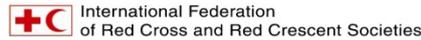


# Psychosocial Centre



## COMPETENCY FRAMEWORK PSYCHOSOCIAL SUPPORT DELEGATES IN EMERGENCIES

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## Introduction

### IFRC Strategy 2020

IFRC Strategy 2020 provides the basis for the strategic plans of National Societies. As a “dynamic framework that is responsive to differing contexts and changing circumstances”, the Strategy 2020 is a guide to formulate National Societies strategic plans. The IFRC Strategy 2020 also serves as the basis for updating, harmonizing and developing new implementation tools, such as the Psychosocial Support in Emergencies (PSSiE) competency framework.

IFRC Strategy 2020 has three main aims:

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

PSSiE interventions contribute to fulfilling the aims of the Strategy 2020. For example, many psychosocial interventions and approaches such as psychological first aid specifically assist in strengthening the ability to recover from disasters and crises (aim 1). Child friendly spaces and other safe spaces enable healthy and safe living (aim 2), and violence prevention and protection activities integrated into psychosocial work promote a culture of non-violence and peace (aim 3).

### Note on the use of the term MHPSS

In line with the Inter-Agency Standing *Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (IASC 2007), the composite term *mental health and psychosocial support* is used also in this document to describe supports, interventions and programmes that aim to protect or promote psychosocial well-being and to prevent mental disorders. The IASC guidelines state that this use of this composite term “serves to unite a broad group of actors as possible and underscores the need for diverse, complementary approaches in providing appropriate supports.” Embracing this composite term will assist PSSiE delegates in their endeavour to, in the words of the IASC guidelines, ‘unite’ and work with diverse practitioners and organizations the field.

## PS Centre Competency Framework for Psychosocial Support Delegates in Emergencies

This Competency Framework is developed by the IFRC Reference Centre for Psychosocial Support (PS Centre) and the ERU Technical Working Group and is in line with IFRC Humanitarian Health Competency Matrix Tools and Guidance (HHCF).

The PSSiE Competency Framework identifies the competencies, tasks and responsibilities for four distinct different types of deployments for psychosocial support in emergencies (PSSiE). These are: Surge/FACT PSS delegate, PSS delegate on first rotations, Community outreach PSS delegate, and ERU health facility delegate.

The PSSiE Competency Framework clarifies the needed competencies of PSSiE delegates in an effort to aid recruitment of psychosocial delegates and roster members with the right profiles. The PSSiE Competency Framework assists all involved parties in defining PSSiE delegates' competencies, tasks and responsibilities.

The Competency Framework describes the core, generic and technical competencies for all PSSiE delegates, and outlines tasks and responsibilities pertaining to the different types of deployments: Surge/FACT PSS delegate, PSS delegate on first rotations, Community outreach PSS delegate, and ERU health facility delegate. The described levels delegates need to possess correspond to the tiers in HHCF and is clearly stated under each type of deployments. An optimal sequence for progression and knowledge acquisition for PSSiE delegates is proposed. A set of indicators based on the PS Centre's Monitoring and Evaluation framework (2016) to be used by the PSSiE delegates to create a logframe/plan of action for their work ) is to be found as annex B.

In complex emergencies, IFRC may deploy a Staff Health delegate who may collaborate with the PSSiE delegates and a job description is to be found as Annex A for easy reference and comparison with PSSiE delegates' job tasks and responsibilities.

## How to use this guide

The competency framework can be used by:

- Human resource departments in IFRC and National Societies to ensure more informed recruitment and deployment of PSSiE delegates
- Surge desks at IFRC and National Societies to match the needs of a specific disaster response with delegates available for deployment
- Psychosocial and health teams in IFRC and National Societies to plan trainings for disaster response delegates or volunteers.
- FACT and ERU team leaders, Host National Societies, IFRC Regional and Geneva-based staff members as well as PSSiE delegates themselves to get an overview of competencies, tasks and responsibilities

When creating job descriptions for PSSiE delegates using the following list of content is recommended in line with IFRC HHCF:

1. Job title
2. Role purpose
3. Key outcomes of role for PSSiE response
4. Essential core and generic competencies
5. Technical PSS competencies
6. Desirable knowledge skills

Should assistance in the recruitment process of PSSiE delegates be requested, the PS Centre is always ready to assist.

## Tasks and responsibilities for different PSSiE deployments

Four distinct types of PSSiE deployments have been identified through the last years of emergency deployments by the TWG members. The identified types of deployments are as:

- Surge/FACT PSS delegate
- PSSiE delegate
- Community outreach PSS delegate and
- ERU health facility PSS delegate

Each type of deployment demands specific competencies and has different tasks and responsibilities. The team leader or in some cases the HeOps will be the line manager of PSSiE delegates and as such will assist in defining specific and general tasks and responsibilities. There are a certain number of tasks and responsibilities that the PSSiE delegate will only undertake at the request of and in consultation with the team leader as noted under each of the different types of PSSiE deployments.

The PSSiE delegate will usually work closely with the Health delegate and the Protection, Gender and Inclusion delegate, in case there is the latter. In this case there will be some overlaps in tasks and responsibilities, that the team leader and the delegates will coordinate as needed. If several PSS delegates are deployed at the same time there will also be certain overlaps in tasks and responsibilities.

## PSSiE delegate professional background and experience

Education and professional background	Most preferred	Preferred
Counsellor, social worker, psychologist or psychiatrist	X	
Teaching or pedagogical professional		X
Health or public health professional		X
Anthropologist or related areas		X
International studies or related areas		X
Experience	Required	Preferred
Experience in mental health and psychosocial support (MHPSS) activities for at least 1 year	X	
Experience in conducting trainings in MHPSS, eg. Psychological First Aid trainings	X	
Experience in providing counselling and psychological interventions to emotional distress and problems		X
Professional work experience, preferably in an emergency setting		X
Languages	Required	Preferred
Fluently spoken and written English	X	

Good command of other IFRC official languages (French, Spanish or Arabic)		x
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## PSSiE delegate core, generic technical and psychosocial technical competencies

The Competency Framework describes the knowledge<sup>1</sup>, skills and behaviours that a PSSiE delegate must possess in emergency responses. PSSiE delegates take part in Emergency Health operations, thus to align concepts and competencies with the IFRC HHCF, the same definitions of core and technical competencies are used.

