



Community-based psychosocial support training manual for staff and volunteers

YEMEN RED CRESCENT SOCIETY



Community-based Psychosocial Support Training Manual for Staff and Volunteers - Yemen Red Crescent Society was developed by Yemen Red Crescent Society, Danish Red Cross and the IFRC Reference Centre for Psychosocial Support.

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How to use this manual

This training manual is written as a guide for delivering 4 days of training on Community Based Psychosocial Support (CBPSS) to Yemen Red Crescent staff and volunteers. It aims to provide a basic introduction to CBPSS. In order to implement CBPSS activities, staff and volunteers will need additional practical training e.g. on recreational activities for children or awareness raising on mental health and psychosocial well-being. Your role as a trainer is to ensure that, after this training, participants:

- Are familiar with psychological and social reactions, needs and interventions, respecting relevant and appropriate cultural contexts and protection, gender and inclusion minimum standards.
- Can plan a variety of psychosocial interventions sensitive to local circumstances.

Participants may have different backgrounds (volunteers, staff, or managers from different fields, e.g. health, psychosocial or disaster management). For this reason, trainers should use their judgement to adapt the training in a way that suits the educational and professional backgrounds of the participants. Trainers can, for instance, change the proposed schedule (the 'when'), and the suggested training methods for different activities (the 'how'). However, it is important that the content (the 'what') remains the same. The length of the training may vary depending on the needs and level of understanding of the participants. It is recommended that the maximum number of participants per training course be 20.

This manual includes various training approaches, including presentations, plenary discussions, role plays, individual and group activities. As the trainer you may choose which approaches you prefer. However, it is recommended that you regularly change the teaching approach to cater for all types of learners and keep the training active and interesting. Second, we recommend that you use more active forms of training, such as role plays, as this best facilitates learning.

To ease the delivery of training, the manual includes pictorial reminders. For each module, you will find a table that includes **HOW**, which refers to the type of activity and the training methodology; **TIME** which refers to how much time is needed; **WHAT**, which refers to the material needed for each module; and lastly, the **PURPOSE**, which refers to the objective of each training module.

HOW?



The type of activities and the training methodology used (e.g. group work, presentation, role play, discussion)

TIME?



How much time is needed – in minutes

WHAT?



The material required



PURPOSE?

The objective of the module

This manual contains eleven modules.

- **Module 1:** Starting the training
- **Module 2:** Mental Health and Psychosocial Support
- **Module 3:** Crisis events
- **Module 4:** Stress and coping
- **Module 5:** Psychological First Aid
- **Module 6:** Loss and grief
- **Module 7:** Community Based Psychosocial Support
- **Module 8:** Protection Gender and Inclusion
- **Module 9:** Referral
- **Module 10:** Peer support and self-care
- **Module 11:** Ending the training

The length of this training can vary depending on the needs of the participants and the requests for training. The preferred maximum number of participants per training course is 20. The person conducting basic training should have completed ToT training on CBPSS.

The proposed duration is 4 days and an example of the agenda could be:

Day 1	Module
9.00-11.30	1: Starting the training
11.30-11.45	Break
11.45-13.15	2: Mental health and psychosocial support
13.15-13.45	Lunch
13.45-15.00	3. Crisis events and the MHPSS Movement Framework
15.00-15.30	Close the day

Day 2	Module
9.00-9.15	Recap of day 1
9.15-10.45	4: Stress and Coping
10.45-11.00	Break
11.00-13.00	5: Psychological First Aid
13.00-13.30	Lunch
13.30-15.00	6 Loss and grief
15.00-15.30	Close the day

Day 3	Module
9.00-9.15	Recap day 2
9.15-10.45	7: Community-based Psychosocial Support
10.45-11.00	Break
11.00-12.15	7: Community-based Psychosocial Support, continued
12.15-12.45	Lunch
12.45-14.00	8: Protection, gender and inclusion
14.00-15.00	9. Referral
15.00-15.30	Close the day

Day 4	Module
9.00-9.15	Recap day 3
9.15-10.15	9: Referral
10.15-10.30	Break
10.30-12.00	10: Peer support and self-care
12.00-12.30	Lunch
12.30-13.00	10: Peer support and self-care, continued
13.00-14.00	11: Ending the training

How to prepare for training

To help the training run more smoothly, it is important to be well prepared. The following is a checklist of things to consider when preparing.

