

# Coping

with crisis

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Focus:  
Volunteers in  
emergencies

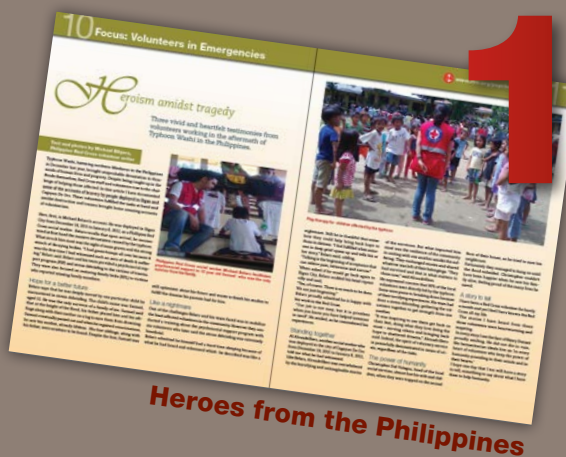
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Psychosocial Centre



International Federation  
of Red Cross and Red Crescent Societies





Frontpage photo: Philippa Croome/ The Daily Monitor

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## Feeling good

Feeling good about doing good is not always easy in our work. Especially when you consider that

often the backdrop for doing good is poverty, crisis, conflicts and disasters. But, like everybody else, we need encouragement and we need acknowledgement, even when behind what we do is sadness or tragedy. I got this kind of encouragement recently during the two workshops on psychosocial support at the General Assembly in Geneva. I felt good when five National Societies on our panel presented what they had done to provide psychosocial support to survivors of conflicts, massacres, disasters and discrimination, and when ICRC presented a new way of cooperating around training of RFL delegates and staff.

I felt encouraged not only by the efforts and work of the National Societies, but also by their honesty, the lessons learned and people's keen interest to improve.

And I felt really inspired when many more National Societies talked about their experiences and also asked for more assistance in terms of strategies, educational material and toolkits. The clear message I got from the presidents, secretary generals and other managers was

that we need to train and prepare our staff and volunteers better in order to provide even better support to beneficiaries and to each other.

This is indeed one of the tasks of the Psychosocial Centre, and I am pleased to announce that we are now launching a new toolkit called "Caring for volunteers". This toolkit is very straightforward and shows you what you can do to help volunteers before, during and after a disaster. As many colleagues said in Geneva: "We wish we had been better prepared before the conflict, before the disaster."

Volunteers and staff in the Red Cross and Red Crescent are exposed to death, injuries and tragic tales of loss and maltreatment. On top of that, they often work long hours without a break and without the option of sharing their experiences and emotions. One simple way of giving support is to acknowledge and appreciate them. They need that – just like the rest of us.

You can read more about the new toolkit in this issue.

As always, take care.

*Nana Wiedemann*

Nana Wiedemann

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**Highlights from the world on psychosocial support provided by National Societies, based on the IFRC Appeals and Reports and contributions from health and communication staff. Many other National Societies are continuously delivering and expanding their psychosocial support activities.**

## Chad

When Chad suffered a serious outbreak of cholera resulting in 13 000 deaths across the country, psychosocial delegates from the French and Canadian Red Cross were deployed to provide both emergency support and psychosocial support. The psychosocial delegates also trained volunteers in psychological first aid and helped to assess local resources to distribute information material.



## China

Students from ten schools in the Sichuan region affected by the earthquake in May 2008 took part in psychosocial activities to strengthen resilience, stress management and coping. The programme was organized by the Chinese Red Cross and involved the recruitment of 50 community volunteers who were trained in psychosocial interventions. A new phase of the programme has just been initiated, directed towards elderly people and ethnic minorities. Psychosocial materials are being translated into the different languages spoken in the region.

## Comoros Islands

130 families were affected when a passenger ship sunk in rough seas off the coast of the main island. Psychosocial assistance was provided immediately by the Comoros Red Crescent Society. Funds from DREF (IFRC's Disaster Relief Emergency Fund) were allocated to support families who had lost loved ones. Families received funds for funeral expenses and counselling. Support of this kind is very valuable in times of crisis

as funeral rituals help people cope with their loss and are important in the longer-term psychosocial wellbeing of survivors.

## Denmark

Danish Red Cross is now offering systematic, psychosocial training to their volunteers. The training targets volunteers who work with socially vulnerable individuals and families, including adolescent mothers, refugees and victims of gender-based violence.

The volunteer training focuses both on providing for social needs and building social capital in the groups organized by the Danish Red Cross. The first training of trainers had 20 volunteers attending, and these new trainers are now able to facilitate psychosocial training in local branches all over the country.

The training has four modules, looking at how to respond to the stress and crisis that vulnerable individuals and families undergo; how to provide psychological first aid and supportive communication; how to use games and psychosocial approaches to help children in distress; and lastly how to give peer support amongst volunteers. The manual might be translated into English.



## Haiti

After the devastating earthquake of 2010, the Haitian Red Cross has been implementing 'community health and care' in their integrated neighbourhood approach, in building community resilience in both emergency

situations and non-emergency situations. Between July and September last year, 315 members of the Haitian Red Cross were trained in psychosocial activities and the Haitian Red Cross is now able to deploy 19 psychosocial support teams in any emergency. The training was quickly put to use during Tropical Storm Emily and Hurricane Irene, where the psychosocial support teams were actively involved in the emergency response.



## Honduras

When a fire swept through the Granja Penal Prison in February, 366 inmates died and hundreds were injured. Within a few hours, the National Society's psychosocial support brigade provided assistance to family members of the deceased inmates. The brigade also supported the local volunteers working alongside survivors. The Honduras Red Cross, in conjunction with the Department of Psychology, the National Autonomous University, established a crisis centre near the morgue in the city of Tegucigalpa to provide psychosocial first aid to affected families.



## Hong Kong

When a deadly fire swept through a popular tourist market in Hong Kong, most of the casualties were workers living close by, who were trapped in their tiny 18 square-foot homes. Working with the social welfare department, the Hong Kong Red Cross (HKRC) immediately mobilized a psychosocial support team, led by clinical psychologists, to provide an on-site psychological support to the affected survivors.

HKRC first established psychosocial support services in 2004 in collaboration with the Hong Kong Airport Authority. Since 2006, HKRC has provided immediate psychological first aid to people affected by aviation disasters, critical incidents and natural disasters.