The HHCF describes competencies as *“lists of skills, knowledge and characteristics required to perform a job or task. Competencies are often packaged to form a competency model that details specific knowledge, skills and characteristics associated with a job profile. A competency matrix is a compilation of competency models to capture a mix of job profiles working in a similar area...”*<sup>2</sup>

HHCF defines core competencies as *“basic ‘soft’ skills that are required to effectively work in a team or group setting, regardless of the person’s culture or background. Core competencies typically include areas such as communication, collaboration, and cultural awareness.”* And technical competencies are described as *“the specific technical knowledge, skills and characteristics required to perform a role.”*

The core and generic technical competencies are common for the different types of PSSiE deployments and identify the generic knowledge, skills and behaviours that are required of psychosocial delegates to perform their tasks. Furthermore for each type of deployment a set of technical mental health and psychosocial competencies are noted. The core, generic technical and psychosocial technical competencies are listed in the matrix below.

Special attention should be paid by the team leader or HeOps and delegate to the division of tasks and responsibilities when it comes to assistance for staff support. The PSSiE main work load is focused on the people of concern, however, if there is a need for support to staff two things will be observed: It is done at the request of the team leader or HeOps and PSSiE delegates do not share any personal information with the hierarchical line unless consent is given by those in question.

The PSSiE competency framework operates on and corresponds to what is defined as tier B in the IFRC HHCF except for the Surge/FACT PSS delegate who operates on tier C.

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<sup>1</sup> PSSiE delegates are familiar with and work within the framework of the guiding documents: IASC: *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, The Sphere Handbook: *Humanitarian Charter and Minimum Standards in Humanitarian Response*, IFRC: *Minimum Standard Commitments to Gender and Diversity in Emergency Programming*, PS Centre and Canadian Red Cross: *Rapid Assessment Guide for Psychosocial Support and Violence Prevention in Emergencies and Recovery* and UNHCR: *Operational Guidance Mental Health & Psychosocial Support Programming for Refugee Operation*.

## PSSiE delegate core competencies

- Independent and analytical
- Collaborative and cooperative
- Assertive in communication
- Communicate clearly and effectively verbally and in writing
- Adapt information and communication style and techniques vis-à-vis different audiences
- Contextually and inter-culturally sensitive
- Be able to incorporate strategies for interacting with persons from diverse background
  
- Modify interventions and programmes in light of age, gender and diversity
- Empathetic and trustworthy
- Flexible and innovative
- Grounded and well-balanced

## PSSiE delegate generic technical competencies

### Red Cross Red Crescent context

- Familiar with the Movement, its policies and the emergency set up
- Work closely with the Host National Society to promote overall Host National Society capacity building

### Advocacy

- Advocate for mental health and psychosocial support with stakeholders, partners and colleagues
- Advocate for the integration of psychosocial support and mental health into other programmes e.g., WASH, nutrition and shelter.

### Community participation

- Knowledge in conducting participatory assessments and approaches to increase accountability to affected populations.
- Identify local leaders and support and establish networks
- Experience with community mobilization and stakeholder involvement.

### Coordination

- Engage and coordinate effectively with all groups as e.g. colleagues, men, women, girls and boys affected by the emergency, target beneficiaries, community leaders, National Governments and local mental health and psychosocial support actors
- Attend mental health and psychosocial support local and national coordination meetings (where they exist).

#### Programming

- Familiar with programme cycle and programme management tools

#### Accountability

Work according to Emergency Response Unit standard operating procedures, IASC and SPHERE guidelines, IFRC Minimum Standard Commitments to Gender and Diversity in Emergency and other global tools and guidelines

- Model accountability and transparency to and among volunteers and people affected by the emergency

### PSSiE delegate psychosocial technical competencies

#### Mental health and psychosocial support

- Knowledge of protection and psychosocial assessment, monitoring and evaluation tools
- Ability to analyse and recommend appropriate interventions
- Familiar with child protection, SGBV prevention and response, violence prevention and mental health and psychosocial support intervention and activities in emergencies
- Implement mental health and psychosocial community-based supports and protection approaches and interventions with an inclusive approach
- Knowledge and experience with different types of psychosocial interventions and their adaptation to local context

#### Learning & training

- Counselling and stress management skills
- Knowledge of adult learning, facilitation and transfer of knowledge
- Training at ToT level in psychosocial support following IFRC tools and international guidelines
- Mentoring and supervision of staff and volunteers
- Volunteer management

#### Contextual sensitivity

- Be aware of how mental health and psychosocial support is understood by the target population (e.g., understood through the lens of spirituality, voodoo/demons, awareness of stigma and discrimination, types of terminology used etc).

## Additional psychosocial technical competencies required for different types of deployments

Surge/FACT PSS Delegate	PSSiE delegates	ERU health facility PSS delegate	Community outreach PSS delegate
Corresponds to tier C in CCHF	Corresponds to tier B in CCHF	Corresponds to tier B in CCHF	Corresponds to tier B in CCHF
Demonstrated skills in programme development and proposal writing	Programme development and proposal writing	Psychosocial and protection aspects of public health in emergencies	Knowledge of the transitioning phases from emergency to recovery
Stress management in volatile security environment	Experienced facilitator and mentor	Mitigation of long term impact of disasters and resilience building	Knowledge of how to mitigate long term impact of disasters and on resilience building
	Planning and coordination skills in, during and after crisis events	Establishing community-based support systems	Long term planning in the areas of protection and psychosocial support
		Knowledge and experience in responding to issues around grief and loss	

### Suggested IFRC trainings/ courses

FACT or Surge	CBPSS	CBPSS	CBPSS
CBPSS	PSSiE	PSSiE	PSSiE
PSSiE	SGBV	SGBV	SGBV
MHPSS in Emergencies module of Emergency Health online course	Caring for volunteers	MHPSS in Emergencies module of Emergency Health online course	Caring for volunteers
Psychological First Aid	MHPSS in Emergencies module of Emergency Health online course	Psychological First Aid	MHPSS in Emergencies module of Emergency Health online course
	Psychological First Aid	Lay Counselling	Psychological First Aid

## Suggested terms of reference for PSSiE delegates

### Surge/FACT PSS delegate

Surge/FACT PSS delegates focus on assessment, activity and programme development, technical support and coordination.

