds or worse, it may force the implementation of activities that are irrelevant and do not add value to the lives of the affected population.

Exit planning

As the mission of the Red Cross Red Crescent Movement is to assist vulnerable people, it is often the case that when a population has recovered and people are doing well, the Red Cross Red Crescent Societies will move on to work elsewhere. Psychosocial interventions are also usually time-bound, linked to a specific period of implementation by donor resources. Information from monitoring and evaluation activities will be used to assess if activities are needed beyond the planned time-frame. Planning when and how to stop an intervention therefore also needs flexibility.

If evaluation indicates that activities need not continue, then National Societies will usually phase them out, with the full understanding and involvement of the communities in this exit phase. It is common to hold final programme activities as a way of rounding off



Community celebrations are often held in the final phase of an intervention

the intervention. This gives community members and National Societies' staff and volunteers a chance to bid farewell to one another.

If, however, it is recommended that the activities carry on after the planned implementation period, then all efforts should be made to make this happen. It may be that the communities themselves can continue with the activities independently. If not, other psychosocial partners may be in a position to carry on with psychosocial interventions, if the Red Cross Red Crescent National Societies are not able to do so.

If monitoring and evaluation results indicate that psychosocial activities should be stopped earlier than planned, make sure that adequate arrangements are made to accommodate this.

BEST PRACTICE

Exit planning

Palang Merah Indonesia and the Danish Red Cross Society implemented a two year school and community-based psychosocial support programme after the Indian Ocean tsunami, in Aceh, Indonesia. When the two year implementation period was reaching its end, an evaluation was carried out. Instead of continuing with school and community based activities, it was agreed that the Danish Red Cross would support further capacity building of the psychosocial team of Palang Merah Indonesia (PMI). Given the high risk of natural disasters in Indonesia, it was clear that there was going to be a need for psychosocial responses in the future. This exit strategy was therefore an investment in human resources, adding to the potential for PMI to respond independently. Unfortunately, but not unexpectedly, PMI had the opportunity to use their enhanced skills and capacity, when responding to the earthquake in Bengkulu that took place on 12 September 2007.

Human Resources

Adequate capacity

It is unlikely that all members of a psychosocial team will have the same expertise and training. All staff and volunteers should take part in relevant training in psychosocial support and responses. After initial training, some may be suited for further training. Also ensure that the recruited psychosocial team has the appropriate skills and knowledge to work with psychosocial activities, whilst also fulfilling other programme requirements such as reporting, gathering data etc. One way of doing this is to prepare a detailed and specific description of tasks for each staff position together with essential competencies needed.

If there are plans to gradually scale up the programme, make sure that adequate staff provisions are made, so that existing staff do not get overburdened with new and additional tasks they may not be equipped to carry out. Make sure that accurate job descriptions are developed for each new staff member that has to be recruited for all stages and levels of the programme activities, for instance for administration, field programme staff and the evaluation team.



REUTERS/TIM COCKS

Relevant training is important for staff and volunteers



PABLO SALAZAR/EQUADORIAN RED CROSS

Local staff and volunteers are likely to gain the trust of the affected population with ease

Local resources

Given the culturally specific nature of psychosocial activities, efforts should be made to recruit as many local staff and volunteers in the psychosocial team as possible. Explore resources in the affected country or region before looking towards hiring international staff, as local resources will have a greater in-depth knowledge on the often sensitive, and appropriate, ways of engaging with communities.

Staff and volunteer retention

A tough reality faced in all programme or activity implementation is when staff members or volunteers decide to stop working with the Red Cross Red Crescent Society for one reason or another. This can be especially difficult if it is someone who has undergone a lot of training in the relevant field, and has developed an expertise that is valuable for the implementation of the psychosocial response. One way to minimize this risk is to encourage open communication and personal planning with the team throughout planning and implementation.

BEST PRACTICE**Volunteer motivation**

In Myanmar, six months after cyclone Nargis, some Myanmar Red Cross Society volunteers expressed disappointment at not receiving recognition. They felt they were doing an enormous task but that there had been no signs of appreciation expressed by their National Society. This was demotivating for them. In response to this, a day in each district was planned solely for volunteers. They were honoured with speeches; they played games and each volunteer was presented with a certificate thanking him or her for their effort. This helped tremendously to boost enthusiasm, motivation and continued commitment to their volunteering for the National Society.

Supervision

Although psychosocial support activities target the majority of the population who do not need specialized psychological interventions or services, the psychosocial response team is still likely to meet and interact with people who are facing many challenges and finding it hard to cope. This is emotionally demanding and the programme management therefore needs to ensure that the response team has the necessary supervision and care they need.



AMERICAN RED CROSS

Programme managers have a responsibility to take care of their teams

IASC Guidelines: Action sheet 4.4.



Staff conduct and ethical guidelines

The International Red Cross and Red Crescent Movement has clear codes of conduct for all staff and volunteers. Every staff member has to sign the code of conduct. Ethical guidelines for all work in a psychosocial response should be explained carefully to all involved. The ethical guidelines on collecting data presented in the chapter on monitoring and evaluation, can be considered for all aspects of work in the psychosocial response.



Staff Code of Conduct 2007

Partnerships and relationships

Open communication

There is usually an asymmetrical relationship between implementing and donor partners, simply due to one having money and the other needing or requesting it. An imbalance in power always bears with it a heightened risk of conflict and misunderstandings, especially if expectations are unfulfilled by either of the parties.

To avoid such problems, make sure there is open and transparent communication in the initial stages of a partner relationship. Clarify at what level different decisions about the programme will have to be made with regard to disbursement of funds and concerning other roles and responsibilities. If budget amendments are necessary during the life of the programme or activity implementation, be sure to involve all involved parties, so that such changes are made with full participation and understanding all around.

Local authorities

National Societies support the local authorities in their own countries and act as independent auxiliaries to the government in the humanitarian field. Their local knowledge and expertise, access to communities and infrastructure enable the Movement to provide the right kind of help where it is needed immediately.



THE SRI LANKA RED CROSS SOCIETY

Partnerships with local authorities are critical to the work of Red Cross Red Crescent National Societies

This relationship between the National Societies and the local authorities should be considered in all aspects of planning and implementing psychosocial interventions. Particular focus is needed on empowering and strengthening government departments, so they can contribute to or eventually take over the responsibility of implementing necessary psychosocial interventions.

Short-term to long-term transitions

If an extension of a short-term to a long-term psychosocial response has been successfully negotiated, make sure that all relevant partners are informed and involved as necessary. Local authorities and government departments as well as coordinating bodies should be informed of these intentions to extend a response period.

Advocacy issues

National mental health and psychosocial support policies

As psychosocial support is still a relatively new field globally, there are many countries that do not yet have national policies or guidelines on mental health and psychosocial support interventions. This can affect a psychosocial response in a number of ways, as indicated in the table below:

No national policy or guidelines on psychosocial responses can lead to:	This can result in:
1. Poor coordination of psychosocial responses	Not all who need psychosocial support are reached Same populations are targeted by multiple partners, possibly with different approaches or expectations, overwhelming the beneficiaries
2. Lack of quality assurance of: <ul style="list-style-type: none"> • Training in psychosocial support and related skills • Psychosocial activities and service delivery • Poor monitoring and evaluation procedures 	No standard approach to psychosocial support Possible low quality of training Psychosocial implementers as staff and volunteers inadequately prepared and skilled Inappropriate responses are implemented Inappropriate methods of data collection Misinterpretation of collected data and inappropriate activity adaptation

Even if policies do exist, they may not yet be implemented due to a lack of resources or other difficulties.

Organisations implementing psychosocial interventions may play an important role in advocating for the development or implementation of a mental health and psychosocial support policy at national level. Coordination groups may be a good place to start or provide input for such policies.



DAVID CHANCELLOR / IFRC

Advocacy helps secure appropriate national services

BEST TO AVOID**Lack of policy implementation**

In Sri Lanka after the Indian Ocean tsunami, despite the development of a national policy on psychosocial responses and the existence of guidelines issued by NGO consortia and mental health bodies, an influx of foreigners and international aid organisations overwhelmed local coordination. Some inappropriate responses to psychosocial needs were reported. An example was the arrival of a team of psychotherapists from abroad who quickly set up group therapy sessions with a number of affected adults. The psychotherapists ran in-depth therapeutic sessions for four days and then left the country again, without arranging for further service provision to the affected adults. This was considered professionally irresponsible and had the potential to cause harm. This approach could have been avoided with more stringent monitoring of the existing national policy concerning what was acceptable.

IASC Guidelines – an advocacy tool

The IASC guidelines on mental health and psychosocial support in emergency settings represent a consensus on minimum responses reached by key esteemed stakeholders in the psychosocial field. The IASC guidelines therefore serve well as an advocacy tool, both in addressing gaps in planned interventions and in promoting recommended interventions with Red Cross Red Crescent Movement partners, as well as other partners. See the chapter on setting the context for more on the IASC guidelines.

Information dissemination**Documentation**

Besides the usual reporting requirements requested by donors, there are definite benefits to documenting all stages of a psychosocial response. Documenting the work well is both an excellent planning and monitoring tool in itself. Sharing findings

from assessments and evaluations also invites collaboration with other partners and in this way strengthens opportunities for improved interventions. It also creates an opportunity for sharing experiences with others. This adds to the ongoing improvement of psychosocial interventions, which will benefit the psychosocial well-being of many in the future.

If possible, use opportunities to engage in academic research whilst implementing the psychosocial response, and highlight



TOMAS BERTELENDANISH RED CROSS

Photography plays an important role in documentation

other research areas that arise during the course of the response. The psychosocial field needs more research, maximizing possibilities for evidence-based responses. A commitment from all psychosocial practitioners to engage in research as they work will contribute immensely, especially if findings are published in journals, magazines and newsletters.

Audiences

There are a number of differing audiences interested in information about psychosocial work. Information dissemination should be tailored according to these audiences. For example, the affected population should always be given the chance to review and confirm findings and outcomes of an intervention. The

Ethical considerations in sharing information

The ethical guidelines presented on collecting data, in the chapter on monitoring and evaluation, also apply to sharing of information. Make sure that all information that is made public adheres to ethical principles and does not jeopardise the safety or integrity of any person.

management and volunteers of the Red Cross Red Crescent Societies involved in a particular response represent other audiences. The outcomes of a psychosocial response should also be made available to external stakeholders, including donors, policy makers and others interested in psychosocial work.

TRAINING

Training



As attention to psychosocial needs grows, efforts are being made worldwide to strengthen and improve knowledge and skills to respond to these needs. This chapter considers why we need specialized training in a psychosocial response, and looks at who should be trained, what they should be trained on and who is involved in training at various institutional levels. Following standards and guidelines formulated by the Red Cross Red Crescent Movement and at national and international level is recommended. Building multi-sectoral capacity to respond to psychosocial needs is also discussed. The chapter concludes with a look at the different phases of a response in relation to training needs, followed by consideration of training methods and training materials. Throughout the chapter references are made to the PS Centre training kit, which is a primary resource for all National Societies planning to implement a psychosocial intervention.