## Pakistan

A girl of six is waiting her turn at the Red Crescent Beauty Parlour. Tanzeela from the Pakistan Red Crescent Society has been giving a session on hand washing to a group of children. Under a simple grass roof, she sits on an old charpoi cutting the children's nails. They really enjoy the care and attention given in this way by the psychosocial team.

"Psychosocial care is as essential to human beings as food and shelter," she explains.

"We have fun and at the same time children learn valuable lessons on personal hygiene. The beauty of this programme is not in the parlour, but in the integrated approach. Psychosocial support goes hand in hand with health, livelihood, shelter, water and sanitation."



The Red Crescent health team is also meeting with men and women in the community to talk about threats to health. The women discuss issues about maternal and child health, while the men think how they can best prepare for the approaching summer, when daytime temperatures can exceed 50 degrees Celsius. The hot weather brings rains which trigger increases in diarrhoea, malaria and other waterborne diseases. The meeting ends with everyone agreeing a plan to minimize these health threats.

The Pakistan Red Crescent Society, with support from Danish and German Red Cross, is running this integrated programme, assisting 63,000 people in 100 villages on their road to recovery after a monsoon flood left the area totally destroyed in 2010. The area is one of the poorest in Pakistan.

## Republic of Korea

Some could not afford to go; others could not leave their jobs or children behind. Japanese women from the areas worst hit by the big tsunami after the earthquake in March and now living with their Korean husbands had many worries and difficulties after the triple disaster. In response to this situation, the Republic of Korea Red Cross arranged for 41 women and 31 children to visit their families in Japan.

The visit was one of many new psychosocial activities initiated by the National Society, after participating in a training organized by the Psychosocial Centre in Sri Lanka in 2010. The National Society has also translated part of the training kit and other materials from the PS Centre into Korean.

## United Kingdom

Forty members of the British Red Cross psychosocial support team took part in a weekend of intensive training. The initiative, which is run in conjunction with the UK's Foreign and Commonwealth Office, sends delegates overseas to help Britons caught up in disasters and emergencies. During the training, team members refreshed their skills in providing practical and emotional support, advice and guidance following trauma or bereavement.

## Vietnam

Red Cross staff and volunteers from 16 disaster-prone provinces were trained in psychosocial support activities, in an initiative to expand psychosocial interventions in Vietnam. When more than 10,000 families were affected by heavy floods at the end of 2010, the newly trained staff and volunteers conducted household visits and distributed small sums of cash to the most affected families who had lost family members. This psychosocial initiative reached 144 families. The trained staff and volunteers gave very positive feedback about the training. A package of PS training materials was developed by Red Cross to meet the needs of this specific programme. Red Cross plans to standardize the materials and build further capacity in psychosocial support.



*“Put on your  
own oxygen  
mask first...”*







*A new toolkit will help National Societies prepare for psychosocial support to volunteers and staff in emergencies and in many other situations.*

**By Lasse Norgaard, Communication Advisor, Psychosocial Centre.**

Let us look back a few months to 2011: Mass-shooting in Norway, earthquakes in New Zealand, civil unrest in the Middle-East – and a gigantic earthquake, tsunami and nuclear scare in Japan.

All major disasters and dramatic events, where Red Cross and Red Crescent staff and volunteers were asked to provide psychosocial support to survivors and relatives.

Some National Societies were well prepared, others realized they were not. And all used these events to reflect on how they could improve their preparedness and response.

National Societies across the globe provide important psychosocial support every day. Not only following disasters, armed conflicts and mass-shootings, but also in social programmes for slum-dwellers, with victims of violence or accidents, with elderly, isolated citizens, with people being stigmatized because of illness and prejudice, and with asylum seekers.



Ciwan/ Indonesian Red Cross

**Being exposed to death and destruction also takes its toll on volunteers. Here, volunteers from Indonesian Red Cross are calling their relatives to tell them that they are okay after the tsunami at Mentawai island. On the photo below, a volunteers from Haiti Red Cross is taking a moment to rest.**

cards, security updates and clear instructions on what to do, whereas volunteers do not get any of these,” says Zara Sejberg, an experienced psychosocial support delegate who has worked in several countries and operations.

“Sometimes volunteers are even excluded from relevant trainings because staff feel concerned that they may become too competent and compete for their jobs.”

She welcomes the increased focus on volunteers and hopes it will lead to action because, we tend to “give grand speeches on May 8th, but often forget to recognize and acknowledge our volunteers the rest of the year.”

She says, “Most National Societies actually do have a department for Youth and Volunteers and they should develop clear volunteer management policies. Volunteers need to have the support of management in order to ensure that these policies are implemented in the field. One simple idea is to prepare a little information pack. Many

It is work that takes its toll on staff and volunteers. On top of being exposed to death, grief, trauma and fear, they often work long hours in challenging emergency environments, putting aside their own needs. At the end of the day, they might feel inadequate to help beneficiaries with the tragedy they are facing. Additionally, as members of affected communities, volunteers often work close to home and may experience the same losses and grief as beneficiaries in their families and communities. Basic first aid training or being part of a disaster response team is not enough to prepare volunteers for these emotional experiences. Whereas it is difficult to prepare for all kinds of events and to include every single volunteer, it is possible to be prepared for supporting the wellbeing of volunteers – just like it is possible to be prepared for many other aspects of disasters. A 2009 report with 19 participating National Societies showed that preparedness for psychosocial support to volunteers had often been developed AFTER a major disaster, but that most had wished they had had plans in place BEFORE. In other words – and we hear this every time we fly, “Put on your own oxygen mask first, before you assist others.”

### The good news!

During the General Assembly in Geneva last November, many presidents and secretary generals expressed the same desire: We need to be better at helping our own staff

and volunteers with psychosocial support, if we want them to function well and to help beneficiaries.

A new toolkit just being published by the IFRC Psychosocial Centre will help National Societies do exactly that. “Caring for volunteers” provides advice on what you can do before, during and after a disaster. Volunteers who have experienced disasters report their stories too in the toolkit. And here comes the good news; With this new toolkit and assistance from the global health team and the Psychosocial Centre, and health delegates across the world, National Societies will be able to prepare their own guidelines, tailored to their particular context. It is neither rocket science nor will it be very expensive. The toolkit is designed to help plan strategies that are manageable for your National Society, provide clear guidance on roles and responsibilities for volunteers, and makes best use of local capacities and resources.