Surge/FACT PSS delegates are deployed often within 48 hours to humanitarian emergencies and are expected to serve up to four weeks in a deployment cycle.

Surge/FACT PSS delegates are experienced Red Cross Red Crescent delegates with extensive knowledge of and experience with protection and psychosocial support in emergencies.

#### Reporting lines

Surge/FACT PSS delegates report to Surge/FACT team leader or HeOps

#### Surge/FACT PSS delegates focus on:

- Assessing and identifying protection and psychosocial needs and capacities and ensuring that Red Cross Red Crescent actions address these
- Coordinating with government, UN representatives and organizations, IFRC, ICRC, Host National Society, field teams and others for a coordinated and efficient response
- Advice and plan with Movement partners and stakeholders for an appropriate response
- Acting as a Child Protection focal point if needed

### RESPONSIBILITIES AND TASKS

#### Assessment, planning and programme development

- Assess the diverse mental health and psychosocial and protection needs and capacities of the population based on factors as cultural, socioeconomic, gender, age, sexual orientation, and physical and mental capabilities
- Assess the capabilities, needs and priorities of the Host National Society in the area of protection and psychosocial support
- Develop assessment questionnaire and carry out assessments in protection and psychosocial support using a mixed variety of methodologies
- Train assessment teams to carry out assessments
- Train trainers in contextualized approaches and interventions for psychological first aid and other key interventions
- Adapt PS Centre monitoring and evaluation system aligned with international standards
- Develop an Emergency Plan of Action with budget and recommendations to support an emergency appeal operation

- With the Host National Society develop country specific psychosocial support strategies taking age, gender and diversity into consideration
- Assess needs for psychosocial supports to delegates, national staff and volunteers
- With the Host National Society develop structures and mechanisms for staff and volunteers support
- Map referral pathways, develop templates and procedures for follow up of referrals

### **Capacity building**

- Support and supervise delegates and Host National Society upon request in relevant areas
- Support, supervise and monitor focal persons in the Host National Society and volunteers when needed
- Identify and contextualize PS Centre and other global information, education and communication materials
- Advocate for the importance of integrating protection and psychosocial support in a multi-sectorial setting
- Provide input to programmes, interventions and strategies and appeals based on assessment findings that build on global minimum standards and identified best practices
- Assist Host National Society in developing psycho-educational messages for various media

### **Advocacy and liaison**

- Advocate for the importance of integrating mental health and psychosocial support and global protection minimum standards in a multi-sectorial setting
- Participate in mental health and psychosocial support working groups (where they exist) and relevant humanitarian clusters (in IDP settings) and working groups (in refugee settings). Example relevant (sub)- clusters are: protection, GBV, child protection, health and/ or education.
- Establish relations with other agencies and coordinate wherever possible
- Link with other Movement partners to develop adapted guidelines for protection and psychosocial support
- Ensure that IFRC actions are in support of the Host National Society and is part of a coordinated response with partner agencies
- Provide regular and timely reports following global standards

### **At the request of the Surge/FACT team leader**

- Offer technical advice on actions to take as e.g. interventions that further the development of a culture of stress management and conflict resolution in the team
- Provide psychological first aid to team members in acute need hereof

## PSSiE delegates

PSSiE delegates continue the work initiated by the Surge/FACT teams or previous PSSiE delegates and they ensure to include community interventions. They develop the work plan for future rotations and begin planning for the recovery phases.

PSSiE delegates focus on continuing assessment, programme and activities development, implementation and coordination if needed. They act as technical advisors in matters of protection and PSS, train, supervise, and monitor implementation of activities and interventions and ensure links to relevant IFRC structures. PSS delegates must be Red Cross Red Crescent experienced and have knowledge of protection and psychosocial support in emergencies.

### Reporting lines

PSSiE delegates reports to ERU team leader or HeOps

### PSSiE delegates focus on:

- Coordinating with and advising Host National Society, IFRC structures and field teams for coordinated and efficient services and projects that lead into the recovery phases
- Planning and collaborating with Movement and external partners for appropriate responses in protection and MHPSS
- Assessing and identifying protection and psychosocial needs of those affected by the crisis event
- Acting as a Child Protection focal point if needed

## RESPONSIBILITIES AND TASKS

### If needed continue the work of Surge/FACT PSSiE delegates in:

#### Assessment, planning and programme development

- Adapt assessment questionnaire and carry out assessments in protection and psychosocial support using a mixed variety of methodologies
- Train assessment teams to carry out assessments and analyse findings in order to develop or revise a plan of action
- Develop, finalize or offer technical advice on the Emergency Plan of Action with a focus on integration of PSS and VP across all relevant sectors including outreach to communities
- Map referral services and pathways, develop templates and procedures for follow up of referrals
- Information management vis-à-vis target populations

#### Capacity building and volunteer management

- Develop volunteer profiles, recruit, screen, train, mentor or supervise volunteers with Host National Society
- Train volunteers and/or train trainers in protection and psychosocial support approaches and interventions such as psychological first aid, psychoeducation, RFL, Child Friendly Spaces and other community spaces.
- Support and capacity build the Host National Society's focal point(s) in the areas of protection and psychosocial support
- Promote conflict resolution techniques
- Implement protection and mental health and psychosocial support component of appeals etc.

