



Photo: Benjamin Suomela/Finnish Red Cross

IFRC Reference Centre for Psychosocial Support

2018 Annual Report

Introduction

“Just imagine that all the volunteers of the International Red Cross and Red Crescent Societies worldwide are trained as a standard in psychosocial care, you will have millions of people around the world who have an eye for this and can help those in need.”

Sigrid Kaag, Minister for Foreign Trade and Development Cooperation, The Netherlands.

In many ways, 2018 was a memorable year for the field of mental health and psychosocial support within the Red Cross Red Crescent Movement.

At the Council of Delegates in 2017, Yves D’Accord, Director General of ICRC, stated that psychosocial support saves lives. In the intervening year we used this quote numerous times. It is a matter of life and death, and fortunately this fact is gaining a broader recognition than ever.

2018 was another year of large-scale disasters and humanitarian emergencies. Millions of people suffer the consequences of war, violence and displacement in Yemen, Syria, South Sudan, Rakhine State, Libya and elsewhere. Natural disasters wreaked havoc across continents leading to thousands of deaths and huge losses. From earthquakes and tsunamis in Indonesia, to floods in Afghanistan to wildfires in California disasters struck all corners of the globe.

Against this backdrop we see a great interest from governments and donors in the field of MHPSS and a willingness to engage in conversations with humanitarian communities about where the largest unmet needs can be found, how best to support and not least, how best to ensure scalability and quality.

A number of high-level MHPSS advocacy events occurred in 2018. Most notably the UK Government held a [Ministerial level Mental health summit](#) in London, the [German Government co-hosted a meeting with UNICEF](#) focusing on children and youth in conflict settings to carry forward the recommendations from an earlier conference at [Wilton Park](#), and lastly, the Dutch Ministry of Foreign Affairs held a roundtable discussion

with international and UN organizations, including the IFRC and ICRC.

This interest in scaling up and scaling deep matches the development in a field where there are huge unmet needs and a large potential for innovation to reach the many who do not receive support. This intention of reaching many more people with interventions of a “deeper” quality has huge potential, but also contains significant challenges.

We have a duty of care towards the 14 million volunteers who make an effort for others in crisis all over the world – an effort which can leave scars on the soul. They face a triple burden: They are exposed to traumatic events as they provide life-saving assistance and emotional support to affected populations. They are often members of affected communities themselves and therefore may experience the same loss and grief as the people they are supporting. They work long hours under extremely challenging conditions, often with inadequate resources or limited training.

By providing these 14 million volunteers with better training, better development and better care, they will be able to help even more people and take better care of themselves and their fellow volunteers.

By the start of 2018 the IFRC PS Centre found itself in a financially precarious situation. Strengthening psychosocial support interventions, training and supervision of staff and volunteers is seen as being key to fight stigma, increase and upgrade our workforce and reach many more with mental health conditions. At the same time, however, we experienced a sharp decline of the type of financial support that enables us to provide our core services.



The PS Centre participated in 19 international fora as host, facilitator or speaker



The PS Centre collaborated with 55 different universities



The PS Centre received 1156 requests from 95 countries, including 358 requests for technical support, 206 for materials, 138 regarding partnerships and 125 for trainings



724 staff and volunteers primarily from the Red Cross Red Crescent were trained by the PS Centre



Trainings were carried out in 13 different countries in four regions



The PS Centre provided input to 19 different proposals, publications and projects and networks

The mental health toll of crisis

Mental health and psychosocial needs increase dramatically as a result of armed conflicts, natural disasters and emergencies. Such events often take place repeatedly over many years, as emergencies grow in complexity and duration; and may increase in frequency and intensity in the future following climate change and extreme weather events.

People are exposed to separation from or loss of loved ones, loss of homes, property, livelihoods, severe violations of human dignity such as sexual and gender-based violence, torture and other forms of ill-treatment. Social and community support systems erode and material resources that affected people need for coping and recovery are damaged or destroyed.

Rates of mental health conditions tend to double after emergencies. The World Health Organization estimates that and that after a

conflict, more than 1 in 5 people will have a mental health condition. In low and middle-income countries, where the majority of armed conflicts, natural disasters and other emergencies occur, more than three-quarters of people with severe mental health conditions do not receive any treatment. Research has indicated different prevalences of mental health conditions in specific contexts, but the global estimates presented are more than sufficient to demonstrate the need for much greater attention to be paid to the issue.

According to the World Health Organization, suicide is the 2nd leading cause of death among young people with approximately 800,000 completed suicides per year. Death by suicide is a grave public health concern affecting families, communities, and society at large.