### Volunteers treated differently

The new toolkit complements the general manual, “Volunteers in Emergencies,” being published by IFRC’s Secretariat later in 2012. Both are being published, recognizing that volunteers do not always get the support and appreciation they deserve. Sometimes there is even a difference between the way volunteers and staff are treated.

“I have been to places where staff get ID cards, vests with emblems, insurance







volunteers just sign up during disasters without knowing what the emergency programme is about. A basic introduction to the Movement, the different activities of the respective National Society and what to expect when working in a disaster should be provided. Volunteers need to have a clear idea of what their rights and responsibilities are – even in the most chaotic circumstances. Most of that information can actually be prepared before any disaster and handed out when something happens.”

### Look them in the eyes

Knowing what your role is and how the National Society supports you are very important factors for volunteers. In fact, apart from the stress deriving from working with death and destruction, many volunteers can develop stress from so-called ‘organizational factors,’ things like not knowing what is expected, working too hard without breaks or without appreciation or acknowledgement.

“A simple way of ‘seeing’ and acknowledging someone is that each day the team leader, programme manager or delegate greets everyone with a handshake, looking the volunteers in the eyes,” says Ea Suzanne Akasha, another experienced

delegate and presently a team leader for a psychosocial programme in Pakistan.

“This gives us an idea if volunteers and staff are doing alright or not. They also know that we care for them, and they will go the extra mile for us. In Dadu I came in early every morning to greet everyone by name with a handshake. I am sending them out to do something really challenging and I will be busy in the office all day, so they need to know I am with them in spirit.”

### Giving volunteers a chance

During the first few days of an emergency, it may be more difficult to fulfill all our good intentions and plans. Everybody will be busy saving lives, and even managers might not have the energy or presence to take good care of staff and volunteers. But then, it is even more important to be prepared. During the first few hectic days it is possible to help each other.

“Meeting for a quick briefing every morning and at the end of an exhausting working day is incredibly helpful. This gives volunteers a chance to raise problems and to share their daily challenges and achievements. It makes them realize that they are part of a team – especially if they get the chance to meet other staff and volunteers who are working with different tasks, for example logistics and health. And these volunteers may also have had dramatic experiences during the day and will benefit from the briefings,” says Zara Sejberg.

### Acting on results

In the world of psychosocial support, there is a lot of talk about ‘normal reactions to abnormal situations.’ This concept is important for staff and volunteers, and the more we know about this, the easier it will be to recognize and deal with reactions in ourselves and our co-workers. We will know better when to seek help and maybe refer a fellow staff or volunteer to more professional help.

Setting up a referral system will be part of the whole system for psychosocial support

within a National Society. In the new toolkit some of the National Societies explain how they have done this. Belgium Red Cross, for example, has a group of specialized psychosocial supporters and Colombia Red Cross has a focal point for support to staff and volunteers in each branch.

Myanmar Red Cross has also taken major steps in improving the wellbeing of volunteers. A survey conducted a few months after cyclone Nargis four years ago showed that a lot of volunteers (more than one in ten) experienced problems, ranging from not feeling appreciated to total burnout. Myanmar Red Cross took the results very seriously and immediately began offering psychosocial support to volunteers and started to arrange ceremonies of appreciation.

### Small measures, big impact

After a disaster the follow-up is important – not only for lessons learned but also to check how the volunteers are doing.

“A post emergency follow-up gives the volunteers a chance to share their ideas and thoughts and to process their experiences. It also gives us a chance to learn from them. Although there are limitations during emergencies, and traditions and means of expression may differ from country to country, it is important that we find simple ways to acknowledge and appreciate our volunteers,” says Zara Sejberg.

The new toolkit has ideas for basic and more advanced support for volunteers, before, during and after disasters. But as it says in the beginning: “Remember – even small measures can have a big impact!”



Jerome Grimaud/IFRC

*The new toolkit is available in English and can be ordered through [psychosocial.centre@ifrc.org](mailto:psychosocial.centre@ifrc.org). It will be available in French, Spanish, Arabic and Russian in the coming months. National Societies wishing to translate it into other languages are free to do so.*

## *Heroism amidst tragedy*

Three vivid and heartfelt testimonies from volunteers working in the aftermath of Typhoon Washi in the Philippines.

**Text and photos by Michael Bilgera,  
Philippine Red Cross volunteer writer**

Typhoon Washi, battering northern Mindanao in the Philippines in December last year, brought unspeakable devastation to thousands of human lives and property. Despite being caught up in the floods themselves, Red Cross staff and volunteers rose to the challenge of helping those affected. In this article I have documented some of the accounts of bravery by people deployed in Iligan and Cagayan De Oro. These volunteers fulfilled the tasks at hand and amidst destruction and trauma brought home amazing accounts of volunteerism.

Here, first, is Michael Belaro's account. He was deployed in Iligan City from December 19, 2011 to January 8, 2012, as a Philippine Red Cross social worker. Belaro recalls that upon arrival, he encountered at first hand the massive devastation caused by the typhoon. What struck him most was the sight of mass graves and the strong stench of decaying bodies. "I had goose bumps all over because it was the first time I had witnessed such an aura of death and suffering," Belaro said. Belaro and his team provided a psychosocial support program (PSP) and stress debriefing to the victims of trauma. They were also focused on restoring family links (RFL) to victims who reported missing family members.

### Hope for a better future

Belaro says that he was deeply moved by one particular child he encountered in stress debriefing. The child's name was Samuel, aged 12. He was the only survivor of a family of six. Samuel said that at the height of the flood, his father placed him and his siblings along with their mother on a log to save them from drowning. Samuel eventually passed out and when he regained consciousness, he saw his mother, already lifeless. His four siblings, along with his father, were nowhere to be found. Despite the loss, Samuel was



**Philippine Red Cross social worker Michael Belaro facilitates psychosocial support to 12 year old Samuel who was the only survivor from his family.**

still optimistic about his future and wants to finish his studies to fulfill the dreams his parents had for him.

### Like a nightmare

One of the challenges Belaro and his team faced was to mobilize the least affected volunteers in the community. However, they conducted a training about the psychosocial support program with six volunteers who later said the stress debriefing was extremely beneficial.