Why is training needed?

Providing psychosocial support to individuals and communities that are affected by crises and critical events requires knowledge of reactions to such situations, and skills on how to help people cope with the resulting challenges. Focusing on training as part of psychosocial interventions is important for a number of different reasons:

Psycho-education

Without prior knowledge, people often associate psychosocial support with ‘normal’ psychological approaches, such as individual therapeutic interventions, linking the term ‘psycho’ in both words. Community-based psychosocial support is very different to this. It is therefore essential that time and resources are spent on educating all those who are involved or have an influence on psychosocial interventions in relation to the principles of community-based psychosocial support. Particular focus should be on relaying the notion of normal reactions to abnormal events and on good ways of giving support to both helpers and members of an affected population.

Standardised training and quality assurance

It is likely that the Red Cross Red Crescent psychosocial team will come from many different walks of life. This enriches the resources to respond to psychosocial needs, but also means that the team should all have the opportunity to access standardised training. This will confirm that they have the skills and knowledge to carry out expected tasks and that everybody understands what psychosocial interventions are acceptable and appropriate in the given context.

AMERICAN RED CROSS



Training is an investment in the future well-being of a population

Investment in the future

Empowering people with skills and knowledge on how to respond to psychosocial needs is an investment in the future well-being of a population, and a resource for responding to further crises.

Planning ahead

It is important that training activities are included in the planned response, and that the different training needed

at different stages is recognized. Make sure that budgeting and time allowances include all aspects of the training process including preparation, delivery, evaluation and reporting.

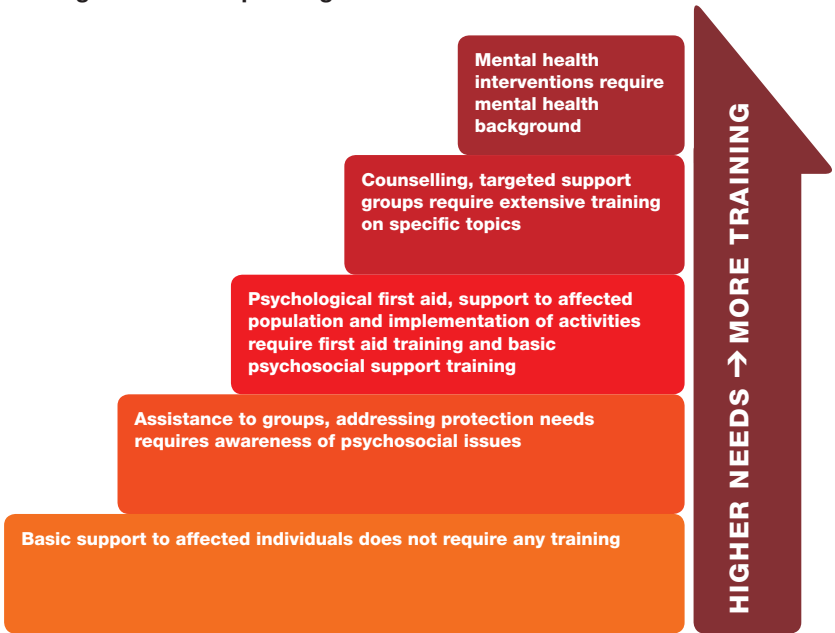
What training should be done and for whom?

Red Cross and Red Crescent staff and volunteers are the two main groups that require training in a psychosocial response. The affected population may also need training in the form of psycho-education, and representatives from partner organisations, governmental departments and other stakeholders may also need training to increase their knowledge and understanding of psychosocial support issues.

Training the psychosocial team

Training should be offered to Red Cross and Red Crescent staff and volunteers in a psychosocial response, tailored to the needs of the affected population and to the expectations and tasks set for the specific persons or groups to be trained.

As the needs of those affected increase, so does the need for training for those responding



Source: PS Centre, 2009

The following training topics are examples of what might be offered to teams. They would have to be adapted to suit the specific programme, context and resources and skills of the psychosocial team. The modules highlighted in red are all included in the community-based psychosocial support training kit developed by the PS Centre.

Thematic areas	Specific modules / topics
Psychosocial knowledge	<p>Crisis events and psychosocial support; stress and coping; loss and grief; community based psychosocial support; community resilience; vulnerable groups (such as children, people living with HIV and AIDS, people with disabilities etc); basics in mental health and psychological disorders and local referral mechanisms and procedures; supporting staff and volunteers.</p>
Psychosocial skills	<p>Psychological first aid and supportive communication; children; community mobilisation; facilitating community meetings; identifying community needs and resources; identifying psychological distress; conflict resolution; implementing psychosocial activities</p>
Programme administration	<p>Assessment skills; planning and programme development; monitoring and evaluation; data collection; observational skills; communication skills; report writing.</p>
Training of others	<p>Planning training workshops; adapting trainings to participants’ needs and resources; participatory facilitation skills; evaluating training;</p>
Helping the helper	<p>Supporting staff and volunteers; recognizing signs of stress and burnout; self-help techniques; debriefing techniques</p>
Other	<p>Introduction to Red Cross and Red Crescent Movement; national and international standards and guidelines on psychosocial responses; advocacy strategies and skills; refresher courses.</p>

The PS Centre's training kit on community-based psychosocial support should be used as the first resource by Red Cross Red Crescent National Societies during a psychosocial response. The kit contains a Participant's Book, a Trainer's Book and PowerPoint slides for the trainer to use. It includes modules on crisis events and psychosocial support, stress and coping, loss and grief, community-based psychosocial support, how to help: psychological first aid and supportive communication, children and supporting staff and volunteers.

Like all general guidance, the ideas and activities in the kit will need to be adapted to the specific cultural context in which teams are working. Any part of the training kit may be cited, copied or translated into other languages or adapted to meet local needs without prior permission from the International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support, provided that its source is clearly stated.

Community-based psychosocial support training kit: Participant's book; Trainer's book; Trainer's slides



Helping the helper

Participating in a psychosocial response, either as a staff member or as a volunteer, can be very stressful and emotionally challenging. In many cases, staff and volunteers are local and may therefore be personally affected by the crisis. Additionally, the nature of psychosocial support is that it aims to help those who are not feeling well or not coping with their daily challenges to get better. Although rewarding, such work can also be



FA SUZANNE AKASHA/DANISH RED CROSS

Training volunteers and staff to support one another is a key activity in helping the helper

tough and exhausting. It is therefore critical that senior staff take responsibility that measures are put in place to ensure the well-being of staff and volunteers. This includes training on self-help techniques, how to support staff and volunteers, peer support and how to prevent stress and burn-out.

Multiple benefits of training

Training in psychosocial support issues not only improves knowledge and skills on how to help others, but can also have direct positive effects on the psychosocial well-being of the trainees. Learning about normal reactions to abnormal events can break a negative spiral of self-blame, as trainees begin to understand their own reactions and behaviour.

BEST PRACTICE

Caring for carers

In South Africa, volunteer caregivers provide the backbone to a home-based care programme and work with orphans and vulnerable children on an on-going basis. This work is very demanding both physically and psychologically. Often the volunteer caregivers work in the same communities in which they live. This results in volunteers carrying a huge personal load. The South African Red Cross Society has acknowledged the critical need for providing facilitated, safe spaces in which volunteer caregivers can discuss their work and how it affects them on a personal level. Within the psychosocial support project, debriefing interventions and stress management workshops have been initiated to assist with the alleviation of the stress that volunteers experience. These interventions have also been designed to teach techniques for coping with stress and promoting the well-being of the carer. A national research study has also been conducted, looking at the stress levels and coping mechanisms of carers in more detail. It is hoped that future interventions will be based on the outcomes of the study and the identified needs of carers.

Capacity assessment

When planning training activities it is important to carefully consider the current capabilities and prior training of each trainee. As much as possible, tailor the training according to this knowledge.



BRENDAI BANNON/IFRC

Psychosocial interventions should always include focus on support for staff and volunteers

Using available human resources

The disruptions that accompany crises can often lead to limited human resources, presenting challenges in terms of planning and implementing programmes. In some cases, this has led to the use of staff or volunteers who have been inadequately trained in the specific skills needed for carrying out required tasks and activities. They were recruited simply because they had attended some form of training.

Example: In Bangladesh the Bangladesh Red Crescent Society has a Cyclone Preparedness Programme that has around 42000 volunteers in the coastal areas specifically trained to do early warning and evacuation. Many times they also get involved in relief distribution. Some of them have received very limited briefing on psychosocial issues during other trainings. However, in the immediate aftermath of disasters they typically end up providing psychosocial support to communities.

Training external partners or agencies

Training external partners or agencies, such as representatives from other organisations, government departments or sectors, may bring benefits to the implementation of an intervention. Widening participation can lead to an increased understanding of psychosocial issues from different service and policy perspectives. Any of the modules suggested above could be used, depending on the specific intention of the training programme and the participants.

BEST PRACTICE**Tiered training**

American Red Cross developed a three tiered training programme in response to the psychosocial needs following the tsunami:

Tier 1: The first level is training of community facilitators, to work with the majority of the affected population, whose psychosocial needs can be addressed through community based psychosocial activities. This training is offered to community volunteers who are deemed suitable for the training by their observed communication and interpersonal skills, availability and willingness to be involved.

Tier 2: The second level is training of crisis intervention technicians, who have achieved the knowledge and skills to provide psychological first aid and basic counselling to the smaller population following a crisis event, who are at risk for developing mental health problems. This training is provided to persons trained on emergency response from Red Cross and Red Crescent societies, as well as to representatives from government departments (such as the governmental disasters preparedness centre, fire brigade, armed forces personnel, district and divisional level government authorities) and NGO's. This tier functions as the first line supplementary support to the community facilitators.

Tier 3: The third level is training of crisis intervention specialists. This training is offered to professionals who have previous training and expertise in responding to mental health needs and psychological problems. This level of training is only offered to a selected few of the psychosocial programme staff, based on their previous experience and training.

This three levelled model , shown in the diagram on the following page, has proved very successful, ensuring that adequate capacity and resources is in place to respond to the needs at the different levels of severity of psychosocial and mental health needs.

BEST PRACTICE

Example of tiered training

Training levels according to psychosocial support needs

Impacts on population due to crises



Source: American Red Cross, 2008

National and international standards and guidelines

All training undertaken during a psychosocial response has to be done in line with international and national standards and guidelines on responding to psychosocial and mental health needs. The most recent international guidelines are the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007). It is advisable to include training on these guidelines for the entire psychosocial team, so that they are familiar with the recommendations.

IASC Guidelines – Action Sheet 4.3; IASC Guidelines Checklist



Integrated response

Just as it is recommended that representatives from health and care, water and sanitation, food distribution and nutrition and education, are trained in psychosocial support, it is also advisable that selected representatives from the psychosocial team undergo training in other areas of response. This will increase the scope for developing an integrated response to a crisis.

Who does the training?