Venue

- Ensure access to the venue, including washroom facilities;
- Suitable temperature and lighting in training room with opportunity to darken room if using projector or screen,

Setting up the room

- Consider how to set up the room to encourage participation and comfort;
- Make sure there is enough space to conduct multiple role plays simultaneously (e.g. with small groups of participants), or additional rooms for people to use;
- Position a clock visible to all

Materials included in the trainers toolbox

As part of this training, there is a toolbox supplied by YRCS. It contains the most important items needed to conduct the training. There are certain items in the box which should not be revealed to the participants until the very end of the training, so the trainers should keep the toolbox closed after removing the items they need per module and stowed in a safe place during and after each training day. The toolbox contains the following:

- 1 pack of pens
- 4 packs of coloured pencils
- 5 pencil sharpeners
- Whiteboard or flip chart stand with flipchart paper
- Markers (in different colours) and flipchart paper
- Building bricks/blocks, playdough, toys
- Name tags
- Post-it notes

- Paper tape, big roll
- 1 pack of A4 paper
- A ball of string
- Tennis ball
- A doll
- Two bags of sweets
- 4 YRCS caps and 4 vests
- 1 First Aid Kit
- Printed copies of training manual for trainers
- Printed and laminated photos, illustrations, work sheets needed for each module.
- Surprise bags
- 4 copies of the IFRC minimum standards for protection, gender and inclusion in emergencies
- Pre-and post-tests
- Evaluation forms
- List of participants
- Consent forms

Key points for training

- In the agenda there is 30 minutes set aside to “close the day”. This is where the trainer has time to address questions that were left unanswered, ensure that each group is clear about their tasks for the next day and to get feedback on the day. A simple way to do that is to ask each participant to say one word, that expresses how they feel about the day or to briefly state what they are taking with them from the training today. The trainer may suggest ending each day with a song (chosen by the group) or another ritual that is meaningful to the group. Use the same song/ritual throughout the training.
- The trainer will need to obtain consent from the participants with regard to taking photographs, filming or posting on social media at the beginning of the training. The date and place where consent was given by a participant needs to be documented, and if oral consent is given there needs to be a witness and the trainer needs to document the name and contact information of the witness. The consent form should also state the purpose of using the content, who will use it and for how long.
- At least two trainers are recommended to lead a training course. The person who is not facilitating should pay attention to participants who may need support.
- Do not spend more than 20 minutes talking or teaching at any one time. After 20 minutes, introduce a role play, activity or discussion.
- The time spent on each activity will largely depend on the group (e.g. size, how talkative they are, how quickly they learn the material and concepts).
- Avoid using complicated psychological terms as many participants may not understand these.

- Use icebreakers and energizers as needed.
- If possible, you can invite a senior manager to open the training.
- Preparation of snacks, water, tea and coffee or meals if these will be provided. Consider if you require an additional person to support you with this.

Conducting role plays

There are two types of role plays you can use in training. Try to use both types of role plays:

1. **Demonstration role plays** (trainers act as participants to demonstrate how to deliver a role play);
2. **Active role plays** (for participants)

Case Examples are included for active role plays. Adapt case examples to suit your culture and social context. If you are training first aiders for example, you can develop a story about someone in distress who is being given first aid.

Demonstration role plays: It can be helpful to demonstrate a role play twice using the same case example, to demonstrate the differences between poor use of communication skills and good use of communication skills.

Active role plays: Encourage participants to take role plays seriously, as this will help other participants to learn more when they are, for example, playing the role of someone giving psychological first aid.

Role play guidelines:

1. No filming or photography unless participants give their oral/written consent to be filmed or photographed. Consent form in the toolbox and in the Annex 1.
2. Assign one person to take photos or film so that everyone stays focused on the role play.
3. Participants should not use their real names during role plays.
4. Always ask participants who are involved in role plays if they are comfortable with the case example, story and role they have been assigned. No one should feel obliged to participate in a role play that makes them feel uncomfortable.
5. Tell the participants that if, at any time, they feel uncomfortable in a role play they must raise their hands and cross them (a sign to stop the role play).
6. End role plays as soon as you feel there are enough learning points to discuss.
7. Participants who are not in a role play can be given the task of observing the role play and providing feedback after the role play ends, together with the trainers. If it relates to psychological first aid, for example, the observers can focus on the Look, Listen, Link aspects.
8. After each role play, the trainer must bring the participants back into a circle (standing or sitting) and “de-role”. De-role is a way to get people out of the roles they were playing. Ask each participant (one by one) to say: “My name is not (the name used in the role play), my true name is (real name of participant).” Then ask the participant to tap his/her shoulders with their hands and turn around once.