“Mental health is the foundation of human capability that makes each life worthwhile and meaningful. It is for this reason that there can be no sustainable development without attention to mental health”

Professor Vikram Patel of Harvard Medical School, joint lead editor of [The Lancet Commission on Global Mental Health](#).

Climate change and mental health

A new area that will gain much more attention in the coming years is climate change and its implications on mental health. With climate change comes an increase in [both frequency and intensity of extreme weather events](#); the spreading of insect-borne diseases such as malaria and dengue to new places; a decrease in crop yields in some areas; global sea level rise affecting coastal flooding, water supplies, tourism, fisheries etc.

More people will be exposed to [extreme events](#)

[and therefore to the psychological problems](#) that often follow, such as anxiety, loss, grief, depression and even suicide.

A growing awareness of climate change among populations, including children and young people, is sparking social change and changes in the way we lead our lives. Whether the changes are positive or negative, periods of change are often marked by insecurity and fear, which has an impact on psychosocial well-being.

My village was a very good place to live before the flooding. I'm worried about what can happen in the future. I hope that someday I'll have a home again, because that's the only thing that brings peace to my mind.

Beatrice Chikafa, Malawi

Photo: Saara Mansikkamäki / Finnish Red Cross



Did you hear the weather report?

In a tent in the camp in Cox's Bazar a box of LEGO bricks and a large colourful play parachute becomes a way to link psychosocial support for children with disaster preparedness.

To learn how to protect themselves and their families in extreme weather children need to understand weather systems and what measures to take against them in a fun, engaging and age-appropriate way: Participants stand in a circle holding on to the edge of a parachute. The facilitator asks, "What does the weather report say today?". They then enact the weather report moving the parachute to illustrate sunshine, heat, rain, thunder, wind.

Mapping out the community in LEGO bricks is another way of engaging the children in thinking about their environment, where they will be safe, and where they will not be safe.

In Cox's Bazaar many children have limited access to schooling. Apart from linking the psychosocial activities to disaster preparedness, it is also important to integrate the development of cognitive skills to maintain their ability to learn while they are waiting for school to start or continue.

One million displaced

Cox's Bazar in Bangladesh is host to almost a million people displaced from Rakhine state. The situation has raised many questions on how best to offer protection, psychosocial support and build skills enabling the communities to move forward under very difficult circumstances. Meeting even the most basic needs of all in the settlement of displaced is an extremely complex operation for both authorities and the humanitarian community.

In 2018, the IFRC PS Centre conducted an evaluation of the PS interventions carried out by [IFRC and partner National Societies](#) as part of a long-term plan to improve the surge capacity.

As part of this follow-up trained staff and volunteers from [Action against Hunger](#) together with [Bangladesh Red Crescent Society](#) in child protection, protection and interventions to support survivors of sexual and gender-based violence.

Bridging the gap in Yemen

“These concepts have greatly expanded my perception, I began to feel that psychosocial support and psychological first aid are topics as important as physical first aid.”

Amani al-Rumain, field officer, Yemen Red Crescent Society

Amani al-Rumaim and her fellow volunteers participate in a three year programme called Community Services in Health and Action for Resilience C-SHARE funded by the [EU Development and Cooperation \(DEVCO\)](#) and developed by Danish Red Cross with technical support from the PS Centre.

It is implemented by Yemen Red Crescent Society serving vulnerable communities and local authorities in five governorates.

A wide range of PS disciplines

Staff and volunteers are trained in psychological first aid, community-based psychosocial support, self-care and peer support, minimum standards for protection, gender and inclusion, how to plan and implement awareness raising and psycho-

education sessions, child friendly spaces and community-led social events. Safety and well-being of Yemen Red Crescent Society staff and volunteers is also promoted as they are themselves directly affected by the conflict in Yemen.

“We aim to empower and enable staff and volunteers to provide psychosocial support to their communities. We train Yemen Red Crescent Society primary health care staff on how to identify mental health problems and disorders to better support people with mental health problems”, says Ahlem Cheffi, technical advisor, PS Centre.

Now, the psychosocial team from Yemen Red Crescent Society is ready to provide psychological first aid themselves and thus to train other volunteers and local communities in providing psychological first aid.



The needs for improving mental health and psychosocial support in Yemen are vast, but poorly funded.

With over 24 million in need of aid, Yemen is the world's single largest humanitarian crisis. The Red Cross Red Crescent Movement is working tirelessly to provide food, clean water, and essential household items as well as support health structures and improving the living conditions within Yemeni prisons.

Yemen has almost no mental health services. More than half of all health facilities have closed or are only partially functioning. According to the [World Health Organization](#) (WHO), in 2017 only 40 psychiatrists were working in the country – or put another way: there is approximately one psychiatrist for every 700.000 people.

