



Lessons Learned from the Surge Psychosocial Support Deployment in Sierra Leone

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Objective

This document aims at capturing perspectives and learning from the August 2017 surge psychosocial support (PSS) deployment in Freetown, Sierra Leone.

While the document looks at lessons learned from a PSS technical point of view, it also looks at wider surge missions, why they should include the PSS component and what would make this type of deployment more effective for future deployments.

Limitations

The mission took place over a timeframe of two weeks, therefore the observations and suggestions listed in this report are limited by the short time spent in Sierra Leone and the inherent challenges involved in understanding the working context of the local Red Cross and government bodies during such a short timeframe.

Background

In the early morning of 14 August 2017, heavy rains caused parts of Mount Sugar Loaf, a range of hills surrounding Freetown, to slide in the Regent Village area. The mudslides led to heavy loss of life and property and floods downstream at the Juba, Lumley, Kaningo/Kamayama axis. Exact figures were difficult to establish, but the mudslides wiped out several communities destroying more than 600 homes. Some 600 people went missing, more than 500 people were confirmed dead and survivors took refuge in schools, partially constructed buildings, mosques, churches and other temporary shelters. More than 1,600 families required urgent humanitarian assistance.

Starting 15 August, a trained team of Sierra Leone Red Cross psychosocial support staff and volunteers started working to assess PSS needs and provide psychological first aid to the affected population. The surge PSS arrived in Freetown on August 22nd.

“Creating a space for psychosocial support that includes protection is a critical aspect of an emergency response. Going without it is like closing our eyes to a fundamental ingredient in resilience and recovery.”

– Amélie Doyon, Surge PSS delegate

Psychosocial support – What is it?

The International Federation of Red Cross and Red Crescent Societies (IFRC) promotes a community-based psychosocial support approach that can be implemented by trained staff and volunteers and can reach a large number of people in emergencies. Community-based psychosocial support includes psychological first aid, support groups, play activities for children, child-friendly spaces, teaching about normal reactions to stressful events and coping mechanisms, community awareness and care for volunteers. The aim is to facilitate and promote the natural resilience within individuals, families and communities¹ enabling them to be actively engaged in the process of recovery.



“Early psychosocial support is maybe the single most important factor for those affected by crisis to be able to overcome individual or collective adversity. A crisis of this magnitude in Sierra Leone disrupted all routines and one of the tasks was to enable the community to re-establish routines, social interaction, religious and cultural practices, alongside with rebuilding infrastructure.”

*– Ea Suzanne Akasha, Technical Advisor,
IFRC psychosocial centre*

Lessons Learned and Suggestions

1. Assessment

One of the critical aspects of a surge PSS delegate is assessing and identifying protection and psychosocial needs and capacities to ensure that Red Cross Red Crescent actions address these. Providing advice and planning with Movement partners and stakeholders for an appropriate response is also part of that, based on assessment results. Having PSS, community engagement and accountability, child protection and sexual and gender-based violence (SGBV) questions integrated into the main assessment questionnaires is critical. Too often the PSS/ protection assessment must be done separately, which contributes to assessment fatigue from the community and goes against our commitment to the Grand Bargain² to improve joint and impartial needs assessments.

2. Reporting of PSS activities and monitoring

Reporting from the volunteers to their managers deployed to different response sites was done through mobile phones. This allowed for the sharing of pictures and numbers quickly, but very often, statistics were not sex and age disaggregated and people understood the categories differently. For example, categories for women, girls, pregnant and lactating women, elderly or people with disabilities were defined differently depending on the individual, therefore clear age group and subcategories would be helpful to align reporting and avoid the duplication of numbers in more than one category. Having a template to follow that volunteers could photograph at the end of their day and send with their mobile device would be helpful in ensuring that numbers are reported the same way and would also increase accuracy. During the Sierra Leone response, the template used was the one provided by the government.

The reporting template 1.2.2 from the IFRC Toolbox on Monitoring and evaluation framework for psychosocial support interventions³, with its broad categories would have helped monitoring activities, and also helped ensure essential PSS components, like for example child protection, SGBV or caring for volunteers, were not left aside. The monitoring and evaluation framework will surely provide much needed guidance and should be promoted as widely as possible with National Societies and along with emergency response deployments.



3. Training and capacity building of the National Society

This component is critical and should be emphasised in every surge PSS response. Ensuring the local Red Cross Red Crescent capacities in PSS are strengthened following a deployment should be made a priority of the surge PSS delegate. They should ensure that volunteers are well trained, receive refresher training and that PSS National Society managers (if they exist) are supported in implementing the training of new skills. This should be done in collaboration with the PSS manager and according to the needs identified by both. If no PSS manager exists in the National Society structure, identifying a PSS champion in disaster management, health, communication or another department with links to PSS could be a starting point in developing PSS skills.

4. Training and capacity building of surge PSS delegates

The surge PSS delegates must focus on assessment, activity and programme development, technical support and coordination. They have to be experienced Red Cross Red Crescent delegates with extensive knowledge of and experience with protection and PSS in emergencies. This extensive knowledge and experience can come from previous deployments and experience in the Movement, but training is also an important component of feeling well-equipped for a deployment. Being able to count on a pool of trained surge PSS delegates is important and an increased number of PSS candidates should be considered for emergency response training across regions.