#### Programmatic area

- Plan for appropriate community mobilization and stakeholder involvement

- Where appropriate establish Child and other Friendly Spaces, supportive activities and support groups etc.
- Adapt/develop a monitoring and evaluation system aligned with and based on IFRC and PS Centre standards
- Provide input to programmes, interventions and strategies and appeals based on assessment findings that build on global minimum standards and identified best practices
- With the Host National Society develop country specific psychosocial support strategies taking age, gender and diversity into consideration
- Develop, translate and produce contextual information, education and communication materials
- Develop a psychosocial support strategy and action plans with the Host National Society
- Develop structures and mechanisms for staff and volunteers support with the Host National Society

#### **Advocacy and liaison**

- Map and establish relations and coordinate with stakeholders, Movement partners and other agencies for common interventions such as developing guidelines for protection and psychosocial support
- Ensure that IFRC actions are in support of Host National Society and are part of a coordinated response with partner agencies
- Model accountability and transparency to and among partners, donors and people affected by the crisis event
- Advocate for the importance of integrating protection and psychosocial support in a multi-sectorial settings

#### **Reporting and visibility**

- Provide regular and timely reports
- Be available for interviews, identify newsworthy stories and provide input to IFRC, National Societies and Host National Society's communication departments, international and local media etc.

#### **At the request of the ERU team leader or HeOps**

- Offer technical advice on actions to take as e.g. interventions that further the development of a culture of stress management and conflict resolution in the team
- Assess needs for psychosocial support to delegates and national staff
- Provide psychological first aid to team members and Host National Society's staff in acute need hereof

## Community outreach PSS delegate

Community outreach PSS delegates focus on community mobilization in the areas of protection and psychosocial support in communities outside of the Emergency Response Unit.

Community outreach PSS delegates assess, plan, monitor and supervise, and evaluate interventions and programmes for communities.

They act as technical advisors in matters of protection and psychosocial support for ERU management and other partners and ensure links to relevant IFRC structures.

Community outreach PSS delegates have Red Cross Red Crescent background, are experienced in providing community-based psychosocial support in emergency and recovery phases.

### Reporting lines:

Community outreach delegates refer to ERU team leader or HeOps

### Community outreach PSS delegates focus on:

- Community engagement and participation
- Protection and psychosocial support needs of communities in collaboration with local leaders and partners
- Plan interventions and programmes to build resilience in communities seeking synergies with other Internal or external programmes where possible
- Information management vis-à-vis communities
- Acting as a Child Protection focal point if needed

## RESPONSIBILITIES AND TASKS

### If the below tasks are not already carried out or there is a request:

- Develop assessment questionnaires and carry out assessments in protection and psychosocial support using a mixed variety of methodologies
- Train assessment teams to carry out assessments and analyse findings in order to develop a plan of action
- Update the Emergency Plan of Action
- Adapt/develop a monitoring and evaluation system for psychosocial support aligned with and based on IFRC and the PS Centre standards
- Provide input to reports, programmes, interventions and strategies and appeals based on assessment findings that build on identified best practices
- Map referral services and pathways, develop templates and procedures for follow up
- Assess needs for psychosocial support to national staff, volunteers - and to delegates if requested to do so by team leader or HeOps

### Capacity building and volunteer management

- Develop volunteer profiles, recruit, screen, train, mentor and supervise volunteers
- Train volunteers and/or train trainers in protection and mental health and psychosocial support approaches and interventions as psychological first aid and Child Friendly Spaces and other Community Spaces.
- Develop training plans for staff and volunteers.

- Train volunteers and/or train trainers in protection and mental health and psychosocial support approaches suitable for outreach activities taking age, gender and diversity into consideration
- Capacity build and mentor the Host National Society's focal point(s) in areas of protection and psychosocial support
- Support volunteer and Host National Society's staff members' coping strategies in relation to the crisis and beyond
- Promote a culture of conflict resolution

#### **Programmatic area**

- Establish and monitor Child and other Friendly Spaces following international standards and guidelines and ensure conduction of relevant activities and support groups
- Create a safety plan for those with protection needs
- Develop and disseminate key messages through community awareness raising
- Identify, contextualize, translate and produce information, education and communication materials
- Engage community leaders and institutions in planning of interventions and programmes
- Build community capacity through establishing community committees and support groups
- Support implementation of structures and mechanisms for staff and volunteers support in Host National Society
- Support the Host National Society in developing protection and mental health and psychosocial support strategies and action plans taking gender and diversity into consideration

#### **Advocacy and liaising**

- Advocate for the importance of integrating protection and psychosocial support in all sectors
- Link with Restoring Family Links, PSS hospital teams and other Movement services
- Map, establish relations and coordinate with stakeholders, Movement partners and other agencies for common interventions as e.g. developing adapted guidelines for protection and psychosocial support
- Ensure that IFRC actions are in support of the Host National Society and is part of a coordinated response with partner agencies
- Establish referral systems for issues such as mental health support, in response to sexual and gender-based violence and child protection concerns

#### **Reporting and visibility**

- Provide regular and timely reports
- Be available for interviews and provide input to IFRC and National Societies' communication departments, international and local media etc.

#### **If requested by the ERU team leader**

- Offer technical advice on actions to take as e.g. interventions that further the development of a culture of stress management and conflict resolution in the team
- Provide psychological first aid to team members and Host National Society's staff in acute need hereof

## ERU health facility PSS delegate

ERU health facility PSS delegates focus on protection and mental health and psychosocial support to patients, relatives and national staff in ERU hospitals and clinics.

ERU health facility PSS delegates assess, monitor, and evaluate relevant interventions for patients, relatives and national staff. They build the capacity of national staff and volunteers to carry out interventions and activities in the ERU hospitals and clinics. They also act as technical advisors in matters of protection and mental health and psychosocial for Emergency Response Unit management and other partners.

ERU health facility PSS delegates are experienced in providing community-based psychosocial support in emergency and recovery phases.