Local resources

It is most beneficial to use trainers from the local branch or to recruit local trainers for training in psychosocial support, since the notion of psychosocial well-being is deeply rooted in the local context. In some languages, there are no direct translations for many of the concepts associated with psychosocial well-being and support. It is therefore necessary to have someone who understands these concepts and is able to convey them in the local language, so that the meaning is well understood by the participants. If the selected trainers are not members of the psychosocial team, make sure that someone from the team participates in all trainings to supervise the trainings and ensure the content and facilitation fulfils expectations and requirements.

The IASC Guidelines suggest the following criteria for trainers and co-trainers (from Action Sheet 4.3):

- cultural sensitivity and basic knowledge about local cultural attitudes and practices and systems of social support
- emotional stability
- good knowledge about psychosocial responses, including understanding the value of integrated and collaborative responses
- practical field-based experience in providing psychosocial support in previous emergencies
- good knowledge of teaching, leading to immediate and practical interventions



ULRIK NORUP / JØRGENSEN / DANISH RED CROSS

BEST PRACTICE**Using local resources for training**

Due to the political conflict in Sri Lanka, psychosocial support programmes and activities have been ongoing for many years in the northern district of Jaffna. A reputable training institution, Shanthiham, has been training people in providing psychosocial support since 1987. This valuable local resource provided immediate locally appropriate training of Sri Lanka Red Cross Society staff and volunteers in response to the tsunami.

In the Maldives, during the emergency phase implemented by the American Red Cross, eight teachers were recruited for the school component of the response. These teachers had experience and in-depth knowledge of the school systems in the country, and could both understand English and deliver trainings in the local language. They were thus centrally involved in the contextualisation of the training modules as well as delivering the training activities in the islands.

In Bangladesh, volunteer student trainers from the Department of Clinical Psychology at Dhaka University were recruited to do training for Bangladesh Red Crescent Society volunteers at the district as well as the community level in the psychosocial response to Cyclone Sidr. This meant the trainings were done in the local language and were in line with the culture and context of Bangladesh.

Peer training

Peer training involves training between people with shared characteristics or experiences. Trainer and trainee are usually similar, often in age, so that they feel comfortable with one another and understand each other. For example, youth learn easily from other youth, especially if they have something in common and can relate easily to one another. Try to arrange as much peer training

as possible. This paves the way for peer support during programme and activity implementation stages.

International and external trainers

At times it may be necessary to recruit external trainers from other countries. This is especially relevant if the country affected by the crisis has no prior history of psychosocial responses. In these circumstances, try to recruit trainers from neighbouring countries with a good understanding of the local context and culture. If this is not possible, make sure that the recruited trainers work closely with local counterparts who can translate and brief the trainers on locally appropriate norms, behaviour and examples to use during training. The PS Centre can at all times assist with recommending suitable trainers for training on community-based psychosocial support.

Universities

More and more universities are including aspects of psychosocial support in various degrees and training programmes.



AMERICAN RED CROSS

External trainers may be needed if a psychosocial focus is new to the affected country

BEST PRACTICE**Disaster leading to opportunity**

At times crisis events can lead to positive developments and opportunities. In Indonesia, a country at high risk for natural disasters such as earthquakes and volcanic eruptions, the interest and enthusiasm for further training in psychosocial responses has encouraged the University of Indonesia to develop a new Masters programme on disaster psychology.

When should training take place?**Disaster preparedness**

It is strongly recommended that training in psychosocial responses is part of any disaster preparedness programme. Regardless of what crises are being prepared for, psychosocial effects are likely to occur. It is advisable to prepare a psychosocial team for both immediate and long-term psychosocial responses. Awareness-raising on psychosocial effects of crises should also be included in the training of the rest of the disaster response team. Such awareness will enable all teams to respond in ways that can enhance and strengthen psychosocial well-being.



Children can play a vital role in disaster preparedness, and schools provide an opportune venue for such training activities

PROMISING PRACTICE

Psychosocial support component

A psychosocial support component is presently being developed for use in the International Federation Health Emergency Response Units (ERU). During previous deployments, Health ERU teams recognized that many of the affected population have psychosomatic symptoms and may show distress, both of which are natural outcomes of experiences accompanying many crisis events. Addressing psychosocial needs in the ERU is based on the premise that most acute stress problems during emergencies are best managed without medication. This can be done by using psychological first aid which involves non-intrusive emotional support, coverage of basic needs, protection from further harm, and organisation of social support and networks.



CARINA SØRENSEN/PS CENTRE

The psychosocial support component includes a kit with toys and play items for children, informational material for awareness-raising among adults, a training programme for psychosocial support delegates, as well as a training programme for volunteers which includes an orientation to

appropriate activities. These include play activities with children, which can take place whilst their parents are accessing health services at the ERU, and setting up support groups with specific groups. Initially the psychosocial support component will be used by the Norwegian Red Cross and it is anticipated that other National Societies will be interested in using the concept.

BEST PRACTICE**Respectful food distribution**

Incorporating awareness of psychosocial well-being into other areas of response can have lasting effects on the targeted population. Following a crisis event where thousands of people were relocated into internally displaced people's camps, food

distribution volunteers were made aware of the importance of self-respect and dignity for psychosocial well-being. Food distribution had previously been chaotic; the volunteers often had to break up fights, as they threw bags of rice and beans into the crowds. Following the awareness

training on psychosocial well-being, they changed their method of distribution. They made lists of the entire camp population and called each person up by name to receive their food package. This simple change in behaviour calmed the crowds. Beneficiaries reported they felt they were being treated with respect and humanity. Before, they had felt like a pack of animals, fighting to survive.



JOSE CENDOV / IRC

Emergency response

Training activities are often some of the very first activities that take place in an emergency response. It is rare that a full team of staff and volunteers will be available from the onset with all the necessary skills to respond to psychosocial needs. If this is the case, it would still be advisable to do some refresher training. This will confirm that all of the psychosocial team have the necessary knowledge and skills needed to initiate the psychosocial response.

Examples of training needs in the early emergency response phase include assessment skills; monitoring and evaluation skills; psychosocial knowledge and skills, especially on critical events, and psychosocial reactions and on psychological first aid.

Given the urgency that is usually met in the immediate aftermath of a crisis event, it is likely that some of the psychosocial team will be needed to implement activities whilst others undergo training.

Example: In the Maldives immediately after the Indian Ocean tsunami, personnel from government agencies and from non-governmental organisations, with some training and experience in counselling, were identified and sent out by the National Disaster Management Centre to the tsunami-affected islands. Here they provided immediate psychosocial support on the basis of their previous basic experience. Further training on community-based psychological first aid was provided to this group thereafter, scheduled into the response by the American Red Cross as a component of the programme.

Long-term recovery phase

Fully involving the affected population in identifying relevant activities in a psychosocial intervention has consequences for planning activities. This is a gradual process, involving identification of needs and relevant responses; implementation of activities; monitoring of activities (and changing needs); review and adaptation of old activities, or adoption of new activities. This means that activities relevant to later stages of the psychosocial intervention cannot be identified in the beginning of the programme. However, even if activities cannot be determined, the training needs of the psychosocial team can usually be identified early on, and training activities can then be organized as initial response activities. This will equip the Red Cross Red Crescent psychosocial team with the knowledge and skills to respond to psychosocial needs, and enable them to provide guidance and assistance to the communities whilst they start the processes of identifying relevant activities.

Early training

Basic training on the Red Cross Red Crescent Movement, in programme administration and other issues, like helping the helper, should also be done as early as possible in the implementation process. This will equip the psychosocial team in planning monitoring, evaluation and all other programme tasks.

Ongoing capacity building

Training should be included as a regular activity throughout the planned response. The benefits of investing in human resources through ongoing training cannot be overstated! The National Society benefits by gaining a qualified and competent team to respond to psychosocial needs. The trained Red Cross Red Crescent psychosocial team also benefits, as they gain new knowledge and skills. Regular refresher trainings ensure that teams always have up-to-date knowledge and skills, and staggered training, where participants attend improved levels of training, build more specialized psychosocial teams.

Where possible, select those members of staff who have a long-term commitment to their work for ongoing capacity building, to minimize risks of lost knowledge by those with advanced training leaving the programme.



PERNILLE HANSEN/PS CENTRE

Learning from each others' experiences is a critical part of capacity building

How to train in psychosocial support

Training methods

There are a variety of methods that can be used for training on psychosocial responses. These will naturally depend on the content of the training module. Some examples of training methods are given in the table below. It is good to use a combination of training methods, as this will motivate and interest the participants.

Training technique: Presentations			
Tool used	Pros	Cons	Tips for training
Blackboard For drawings, key words, feedback	Combines spoken word with visual	Limited availability – usually only in classrooms; May lose contact with group as you turn to write; Needs constant cleaning to be used a lot	Prepare things on the blackboard beforehand; Have a helper to write, while you interact with participants; Write big and clearly;
Flipcharts For drawings, key words, feedback	Mobile; Inexpensive; Can be prepared beforehand; Notes can be used at a later stage	May lose contact with group as you turn to write; Long 'lists' may become boring and repetitive; Handwriting may be too small or illegible;	Limit number of words on a page; Keep flipchart for later reporting
PowerPoint For key words, statements, photos, diagrams	Prepared beforehand; Includes speaker's notes Captures interest through visuals	Too much text is difficult to read; Can be boring if not well done and used all the time	Be creative, using images to capture interest; Avoid reading the slide – elaborate in your spoken presentation

Training technique: Participatory methods			
Tool used	Pros	Cons	Tips for training
<p>‘Visualization in Participatory Processes’ (VIPP) cards for brainstorming, problem solving</p>	<p>Engages everyone; Creates ‘equality’; Cards can be used responsively to needs of training session; Stimulates creativity and is fun!</p>	<p>Takes time to explain the ‘rules’</p>	<p>Write key words on each card; Take photos at key stages during training for reporting purposes. (link to useful website on next page)</p>
<p>Brainstorming For generating ideas</p>	<p>Emphasises all ideas are welcome; Stimulates free and creative thinking; Great way to tackle a problem or introduce a scenario</p>	<p>Some participants dominate</p>	<p>Stress that all ideas are welcome, and there is no right or wrong answer in a brainstorm</p>
<p>Role plays For practising real life situations, gaining insight and empathy</p>	<p>Practises skills needed in psychosocial support; Heightens empathy</p>	<p>Can be overwhelming, if too similar to own life; OR may be unsuccessful if too distant from own life</p>	<p>Carefully choose scenarios that reflect real life situations, but are not emotionally overwhelming; Debrief role players after each session</p>

Continues >

Training technique: Participatory methods Continued			
Tool used	Pros	Cons	Tips for training
<p>Group work For in-depth analysis of topics, observing interactions</p>	<p>Gives the opportunity for personal interaction</p>	<p>As facilitator you miss out on small group discussion; Difficult to ensure equal participation in groups; Discussions can take longer than time allocated.</p>	<p>Have a team of co-facilitators to sit in on each group; Collect information on interactions and discussions at the end; Encourage equal participation; Good timekeeping is essential</p>
<p>Group activity For participants to work out challenges together as a group</p>	<p>Encourages cooperation and collaboration skills; Gives insight into individuals' roles in a group and into group dynamics</p>	<p>If some people are dominant and others submissive or non-participatory, few people may benefit from the activity</p>	<p>Observe groups and intervene to encourage full participation. Plan timing of group activities carefully and keep to time!</p>
<p>Plenary feedback for reporting back small group discussions or findings to the whole group</p>	<p>Opportunity to hear main findings or discussion points from each group</p>	<p>Can be boring, if points are the same; Presentations using flip charts are often just readings from long lists</p>	<p>Encourage creative ways of presenting group discussions, such as several group members presenting instead of one; Keep to time so that all groups have the opportunity to speak</p>



Link to more information on method of Visualisation in Participatory Programmes

Training materials

Developing and adapting training materials can take a long time and can be expensive. However, it is always a worthwhile investment to build the capacity of staff, volunteers and others on psychosocial interventions. Adequate time and budget allocations should be allocated in any psychosocial response for this activity.