Joint Movement policy on MHPSS

The field of humanitarian MHPSS is benefitting from more attention and recognition than ever before. However, there is still too few resources, not enough knowledge and too few trained staff and volunteers to reach the ambitious goals responding to the extensive unmet mental health and psychosocial needs arising as a result of armed conflicts, natural disasters and other emergencies.

For the first time ever, all Movement components have come together to formulate a MHPSS policy and resolution that builds on the diversity and broad reach of the Movement to meet the MHPSS needs of affected populations across the continuum of care.

The resolution advocates for States, National Societies, the ICRC and the IFRC to increase efforts to ensure early and sustained access to quality mental health and psychosocial support services by people affected by armed conflicts, natural disasters and other emergencies. It calls for investment in sustained local and community-based action that is comprehensive, complementary to other activities, and that is integrated into all humanitarian response and health activities. This also includes in domestic and

international emergency response systems and preparedness plans. The resolution also calls on actors to address stigma, exclusion and discrimination related to mental health and psychosocial needs through approaches that reinforce dignity and participation in a context-specific and culturally sensitive way. A further important aspect that the resolution calls for is that measures are taken to strengthen the quality and capacity of the humanitarian staff and volunteers and to protect and promote their mental health and psychosocial well-being. The policy and the resolution are ground breaking in their call for mental health and psychosocial support to be included in all humanitarian activities – across the Movement and by governments.

The Movement-wide policy is a direct follow-up to the 2017 Council of Delegates resolution which granted a mandate to create a harmonised and unified MHPSS approach, scope and standards for the Movement.

If signed, the MHPSS Policy will re-orientate and guide the work of all Movement components for the coming decades, with the Resolution upholding the responsibilities of Member States to address the MHPSS needs of their populations.

Scaling up and scaling deep

People across the globe experience psychological and psychosocial suffering and [do not have the access to the comprehensive quality mental health services that they should](#). In some low-income countries there are almost no psychiatrist or psychologist. As a result, there are great, unmet needs. [Scalable psychological interventions are developed by WHO](#) for use in settings affected by adversity.

They are based on well-tested techniques, but not yet fully tested and proven.

Through research, the PS Centre investigates how the interventions can be applied by the Red Cross Red Crescent Movement to address general psychosocial ill-being and to alleviate, treat and prevent common mental disorders such as anxiety, depression, and posttraumatic stress disorder.

The PS Centre participates in three research projects funded by the European Union to enable task shifting and scaling up:



STRENGTHS researches the [Problem Management+](#) interventions and tools for adapting the interventions culturally, contextually. With this expertise National Societies can tailor the scalable interventions to local settings and thereby provide quality, research based MHPSS services.



In the **CONTEXT** project [Colombian Red Cross](#) volunteers deliver Problem Management+ to refugees. We evaluate the effectiveness of this delivery and design a protocol for the purpose. This provides an understanding of how task shifting for MHPSS within the Movement can work.



The **RE-DEFINE** project seeks to provide evidence for [SelfHelp+](#), a preventative, psychosocial intervention for people affected by humanitarian emergencies. The intervention is likely to be highly scalable and well-suited as a Movement service.

Global coordination of MHPSS in Emergency Settings

In humanitarian emergencies it is vital that responding agencies coordinate their actions. In between the emergencies, it's equally important that the same agencies cooperate on learning from their experiences, expand their knowledge base and advocate for more and better MHPSS response with donors and policy makers.