Belaro admitted he himself had a hard time sleeping because of what he had heard and witnessed which he described as like a





### Play therapy for children affected by the typhoon

nightmare. Still he is thankful that somehow they could help bring back hope to those in distress. “I feel fulfilled when someone in deep grief opens up and tells his or her story,” Belaro said, adding,

“Talking is the beginning of acceptance that can relieve pain, bitterness and sorrow.” When asked if he would go back again to Iligan City, Belaro nodded his head repeatedly and said,

“Yes, of course. There is so much to be done. We are just beginning.”

Belaro proudly admitted he is happy with his work in the Red Cross.

“Our job is not easy, but it is priceless when you know you have helped someone in need”. He smiled, as he remembered his experiences.

### Standing together

Al Alcuadrillero, another social worker who was deployed in the city of Cagayan De Oro from December 19, 2011 to January 8, 2012, told me what he had witnessed.

Like Belaro, Alcuadrillero was overwhelmed by the horrifying and unimaginable stories

of the survivors. But what impacted him most was the resilience of the community in uniting with one another amidst the suffering. They exchanged stories and shared whatever was left of their belongings. “They had survived and that is what matters to them now,” said Alcuadrillero.

He expressed concern that 90% of the local volunteers were directly hit by the typhoon. Some were prone to breaking down because of their terrifying experiences. His team had done a stress debriefing, gathering the volunteers together to get strength from one another.

“It was inspiring to see them get back on their feet, doing what they love doing the most – serving others and bringing back hope to shattered dreams,” Alcuadrillero said. Indeed, the spirit of voluntary service is powerfully demonstrated in times of crisis, regardless of the risks.

### The power of humanity

Christopher Del Valegos, head of the local social services, almost lost his wife and

children, when they were trapped on the second floor of their house, as he tried to save his neighbours.

Fortunately they managed to hang on until the flood subsided. Christopher couldn’t have been happier when he saw his family alive, feeling proud of the many lives he saved.

### A story to tell

I have been a Red Cross volunteer for barely a month and yet I feel I have known the Red Cross all my life.

The stories I have heard from these three volunteers were heartwarming and inspiring.

In every story I see the face of Henry Dunant proudly smiling. He did not die in vain. His humanitarian ideals live on ‘in every heart of volunteers who keep the power of humanity pounding in their minds and in their hearts.’

I hope one day that I too will have a story to tell, something to say about what I have done to help humanity.

# 12 Focus: Volunteers stories

Every day volunteers around the world help beneficiaries affected by conflicts, disasters. Often they are impacted what they see, hear and do, and they have different ways of dealing with it. In this new book you can read examples from four countries and you can find many more in the new book 'Caring for volunteers,' published by the Psychosocial Centre.



## I learn from them and they make me laugh

Buyisiwe Flora Ndlovu

South African Red Cross volunteer facilitator working with children and adolescents affected by HIV and AIDS.

It is very stressful work, but the Red Cross provides us with training and opportunities to debrief and support one another. For me, meeting my clients makes me feel relieved, especially the children, because I learn a lot from them and they make me laugh.

It does happen sometimes that I meet very sick persons and then of course I do not feel fine. What I do is then is when I get home, I sing with my own children, and pray for them, and I will feel okay after that.

I have formed an Orphan and Vulnerable Children group of about 10 children who are orphaned and 15 other children who are HIV positive. I put all of them together so that they do not feel separated by what they've experienced. The aim is to make sure that they go to school and become something in life, irrespective of what they've been through.

Before joining the Red Cross I was happy in another job. But I decided to come and volunteer for Red Cross even though there were other NGOs. I wanted to be at Red Cross because I love helping sick people. I have myself been sick. I learned a lot that I now use with family and friends.

## I had a meltdown, a panic attack...

Paul Davenport

Volunteer after the earthquakes in Christchurch, New Zealand

Paul first found himself not coping at home a few days after the disaster. The second time, it took him by surprise. "We were all getting very tired," he remembers. "You try to go home and you've got aftershocks happening all the time, it's not normal. I was put in charge of one site and I got down there and I was all ready to go. I had my kit and I was going to get changed in the van and then I forgot my boots. I forgot my safety boots...It was just a little thing. It completely threw me and I had a meltdown, a panic attack. I got back to base and told them, 'I can't be here. I've got to get out of here.' I made my way back to the Red Cross base and talked to Kristen Proud [Australian aid worker, sent to Christchurch to help volunteers and staff]. This was really helpful. It was really nice to know that there was help there if you needed it."

Paul and the other Red Cross emergency response team members from the Canterbury region have formed a close bond and are preparing to go back into training – ready for the next time they are needed. Winter is coming which means possible floods. "People are just pleased to see someone," Paul reflects. "Red Cross did an absolutely amazing job."

Stories from: "The Power of Caring" from South African Red Cross, Mahieash Johnney communication manager for IFRC in Sri Lanka, Ea Suzanne Akasha, psychosocial delegate in Pakistan and Justine Turner, communication manager New Zealand RC.





ers and diseases.  
ealing with it. Here  
volunteers toolkit,



## I was clueless of what to do next

Ruwani Wathsala

*Psychosocial volunteer for the Sri Lanka Red Cross Society*

It was a nightmare for me. Floods everywhere. All I heard was “Run! .Run! Run!” We lost everything we had built and earned. My elder sister and her two kids escaped from that flash flood. Still I remember how my husband asked us to escape.

We took shelter at a temporary camp set up by the Red Cross. I was looking for my husband. He never returned after that. I saw his body two days later. I was fed up with everything. What this life was. I lost everything. I was clueless of what to do next. Didn't even take my meals.

But it all changed - my thinking, my feelings, after I was introduced to the psychosocial programme. It was another person who I befriended at the camp who introduced me to this programme. I realized I was not the only woman who faced this situation. The programme gave me more strength to face life. After several months I wanted to repay Red Cross in any way I could. That's why now I volunteer for the programme.



## I learned a lot that I now use with family and friends

Yazir Qazi

*Pakistan Red Crescent volunteer for the psychosocial programme*

I joined the Red Crescent as I felt so sad on behalf of my suffering nation after the floods. I wanted to do something. I had no idea about psychosocial support and thought I would be handing out food parcels.