Tip for training!

Icebreakers and energizers

Icebreakers are a great way for participants to get to know each other and to make everyone feel comfortable about being active participants. They create a positive group atmosphere and help people to relax. Use these at the beginning of a training session. Continue to use energizing activities in small breaks throughout the training period to keep participants awake and alert. Encourage different participants to share energizers they know, to encourage participation and creativity.

Learn by doing

Active participation in training is one of the best ways to learn new knowledge. Include as many activities and opportunities for trainees to actively participate in during training as possible.

Do not reinvent the wheel

Red Cross and Red Crescent Societies should first consult the training kit on community-based psychosocial support developed by the PS Centre. If there are training needs not covered by this training kit, materials already developed in the affected country would be the most useful, or from neighbouring countries or the geographical or cultural region. Despite the fact that the psychosocial field is relatively new, a lot of excellent training material has already been developed throughout the world. It is worthwhile getting to know the material that is already out there, and to adapt this to the specific training needs identified. Remember to reference and credit other sources, when materials are adapted and used.



Link to REPSSI who have training material for working with children and their families affected by HIV and AIDS



A number of examples of training manuals are included on the CD in subject folders in the training section

BEST PRACTICE

Sharing training materials

The International Federation Reference Centre for Psychosocial Support collects training manuals and materials developed around the world, mostly in English, but also in many local languages. Recent training materials shared were in response to Cyclone Nargis in Myanmar and the earthquake in Sichuan Province in China (both 2008). All psychosocial practitioners can request copies of training material relevant to the crisis event they are responding to. This can then be adapted to their particular setting.

Government departments and national boards

It is recommended to align Red Cross Red Crescent training materials with national educational institutions and /or the Ministries of Health and of Education. If possible, develop training materials through such departments, so that they are endorsed as national training documents. This will contribute to a standardized

approach to psychosocial responses, and enable others to use the materials effectively.

Monitoring and evaluating

Include mechanisms to monitor the effectiveness of the training materials looking at various levels, such as

Trainers: Is the material easy to use and effective?

Participants: Is the training easy to understand? Is it relevant and useful? Are they able to apply what they learn?

Members of the affected population: Is the training of staff and volunteers having the desired impact on the beneficiaries?

Plan for regular reviews and possible adjustments to training materials during the implemented response. This is a way of



INDONESIAN RED CROSS SOCIETY: PALANG MERAH INDONESIA

Review and update materials for specific groups

Tip for training!

During a training lasting several days, include daily evaluations of the training. The trainers can then meet to discuss the events of the day together with the evaluation results, and make any amendments to the planned training for the next day.

ensuring the quality, not only of training, but also of the knowledge and skills needed for the psychosocial response.

Piloting materials

Unless the training materials have been used previously with proven success with the same population as targeted, try to pilot or pre-test all newly produced material. This means

testing the materials first with a smaller number of people and checking it fulfils the purpose intended.

Update materials

Try to regularly review and update training materials. The fast pace of change means that training content a year old may already be outdated. Remember this when printing training and IEC materials to limit wastage on outdated materials.

MONITORING AND EVALUATION

Monitoring and Evaluation



Monitoring and evaluation are very important management tools used to keep a check on all aspects of a response, and to assess if the implemented intervention is having the desired effect. They are often linked together in practice and in the literature, and the methods for collecting data in both activities are similar. However, a closer look reveals specific differences, especially with regard to intention and time frames.

This chapter explains what monitoring and evaluation are and how they are seen within the Red Cross Red Crescent Movement; why we need them; and when the two processes are required. It gives an overview of who is involved in both monitoring and evaluation and looks at how they are conducted, with special attention paid to the ethical principles involved in data collection. Finally the chapter discusses how monitoring and evaluation can contribute to research in the field of psychosocial responses. Suggestions for further reading are given, as monitoring and evaluation requirements can be complex.

What is monitoring?

Monitoring is the regular and continuous process of collecting and analysing data to assess progress and development. It is an internal responsibility carried by whatever programme is involved and is a way of keeping a regular check on the planned inputs, outputs and outcomes of a response.

There are two distinct types of monitoring required in the Red Cross and Red Crescent Movement. One is process oriented, where the monitoring activities focus on the progress and development of the response, such as whether

- activities are being implemented as planned
- problems have arisen which need to be dealt with and how this should be done
- opportunities for improving the psychosocial responses have developed

- resources are being used according to plan, including money. If not, monitoring can usually help to clarify the reasons.

The second is results oriented and measures direct results of the implemented activities, such as whether

- activities, present and planned, are relevant to the needs of the population. Are the objectives of the response still realistic and relevant or do they need changing?
- changes in the targeted population or the external environment have occurred that affect the planned activities
- new information is needed to enhance understanding of the presenting situation

Both types of monitoring are useful and are required for reporting purposes.



STACEY M. WINSTON/IFRC

Monitoring helps to keep a regular check on whether a programme is still relevant to the needs of the population

Why is monitoring important?

Responsibility and decentralised information-gathering

Red Cross Red Crescent Society programme managers have the overall responsibility for the psychosocial response to the programme and branch staff, the beneficiaries and to the donors. As crises often affect large geographical areas, it is not possible for a programme manager to be at all the sites where activities are implemented. Responsibility for implementation at branch level will typically be delegated to branch managers, or psychosocial focal persons at the branches. However, they have to report back to the programme manager. Monitoring activities thus allow an overview of the full programme or activity implementation.

Relevance

Monitoring enables the people who are involved in implementing a psychosocial intervention to regularly assess if the activities are still relevant, and if they are being implemented in an effective manner. The information from regular monitoring can be used to make decisions about activities, to ensure that they continue to be relevant to their intended aim. This is especially important in a psychosocial response, as psychosocial needs and well-being are dynamic and change rapidly.

Accountability

The Red Cross and Red Crescent National Societies are accountable to the affected population and to the donors who support the implemented interventions. Results of monitoring activities should therefore be shared with both beneficiaries of the psychosocial response and donors. Donors typically require detailed reports on activities, where decisions on actions are explained, and financial statements and reports are included.

Who is involved in monitoring?

Overall responsibility

It is the programme management who have the overall responsibility of making sure that monitoring activities are

undertaken regularly in a responsible and ethical manner. They facilitate regular meetings to discuss monitoring findings and any changes arising, and they regularly review monitoring outcomes themselves.

RODNEY DENKERA/ AUSTRALIAN RED CROSS



Monitoring information is usually collected by staff and volunteers working directly with beneficiaries

Programme staff and volunteers

The Red Cross Red Crescent programme staff at branch level typically collect the data for monitoring purposes, through their direct interaction with volunteers and beneficiaries. Volunteers of the National Society also assist branch programme staff by collecting monitoring data about their work with beneficiaries.

Targeted population

Monitoring involves collecting data on all implemented activities. This includes collecting data from the affected population who participate in psychosocial activities, as well as from others involved in the response, such as Red Cross Red Crescent programme staff or volunteers who may have participated in training. In terms of monitoring activities, the ‘targeted population’ is defined as all those who have participated in activities in the intervention.

Other active partners

The ideal scenario would be to carry out monitoring activities together with others who are working with the same populations. ‘Others’ could be external agencies or other areas of the Red Cross

Red Crescent response. Carrying out monitoring activities together does two important things. Firstly, it prevents families and communities from feeling overwhelmed by monitoring activities. Secondly it provides a much broader and more holistic analysis of how the targeted population is doing. This kind of analysis increases opportunities for an integrated response that can attend to many varied needs of the community at the same time. This in turn contributes positively to the psychosocial well-being of individuals and the community.

It is, however, rare that monitoring activities are done together with others. Logistical planning and the separation of response areas by administrative and budgeting issues usually prevent this. Do not let this be a deterring factor from trying to encourage it! Advocate with other active partners for joint monitoring activities as much as possible. One way to do this is to point out the psychosocial benefits for the beneficiaries.

What is evaluation?

An evaluation is an objective assessment that aims to find out if the implemented activities or programme has succeeded in doing what it aimed to do. In this process it looks at what worked and what did not. It therefore looks at both the outputs and outcomes of a response. Evaluations measure to what extent the goals or overall objectives of an intervention have been met, asking the question ‘did the change we aimed for come about?’

Evaluations are usually lengthy and costly exercises, as they involve a lot of data gathering and analysis, and finally report writing with recommendations. They are used to inform the donors, the programme implementers and ideally also the beneficiaries of the intervention. They are particularly useful in providing lessons learned for others planning a similar intervention.

There are different kinds of evaluations:

Real time evaluations

Real time evaluations can be conducted either by Red Cross and Red Crescent National Societies or by the Secretariat of the International Federation. These types of evaluations are undertaken early on in a response and aim to provide information for immediate learning and indicating changes where necessary. They differ from mid-term and final evaluations in a number of ways as they

- are typically shorter in length, such as a few days instead of weeks
- are often done by internal staff instead of external consultants
- focus on process rather than impact

BEST PRACTICE

Two rounds of real time evaluations (RTEs) were conducted by the International Federation in the emergency response to the tsunami. The first was done a month and a half after the crisis event and the second six months later. These RTEs focused on progress of operational management, cooperation and coordination. They identified solutions to problems and provided recommendations to operational and participating National Societies, the Federation and donors regarding management and coordination, implementation and the work programme.

Mid term evaluations or reviews

These types of evaluation, also called reviews, are done around the half-way mark of a long term project. They assess impact and accountability issues, including budgets and administration. The results are typically used to report to donors and to make any necessary changes to the interventions in the remaining life of the project.

Final evaluations

Final evaluations are conducted at the completion of a response and are used to assess both the impact and the process of the intervention. They are usually very detailed and comprehensive analyses of all aspects of the response, identifying key information regarding the successes and challenges experienced in the response.



TILL MAERZJERIC

Evaluating impact

One of the most important roles of evaluation is to assess whether an intervention had the desired impact on the targeted population. What the desired impact is depends on the aspect of the intervention and the activity. Training, for example, aims to increase knowledge and skills, whilst community activities may have the specific aim of strengthening social cohesion.