### Reporting lines

ERU health facility PSS delegates report to ERU team leader or HeOps

### ERU health facility PSS delegates focus on:

- Assess or continue assessment of protection and mental health and psychosocial needs of patients and relatives
- Plan activities and interventions to build resilience in individual and groups of patients as well as relatives seeking synergies with other initiatives or programmes where possible
- Create support structures for patients and relatives in their transition, rehabilitation and re-integration and inclusion into their local communities
- Agree with ERU colleagues on modes of collaboration and flow of patients through the clinics
- Advocate for health clinics/hospital to uphold the dignity and confidentiality of patients (e.g., having quiet separate rooms to confidentially speak to individuals/families, activities for children requiring more longer term care, ensuring patients are not neglected, separate toilets for males & females etc.)
- Identify and refer persons with mental health problems

## RESPONSIBILITIES AND TASKS

### If the tasks are not already carried out or at request:

- Develop assessment questionnaires and carry out assessments in protection and psychosocial support using a mixed variety of methodologies
- Assess or train assessment teams to carry out assessments and analyse findings in order to develop a revised plan of action
- Adapt or develop a monitoring and evaluation system aligned with and based on IFRC and PS Centre standards
- Provide input to programmes, interventions and strategies and appeals based on assessment findings that build on global minimum standards and identified best practices
- Map referral services and pathways, develop templates and procedures for follow up of referrals
- Information management vis-à-vis target populations

### Capacity building and volunteer management

- Develop volunteer profiles, recruit, screen, train, mentor and supervise volunteers
- Train volunteers and/or train trainers in protection and psychosocial support approaches and interventions such as psychological first aid, lay-counselling and establish and run Child and other Friendly Spaces

- Train volunteers and/or train trainers in focused protection and psychosocial support approaches suitable for activities in hospitals and clinics taking age, gender and diversity into consideration
- Capacity build and mentor the Host National Society focal point(s) in the areas of protection and psychosocial support
- Promote a culture of non-violence and conflict resolution

#### **Programmatic area**

- Provide psychological first aid to patients, relatives and national staff if needed
- Establish Child and other Friendly Spaces and psychosocial activities for patients and relatives
- Maintain safe environments including a safety plan for those with protection needs
- Establish support groups and train volunteers to support such groups
- Offer individual and group counselling and/or psychoeducation on topics as loss and grief
- Develop and disseminate key messages through awareness raising
- Collaborate with the surrounding community and its leaders and institutions as schools, youth clubs, women's and men's groups where possible
- Identify, contextualize, translate and produce information, education and communication materials
- Support implementation of structures and mechanisms for staff and volunteers support
- Establish referral systems for issues such as mental health support, in response to sexual and gender-based violence and child protection concerns

#### **Advocacy and liaising**

- Advocate for the importance of integrating protection and mental health and psychosocial support across sectors
- Link with Restoring Family Links and other Movement services
- Map, establish relations and coordinating with stakeholders, Movement partners and other agencies for common interventions e.g. adapted guidelines for protection and psychosocial support
- Model accountability and transparency to and among partners, donors and people affected by the crisis event

#### **Reporting**

- Provide regular and timely reports

#### **If requested by the ERU team leader**

- Offer technical advice on actions to take as e.g. interventions that further the development of a culture of stress management and conflict resolution in the team
- Assess needs for psychosocial support to delegates and national staff if requested to do so
- Provide psychological first aid to team members and Host National Society's staff in acute need hereof

## PSSiE delegate knowledge acquisition

The optimal progression for knowledge acquisition through PS Academy trainings or equivalent, for PSSiE delegates is listed below.

- Foundation and ToT training Community-based psychosocial support  
Manuals used: Community-based psychosocial support – A training kit. PS Centre.
- Psychosocial Support in Emergencies  
Health Emergency Response Unit – Psychosocial Support Component Delegate Manual. PS Centre.
- Child Friendly Spaces and child protection support package (e.g. tools, training, and guidance notes). The training is to be offered from 2017.
- Caring for volunteers  
Manuals used: Caring for volunteers with training manual. PS Centre.
- Sexual and Gender-based violence  
Manuals used: Sexual and Gender-based violence – a training guide. PS Centre.  
Tools: Briefing note on Child Protection in Emergencies and online Child Protection briefing
- Broken Links  
Manuals used: Broken Links and training manual. PS Centre.
- Monitoring and evaluation framework training  
Manuals used: Monitoring & evaluation framework for psychosocial support interventions. PS Centre.

Other IFRC and PS Centre trainings are relevant depending upon the type of emergency and task and responsibilities.

## Key documents for PSSiE delegates

- IFRC strategy 2020
- Health Emergency Response Unit – Psychosocial Support Component Delegate Manual
- IASC MHPSS in Emergency Setting Guidelines
- IASC 4Ws MHPSS mapping guide – Who is Doing What, Where and When
- IASC MHPSS Rapid Assessment tool.
- Psychological First Aid (WHO-WVI-WTF manual)
- [www.mhpss.net](http://www.mhpss.net) (general MHPSS resource website linked to specific emergencies).
- IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. (2007)
- The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (2011)

- Operational Guidance Mental Health & Psychosocial Support Programming for Refugee Operations. (UNHCR) 2013.
- Rapid Assessment Guide for Psychosocial Support and Violence Prevention in Emergencies and Recovery. (PS Centre and Canadian Red Cross) 2015
- Minimum Standard Commitments to Gender and Diversity in Emergency Programming
- (IFRC) 2015

E-learning tools

Public Health: Mental Health and Psychosocial Support

<https://ifrc.csod.com/LMS/LoDetails/DetailsLo.aspx?loid=0e6a35f8-d68c-44d0-b6b4-e8ed79baac2f#t=1>

## Annex A

### Example of Staff health delegate job description

**Organizational context (where the job is located in the Organization)**

The Secretariat of the International Federation of Red Cross and Red Crescent Societies (IFRC) is organized into four Business groups in Geneva and five Business Groups in the field, namely the Zone Offices for Africa, Americas, Asia and the Pacific, Europe, and Middle East and North Africa (MENA). The Africa Zone Business Group is organized through regional representations covering the National Societies in Eastern Africa, Southern Africa, West Coast, Sahel and Central Africa as well as country representations in Ethiopia, Sudan, Republic of South Sudan, Chad, Niger, Somalia and Zimbabwe.