Already on the second day I went with a psychosocial delegate to the destroyed villages. I saw her offering psychological support to a woman who had lost her older son in a traffic accident some years ago and had now lost a lot in the floods. Then I realized that food is not everything and psychosocial support is the basic need of all human beings.

I learned a lot that I now use with family and friends. There are many problems in our society and psychosocial support helps in all sectors. As for me as a volunteer, it refreshes the soul, and I feel relief when I share my own stories.





## Walk and talk with Care

By Barbara Juen, Professor of Psychology,  
University of Innsbruck

Peer support is *good*, but some elements of it are now being questioned. What is at issue is psychological debriefing, which can be experienced as *too confrontational*. A focus on positive aspects of stress reactions is indicated by current findings.







Peer support is a system of support familiar to many humanitarian organizations. Programmes using trained peers together with mental health professionals have been in place for some years, helping provide support to both volunteers and staff. Programmes are usually based on the approach for dealing with people after critical events. However, there is now increasing awareness of the general mental wellbeing of personnel amongst humanitarian organizations and health and social service providers. Mental health promotion and burnout prevention, due to increasing rates of disasters as well as increasing pressure on organizations because of the financial crisis, particularly pose challenges in the development of more appropriate forms of peer support. In meeting these challenges, organizations face a number of issues:

- The recommendations of the debriefing debate have to be taken into account.
- Special support systems have to be developed for the long-term care sector.
- Support systems have to be developed that focus not only on critical events, but also on burnout prevention and resilience building using a more holistic approach.

## The debriefing debate and recommendations

Peer support programmes are positively evaluated on the whole and are highly appreciated. Subjective satisfaction by those using debriefing after critical events is very high. Nevertheless, debriefing has been widely criticized. The British Psychological Society, for example, finds that current models are unhelpful in relation to the prevention of post-traumatic stress disorder and other trauma-related disorders. Systematic reviews on the efficacy of debriefing, such as the NICE guidelines (2005) and the Cochrane Review (2007) conclude, that a single session debriefing does not prevent the development of PTSD and other trauma related disorders and should not be used as a formal approach for everybody.

Psychological debriefing might be too confrontational for some people in the very acute phase, leading to a risk of 'stagnation' or even to an increase in trauma-related symptoms. This is particularly the case in the phase of the debriefing where participants are asked about the 'worst' moment, and the emotions related to the critical event. It is very important at this point to be especially careful of how much detail to elicit from individuals.

There is some evidence that debriefing may actually exacerbate the development of symptoms leading to the requirement for professional help. It is suggested, for example, that talking about reactions and coping may well be counterproductive, slowing down natural recovery. Care is needed therefore in focussing on what keeps us healthy and on the healthy aspects of stress reactions that have been experienced already, rather than on the prediction of symptoms to come.

- Recommendations are as follows (Rose et al. 2007):
- 'Classical' debriefing is too confrontational and may lead to emotional overload especially in persons at risk.
- Debriefing in its classical form may exacerbate the development of symptoms and lead to the requirement for professional help.
- Interventions should be less confrontational, focussing more on resilience and stabilization, as well as the chance of positive development after trauma.
- The critical event should be seen as a chance to enhance self- and collective efficacy.
- The focus should be more on resilience and what helps people stay healthy in spite of negative experiences.
- Those who use debriefing should be aware of current recommendations and able to identify persons at risk and refer them for further help, where required.

Reviewers conclude that that group and single interventions should be less confrontational and focus more on stabilization, team cohesion and on promoting resilience. Hobfoll and his colleagues (Hobfoll et al 2007) identified the following five elements of psychosocial support to be most helpful: safety, connectedness, self and collective efficacy, calmness and hope. Translating these elements into practice will be a challenge for psychosocial practitioners.

## More focus on everyday and long-term stressors

In addition to good practice in recruitment and training, peer support is a key element in creating a safe environment for both helpers and beneficiaries. Acute crises may arise during long-term care, where relationships between helpers and beneficiaries develop over time. This makes it necessary for helpers in these settings also to develop specific coping strategies.

As shown above, the focus of peer support has been mainly on interventions after critical events, rather than in relation to everyday difficulties or long-term stressors. However, psychosocial support is crucial for helpers in addressing both acute and long-term stressors. A closer look at the support needs of organizations in the social and healthcare sector shows that peer support is central to all activities helping people in vulnerable situations. This is especially important in areas where critical events and crisis are imminent, such as in hospice care, home care, etc. However, caregivers are often not supported by a peer support system in areas where long-term support is given. More and more organizations are now seeing the need for the development of just such a support system.



David Wethey/ New Zealand Red Cross



On the photo to the left, Kristen Proud from Australian Red Cross provides much appreciated support to volunteers from New Zealand Red Cross assisting after the earthquakes in Christchurch. The photo above is from the field school held in Nepal.

### Need for new forms of support

New forms of peer support are needed for a range of interventions in relation to critical events, burnout prevention and everyday difficulties, both in emergency settings and in the field of long-term care. Kallus and Jimenez (2006) describe burnout as state of emotional exhaustion that derives from an imbalance between stress and recuperation. This imbalance is influenced by the work context, the individual's personality, their experience and their resources. In order to promote good mental health in the workplace therefore, a number of aspects have to be taken into account: mental health promotion for individuals, the work environment and work organization, personal and organisational development, the work climate, leadership culture and organizational culture.

Support systems should encompass training for team leaders and other managers on enhancing wellbeing in work environments and how to prevent burnout. We are of the strong belief that this kind of training for team leaders and staff is absolutely crucial for service providers and humanitarian organizations.

### Talk about mistakes

A very important new concept of relevance here is the concept of 'psychological safety'. Psychological safety is a form of leadership that provides a climate in which members of a team may ask questions or talk about mistakes or 'weakness' (for example, insecurities, fears etc.) without being penalised. To make this work, it is important to increase the benefits to helpers for asking questions, talking about mistakes, etc.

In the settings we work in, people's willingness to talk about their own emotional reactions should indeed be seen positively and constructively. Research findings overwhelmingly indicate that psychological safety helps to enable organizations and teams within organizations to develop their abilities to learn from mistakes and to help individuals, as well as groups, to develop in a positive way (Edmondson, 2002). However, what is still lacking is training for

team leaders of humanitarian organizations and health and social service providers: Training on how to establish psychological safety in teams and working groups is needed in order to establish an environment for well-functioning support systems and resilience-building for caregivers.