To evaluate the impact of an intervention, information is needed before and after the intervention. Information before the intervention begins can be collected through a baseline study (introduced in the chapter on assessments). Baseline studies are undertaken after the objectives of a programme have been established, and data is collected using the indicators identified as relevant for the psychosocial intervention. The results from the baseline study are thus the first set of results which are then used for comparison in later evaluations. A good baseline study provides a basis for measuring the same things at the mid term and end of the intervention.

It is therefore important to be consistent and measure the same indicators from beginning to end of a response. However, if monitoring results or a mid-term evaluation identify the need for adapting or changing an intervention, this may involve a change in indicators. Such changes have to be noted in later evaluations

with clear explanations as to why these changes were made. This information is critical to the process of learning that is achieved through evaluations.



The Good Enough Guide

Why is evaluation important?

Evaluations are essential for:⁷

- determining the **relevance** of the response
- assessing the **efficiency**
- determining the **impact**
- assessing **effectiveness**
- assessing **sustainability**

Evaluation criteria

Relevance: Is the response appropriate to the specific psychosocial needs and resources?

Efficiency: Are the psychosocial response activities successfully implemented in the intended time-frame and at lowest cost? Has the response been implemented in the most effective manner compared to alternatives?

Impact: What has changed as a result of the implemented response? Did the activities in the response having the desired effect?

Effectiveness: Are the set objectives achieved?

Sustainability: Will or did the benefits of the response continue after the National Society exited the response.

Who is involved in evaluations?

External consultants

It is difficult to be objective about work that one has been passionately involved with. It is therefore advisable and often required to use external consultants to undertake evaluations of a psychosocial response. External consultants should remain objective in relation to the Red Cross Red Crescent Societies and the implemented intervention, in order to achieve an honest, constructive evaluation.

There are strong benefits to using local consultants who have a good understanding of the culture and norms in the affected country. This will ease communication between the consultant and beneficiaries and promote openness and honesty. Monitoring reports and any other documentation should be made available to an evaluation team. This will provide good background material and will help in highlighting what other information is required.

Programme staff

The Red Cross Red Crescent programme staff are always involved in evaluations in one way or another. If external consultants have been recruited to take the overall responsibility for an evaluation, programme staff will assist with any logistical and practical matters the consultant may need. They are also an important source of information for the evaluator, as they have the first hand experience of planning and implementing the response, and can identify eventual challenges that were met together with successful experiences.

If external consultants are not recruited for an evaluation, the programme staff may conduct the evaluation and thus take on all accompanying responsibilities.

The targeted population

As with monitoring activities, participants in psychosocial interventions provide data for an evaluation. This includes selected representatives of the affected population, as well as Red Cross Red Crescent staff and volunteers who have been involved in the intervention. Additionally, community



JOE LOWRY / IFRC

Members of the affected population are a primary source of information in an evaluation

members who may not have directly participated in the psychosocial activities may also be included, since an evaluation may also focus on the impact of the interventions on whole communities.

When choosing representatives of those involved, it is good practice to use objective methods of sampling. Staff or volunteers from the Red Cross or Red Crescent Societies should not be the ones who select the community members for interviews, for example, as this could create bias due to their established relationships with the community members. Instead, use other sampling techniques such as representative, quota or snowball sampling. These sampling techniques are described in more details on page 167 in the section on how to monitor and evaluate.

When to monitor and evaluate

Monitoring schedules vary in programme design, and also depending on whether the planned psychosocial response is short term or long term. In an acute emergency, immediately after a critical event, monitoring may be needed on a daily basis, and then on a weekly basis. Later, monitoring may be planned every month or even every three months. The most important thing concerning the ‘when’ on monitoring is that it is planned at regular intervals, and throughout the life of the programme or activity implementation. To make sure that monitoring is done as planned, the Red Cross Red Crescent psychosocial team should hold responsibilities for carrying out monitoring activities together with the time frames decided.



Daily Reporting Form Example

Evaluations are not on-going regular activities like monitoring, but are scheduled at specific times in a response. In some responses to crises, the International Federation conducts real time evaluations during the emergency response phase. These are broad and multi-sectoral. Evaluations of a specific area of response, such as psychosocial, are typically scheduled around the halfway mark

and at the end of an implemented response. The results of a mid term evaluation can be used to make necessary adaptations and/or improvement to the programme for the remaining implementation period.

Monitoring and evaluation in a nutshell; Good practises in evaluating psychosocial programming



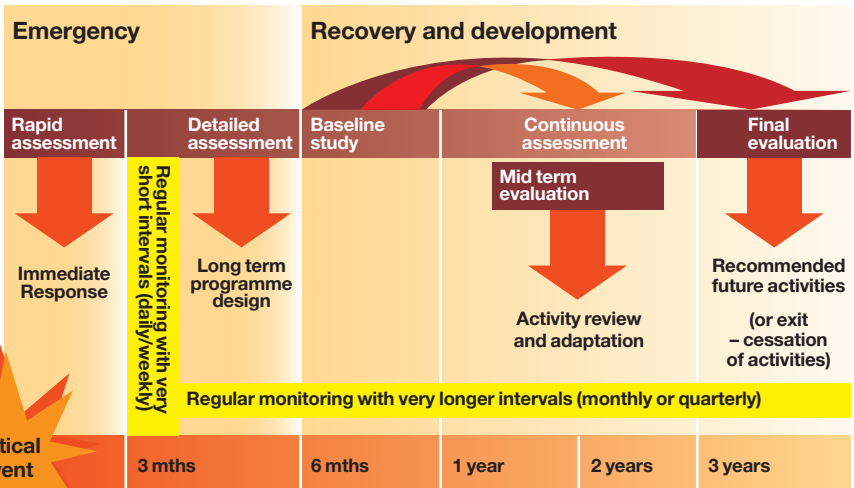
Planning for monitoring and evaluation

A key point in considering when to monitor and when to evaluate is that this should be done in the initial stages of planning a response. Monitoring and evaluating are quality assurance tools and they are as important as any other aspect of the response. It is therefore critical that they are included in:

Planning procedures

Developing indicators and agreeing on methods of information-gathering takes time which has to be included in planning processes.

An example of how monitoring and evaluation activities are planned in a long term response



Source: PS Centre 2009

Time-based implementation plan

Decide upon the most useful regular intervals for monitoring and whether a mid term as well as a final evaluation will be undertaken. Also include regular meetings to follow up on findings from both activities. When planning evaluations, make sure that the targeted populations will be available for the planned activity. It is no good, for example, to plan a mid term evaluation of a school-based intervention during the school holidays, where nobody is available for evaluation activities.

Training

Staff who are involved in monitoring and/or evaluation activities have to be properly trained in those tasks, for example in collecting the relevant data; reporting findings; and/or linking findings with planned objectives and engage in necessary adaptations.

Budgets

Both monitoring and evaluation bear costs, during the processes of data gathering and analysis and in the administrative task of report writing.

Information sharing activities

Make sure that the results of monitoring and evaluations are presented clearly and in an accessible format, so that the psychosocial team members themselves and others can learn from the implemented psychosocial response. Note, however, that monitoring documents are usually internal to Red Cross Red Crescent National Societies, whilst evaluation reports are often released as external or public documents so that other stakeholders can also learn from them. At times evaluation reports are prepared in both an internal and external version.

How to monitor and evaluate**Data collection**

Both monitoring and evaluating are processes that involve collecting data and analysis. The different methods used for

collecting data depend on the type of information that is required, either qualitative or quantitative. Methods for collecting these two kinds of data are described in the chapter on assessments (pages 62-63).

Sampling

Sampling procedures for monitoring and evaluation activities differ from those for initial assessments at the beginning of a response. In initial assessments broad sampling methods are recommended, so that data is collected from as wide a population as possible. This provides a holistic understanding of how an entire population has been affected. However, when monitoring or evaluating an intervention, the sampling of the population is narrowed to focus specifically on those who are directly targeted by the intervention. At times a limited representation of others affected indirectly by the intervention may also be needed, but the primary focus in sampling will be on the participants.

Sampling methods for monitoring and evaluation activities include:

Quota sampling where a specific percentage or quota of a subgroup is chosen according to proportions in a population.

Snowball sampling where selected individuals recruit others to be interviewed from their own networks.

Deciding how many people should be included in a sample for either monitoring or evaluation depends on a number of factors related to the intervention. These include the number of people targeted by the intervention, the number of identifiable subgroups within the targeted population, resources available for the activities and requirements for sampling size stipulated by the National Society or the donors supporting the intervention. If there is a plan to use the monitoring and evaluation results for research purposes, it will be necessary to investigate formal sampling requirements in this regard.

Ethical principles to data collection

Certain ethical principles of conduct govern the collection of data in psychosocial responses. These have to be considered carefully in both the planning and implementation of monitoring and evaluation activities:⁸

1. Well planned and justifiable: Make sure that data collecting activities are necessary and justified with clearly defined purposes that can be explained to all involved. Also confirm that there is an adequate budget to make sure the activities are done in an ethical manner. If possible, return to those interviewed and share the results with them.

2. Coordination: Coordinate data collection with other active partners to prevent target populations from being overwhelmed by different people asking questions repeatedly and possibly about the same things.

3. Clarify aims and procedures: Design all monitoring and evaluation activities well, with clearly outlined protocols, including accepted methods and behaviour for collecting, analysing and using information.

4. Participation and collaboration: Ensure the data collection is a participatory and collaborative process. Try to gather information from as many represented subgroups as possible in the targeted population. Make sure participation is voluntary. Get informed consent from all participants. Confirm that the participants understand the aim and purpose of the activities, so as not to raise unrealistic expectations.

5. Comparison groups: In a psychosocial response, it is not ethical to deprive a group of people of psychosocial services for the purpose of evaluating the impact of a programme or implemented activities. However, comparisons can be made with groups in a population that may be waiting for psychosocial services.

BEST PRACTICE**Making psychosocial services available as soon as possible**

One of the benefits of psychosocial responses is that early interventions can prevent the development of severe psychological or social problems. It would therefore always be advisable to advocate for making psychosocial services available to all affected populations as early as possible. This may decrease chances of comparing data with ‘groups in waiting’ but increases chances of improving psychosocial well-being.

6. Conduct and consent: Consult with community members on how to approach participants for information in an appropriate manner, and make sure you always get full consent before commencing any information-gathering activities.

7. Privacy and confidentiality: Respect privacy and confidentiality of participants. Assure participants of anonymity.

8. Anticipate adverse consequences: Interviewing people about issues related to psychosocial well-being can result in strong emotional reactions. Those involved in data collection have to know how to deal with this. Referral systems and appropriate follow-up actions must be planned in advance in anticipation of such reactions. If the data collection activities in any way threaten the security or well-being of the participants, they should be stopped immediately.



THORHELL THORREISSON / IIRC

BEST TO AVOID**Inadequate training and preparation for data collection**

In Syria, 2006, after the Hisbollah – Israeli conflict, a group of National Society Red Crescent volunteers contacted the international team responsible for assessing psychosocial needs. They requested permission to conduct a survey amongst the displaced Lebanese. The survey had been requested by a local NGO wanting to assist the targeted population. Problems arose, however, as it appeared the volunteers did not understand the questions they were asking. They also did not know what to do when the people they interviewed were emotionally affected by the questions. They did not have access to or knowledge of any referral procedures. The assessment team immediately discouraged the volunteers from continuing with the survey, and the responsible NGO was contacted and ethics and support mechanisms were discussed.