The EVD (Ebola Viral Disease) outbreak, which started in December 2013 in Guinea Conakry, has gradually spread to Liberia and Sierra Leone the Ministries of Health of the affected countries and development partners have made tremendous commitment in response interventions, however this outbreak has assumed various dimensions of spread in the three countries ranging from rural, urban to cross border spread. The continuous spread and failure to bring this disease under control in the shortest possible time poses as a great threat to Regional Public Health and Global Health.

It is under this reality that the WHO on the 2nd to the 3rd of July 2014 convened a two-day regional meeting of stakeholders to deliberate on an appropriate response strategy. At the meeting, the Ministers of health and development partners unanimously agreed to address the critical challenges in areas of: coordination, communication, cross border collaboration, logistics, financing, case management, infection control, surveillance and contact tracing, community participation and research. The common agreed strategy at the meeting called for accelerated response to Ebola outbreak in West Africa. This strategy emphasized the need for regional, sub-regional and national leadership, coordinated actions by all stakeholders, enhanced cross border collaboration and participation of the communities in the Outbreak response.

The IFRC has launched three emergency appeals to support the Guinea, Liberia and Sierra Leone RC societies in responding to the outbreak. The National Societies are involved in conducting social mobilization, contact tracing and dead body management. In addition, preparedness DREFs were launched in Ivory coast, Mali and Senegal were volunteers have been trained, radio sensitizations ongoing and Personal protective equipment (PPE) positioned.

## Job purpose

To provide professional quality health care for FACT and ERU members, the Kenema Ebola Treatment Centre Health Team, Federation delegates and national staff including volunteers.

## Job duties and responsibilities

- Create and regularly update a medical evacuation plan. Keep regular contact with the local health care providers and organisations in case of medical evacuation.
- In case of medical evacuation follow the Federation medevac procedures.
- Support the Head of operations in identifying staff welfare issues and making provision for meeting them, eg R&R, working together with Logistics, Administration and, etc.
- Create and maintain a fully functional staff health clinic providing basic health care services with regular opening hours. Organise a 24/7 on call system for emergency situations.
- Establish and run daily activities in the staff health clinic including first aid activities and offer health care services for all staff and volunteers.
- Monitor the staff health with special focus on communicable diseases, psychological support and stress management, hygiene and sanitation. To produce timely reports and alerts as necessary.
- Provide information on preventive health activities for staff and volunteers. Support the delivery of training on Ebola prevention and containment for non-medical staff.
- Monitor the cleanliness of latrines, water points, washing possibilities, and garbage disposal and advise as necessary.
- Working with logistics and cleaning staff to ensure that stocks of any supplies needed in the accommodation, vehicles and the office is requested and in stock (gloves, thermometers, sanitiser, first aid kits, fire extinguishers).
- Support the recruitment and the training of the cleaning and cooking staff to ensure standards are applied in the office and the accommodations.
- Give health briefings to all new delegates arriving to the operation.
- Keep staff health records and statistics of all visits to the staff health clinic
- Prepare timely and accurate reports and alerts.
- Maintain the pharmacy and stock of medical equipment.
- Ensure that all staff regularly receive health messages regarding preventive health actions.
- Advice senior management on all staff health and wellbeing issues.
- Ensure alignment with International Federation guidelines and policies.
- Visit regularly the other working sites and offices of the operation to address any health related issues or hazards for the staff and volunteers and make recommendations where appropriate for improvement.
- Monitor the work locations and living conditions of the staff and advise on improvement.
- Liaise with the health officer based in HR Geneva regarding staff health issues.

Attend meetings arranged by movement coordinator, ICRC, WHO and other external partners or organisations as appropriate.

## Position Requirements

Education	Required	Preferred
Nurse or Medical Doctor	x	
Experience	Required	Preferred
3 years professional work experience, preferably in an emergency setting	x	

Experience in preventive health of at least 2 years	x	
Public Health or nursing experience	x	
Good planning and organisational skills	X	
Proven ability to react positively and effectively in Emergency situations	X	
<b>Knowledge and Skills</b>	<b>Required</b>	<b>Preferred</b>
Excellent communications skills	X	
Ability to work well in a multicultural team	X	
Excellent stress management skills	X	
Self- supporting in computers	X	
<b>Languages</b>	<b>Required</b>	<b>Preferred</b>
Fluently spoken and written English	X	
Good command of another IFRC official language (French, Spanish or Arabic)		x
<b>Competencies (to be filled in by HR)</b>		
Respect for diversity		
Integrity		
Professionalism		
Accountability		
Communication		
Collaboration Teamwork		
Judgement Decision Making		
National Society & Customer Relations		
Creativity & Innovation		

Building Trust
Strategic Orientation
Building Alliances
Leadership
Empowering Others

## Annex B

The templates in annex B can be requested from the PS Centre. Please also consult the full PS Centre M&E Tool kit, which is available from the PS Centre's website at: [pscentre.org](http://pscentre.org)

## Indicator guide

### Outcome indicators for PSSiE activities

Note: All example tools needs to be adapted to the relevant context and the content relevant for a specific training, assessment, monitoring visit etc.

Outcome	Indicator	Means of verification/tool
1) Affected population experiences a restored sense of safety, calming, self and community efficacy, connectedness and hope	# of PS recipients reports that they feel more safe, calm, connected and that they have increased sense of self and community efficacy and hope on at least one principle	*comparison between baseline and end-line data if possible using questions and scales related to Hobfoll's principles (find example of data collection tool A)  *case studies, interviews/FGD where possible (find example of guidelines on FGD tool C)
2) Affected population has access to quality Psychosocial Support	# of people reached directly by the programme  # of people reached indirectly by the programme (e.g. through sensitization of other sectors/stakeholders, referrals)  # of PS recipients reports that they are satisfied with the quality of the psychosocial support interventions	*Statements from PS recipients on overall satisfaction with the interventions (find example of data collection tool B)  *Programme monitoring reports with information about the areas covered by the programme, the total number of direct beneficiaries disaggregated

		to the possible extent, and the PSS activities implemented throughout the lifespan of the intervention (find example of monitoring sheet tool D)
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Output indicators related to outcome 1 (Technical indicators)