### Analyze stress factors

Establishing psychological safety is vital for resilience-building activities too. Resilience is the ability of an individual or group/community to bounce back to normality after critical events. According to Paton (2001) it means the ability of communities to make use of internal personal and social resources and competencies to positively manage the challenges and changes that accompany adversities. These two elements - resources and systems and competencies - could be utilised against a background of psychological safety, where past stressors could be analysed and new ways found to face the challenges of our work and to enhance the resilience of our organizations.

### More focus on resilience

In conclusion, it seems then that peer support could be enhanced by more focus on resilience building, using interventions based on the five elements suggested by Hobfoll et al (2007): safety, connectedness, self- and collective efficacy, calm and hope. More generally, peer support should be used in relation to coping with long-term stressors, and not limited to support after critical events. And finally, organizations and managers need training in establishing a psychologically safe environment, providing resilience building at individual, team and organisational levels.

Full reference details are available from the PS Centre at [www.ifrc.org/psychosocial](http://www.ifrc.org/psychosocial).

*Barbara Juen is the head of psychosocial support for the Austrian Red Cross.*





# "That's why I smoke weed and do drugs"

by Simona Ranalli, IFRC violence prevention delegate for Central America

*"This is my story: I want to get it out / I do not want you to tell me anything; you only have to listen to me / I have been rejected since I was a child. / That's why I smoke weed and do drugs / My father abused my mother for many years and she has only given me punches and scoldings."*

These are the words of César Palma, a young man from Colonia San Francisco and a beneficiary of Proyecto Ampliando Oportunidades (PAO), a project providing support and work opportunities to youngsters in some areas of Tegucigalpa. César raps about his desire to turn his life around and how PAO and the Honduran Red Cross has helped him make a change and achieve some of his goals.

*"Sometimes, I want to be hugged, to hear 'I love you' / In this cold agony, I feel I am dying, for my father is a drunkard and says he does not love me / Now, he is sick and I do not care if he dies, my friend..."*

César's words captures what official reports find hard to describe, why it is so easy to choose a path of violence. PAO does not judge youth, but listens to them without reproof. PAO offers them educational and professional opportunities, making sure young people and their families receive psychological support, creating spaces for solidarity exchange and community cohesion.

Through PAO, the Honduran Red Cross has changed the lives of many youngsters. With effort and perseverance, young people who have been rejected since childhood realise their dreams. People say they are gangsters, that nobody cares about them, but for the Red Cross they are valuable boys and girls. We do not look at their

appearance - we see their great potential. But this is only the beginning. It takes time of course, but we continue to engage with young people to bring them back from the precipice.

*"I need help, as I can't get out of this on my own / I am a lonely boy who is sinking without help / I want to hear you today, my friend / I already told you what I feel; now I will pay attention to you."*

Both César and his brother have become Honduran Red Cross volunteers. Today, PAO has more than seventy volunteers that come from marginalized communities and are beneficiaries of the project. Violence prevention takes time because it is based on a relationship of trust, allowing people to open up and be prepared to change. That is the reason why the Honduran Red Cross, supported by an integrated partnership with the Italian and Swiss Red Cross and the ICRC, has a long-term vision of community intervention.

*"Boys and girls have changed their ways. Now we are walking through the world, smiling and saying to other young people, 'choose the right path.' / There is new life in our homes and we are working every day, helping others to have a better life, showing how a harsh world can be changed, / that streets and drugs don't bring us good future. / The idea was there but people were needed who were willing to act and give their everything. / That is how it all started with the Red Cross"*



The Syrian Arab Red Crescent is working hard to assist people affected by the present unrest. The work is tough and exhausting for the volunteers and staff who are now being offered psychosocial support by a trained psychologist.

**By Karin Eriksen, Country Coordinator  
for Danish Red Cross in Syria**

Volunteers in Red Crescent uniforms gather together, and talk quietly, eating their breakfast or playing table tennis. Nearby tents stand side by side next to the row of ambulances. A couple of T-shirts and uniforms are drying on a clothes rack. The VHF radio is crackling in the background with indistinguishable messages from other local Red Crescent branches across Syria. The computer guys have maps of the Damascus area at the ready, showing where the mosques, medical clinics and hospitals are, and where hotspot areas for demonstrations, are likely to be that day.

It is Friday morning in the operations room of the Syrian Arab Red Crescent branch of Damascus in Zahira. Everyone is getting ready to deploy during today's demonstrations. Friday, which used to be the day of rest for the many volunteers around the country, has become the busiest day of the week. Since April last year, the volunteers have been on 24-hour standby, seven days a week, ready to act, if needed. And they are needed, as first aid and medical evacuations are no longer a weekly occurrence, but happen every single day.

## Helping both sides

The picture from Damascus is not unique – if you go to Red Crescent branches in Homs, rural Damascus, Dara'a and many of the other branches across the country, you would see the same thing.

A few volunteers are busy checking the equipment in the ambulances. They look rather tired. Over the past few weeks, they have been delivering humanitarian assistance in Homs, Zabadani, Bloudan and

Madamiya. These kinds of operations are not easy. They require patience, diplomatic skills and long working hours. Being a volunteer is exhausting, but nothing is more satisfying than gaining access to distribute food parcels, blankets and other necessities to the many families affected by the current unrest in Syria.

Since the onset in March 2011, Danish Red Cross has supported Syrian Arab Red Crescent's 14 local branches in first aid training and has helped to provide for people in need – be it a wounded demonstrator or soldier in need of first aid, or one of the many families who have fled their homes. These families need mattresses and blankets to keep the children warm, as well as food and hygiene parcels to get them through the next few weeks, until they can decide whether it is safe to return home.

## Not always easy

"But it is not always easy," admits Khaled who leads the SARC Emergency Operations and who has been involved in many of the relief distributions to Homs, Zabadani and Dara'a.

"It can be difficult for us to reach the families who need our support. Sometimes we have access to an area, but suddenly there is renewed fighting or other complex reasons why we cannot access part of that area."

These difficulties caused SARC and the ICRC to call for a daily halt in fighting from all parties, so as to allow for better access for humanitarian aid to the civilian population in the affected areas.