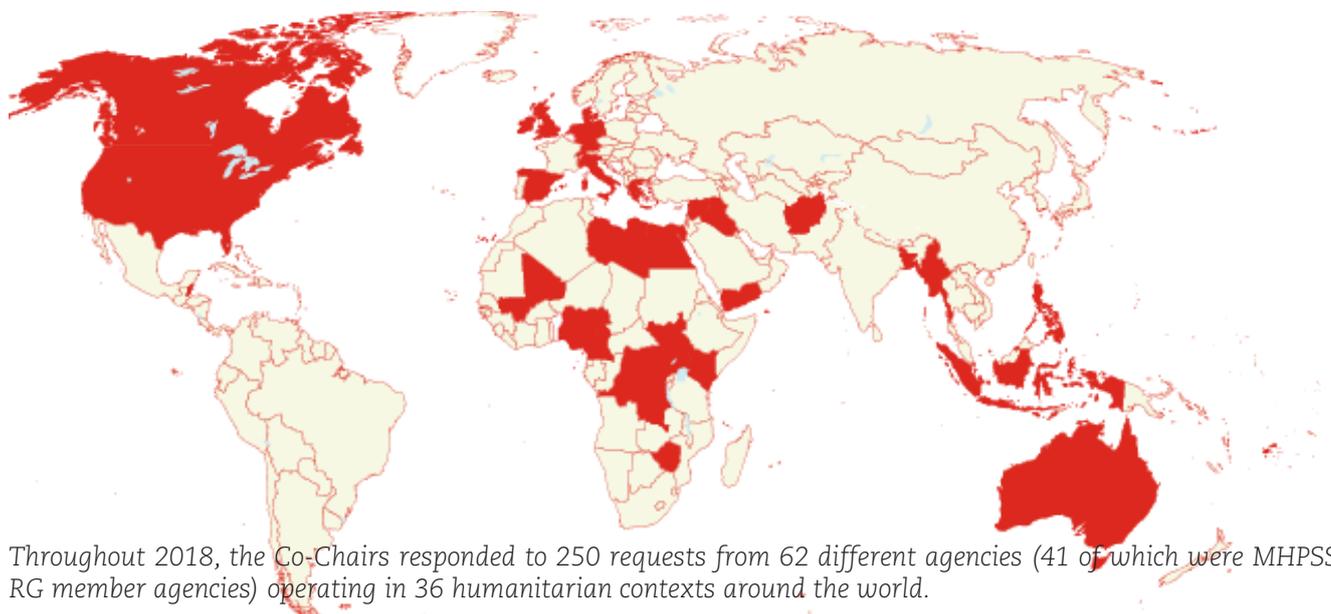
The IFRC PS Centre has taken a leading global role in this as Co-Chair of the IASC Reference Group on [MHPSS in Emergency Settings \(MHPSS RG\)](#) since 2016 and in this way also placed the National Societies in a central role in the international MHPSS community.

This work continued throughout 2018 together with the [World Health Organization \(WHO\)](#) as the other Co-Chair. The MHPSS RG supports country-level mental health and psychosocial support working groups in various humanitarian contexts (including forced migration, natural disaster and protracted crises). Throughout 2018, the Co-Chairs responded to 250 requests from 62 different agencies operating in 36 humanitarian contexts around the world. In-country visits were also conducted to Afghanistan, Cox's Bazar-Bangladesh, North-East Nigeria, South Sudan, Syria, Turkey, Uganda and Ukraine.

Established in 2007, the MHPSS RG consists of over 50 member humanitarian agencies/organisations and fosters a unique collaboration between the Red Cross Red Crescent Movement, NGOs, UN agencies

and academics all working to improve the scale and quality of MHPSS programmes. The coordination and day-day management of the group is maintained through two Co-Chair agencies. In-country technical support through missions, remote support, policy development, and high-level advocacy, knowledge exchange and strengthened coordination are part of the work of the Co-Chairs.

A number of high-level MHPSS advocacy events occurred in 2018, where the Co-Chairs represented the MHPSS RG. Most notably the UK Government held a [Ministerial Mental Health Summit](#) in London, and the [German Government co-hosted a meeting with UNICEF](#) focusing on children and youth in conflict settings to carry forward the recommendations from an earlier conference at [Wilton Park](#). In 2019, the MHPSS RG will continue to work on its core areas in addition to finalising the means of verification (data collection toolkit) to accompany the [Inter-Agency Common Monitoring and Evaluation Framework for MHPSS](#), to establish an inter-agency MHPSS surge support mechanism to boost the human resources and coordination at country-level, and to build the capacity of the country-level MHPSS Working Group leads through a 4-day retreat.



Throughout 2018, the Co-Chairs responded to 250 requests from 62 different agencies (41 of which were MHPSS RG member agencies) operating in 36 humanitarian contexts around the world.

Psychological first aid for ALL!

In recent years my country has witnessed armed conflict, and we provide emergency first aid during disasters and conflict. But we haven't been focused on taking care of the psychological issues that come with injury or witnessing distressing events. After I started teaching the emergency first aiders in my branch about this neglected area of support, other branches have seen the need and asked me to provide trainings to their volunteers.

Nurudeen Hussain Magaji, Nigerian Red Cross Society, participant in a training of trainers in PFA at the PS Centre in 2018

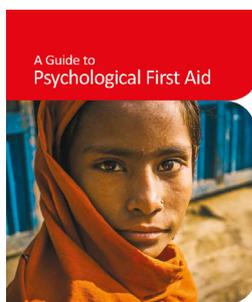
Psychological first aid (PFA) is a simple, yet powerful way of helping someone in distress. It involves paying attention to the person's reactions, active listening and if relevant, practical assistance to help address immediate problems and basic needs. Learning psychological first aid skills and understanding reactions to crises empowers helpers to help others and apply the same skills to their own lives.