Output	Indicator	Means of verification/tools
Safe sites are available for the affected population	# of safe sites have been set up	*monitoring reports and observations (find example of monitoring sheet tool D)
Safe places are used by the community to play, interact and engage in recreational activities	# of targeted community members actively participating in activities and networks	*monitoring reports and observations (find example of monitoring sheet tool D)  *attendance sheets (find example of attendance list tool E)
Identified key community people are provided with psycho-education about PSS, stress & coping after disasters and are involved in developing/reviewing the PoA (Key people may include: community or spiritual leaders, teachers, local health workers and practitioners, traditional healers, youth and women groups, significant elders, camp management teams/committees, parents etc.)	# of psycho-education sessions delivered within the first month of the operation with xx # of participants  # of psycho-education participants reporting having their knowledge and understanding about PSS in disasters improved, as a result of psycho-education sessions  # of community key members that have contributed in developing or reviewing the PoA	*Psycho-education sessions attendance list (find example of attendance list tool E)  *Psycho-education sessions reports (find example of training report template tool F)  *Psycho-education questionnaires (pre/post-tests) (find example of pre and post-test training tool G)  *Testimonies from participants *Minutes from meetings with key community members to discuss the PoA *Attendance list for PoA meetings (find example of attendance list tool E)  *PoA (find example of PoA under the folder “planning tools”)
Community activities are organized in collaboration with the communities	# of meetings with community members to plan and organize activities  # of children and adults reached through community events (sports, singing, dancing)	*minutes from the meetings  *attendance list (find example of attendance list tool E)

	<p># of persons reached through ceremonies or other spiritual practices e.g. related to burials</p> <p># of ceremonies organized within the first month of the disaster</p>	<p>*monitoring reports (find example of monitoring sheet tool D)</p>
Child friendly places are set up and running	<p># of child friendly places created</p> <p># of children reached with play, recreational or educational activities (skills building) per week</p>	<p>*attendance sheets (find example of attendance list tool E)</p> <p>*monitoring reports (find example of monitoring sheet tool D)</p>
Affected people, especially children, have been encouraged to limit intake of news media that causes distress	# of PS recipients received information on the risks of receiving news that gives over-exposure both through e.g. media	*monitoring reports (find example of monitoring sheet tool D)
RC volunteers are providing Psychological First Aid to people in distress	<p># of RC volunteers trained in Psychological First Aid</p> <p># of RC volunteers who are able to apply PFA after training</p>	<p>*training reports (find example of training report template tool F)</p> <p>*monitoring reports (find example of monitoring sheet tool D)</p> <p>*Attendance list (find example of attendance list tool E)</p>
People in distress are supported through relaxation and breathing techniques by RC volunteers	<p># of RC volunteers trained in relaxation and breathing techniques</p> <p># of RC volunteers who are able to apply calming and breathing techniques to beneficiaries</p>	<p>*training reports (find example of training report template tool F)</p> <p>*monitoring reports (find example of monitoring sheet tool D)</p>
Psycho-education on positive coping skills and grounding techniques are available	# of PS recipients received information on positive coping strategies and grounding techniques	*monitoring reports (find example of monitoring sheet tool D)
Targeted people are supported through provision of problem-focused coping that help people solve their immediate needs and concerns	# of RC volunteers are trained in provision of problem focused coping	*training reports (find example of training report template tool F)
Awareness raising activities about VP are organized	# of awareness raising sessions on VP, child protection and protection of other vulnerable groups conducted by RC volunteers in targeted communities	<p>*Where possible, IEC materials (leaflets, posters)</p> <p>*Awareness raising reports with estimated number of beneficiaries and methods utilized (find example of training report template tool F)</p> <p>*Pre and post questionnaire (find example of pre and post-test training tool G)</p>

<p>Awareness raising activities on specific issues relevant to the crisis event/emergency are organized (e.g. awareness on Ebola and stigma, HIV, Cholera etc.). Content to be adapted based on the specific situation</p>	<p># of awareness raising sessions on specific relevant topics by RC volunteers in targeted communities</p>	<p>*Where possible, IEC materials (leaflets, posters)          *Awareness raising reports with estimated number of beneficiaries and methods utilized (find example of training report template tool F)           *Pre and post questionnaire (find example of pre and post-test training tool G)</p>
<p>Communities are supported to establish child protection and VP committees which are active</p>	<p># of child-protection and VP committees per targeted district or other geographical zones           # of meetings and actions taken per month</p>	<p>*Attendance list in child protection and VP committee meetings          *Meetings minutes          *Programme monitoring reports (find example of monitoring sheet tool D)</p>
<p>HNS and other stakeholders' skills in protection are strengthened, through trainings on VP and child protection</p>	<p># of HNS staff, volunteers and relevant stakeholders trained on protection and VP           # of HNS staff and volunteers that can identify how to respond to disclosures of violence, as demonstrated in the training post-tests           # of HNS staff and relevant stakeholders that participated in VP sensitization workshop</p>	<p>*Training reports with pre/post-tests (find example of pre and post-test training tool G and training report template tool F)           *Participants attendance lists (find example of attendance list tool E)           *Workshop report (find example of training report template tool F)          *Programme monitoring reports (find example of monitoring sheet tool D)</p>
<p>Internal policies to minimize protection risks are developed and implemented in collaboration with HNS</p>	<p>A safety plan is set-up with the HNS counterpart           Child protection, harassment and/or other protection-related policies are developed, in collaboration with HNS counterpart, if not already existing           # of trainings about protection policies and safety plan with # of participants per training           # of check visits by PS focal point staff and monitoring meetings with HNS staff and volunteers</p>	<p>*Safety plan          *Protection policies          *Training reports with pre/post-tests (find example of training report template tool F and pre and post-test training tool G)           *Participants attendance lists (find example of attendance list tool E)          *Field visits and monitoring meetings reports by the PS focal point (find example of monitoring sheet tool D)</p>
<p>Family tracing and reunification is supported in close collaboration with RFL team</p>	<p>The modes of collaboration and a two-way referral system between the PSS volunteers and RFL team volunteers have been developed together with the RFL team, within the first week of intervention</p>	<p>*Minutes from the meetings with RFL team          *RFL-PSS referral document-agreement</p>