"As the fighting fluctuates, we have to adapt our humanitarian response, in order to locate people who have fled and to help them as quickly and as effectively as possible," said Béatrice Mégevand-Roggo, ICRC head of operations for the Middle East. Now, in late March, access has become easier, allowing SARC and ICRC to deliver assistance to areas in Idleb, Homs, Hama, Dara'a and Aleppo. As Béatrice explains, "People have to know that they will get the help they need and that casualties will be taken care of, regardless of where the fighting is taking place... A daily pause of at least two hours in the fighting is essential in order to provide humanitarian assistance."

## Talking on Fridays

This is – like many previous Fridays – one of both victories and obstacles. Yet another day of injuries treated and medical evacuations organized. As the day comes to end, the volunteers clean up and go to meet with Lyas, a consultant, who is organizing psychosocial support for the first aid teams. The 'group defusing session', as it is called, is a technique where a psychologist helps





Syrian Red Crescent

## The busiest day of the week...

the volunteers discuss their experiences over the past week, their difficulties and successes. The sessions help the volunteers in coping with dramatic events and dealing in a positive way with the personal stress they experience.

The sessions also focus on team building which is crucial when working under stressful conditions. The group defusing sessions help keep the volunteers providing essential services week after week. Some Fridays the sessions are easy; some days they are very emotional. Most of the volunteers have been involved in the operation since March last year and the work and their experiences are exhausting for both body and mind.

Lyas provides the same support to teams in Homs, Dara'a, rural Damascus and other

branches around the country. These sessions have also been a part of the psychosocial support for staff and volunteers in all of the five counselling centres, which Danish Red Cross has supported since 2008. These centres provide psychosocial support to Iraqi refugees and vulnerable Syrians in Deir Ezzor, Qamishli, Aleppo, rural Damascus and Damascus. They work with adults, adolescents and children through psychosocial support groups dealing with stressful experiences, creative and skills building activities, and refer vulnerable people in need of individual assistance. The counselling centres also focus on raising community awareness about the way children's psychological reactions to stressful situations can be recognized. Additionally they run courses in community-

based health and first aid, where families can learn how to store food and water safely during periods without electricity and how to treat household injuries.

### Both Syrians and Iraqis

Since the onset of the unrest, the centres have experienced a large increase of Syrians who now constitute half of the visitors. Many seek support to deal with grief from losing a loved one, or stress, or simply to have a place to come, where they can talk to others who are experiencing similar feelings.

Building on their experience of community-based activities over the past four years, the centres have adapted their activities to the current situation and are able to deal with the exacerbated needs they see among their visitors. The general impact of the situation on Syrians and Iraqis alike is very worrying. There is evident deterioration in psychosocial wellbeing, with an increasing number of people showing signs of depression and anxiety and facing considerable hardship.

### Ready to go on

"The focus of the Syrian Arab Red Crescent is to provide essential assistance to populations affected by the current situation of unrest in a neutral and impartial manner," says Dr. Abdul Rahman Al-Attar, President of the Syrian Arab Red Crescent.

"The support of international donors enables us to do this. We are very grateful for the cooperation."

And the support continues. In the suburb of Harasta, four volunteers lift up a person from on a stretcher and run to the evacuation point. This is not a real medical evacuation. The four are part of a team of 27 new volunteers being trained in advanced first aid as the last step before they can be deployed to do the real work. During the coffee break the volunteers chatter and share jokes, but they are also well aware of the hardship and challenges awaiting them.

Text and photos by Jérôme Grimaud, Psychosocial delegate in Haiti

Voodoo priests were blamed and killed; international organizations were viewed with suspicion; patients were shunned and stigmatized. A traditional medical approach to the first cholera outbreak in Haiti in decades was not enough, when beliefs and perceptions needed to be understood. The psychosocial teams of the Haitian Red Cross understood that – and it helped.

## *Different beliefs*

In the Red Cross Red Crescent movement, epidemic outbreaks are mostly approached from a community health and emergency health perspective. This means hygiene prevention campaigns plus support of local health facilities and services. This was the case in Haiti, after the cholera outbreak in mid-October 2011.

In this context, one might ask if there is a place for a psychosocial support response? After all the focus is mainly on saving lives and preventing further outbreaks. The fact that cholera is highly contagious and requires quarantine of patients makes it dif-







difficult to imagine how psychosocial support volunteers could be involved, at least in the first stages of an outbreak.

However the multi-layer Haitian Red Cross psychosocial support team approach to the outbreak illustrates that a psychosocial response is indeed both possible and very valuable. The team's first contribution was to draft a context analysis paper about the beliefs and perceptions of epidemics from the perspective of the Haitian community.

The country had in fact not seen cholera for 60-100 years, meaning that it was perceived as a new disease. A very large part of the population was convinced that the disease had not originated there, because Haiti had been cholera free for so long, even though people had been living in poor conditions for decades. Most Haitians therefore suspected that the disease had been deliberately spread for political or economic reasons by foreign agencies or national authorities, or that it was related to religious factors, such as voodoo practices or a punishment from God. Intense fear was widespread in the community, both because of these beliefs and because of the speed with which the disease could kill - less than six hours, in the worst cases.

### Violence and mistrust

These beliefs and fears constituted an obstacle to the mass prevention campaign which looked at the disease from a health and hygiene point only, disregarding the perceptions embedded in the population. These powerfully held beliefs led to violence, sometimes towards NGOs and national authorities, sometimes towards the voodoo community which was blamed for the disease in some parts of the country. Through its work in and with the community and through support groups, the psychosocial team was able to understand and address some of these perceptions. Their report was published and widely used by international organizations present in Haiti. It contributed to a rethink in prevention cam-

paigns, grounding them in the reality and beliefs of the population and taking into consideration the variation in perceptions held from area to area.

### Understand and respect beliefs

Based on their analysis, the psychosocial team developed a specific set of interventions. 102 psychosocial volunteers were specifically trained in addressing the predominant beliefs and perceptions. The intervention was non-confrontational and based on respect for local beliefs and perceptions. Indeed, it can at times be ineffective to oppose so-called 'irrational' beliefs and perceptions, by trying to convince people that they are wrong. Strongly-felt beliefs based on cultural practice, past experience or fear cannot be easily changed with 'rational arguments'. Dismissing peoples' 'subjective truth,' beliefs and perceptions on the grounds that they are based on 'rumours', 'ignorance', or 'lack of education' can actually lead to more distrust and resistance, and at times even to strong and violent reactions.