5. Coordination and planning

Coordinating and integrating with different sectors of the disaster response would allow for greater reach and a more holistic response to communities, where both physical and mental health are promoted. This should be systematically built into the way we work and the way we train, to avoid stand-alone PSS activities and to avoid leaving this aspect to individual decision-making. By integrating PSS into shelter response, water and sanitation, communication, disaster risk reduction, etc., resilience would be strengthened and the humanitarian response would be more efficient. This is also engrained into the Inter-Agency Standing Committee's intervention pyramid for mental health and psychosocial support in emergencies where it says that *activities and programming should be integrated*

*as far as possible and that the proliferation of stand-alone services [...] can create a highly fragmented care system*⁴. To practically achieve this goal, this integration approach should be modeled during training and clearly part of the emergency response team leader's job description. In this deployment in Sierra Leone, it was possible to achieve this as the emergency response team was relatively small at first and the team leader had open communication and was inclusive of the PSS delegate in general discussions around shelter.

If surge community engagement and accountability – as well as surge protection, gender and inclusion – are also part of the emergency response team, they should be working together with the PSS team to ensure these themes build on each other and integrate in a way that is not perceived to be too heavy for the other sectors of the team.

6. Cultural and historical considerations – dead body management

The floods and mudslides disaster that happened in August 2017 were following the Ebola crisis emergency in Sierra Leone (2014-2016). This is important as both emergencies caused casualties. After a disaster, there is often fear that dead bodies will cause epidemics, and this fear was most probably heightened with the Ebola experience that was not very far back in time. This potentially led to the very quick mass burial of all the bodies recovered from the mudslides, without following proper identification procedures that would have allowed families to trace their loved ones.

As stated in the ICRC Management of Dead Bodies after Disasters Field Manual, *proper and dignified management*

of the dead in disasters is one of the three key pillars of humanitarian response and a fundamental factor in facilitating identification of the deceased and helping families discover the fate of their loved ones⁵.

Proper training and awareness on the topic of body management would allow emergency response surge personnel to support National Society officials and advocate on this critical aspect of the humanitarian response that has many ripple effects on the psychosocial recovery of the affected population.

7. Technical advice

Having an IFRC PSS advisor assigned to the surge PSS delegate was critical and welcomed. It allowed for an easy point of contact to brainstorm ideas and look for possible solutions to difficult situations. This approach should be systematic in all responses with regular check-ins during the deployment.

The IFRC Psychosocial Centre also publishes a number of training toolkits, handbooks, standards and resources on psychosocial support, which can be found in the library section of its website⁶.

8. Local partnerships

In the initial phase of the PSS response, there were limited partnerships with local actors at first, but this is something that was being developed. The Sierra Leone Red Cross had made initial contact with a faith-based organization helping orphans and women survivors of sexual and gender-based violence, which had been hosting many women and children survivors of the mudslides and floods. The Sierra Leone Red Cross, with the support of the PSS delegate, planned to provide psychological first aid/PSS training to their staff and also planned to send a team of volunteers to this location.

Adding to the complexity of this response was that many formal and informal shelters and sites existed, and survivors were also in host communities. Many local and international organizations were providing support to some of these sites/shelters, but it was difficult to have a clear understanding of who was doing what and where. Building partnerships with other organizations was difficult due to

challenging coordination mechanisms, but remained an important aspect of the PSS response.

9. Gender, Diversity and Protection

Most of the shelters and sites were poorly designed to ensure safety for women, men, girls, boys, elderly, people with disabilities and people marginalized. The situation varied widely from site to site, but at first, in most of the sites, formal as well as informal, Red Cross volunteers who were deployed to these locations reported hearing about exploitation (transaction sex). In some places, volunteers from unknown organizations were not well identified, and staying on site overnight, so poor security and the potential abuse of power; overcrowded spaces; people having difficulties knowing when distributions were taking place and what was being distributed; and separate toilets for male and female as well as safe showers were not present in many sites to name just a few.

In some sites, mental health and PSS support was provided by the government through a help desk, but during the initial assessment/observation, these services reported not having received any complaints. This highlighted the fact that their set up did not allow for privacy or confidentiality, which was potentially a cause that led to in-existent reporting. Integrating a gender, diversity and protection lens into all Red Cross sectors as well as wider government intervention sectors would be the best strategy to influence these aspects of safety.

Conclusion

This lessons learned document was developed to respond to a need for learning and sharing experiences specific to PSS during the assessment and coordination phase. It was designed to provide PSS practitioners as well as teams managing emergencies with some reflections on key aspects that can have critical and long-lasting impacts on the recovery of the affected populations, as well as the organizational growth of Red Cross Red Crescent involved in the response. Psychosocial support is a critical component of an early response to emergencies and learning as a sector on how to improve and ensure quality services to people affected by disaster should continue to be an ongoing goal.

¹ Psychosocial Centre, Talking and writing about psychosocial support in emergencies, p.3
<http://pscentre.org/wp-content/uploads/FINALtalking-about-pss-in-emergencies.pdf>

² Agenda for Humanity, Initiative Grand Bargain:

<https://www.agendaforhumanity.org/initiatives/3861>

³ http://pscentre.org/wp-content/uploads/Toolbox_ME-framework_FINAL.pdf

⁴ IASC, Guidelines on Mental Health and Psychosocial Support in Emergency Settings, p.8

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

⁵ <https://shop.icrc.org/gestion-des-depouilles-mortelles-lors-de-catastrophes-manuel-pratique-a-l-usage-des-premiers-intervenants-658.html>

⁶ <http://pscentre.org/library/>

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