9. The trainer begins the feedback session by reminding everyone how to give feedback (see below), stressing that this is a learning space and we are not here to criticize, judge or evaluate people. Participants should accept feedback without defending themselves. Then, the trainer asks participants who were Red Crescent volunteers in the role play to describe how they felt during it. After that, the trainer asks participants who were playing the role of “beneficiaries” how it felt, and then the observers can give their feedback. Last, but not least, the trainers give their feedback.

Feedback and learning

When providing feedback, as both trainers and participants, always follow these three steps, in this order:

- Give feedback on what went well;
- Give ideas for the future on what could be done differently or improved upon;
- Always end with overall positive feedback.

What makes you a good trainer?

A good trainer will:

- prepare well for every workshop
- trust and believe in the abilities and capabilities of the participants
- listen to understand, not to evaluate, judge or challenge what is being said
- use active listening skills
- include group members in discussions (participatory approach)
- manage group processes
- take responsibility for good, positive communication with the participants
- be sensitive to unexpressed feelings
- protect minority points of view
- keep the discussion moving
- use questions to explore deeper learning
- limit their own contribution to make more time for others' participation
- use appropriate language, posture, gestures and facial expressions
- be flexible and responsive, adapting activities when needed
- give emotional support within the group dynamic to reassure participants especially when dealing with sensitive issues, as is often the case when the training is about psychosocial support.
- function less as a teacher (giving lectures) and more as a facilitator of learning

A good trainer knows the geographical and cultural context:

- The training should always be adapted to the specific geographical and cultural context.
- The trainer should know something about the psychosocial needs and programmes in the region where the training is taking place.
- Relating the topics to participants' real life and work situations is essential when giving training in psychosocial support. It shifts the learning process from pure knowledge acquisition to the application of knowledge and the integration of skills.
- Trainers should draw on their own professional experience and that of colleagues and local networks to make the training even more specific to the group.

Module 1: Starting the training Welcome



Game
Group work
Plenary discussion



80 minutes



Flipchart papers, flipchart stand, markers, tennis ball, building bricks/blocks, post-it notes in different colours, pre-and post-test, consent forms, name tags



To welcome the participants and familiarise them with how to create a safe space, to understand their expectations of the training, to establish training groups.

To understand the overall objectives of the training, its content, and schedule

Welcome

Note to trainer:

If possible, you can invite a YRCS senior manager to open the training with a speech before proceeding to the ice-breaker game.

Purpose of activity: To welcome participants and introduce them to each other.

Instructions:

1. Trainer begins the training by warmly welcoming the participants and introduces the ice breaker game.

Ice-breaker game (20 min)

Instructions:

Take the ball and ask participants to stand in a circle with you. Explain that this is an introduction game and that you will throw the ball to a participant and ask for the following:

- What is your name?
- Where are you from?
- What is your role within YRCS?
- Have you been trained on CBPSS before?
- Tell us something about yourself.

The trainer can use him/herself as an example.

Expectations (10 mins)

Instructions:

1. The trainer asks the participants what their expectations of this training are. Ask each participant to write one expectation on a post-it note and then ask the participants to stick their expectations onto the flipchart paper that the trainer has prepared with the title "Expectations". Ask the participants to be specific, i.e. avoid statements such as: "I am here to learn."
2. Ask the participants to stick their expectations next to those showing similar expectations from other participants.
3. The trainer explains what the training will cover and what it will not.

Creating a safe space (15 min)

Note for trainer:

Here the example shows four groups because the assumption is that there are 20 participants. If there are fewer participants, the groups should be adjusted accordingly.