Interviewing children

The difference in power between children and an adult interviewer collecting data calls for very strict observance of ethical principles. Extra considerations include:

- Inform communities on your intentions and methods before approaching children to interview them
- Get informed consent for interviewing children from their nearest caregivers
- Only approach children directly to interview them if the information is not available from other sources
- Interviewers approaching children should receive specific training on methods of working with children

**Gathering information from children and adolescents****Indicators**

Indicators are the criteria that are used to measure the data collected. Indicators measure changes related to implementation of an intervention. They can be either quantitative or qualitative.

Examples of indicators:

Logical framework, Bam earthquake 2006, Iranian Red Crescent Society.

Goal / Overall objective	Indicators
<p>To reduce the suffering, and risks for development of severe trauma, of those who lost their family members and friends, social and economic livelihood and mobilise own and community strengths, and thereby increase the possibility of those affected, to regain own capacity, to build up their life again.</p>	<ul style="list-style-type: none"> • Decrease in stress related symptoms and decrease in the need for individual consultations during the implementation period. • Increased survivor knowledge and reinforced healthy coping mechanisms in local communities.
Goal / Overall objective	Indicators
<p>To extend and reinforce the Iranian Red Crescent Society's ongoing provision of psychosocial and basic relief support to the survivors of the earthquake</p>	<ul style="list-style-type: none"> • The project is run by the Iranian Red Crescent Society, the volunteers and staff are conducting psychosocial activities and the beneficiaries are participating in the activities. • Monitoring and evaluation system has been implemented by Iranian Red Crescent Society with minimum supervision by psychosocial support programme consultants.
Output / results	Selected indicators
<ul style="list-style-type: none"> • Outreach of community based psychosocial support programme activities to up to 20.000 affected people in Bam and surrounding villages • Capacity building of Iranian Red Crescent Society: 200 trained new volunteers and staff in psychosocial support programme work and integration of Iranian Red Crescent Society psychosocial support programme activities and briefing/debriefing systems into Iranian Red Crescent Society Disaster Response capacity and plans: 	<ul style="list-style-type: none"> • 20.000 survivors in Bam and the surrounding villages have been offered and have participated in psychosocial activities. • The beneficiaries regain the capacity to relate to others within the community and/or families and will to work. • Children regain desire and capacity to play, interact with other children, adults and other specific aspects of childhood. • Briefing and debriefing system is established for the 200 volunteers working with the psychosocial support programme activities for the survivors as well as training has been conducted for both volunteers and staff working with psychosocial support programme in Iranian Red Crescent Society.

Both monitoring and evaluation typically require a combination of qualitative and quantitative indicators for the same aspect measured.



Indicators for psychosocial well-being are likely to differ according to context

Choosing which indicators should be used for monitoring and evaluation is a process that combines considerations of

- initial information from early assessments on how the population is affected
- the local definition of psychosocial well-being
- the goal, objectives and activities of the planned response

Types of indicators	Purpose
Goal indicators	Measure the extent to which the overall programme goals are being achieved
Outcome indicators	Measure the extent to which the project/programme objectives are being met
Output indicators	Measure project/programme deliverables
Input indicators	Measure the extent to which the planned resources – money, materials, personnel are being utilised



Indicators in relation to psychosocial programming; PWG Objectives and Indicators

Proxy indicators

These are used to give an indication of a situation where direct measurement may not be possible. Assessing changes in the prevalence of behaviour which is not easily observable, such as domestic violence, child abuse or drug abuse, may depend on proxy indicators. An example of a proxy indicator is the number of reported incidents of domestic violence to the police. This

is unlikely to be the true number of incidents that occur, since it is known that many such incidents are not reported, but it nonetheless gives an indication of prevalence.

Measuring psychosocial well-being

Challenges of definition

One of the biggest challenges in this area is how to measure psychosocial well-being. There is agreement that psychosocial well-being is an interaction of psychological, social and cultural contextual factors. However, people working with psychosocial responses have struggled with developing definitions and accompanying indicators of psychosocial well-being. There have been numerous attempts to use previously developed scales or tools of well-being from other countries. At times monitoring and evaluation has been hopelessly inadequate, based solely on quantitative measurements of how many people have been reached in a response.



NANA WIEDEMANN/PS CENTRE

BEST TO AVOID**Measuring psychosocial well-being with clinical psychology tools**

There was a tendency in the past to use clinical psychological tools measuring individual disorders associated with reactions to crises, when planning responses. Typically investigations focused on symptoms of post-traumatic stress disorder, severe depression and different anxiety disorders. However, it is now understood that the majority of people affected by a crisis do not develop such severe psychological reactions. Instead most people are reacting normally to abnormal events. Secondly, the behaviours and symptoms that these tools measure risk creating a false impression or are irrelevant. Different populations have different ways of reacting to stressful events, and these tools do not measure universal behaviour or reactions. Third, psychosocial responses focus on communities and empowering communities to take care of themselves and each other. These tools, however, have an individualistic and clinical focus, and therefore should be avoided in community-based psychosocial interventions.

Relevant indicators of psychosocial well-being

By far the best way of identifying indicators of psychosocial well-being is through qualitative communication with the affected population. Focus group discussions, interviews with key informants and through observations of the community are all methods of collecting this type of information. The affected population can themselves best define how to recognize if someone is doing well or not doing well, and how the community is functioning.

Indicator categories

There are three typical categories of indicators in a psychosocial response which all contribute to the measurement of psychosocial well-being. These measure aspects of

- **emotional well-being**, such as trust, hope for the future, sense of control
- **social well-being**, such as the ability to interact; assist others; solve problems actively
- **skills and knowledge** resulting from participating in the psychosocial activities, such as learning how to resolve conflicts; gaining new skills

BEST PRACTICE

Behavioural indicators to measure psychosocial well-being

In a school-based psychosocial support programme, implemented by the Palestinian Red Crescent Society, specific behavioural indicators of psychosocial well-being have been identified: playfulness, trust and tolerance. The intervention consists of twenty guided workshops with children in the school setting, run by the teachers and volunteers from the Palestine Red Crescent Society. Prior to the first workshop, a selected number of children and parents complete a self-reporting questionnaire. This is repeated again following the last workshop, together with focus group discussions. Each workshop also includes monitoring activities, where the children are observed according to the chosen indicators.

Identifying such focused behavioural indicators has enabled the psychosocial team to gather very clear and precise results on the intervention. Additionally, it has led to the teachers increasing their awareness and focus on these aspects of behaviour, and to an increase in parental involvement in the child's activities in the schools.



JÉRÔME GRIMALDI / FRENCH RED CROSS



Individual and communal psychosocial well-being

As there are both individual and communal experiences of psychosocial well-being, it is useful to develop indicators of both, when working in a community-based

psychosocial response. An example of an indicator for individual psychosocial well-being is the score on a self-reported questionnaire that measures self-confidence. An example of an indicator of community psychosocial well-being is the percentage of community members who participate in a community activity planned to increase social cohesiveness.

International guidelines

The IASC Guidelines and Sphere Standards include sample process indicators for key actions that are presented in their action sheets. These provide guidance for developing specific programme indicators and encourage alignment with international approaches.

Reporting

Most Red Cross Red Crescent National Societies have specific requirements for monitoring and evaluation. These may, for example, include focus areas that are included in the National Society's Strategic Plan or other strategy documents. Be sure to investigate any specific monitoring or evaluating requirements that are relevant to all of the Red Cross Red Crescent National Societies involved in the psychosocial response.

Most National Societies also have specific formats for monitoring and evaluation reports. It is common that the same general formatting is often used for all areas of response. This provides consistency in the overall management of the National Society's response. To make sure that the data captured for monitoring and evaluating the psychosocial response is as precise as possible, effort and time will have to be spent on understanding the reporting formats so that all the necessary information is captured.

'Monitoring and Evaluation in a nutshell' provides examples of monitoring and evaluation formats in the annexes



BEST PRACTICE

Enabling cross-comparison of multiple country response

Following the Indian Ocean tsunami, the American Red Cross supported psychosocial responses in a number of countries simultaneously. Although responses differed according to the contexts and specific needs and resources of the affected populations, all of the psychosocial teams were required to follow similar overall monitoring procedures and reporting systems. Although each country adapted these to fit the context of the specific programme implemented, the overall consistency in this management tool enabled the Participating National Society to have a comparable overview of the multi-country response. This enabled both cross-country comparisons and opportunities for the psychosocial teams from different countries to learn from each other.

Monitoring and evaluation as research tools

There is an urgent call for more research on psychosocial responses. Although attention on psychosocial well-being has been steadily increasing over the past twenty or so years, research in this field has been surprisingly minimal. This is due to inadequate monitoring and evaluation processes, as mentioned earlier which are partly a consequence of the fear that rigorous methods of data collection would lead to insensitive and non-ethical practices due

to the subjective nature of psychosocial well-being. However, there is a growing understanding that committing to exact methods of data collection and analysis (such as baselines, comparison groups, sampling methodology etc) heightens sensitivity, contributing to our understanding of psychosocial well-being. Developing good monitoring and evaluation tools is therefore a very important investment, both for the implemented psychosocial intervention and for improving responses in the future.

Documentation

To use the results of monitoring and evaluation findings in research, make sure that the data collected is complete and kept safe, and that analysis and reporting conforms to research standards.

Longitudinal research

Working on a long term psychosocial response presents an excellent opportunity for starting a longitudinal study. This kind of research follows the same population over a long period of time, investigating changes in the behaviour and well-being of the population whilst analysing the causes of the changes. A typical three year psychosocial response may be too short for a full longitudinal study, but it can provide a starting point for researchers interested in this field.

Sharing research topics and information

Throughout the implementation period of the psychosocial response, be attentive to information that would be useful for this field of study. Monitoring and evaluation processes are ideal for identifying information gaps which can lead to relevant topics for research. If the psychosocial team is not in a position to begin researching, be sure to share ideas for research with others. These could be colleagues working with the same affected population, or other interested parties.