The Haitian Red Cross helped set up prevention groups in the affected areas. Discussions with the groups were based on a non-judgemental, semi-structured group facilitation process. The discussions welcomed community members' personal beliefs and perceptions, and listened and respected people in an honest way. The facilitators were not challenging, but kept a neutral position. This allowed trust and confidence to build between participants, and significantly between participants and facilitators who were associated with 'humanitarian organizations' and therefore in some instances also perceived with some kind of suspicion.

### More open to other ideas

During meetings, participants were invited to share their views on cholera - where it comes from, how it is transmitted, how it can be prevented, the way it can be cured,

about ceremonials and rituals for the dead, and how cholera survivors are sometimes stigmatized. All this defused stress and tension within the group, and it made it possible for participants to feel that their opinion was acknowledged and valued.

It also created a different learning process. Indeed, once the participants had been truly listened to, they were much more open to listen to other ideas. This was even more so when different perspectives and opinions were provided by other participants, rather than the facilitator.

In the last phase of group discussions, after trust had been built, another facilitator was invited to present Ministry of Health standard prevention messages, not by lecturing the group, but by connecting to and building on what had already been discussed previously.

## Tents burned down

The second layer of the psychosocial team interventions concentrated on supporting the establishment of cholera treatment centres (CTCs). This was a significant intervention in that the CTCs were successfully set up and they were accepted by communities. The acute fear in the population had led to the feeling that CTCs were actually a source of danger instead of being protective and providing treatment, and that the centres therefore should be kept away from communities.

In the first few weeks of the epidemic, CTC tents were burned down and teams in charge of setting up CTC were pushed away and evicted. The psychosocial teams were therefore specifically appointed and trained to work with communities.

*"In the first few weeks of the epidemic, tents were burned down and teams in charge of setting up cholera treatment centres were pushed away and evicted"*

They did this using group facilitation with various population groups, as well as through negotiations with community, religious and youth leaders. This important task of facilitating the relationship between the CTCs and the local population was entrusted to the psychosocial team because of the overall approach the volunteers had demonstrated.

This trust was based on empathy and respect for people's experiences, beliefs and values, as well as the facilitation and communication techniques used in psychosocial support. These techniques, such as active listening and participatory facilitation techniques, helped establish trust, confidence and understanding between conflicting opinions or interests. Although very time consuming, the process proved fruitful, notably in Carrefour, one of the areas of the capital, Port-au-Prince, where tension was high.

## Killing of priests

The psychosocial teams also got involved in conflict mediation. One consequence of the widespread belief that the voodoo community could have been responsible for the spreading the epidemic through a 'cholera

powder' was the assassination of 45 houngans (voodoo priests) in the area of Grande-Anse in the south western part of Haiti. Following this event, two of the permanent staff on the psychosocial team were delegated by the Haitian Red Cross to organize formal mediation sessions between influential religious leaders in the area, including a Catholic priest, a Protestant minister and a voodoo priest.

The first rationale behind this intervention was that the Red Cross, being neutral and impartial, was perceived as a legitimate third party. The second rationale was that the techniques and approaches used by the psychosocial support teams were in fact similar to techniques used in formal mediation.

One surprising achievement arising from this encounter was the fact that senior participants said it was the first time they had met formally with leaders of the 'other community,' namely the voodoo believers and representatives. The end result of the mediation process itself was that the representatives from the different religious groups committed themselves to conveying a message of calm and peaceful relationships within their own groups of believers.

## Preparing the return

The fourth layer of the interventions was done directly in the CTC tents, providing support to the patients. The fear around the cholera outbreak had led to patients and former patients being stigmatized, which, in







many instances, meant they were left abandoned or in total isolation. Being stigmatized imposed an extra psychosocial burden on patients, who were already struggling with cholera and in many instances had limited access to treatment and medical facilities. Other family members and relatives would at times refuse to visit them in the treatment centre, out of fear of being contaminated.

Haitian Red Cross volunteers also provided psychological first aid (PFA) and play activities for children in their recovery phase, when space allowed. They organized some of the same activities and used experiences

they had gained from assisting after the earthquake in January 2010. Before patients were discharged, psychosocial volunteers and hygiene promoters organized short meetings with them and their parents or caregivers, to prepare them for their return home and to encourage family members to provide physical and emotional support.

### A tent to mourn

Building on initiatives developed in the direct aftermath of the earthquake, the Haitian Red Cross psychosocial team also established a 'mourning tent' inside one of

five CTCs. The standard procedure in case of death caused by cholera is that the corpse is disinfected and put in a body bag which is then transported to a mass grave.

A similar procedure was followed, albeit on a massive scale, after the January 2010 earthquake, but this process left no room for families to say a last goodbye to their loved ones.

This might have complicated the mourning process for many. So a mourning tent was set up during the cholera outbreak, together with a system whereby families could contact the appropriate religious support. It was hoped that this would allow families to embark on the mourning process in a positive manner. This means a lot in a country where respect for the dead, including the spirit of the dead, is of tremendous religious and social importance.

While cholera, like other epidemics, is primarily addressed through medical treatment and health prevention measures, the Red Cross experience in Haiti seems to illustrate that psychosocial interventions can also play an important role in the response to an outbreak. What seems to have been so worthwhile here has been the cultural and social analysis and the use of techniques establishing trust and respect within affected communities.

Non-judgmental listening, group facilitation and psychological first aid have proved important tools in reducing tension and addressing people's fears. This has in certain cases contributed to preventing violence.

The direct involvement of volunteers in CTCs has also helped reduce the isolation and stigmatization of cholera patients. This multi-layer approach has indeed strengthened communities' trust and confidence in Red Cross medical interventions, alongside general health prevention messages and safe practices.

*Jerome Grimaud is a psychosocial support delegate and conflict mediator for the Movement. He has been serving as a delegate in Haiti since January 2010.*

# NEXT ISSUE: KIDS CAN COPE

STORIES ABOUT HOW KIDS COPE WITH CONFLICTS, DISEASE AND DISASTERS - AND HOW YOU CAN HELP THEM IF THEY DON'T...



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