Look, Listen, Link are the three action principles that psychological first aid rests upon. The principles were developed by the WHO. Look, Listen, Link refers to the importance of understanding the situation,

supporting the affected person and linking up with other services.

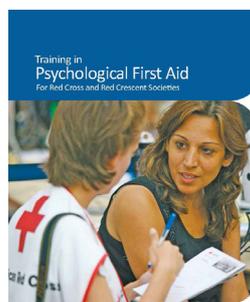
With the aim to equip all 14 million Red Cross Red Crescent volunteers with the skills to provide psychological first aid, the IFRC is embarking on an ambitious, global project named "PFA for ALL".

The first step in the "PFA for ALL" programme was the development of a comprehensive tool kit *PFA for Red Cross and Red Crescent Societies*, which comprises a guide, a small booklet on PFA, and four training modules on PFA, including PFA for children and PFA for groups.



For Red Cross and Red Crescent Societies

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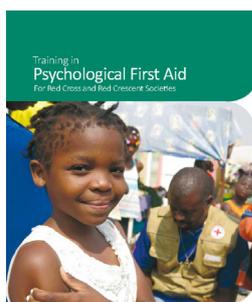
MODULE 1
An introduction to PFA

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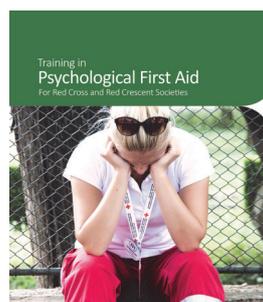
MODULE 2
Basic PFA

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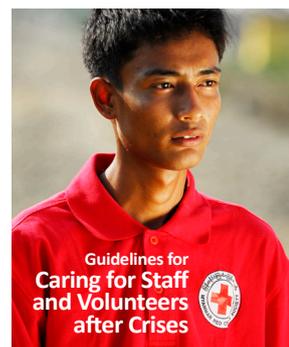
MODULE 3
PFA for Children

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MODULE 4
PFA in Groups
- Support to teams

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Saving lives, changing minds.



PFA for all of Nigeria

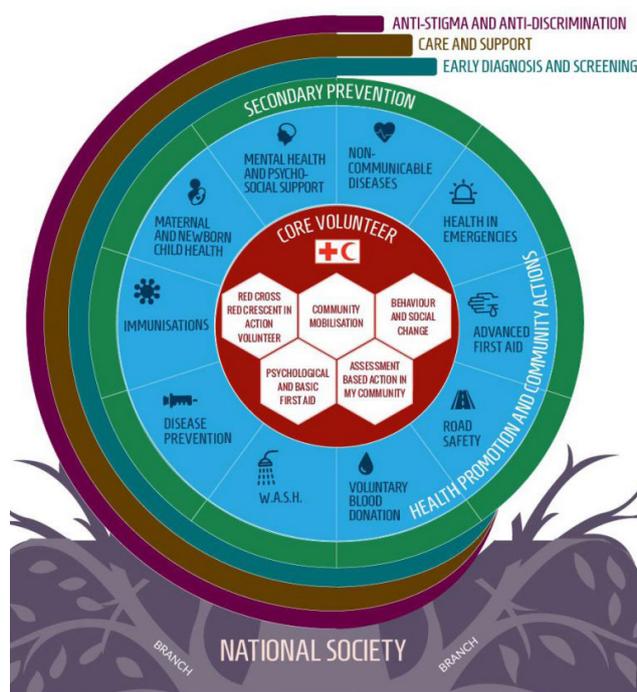
My name is Nurudeen Hussain Magaji, and I'm a volunteer with Nigerian Red Cross Society Plateau State Branch. I was trained as a trainer in psychological first aid at the PS Centre in Copenhagen in June 2018. Since then I have spent most of my spare time building the capacity of my colleagues in the Nigerian Red Cross Society, both in my own branch and in other branches.

In recent years my country has witnessed armed conflict, and we provide emergency first aid during disasters and conflict. But we have not focused on taking care of the psychological issues that come with injury or witnessing distressing events. After I started teaching the emergency first aiders in my branch about this neglected area of support, other branches saw the need and asked me to provide trainings to their volunteers. Since the training in Copenhagen, I have trained about 100 volunteers from seven branches. They always show a great appreciation and need for more learning opportunities on how to support vulnerable people in distressing situations.