	# of RFL cases identified by PSS volunteers and referred to RFL team  # of PSS cases identified by RFL team and referred to PSS volunteers	*monitoring reports (find example of monitoring sheet tool D)
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Output indicators related to outcome 2 (General indicators)

Output	Indicator	Means of verification/tools
PS Assessment is carried out to ensure that interventions are based on needs	% of PS interventions directly linked to assessment findings	*assessment report (find example of Assessment tool H) *intervention plan (Find example of PoA under the folder "Planning tools")
Recruited volunteers are trained on PSS and have the materials to carry-out the expected tasks	# of volunteers trained on PSS topics (tailor-made to their needs)  # of volunteers who have access to materials they need (in a language they master)	*Training reports (find example of training report template tool F) *Attendance lists (find example of attendance list tool E) *Daily/weekly monitoring forms in local language (find example of monitoring sheet tool D)  *Kits *IEC materials *Hand-outs, guides depending on what volunteers need for each PSS activity
RC volunteers are technically and psychosocially supported in their work	# of follow-up and supervision meeting per week takes place for volunteers by the PS focal point  # of volunteers trained in peer support among volunteers  # of volunteers report that the peer support system is supportive in their work  # of PS volunteers reporting feeling supported technically in their work	*Supervision and follow-up meetings minutes *Supervision reports with case studies and questions discussed, guidance and support provided *Peer support groups or buddy meetings attendance lists (where possible) (find example of attendance list tool E) *PoA or activities schedule which includes time/place for peer support (Find example of PoA under the folder "Planning tools") *Programme reports *"Volunteer PSS survey" *Weekly/monthly activities plan (Find example of PoA under the folder "Planning tools") *volunteer's attendance at work (find example of attendance list tool E)

Other HNS staff (e.g. RFL, health, education, shelter , case managers etc.) has been sensitized to PSS and VP	# of orientation meetings/training sessions on PSS to HNS volunteers and staff	*Attendance list (find example of attendance list tool E) *awareness session agenda and minutes
Key stakeholders (cluster members, community leaders, other agencies etc) has been sensitized to PSS and VP	# of orientation meetings/training sessions on PSS to other key stakeholders	*Attendance list (find example of attendance list tool E) *awareness session agenda and minutes
HNS has appointed a counterpart to the PS delegate and they work in close collaboration	# of meetings per week, between the PS delegate and their HNS counterpart, and worktime spent together  A PoA is developed together with the counterpart	*Meetings minutes and/or PS delegate reports *PS delegate's and counterpart's work plan (Find example of PoA under the folder "Planning tools") *PoA (Find example of PoA under the folder "Planning tools") *Programme reports
PSS activities are well coordinated with other agencies to minimize overlap and gaps in the interventions	# of coordination meetings with PS stakeholders and agencies  A mapping of PS interventions is developed together with PS stakeholders and agencies	*meeting agenda and minutes
Networking and referral systems are established for those who need higher levels of support or different types of support not provided by the program	# of awareness raising sessions in the community on referral pathways and available services  # Information materials such as leaflets, posters, flipcharts (about available services) distributed to the targeted community by HNS  # of meetings with # of identified stakeholders providing specialized support  A referral system in place and used by volunteers	*Minutes from meetings with stakeholders *Referral procedures document ("protocol") *List of referral options with name of organizations/institutions and contact people *Referrals log *Daily and weekly monitoring forms (find example of monitoring sheet tool D) *Programme reports
Affected population are able to attend intervention regardless of their gender, age, ethnicity or socio-economic status	% of people able to attend interventions regardless of their gender, age, ethnicity or socio-economic status	* disaggregated participants list compared with national statistics (find example of attendance list tool E)
Advocacy are carried out to prevent stigma among targeted population	# of awareness raising sessions conducted with key stakeholders and communities focusing on anti-stigma and non-discrimination  # of IEC materials distributed containing information on anti-stigma and non-discrimination  # of outreach awareness raising activities focusing on anti-stigma and non-discrimination	*monitoring reports (find example of monitoring sheet tool D)

## PoA for PSSiE deployments

The full version of the PoA can be requested from the PS Centre

Example of the format:

Code	Activity	Responsibility	Inputs/ resources	Costs & sources	Months					
					1	2	3	4	5	6
					<b>Outcome 1</b>					
	Output 1.1									
1.1.1										

## Logical Framework Template

The full version of the PoA can be requested from the PS Centre.

Example of the format:

Objectives	Indicators	Means of verification	Assumptions
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Objectives (What we want to achieve)	Indicators (How to measure change)	Means of verification (Where/how to get information)	Assumptions (What else to be aware of)
Goal  The long-term results that an intervention seeks to achieve, which may be contributed to by factors outside the intervention	Impact indicators  Quantitative and/or qualitative criteria to measure progress against the goal	How the information on the indicator(s) will be collected (can include who will collect it and how often)	External factors beyond the control of the intervention, necessary for the goal to contribute to higher-level results
Outcome(s)  The primary result(s) that an intervention seeks to achieve, most commonly in terms of the knowledge, attitudes or practices of the target group	Outcome indicators  Quantitative and/or qualitative criteria to measure progress against the outcomes	As above	External factors beyond the control of the intervention, necessary for the outcomes to contribute to achieving the goal.
Outputs  The tangible products, goods and services and other immediate results that lead to the achievement of outcomes	Output indicators  Quantitative and/or qualitative criteria to measure progress against the outputs	As above	External factors beyond the control of the intervention, necessary if outputs are to lead to the achievement of the outcomes
1. Goal	2. G.a. 3. G.b. 4. G.c.	5.	6.
7. Outcome 1	8. 1a. 9. 1b. 10. 1c.	11.	12.
13. Output 1.1	14. 1.1a. 15. 1.1b. 16. 1.1c.	17.	18.
19. Output 1.2	20. 1.2a. 21. 1.2b. 22. 1.2c.	23.	24.