The Mental Health and Psychosocial Network is a useful forum for researches to share information

FINAL NOTES

Final Notes



Reference Notes

- 1) IFRC Psychosocial Framework 2005-2007
- 2) World Health Organization (1948). Constitution of the World Health Organization.
- 3) The Psychosocial Working Group. (2003) Working Paper. Psychosocial Intervention in Complex Emergencies: A Conceptual Framework
- 4) Inter-Agency Standing Committee. 2007. Guidelines on Mental Health and Psychosocial Support in Emergency Settings
- 5) Note that the IFRC VCA tool is also used for organizational development, to assess vulnerabilities and capacities of National Societies.
- 6) IFRC (2008) Guidelines for emergency assessment
- 7) These criteria are the same suggested by the Development Co-operation Directorate, where the following sources are quoted: The DAC Principles for the Evaluation of Development Assistance, OECD (1991), Glossary of Terms Used in Evaluation, in 'Methods and Procedures in Aid Evaluation', OECD (1986), and the Glossary of Evaluation and Results Based Management (RBM) Terms, OECD (2000). See http://www.oecd.org/document/22/0,2340,en_2649_34435_2086550_1_1_1_1,00.html
- 8) Horizons Program/Population Council and Family Health (2005) 'Ethical approaches to gathering information from children and adolescents in international settings: guidelines and resources.' <http://www.popcouncil.org/horizons/childrenethics.html>

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Glossary

Advocacy

The active support of a person, group or cause; actively speaking in support of a person, group or cause

Assessment

The process of gathering data and analyzing it to create information, in this context to establish the status of well-being of a particular population

Baseline study

A descriptive survey that provides information on the current status of a particular situation in a given population

Child abuse

All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (WHO Report on the Consultation on Child Abuse Prevention Geneva, March 29-31, 1999)

Community

A group of people who live together in an environment, or who share common cultural, religious or other social characteristics. For example, those who belong to the same ethnic group; go to the same church; work as farmers, or those who are volunteers in the same organisation

Community-based approach

Involves community members in partnership, recognizing their resilience, capacities, skills and resources, and building on these to deliver protection and solutions, and supporting the community's own goals (UNHCR 2008)

Community mobilisation

Activities that encourage community members to participate in the various aspects of an intervention. Examples are meetings with community leaders, large community meetings and events, forming an issue-based group.

Coping

The process of adapting to a new life situation – managing difficult circumstances, making an effort to solve problems or seeking to minimize, reduce or tolerate stress or conflict

Crisis

A critical event or series of events that leads to major changes in the lives of the affected. It can be due to natural disasters (such as floods, earthquakes, cyclones etc) and man-made events, (conflicts, population displacements, large-scale accidents etc)

Critical event

A sudden, powerful event that is outside the range of ordinary experiences and has an impact stressful enough to overwhelm the usually effective coping skills of either an individual or group

Disaster

An unforeseen and often sudden event of natural or human origin that causes widespread damage, destruction and human suffering. A disaster overwhelms local capacity, necessitating a request for external assistance at national or international level

Emergency

A sudden, usually unforeseen, event that calls for immediate measures to minimize its adverse consequences

Empowerment

Gaining control of the decisions that impact one's life, as an individual or as a group. This is mainly achieved by setting up structures that allow people to regain control over some aspects of life, a feeling of belonging and of being useful

Ethical

Conforming or adhering to accepted standards of social or professional behaviour

Evaluation

An evaluation is an objective assessment that explores if the implemented intervention has achieved its goal. Evaluations look at both the outputs and outcomes of a response and measure to what extent the

goals or overall objectives of an intervention have been met, asking the question 'did the change we aimed for come about?'

Exit planning

The process of planning when and how to bring an intervention to a close with the involvement of all those concerned

Grief

A natural process of response to loss, conventionally focused on emotional responses but having physical, cognitive, behavioural, social, and philosophical dimensions

IEC materials

Information, education and communicative (IEC) materials are typically produced to raise awareness of issues related to the aims of an intervention. Format may be visual, audio or audiovisual

Logical Framework Approach

A method of project design that structures project objectives and articulates assumptions affecting chosen strategies

Monitoring

An on-going observation system to verify whether project activities are happening according to plan

Pandemic

Epidemic over a wide geographic area and affecting a large proportion of the population

Pre-test

Preliminary testing of a measure

Programme locking

When objectives for a programme are set rigidly with little flexibility for amendment over the course of the intervention

Psycho-education

A method that focuses on strengthening people's capacity to understand their own or family members' reactions to distressing situations

Psychological first aid

Assistance given to people affected by a critical event. The four basic elements are to stay close; listen attentively; accept feelings; and provide general care and practical help

Psychosocial

Refers to the dynamic relationship between the psychological and social dimension of a person, where the one influences the other. The psychological dimension includes the internal, emotional and thought processes of a person – his or her feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices

Psychosocial support

Refers to the actions that address the psychosocial needs of individuals and of communities, taking into consideration psychological, social and cultural aspects of well-being

Psychosocial support programmes

Any planned programme or activity that aims to improve the psychosocial well-being of people. Programmes may be stand alone or integrated within broader responses

Psychosocial well-being

The positive state of being when an individual, family or community thrives. It is influenced by the interplay of human capacity (psychological and physical), social ecology and culture and values

Psychosomatic

When psychological problems are expressed through physical problems or pain

Qualitative data

Non-numeric information, usually descriptive and in narrative format

Quantitative data

Numeric information including quantities, percentages and statistics

Recovery

The process of restoring well-being after a critical event or crisis

Resilience

A person's ability to cope with challenges and difficulties, and to recover quickly. Often described as the ability to 'bounce back'

Risk analysis

To systematically identify threats and / or risks, estimating their probability and severity and to decide on the appropriate response

Stakeholder

A person, group, organisation or system who shares interest in something, for example, in a programme, initiative or community

Stress

A normal response to a physical or emotional challenge which occurs when demands are out of balance with resources for coping. At one end of the scale, stress represents those challenges which excite us. At the other end, stress represents situations where individuals are unable to meet the demands upon them, and ultimately suffer physical or psychological breakdown

Support groups

Forums where participants can provide each other with emotional and practical support

Sustainability

The ability to maintain something – in this context a programme or intervention – into the future

Trauma

Used commonly to describe either a physical injury or a psychological injury caused by some extreme emotional assault. In this context, trauma is associated with severe psychological and physical distress requiring specialised services

Vulnerability

A range of factors that may decrease an individual's or community's ability to cope with distress experiences.

E.g. poverty, mental or physical health disabilities, lack of social network, lack of family support, age and gender

Vulnerable groups

Used to describe groups of people living with health challenges (e.g. HIV & AIDS, TB, diabetes, malaria, and cancer), people with physical disabilities and/or mental illness, children and adolescents, older people, women, unemployed persons, people living in poverty, and ethnic minority groups

Acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CABAC	Children affected by armed conflict
CRC	Convention on the Rights of the Child
ERU	Emergency response unit
FACT	Field assessment and coordination team
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IEC	Information and education communication (materials)
IFRC	International Federation of Red Cross and Red Crescent Societies
INEE	Inter-Agency Network for Education in Emergencies
NGO	Non-governmental organisation
PFA	Psychological First Aid
PMI	Palang Merah Indonesia (Indonesian Red Cross Society)
PPP	Project Planning Process
PS Centre	International Federation Centre for Psychosocial Support
RDRT	Regional disaster response team
SWOT	Strengths, weaknesses, opportunities, threats (analysis)
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VCA	Vulnerability and Capacity Assessment
VIPP	Visualisation in Participatory Processes
WHO	World health Organisation

CD Contents

Introduction		
Page in handbook	Name of File on CD	Full document title
Additional reading	Psychosocial interventions. A handbook	Psychosocial interventions. A handbook
Additional reading	WHO Psychosocial Consequences	Psychosocial Consequences of Disaster. Prevention and management.

Setting the Context		
Page in handbook	Name of File on CD	Full document title
28	Psychosocial Working Group Conceptual Framework	Psychosocial Intervention in Complex Emergencies: A Conceptual Framework
21	Sense of Place	Sense of Place: A Model for Community Based Psychosocial Support Programs
31	Sense of Place 2	American Red Cross. Sense of place - a guide basic concept on scope of PSP activities
49	The Sphere Project	The Sphere Project. Humanitarian Charter and Minimum Standards in Disaster Response
49	CRC	Convention on the Rights of the Child
50, 56, 83, 119, 137,	IASC Guidelines	IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings
50	IASC Guidelines Checklist for Field Use	IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Checklist for Field Use
51	IFRC Psychological Support Policy	IFRC Psychological Support Policy
51	INEE Minimum Standards	Inter-Agency Network for Education in Emergencies. Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction
Additional reading	AmCross India MHPSS pictorial	Pictorial Guide. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.
Additional reading	Poster IASC Mental Health Psychosocial	Poster. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.
Additional reading	WHO Mental Health in Emergencies	WHO Mental Health in Emergencies: Mental and Social Aspects of Health of Populations Exposed to Extreme Stressors
Additional reading	IFRC Global Health and Care Strategy	IFRC, Global Health and Care Strategy. 2006-2010

Assessment		
Page in handbook	Name of File on CD	Full document title
56, 63	IFRC Guidelines Emergency Assessment	IFRC. Guidelines for assessment in emergencies.
56	VCA folder	
56	How to do a VCA	How to do a VCA. A practical step-by-step guide for Red Cross Red Crescent staff and volunteers
56	VCA Lessons Learned	Vulnerability and capacity assessment. Lessons learned and recommendations
56	What is VCA	What is VCA? An introduction to vulnerability and capacity assessment
56	VCA toolbox	VCA toolbox with reference sheets
58	Children of Kabul	The Children of Kabul. Discussions with Afghan families.
60	WHO Rapid Assessment Tool	TOOL. Rapid Assessment of Mental Health Needs of Refugees, Displaced and Other Populations Affected by Conflict and Post-Conflict Situations
Additional reading	FACT Handout	Field Assessment and Coordination Teams (FACT)
Additional reading	Alcohol, Substance Abuse Rapid Assessment	Rapid Assessment of Alcohol and Other Substance Use in Conflict-affected and Displaced Populations: A Field Guide
Additional reading	OVC Participatory Situational Analysis	A Framework and Resource Guide. Conducting a Participatory Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS: Guidelines and Tools

Planning and Implementation		
Page in handbook	Name of File on CD	Full document title
81	Working with communities	IFRC. Working with communities: a toolbox
81	Participation by Crisis-Affected Populations	Participation by Crisis-Affected Populations in Humanitarian Action. A Handbook for Practitioners
81	Community Participation	Community Participation. By E. Segerstrom (2001). In Loughry, M & Ager, A (eds). Refugee Experience-Psychosocial Training Module. Oxford: Refugee Studies Centre
81	Managing stress in the field	IFRC. Managing Stress in the field
97	Protection	
97	InterAction Protection Paper	Making Protection a Priority