PFA teaches us to handle ourselves, volunteers and vulnerable people. Affected people always show appreciation when Red Cross volunteers care for them through the Look, Listen, Link principles. It's a nice experience to see how the volunteers react to gaining these new skills.

eCBHFA with a stronger focus on MHPSS

The eCBHFA approach now includes a new and updated version of Psychological First Aid and Mental Health component. The low budget programme is planned and implemented based on community needs in any kind of environment or context such as urban areas, rural areas, schools, emergency shelters, migrant camps and even prisons. The new and updated version is now operational in 125 countries. One of the important innovations in eCBHFA is a much stronger focus on mental health and psychosocial support. Mental health and psychosocial support is represented in both the core volunteer modules with a short training on psychological first aid and in the primary prevention module with a two-day training on basic community-based psychosocial support. Furthermore, it is streamlined into modules on other subjects.





Techvelopment and innovation – an example

“The VR was particularly powerful in teaching the “LOOK” principle. The participants had a common picture of the physical space. This made them freer to prioritize according to their own observations. Drawing on their own experiences, they noticed things in the scenario we hadn’t even considered, which added so much to the training.”

Martha Bird, PFA trainer, PS Centre.

The Red Cross Red Crescent develops and implements many technically strong trainings, particularly for emergency response. However, to scale up in interventions, it is vital to keep exploring new ways of facilitating knowledge.

Virtual reality (VR) training software has been gaining ground in teaching soft skills in emergency and crisis management in recent years, for example by rehearsing procedures, chains of command, triage, establishing safety, crowd control etc.

In 2018, the PS Centre had the opportunity to explore the innovation potential of combining virtual reality with the newly developed [training curriculum for psychological first aid \(PFA\)](#).

Advantageously, the PS Centre has been selected by the EU funded [DRIVER+](#) project to further test the innovative training concept in a real-life crisis management trial in Austria in September 2019 under the EU civil protection exercise project [Ironore2019](#).

Libya: Protection of vulnerable people

Affected by many years of internal conflict and being located on a migratory trail, Libya faces a great need for MHPSS and protection initiatives

To this end, the PS Centre facilitated tailor-made trainings, adapted and developed resources for the specific context and delivered remote support for the MHPSS aspects of the programme.

With funding from the European Union, the Libyan Red Crescent and the IFRC Libya have partnered in building capacity to better meet these needs.



The Toolkit for Child-friendly Spaces in Humanitarian Settings

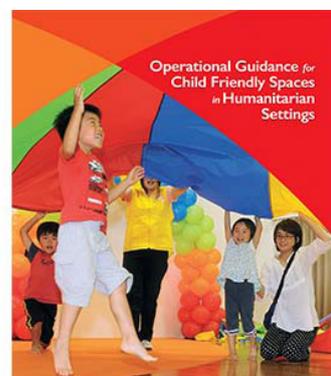
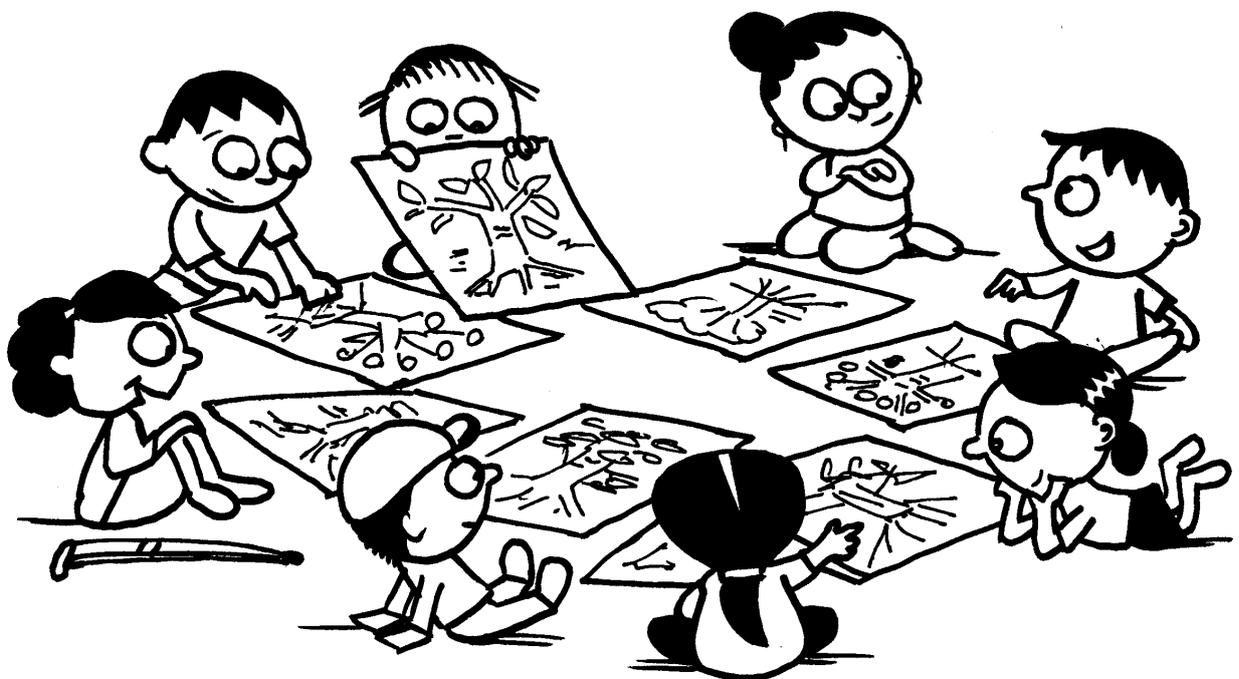
In recent years several research and lessons learned reports about child-friendly spaces have pointed out shortcomings and lack of quality in the traditional CFS set-ups.

Children exposed to conflict and natural disasters carry the legacy of traumatic events such as violence, loss and separation into their recovery and future. Children's sense of safety must be re-established, and caregivers should have strategies to support themselves and their families to mitigate long-term effects and prevent lasting mental health conditions.

Child-friendly spaces is the most widely used protection and psychosocial support intervention aimed at children in humanitarian settings.

In 2017 IFRC and World Vision International decided to address some of these challenges in a joint project to develop a toolkit for Child-friendly Spaces in Humanitarian Settings.

The toolkit comprises an activity catalogue, guidance for implementers of child friendly spaces and a training about implementation.



Caring for volunteers

The 14 million Red Cross Red Crescent volunteers often work in difficult, complex and sometimes dangerous environments. They are exposed to traumatic events as part of their job, they are often members of affected communities themselves and may therefore experience the same loss and grief as the people they are supporting, and they work long hours under extremely challenging and stressful conditions.

It is our duty to protect and support our volunteers. Advocating this point is an important activity for the PS Centre and in 2018 this included the article [Mental health and psychosocial support: who cares for the volunteers?](#) in the Humanitarian Exchange and participation in a global awareness raising event organised by Overseas Development Institute (ODI) on World Humanitarian Day 2018: [Breaking the silence: promoting action on aid worker mental health](#).

The PS Centre supported volunteers working in complex emergencies in Afghanistan, Mali and Sudan by strengthening the systems of the National Societies, their structures and skills to support staff and volunteers as well as the capacity for self-care of staff and volunteers.

In parallel with this, the PS Centre is involved in research and innovation on support to staff and volunteers:

- It partners with [Trinity College Dublin](#) and [Sudanese Red Crescent](#) to conduct [research on support to volunteers in Sudan](#).
- In collaboration with [Swedish Red Cross](#), the PS Centre hosted a Pop-up Innovation Lab on Caring for Volunteers, as part of the global [Volunteering in Conflicts and Emergencies](#) initiative.
- The PS Centre chairs an international expert community of practice about volunteers in crisis management focusing particularly on the well-being of spontaneous volunteers under the [Crisis Management Innovation Network Europe \(CMINE\)](#).

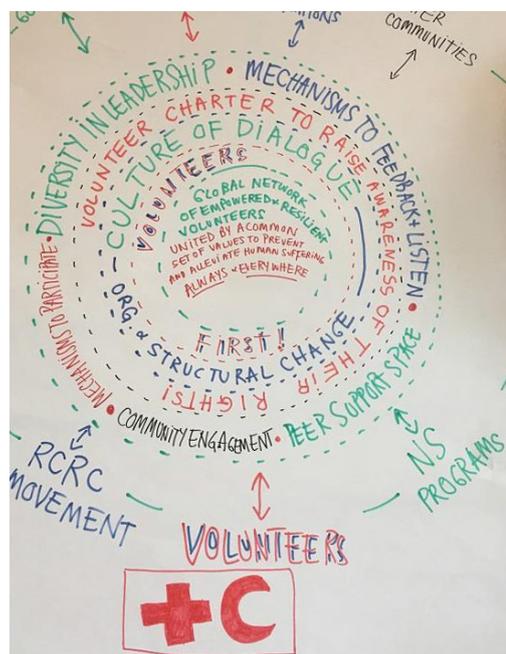
Using PFA for Groups to support teams – an innovative approach

It can be difficult to provide effective support to staff and volunteers during and after crisis situations. However, simple and cost-effective initiatives and interventions can be put in place before, during and after humanitarian responses to promote the well-being of staff and volunteers and to reduce symptoms of distress and burnout.