Planning and Implementation		
Page in handbook	Name of File on CD	Full document title
97	10 steps on protection of children	Ten Steps to Creating Safe Environments for Children and Youth. A Risk Management Road Map to Prevent Violence & Abuse
97	Unaccompanied and Separated Children	Inter-agency Guiding Principles on unaccompanied and separated children
97	NIMH Helping Children Cope Violence	National Institute of Mental Health. Helping Children and Adolescents Cope with Violence and Disasters
97	All children deserve to be safe	ALL CHILDREN DESERVE TO BE SAFE!
97	ICRC Children in War	ICRC Children in War
97	CSE Fact Sheet for National Societies (English and French)	Creating safe environments: Fact Sheet. Integration of child protection as a cross-cutting issue
97	Child Friendly Spaces UNICEF	UNICEF. A Practical Guide for Developing Child Friendly Spaces
107	Activities	
107	ECPAT Children activities	Ideas Bank of Creative Activities for Children at Drop-in or Residential Centres (Low Budget Activities for Non-literate Children)
107	Ideas for activities per age group – tsunami	Basic Ideas for Activities with Children after the Tsunami (Draft)
109	Comparisons between terminologies	Comparisons between terminologies of different donor agencies for results/logical frameworks
112	IFRC PPP Handbook	IFRC. Project Planning Process Handbook
112	SIDA LFA-review	The use and abuse of the logical framework approach
120	IFRC Staff Code of Conduct 2007	IFRC. Code of Conduct 2007
Additional reading	E-PSP Guidance Note	PS Centre. Guidance Note – Implementing Psychosocial Programmes (PSP) in Emergency-settings
Additional reading	Psychosocial Support of Children in Emergencies	UNICEF. Psychosocial Support of Children in Emergencies
Additional reading	IFRC CAP indicators	IFRC. Capacity Assessment and Performance Indicators (CAP) IFRC.
Additional reading	List of Acronyms for International Services	List of Acronyms for International Services
Additional reading	JH Public Health Chapter 5	Emergency mental health and psycho-social support. Chapter 5 in 'Public Health in Emergencies.' John Hopkins and IFRC publication
Additional reading	MSF Mental Health Guidelines	Medecins Sans Frontier. Psychosocial and mental health interventions in areas of mass violence, 2005

Training		
Page in handbook	Name of File on CD	Full document title
133	PS Centre Training Kit	
133	Trainer's book	PS Centre Community-based psychosocial support training kit. Trainer's book.
133	Trainer's slides	PS Centre Community-based psychosocial support training kit. Trainer's slides
133	Participant's book	PS Centre Community-based psychosocial support training kit. Participant's book
150	Generic Psychosocial Support training material	
150	Post Disaster Community Based Psychosocial Support	Cyclone SIDR Recovery Operations: Bangladesh. Post Disaster Community Based Psychosocial Support. A trainer's manual for community level volunteers
150	Community based psychosocial services	Community based psychosocial services in humanitarian assistance. A Facilitator's Guide.
150	Crisis to recover	Crisis to recovery: the road to resilience. Disaster mental health and psychosocial care manuals. Number 6.
150	Helping to heal. Trainers manual	Helping to heal. A Red Cross Methodology for psychosocial care. Trainer's Manual.
150	Helping to heal. Volunteer handbook.	Helping to heal. A Red Cross Methodology for psychosocial care. Volunteer handbook.
150	Witnessing a major disaster	University of South Dakota. Disaster Mental Health Institute. Coping with the aftermath of witnessing a major disaster.
150	Normal reactions to abnormal events	PMI/DRC Community based psychosocial support workshop material 2005. Normal reactions to abnormal events. Training for volunteers and teachers.
150	Community based PSP in a disaster	American Red Cross. PSP Maldives. For use by trained community level Psychological First Aid workers in disaster settings. Community Based Psychosocial Support in a Disaster.
150	Child centered training material	
150	Child-safe Organizations	Child-safe Organizations. Training toolkit
150	Children and disaster	Children and War Foundation. Children and disaster. Teaching Recovery Techniques
150	Children and Disaster workbook	Children and War Foundation. Workbook for the Children and disaster manual
150	Children and war	Children and War Foundation. Children and war. Teaching Survival Techniques
150	Children and War workbook	Children and War Foundation. Workbook for the Children and war manual
150	Child Protection Trainers Workshop	PowerPoint Presentation. Child Protection Trainers Workshop

Training		
Page in handbook	Name of File on CD	Full document title
150	Child Protection Trainers Workshop Outline	Child Protection Trainers Workshop Outline
150	Child Protection Volunteers Workshop	PowerPoint Presentation. Child Protection Volunteers Workshop
150	Child Protection Volunteers Workshop Outline	Child Protection Volunteers Workshop Outline
150	Child Protection in Emergencies. UNICEF	Introduction to Child Protection in Emergencies. An Interagency Modular Training Package. Child Protection in Emergencies Training and Resource CD: Psychosocial Module
150	REPSSI Memory Work	REPSSI Memory / Life Story Work Manual
150	Identifying Psychological Distress in Children	American Red Cross. PSP Maldives. School Psychosocial Support Program. Booklet 1. Designed for use by trained community level psychological first aid workers and teachers. Identifying Psychological Distress in Children.
150	Psychological First Aid for Children	American Red Cross. PSP Maldives. School Psychosocial Support Program. Booklet 1. Designed for use by trained community level psychological first aid workers and teachers. Psychological First Aid for Children
150	Volunteer-Staff Care training material	
150	Psychological Debriefing in Cross-Cultural Contexts	Psychological Debriefing in Cross-Cultural Contexts: Ten Implications for Practice. International Journal of Emergency Mental Health, Vol. 9, No. 1, pp.37-45 © 2007 Chevron Publishing ISSN 1522-4821
150	Health professional training example	Psychosocial Support Training Module For Health Professionals. Pakistan Red Crescent
150	Teacher training example	Psychosocial Support Training Module For Teachers. Pakistan Red Crescent
150	Self-Care for Disaster Workers. Facilitator's Guide	Canadian Red Cross Society. Facilitator's Guide Worker Care: Level 1. Self-Care for Disaster Workers
150	Self Care for Disaster Workers. Participant Guide	Canadian Red Cross Society. Participant Guide Worker Care: Level 1. Self-Care for Disaster Workers
150	Working in stressful Situations	Turkish Red Crescent Society. Working in stressful situations. A Guide for Humanitarian Aid Workers and Volunteers
150	UNICEF peer support manual.	Support to UNICEF staff following chronic and critical stress. Guidelines for peer supporters
150	Self Care for Disaster Workers	American Red Cross. PSP Maldives. Community Psychosocial Support Program. Booklet 2. Designed for use by community level workers. Self Care for Disaster Workers.

Monitoring and Evaluation		
Page in handbook	Name of File on CD	Full document title
162	The Good Enough Guide	Impact Measurement and Accountability in Emergencies. The Good Enough Guide
164	Daily reporting form example	Daily reporting form
165, 177	Monitoring and evaluation in a nutshell	IFRC. Monitoring and evaluation in a nutshell
170	Gathering information from children and adolescents	Ethical Approaches to Gathering Information from Children and Adolescents in International Settings: Guidelines and Resources
172	Indicators in relation to psychosocial programming	PS Centre. Indicators in relation to psychosocial programming
Additional reading	Good practises in evaluating psychosocial programming.	Children in Crisis: Good practices in evaluating psychosocial programming.
Additional reading	PWG Objectives and Indicators	The Psychosocial Working Group. Reflections on Identifying Objectives and Indicators for Psychosocial Programming
Additional reading	Behavioral Surveillance Surveys	Behavioral Surveillance Surveys. Guidelines for repeated behavioural surveys in populations at risk of HIV.
Additional reading	WHO Ethical and safety recommendations	WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies
Additional reading	Community Participatory Evaluation Tool	The Community Participatory Evaluation Tool for psychosocial programs: a guide to implementation. Intervention 2005, Volume 3, Number 1, Page 03 - 24
Additional reading	Examples of behavioural indicators	PowerPoint slide: Behavioural indicators. Emotional impact commonly observed after crisis events
Additional reading	Examples of resilience characteristics	Resilience Characteristics for Individual, Different Groups and Community as whole

Links to useful websites referred to in the handbook

Page 26: http://www.youtube.com/watch?v=3bsabzx_gEE&feature=channel_page

Page 31: <http://www.youtube.com/watch?v=5PeXf6jgHDc>

Page 38: <http://antaresfoundation.org/> and <http://peopleinaid.org/>

Page 48: <http://www.un.org/Overview/rights.html>

Page 49: <http://www.unhchr.ch/html/menu3/b/k2crc.htm>

Page 49: <http://www.sphereproject.org/>

Page 50: http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

Page 50: http://www.who.int/mental_health/emergencies/IASC_guidelines.pdf

Page 51: <http://www.ifrc.org/Docs/pubs/who/policies/psychological-policy-en.pdf>

Page 51: <http://www.ineesite.org/toolkit>

Page 60: <http://www.ifrc.org/what/disasters/responding/drs/tools/fact.asp>

Page 60: <http://www.ifrc.org/what/disasters/responding/drs/tools/rdr.asp>

Page 92: <http://psp.drk.dk/sw37505.asp>

Page 96: <http://www.redcross.ca/article.asp?id=294&tid=030>

Page 133: <http://www.ifrc.org/psychosocial>

Page 148: http://www.southbound.com.my/Vipp/Vipp_AboutVipp_WatIsVIPP.htm

Page 150: <http://www.repssi.org/>

Page 178: <http://psychosocialnetwork.net/>

7. Recommended reading

Some of documents listed below are included in the attached CD

Bamberger, M., Rugh, J. & Mabry, L., 2006. *Real World Evaluation: Working under Budget, Time, Data and Political Constraints*. California: Sage

Bolt, P. and Tang, A., *A new approach to cross-cultural function assessment*. Available at: http://www.who.int/mental_health/emergencies/2.2_key_resource_4_bolton_article.pdf

Duncan, J. and Arntson, L., 2004. *Children in Crisis: Good Practices in Evaluating Psychosocial Programming*. Save the Children Federation Inc.

Feuerstein, M., 1986. *Partners in Evaluation: Evaluating Development and Community Programmes with Participants*. London: MacMillan

Hart, J. with J. Boyden, Armstrong, M. and Galappatti, G., *Piloting methods for the evaluation of psychosocial programme impact in eastern Sri Lanka. Report for USAID*. Oxford: Refugee Studies Centre, March 2004. Available at: <http://www.rsc.ox.ac.uk/PDFs/rrpilotingmethods04.pdf>

Save the Children, 2001. *Children and Participation: Research, Monitoring and Evaluation with Children and Young People*. London: Save the Children UK.

Save the Children, 1995. *Toolkits. A Practical Guide to Assessment, Monitoring, Review and Evaluation*. London: Save the Children UK

UNHCR, 2008. *A Community-based Approach in UNHCR Operations*. Available at: <http://www.unhcr.org/publ/PUBL/47f0a0232.pdf>

UNICEF East Asia and Pacific Regional Office, 2007. *The Participation of Children and Young People in Emergencies*. Available at: http://www.unicef.org/eapro/the_participation_of_children_and_young_people_in_emergencies.pdf

UNICEF, 2008. *Psychosocial Evaluation Guide – field testing version*. Available at: www.psychosocialnetwork.net

The International Federation's Global Agenda

2006–2010

Over the next years, the collective focus of the Federation will be on achieving the following goals and priorities:

Our goals

Goal 1: Reduce the number of deaths, injuries and impact from disasters.

Goal 2: Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

Goal 3: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

Goal 4: Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

Our priorities

Improving our local, regional and international capacity to respond to disasters and public health emergencies.

Scaling up our actions with vulnerable communities in health promotion, disease prevention and disaster risk reduction.

Increasing significantly our HIV/AIDS programming and advocacy.

Renewing our advocacy on priority humanitarian issues, especially fighting intolerance, stigma and discrimination, and promoting disaster risk reduction.

The International Federation of Red Cross and Red Crescent Societies promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support, it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.



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