Managers and other team leaders are particularly well placed to respond to the needs of staff and volunteers during and after crisis situations. The IFRC PS Centre recommends that managers or team leaders hold different types of support meetings with staff and volunteers based on their needs and the situation. The different kinds of meetings include short impromptu meetings, gatherings to show appreciation and recognition, and meetings to provide psychological first aid.

PFA in groups – support to teams has been developed for trained psychosocial staff or volunteers, team leaders, managers or others with responsibility for the well-being of teams of Red Cross and Red Crescent National Societies staff or volunteers.

The IFRC PS Centre advocates for the use of psychological first aid (PFA) approaches with staff and volunteers in distress.



Financial report

Mental health and psychosocial support have never been higher on the agenda in the Red Cross Red Crescent Movement and the global humanitarian community. The PS Centre, however, is experiencing a changing funding environment.

Throughout 2018, the PS Centre has maintained strong partnerships with its current partners and donors, including the National Societies of Denmark, Canada, France, Iceland, Japan and Hong Kong. In addition, Danish Red Cross and the World Health Organization through their back-donor funding from the Office of U.S. Foreign Disaster Assistance (OFDA) and DANIDA have contributed to the position as coordinator for the function as Co-chair for the IASC MHPSS Reference Group. Finally, the European Commission remains an important donor of the PS Centre's research and innovation initiatives as well as technical support to National Societies in emergency and protracted crisis situations.

Traditionally, we have received a large part of our funding through strategic partnerships with National Societies, but particularly

unrestricted funding from National Societies has decreased over the past years and been replaced by project-based funding.

This means that there is limited flexibility to respond to urgent needs and emergencies, and limited resources to support, train and mentor our 190 National Societies, including their support to the 14 million volunteers. This changing funding environment calls for increased advocacy and dialogue with our partners, a development towards a sustainable business model, and time invested in diversification of funding sources to support the growing demands for mental health and psychosocial support from the National Societies and the global humanitarian community.

The total expenditure of the PS Centre for 2018 DKK 9,164,798 (1,368,871 CHF). The detailed financial report is included in the PS Centre Financial Statement, which can be requested from the PS Centre.

Acknowledgement of project funding

	<p>The Innovation project mentioned on page 11 was made possible by funds from the Danish Ministry of Foreign Affairs – DANIDA.</p>
	<p>The caring for volunteers programme in Afghanistan, Mali and Sudan is supported by DANIDA.</p>
	<p>DRIVER+ has received funding from the European Union's 7th Framework Programme for Research, Technological Development and Demonstration under Grant Agreement (GA) N° #607798.</p>
	<p>STRENGTHS has received funding from the European Union's Horizon 2020 Research and Innovation programme Societal Challenges under Grant Agreements No 73333.</p>
	<p>RE-DEFINE has received funding from the European Union's Horizon 2020 Research and Innovation programme Societal Challenges under Grant Agreements 779255</p>
	<p>CONTEXT has received funding from the European Union's Horizon 2020 research and innovation programme, under the Marie Skłodowska-Curie Grant Agreement No. 722523.</p>
	<p>CMINE received funding from the European Union's 7th Framework Programme for Research, Technological Development and Demonstration under Grant Agreement (GA) N° #607798.</p>
	<p>Community Services in Health and Action for Resilience (C-SHARE) is funded by the EU Development and Cooperation (DEVCO)</p>
	<p>The Libya programme mentioned on page 7 is funded by DG DEVCO.</p>
	<p>The IFRC PS Centre received funding from Swedish Red Cross to host the ViCE pop-up lab on Caring for our volunteers – Psychosocial support systems for volunteers.</p>
	<p>The Child Friendly Spaces in Humanitarian Settings toolkit was developed with financial support from ADH (Aktion Deutschland Hilft), Canadian Red Cross, Icelandic Red Cross, World Vision Australia, World Vision Germany, World Vision Korea and World Vision US.</p>

Publications from the IFRC Reference Centre for Psychosocial Support



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The IFRC Reference Centre for Psychosocial Support is hosted by

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25 years developing high quality training tools, manuals and handbooks about psychosocial support has become among the core competencies of the PS Centre. All materials are available in English and most are also available in other languages, primarily French, Arabic and Spanish.

The PS Centre is happy to advice on translating and adapting the materials to fit the specific contexts in which they are to be used.

All materials are available at www.pscentre.org

The Fundamental Principles of the International Red Cross and Red Crescent Movement

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

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

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

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

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

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

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

IFRC REFERENCE CENTRE FOR PSYCHOSOCIAL SUPPORT

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