Instructions:

1. The trainer says: This is psychosocial training and we want to create an environment that is safe, inclusive and participatory.
2. In the plenary ask the participants to discuss and agree on ground rules that will ensure a safe, inclusive and participatory training course. Formulate the rules in a positive way, e.g. instead of writing "Don't interrupt", you can write "Listen to each other."
3. Write down the suggested ground rules mentioned by each group (avoid duplication) and then ask everyone if they agree with them.
4. Write down additional rules that you as a trainer think should to be included and ask the group if they too agree, e.g. photos and videos cannot be shared on social media without the consent of the person(s) in the photos/video. Confidentiality is also an important ground rule.
5. Inform the participants that if, at any point, they feel uncomfortable during discussions of potentially sensitive topics or role plays, they are welcome to leave the room or signal (agree on a signal with the participants) that they either wish to step out or remain present but refrain from participating.
6. Inform the participants that only those who attend each full day of training will be eligible to receive a training certificate.
7. Sign the photo/film consent

Pre-test (20 min)

Note for trainer:

Pre- and post test can be found in Annex 2

Instructions:

1. Explain to the participants that you are going to distribute a pre-test. The purpose is for the trainer to see how effective the training has been at the end when a post-test is distributed. Participants don't have to write their names, they can write a number code, but they must remember the code for the post-test.
2. Distribute the pre-test and explain that participants have 20 minutes to complete it.

Objectives of the training and overview of the agenda (10 min)

Instructions:

Briefly explain that the objectives of the training that you have already written down on a flipchart.

1. Briefly go through the training agenda, covering each day. To save paper, write the training agenda on a flipchart (the day before) and, when you are done, hang it on the wall instead of printing out copies.
2. Hang a flipchart paper on the wall with the title "Parking Space": Explain to participants that questions they may have that fall outside the range of this training or the topics being discussed can be put in the "parking space" and the trainer will then address them at the end of each day or at the end of the training.

Establishing groups (15 min)

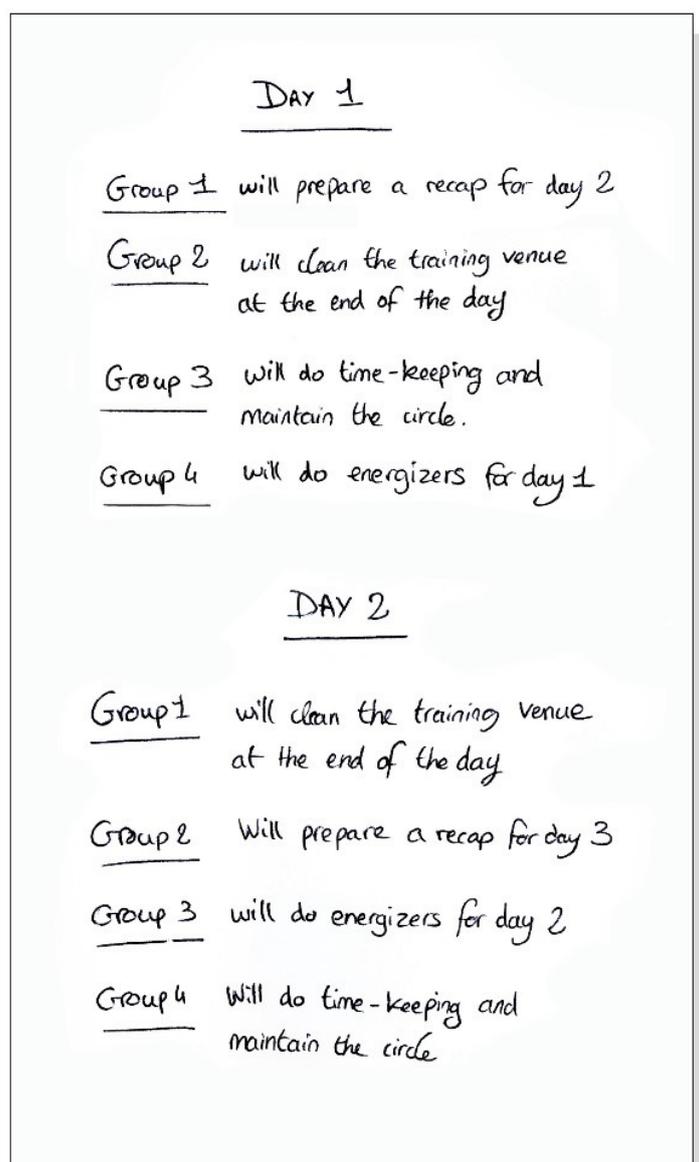
Instructions:

1. Explain to the participants that they will be divided into four groups and they must agree on names for their respective groups. (5 minutes).
2. Explain that each group will have daily tasks, such as:
 - Preparing a re-cap for the following morning
 - Cleaning the training venue at the end of each day
 - Time-keeping and maintaining the circle. The group will be responsible for encouraging participants to arrive on time and return to the circle after breaks and group work. The group must also ensure that, all day, the circle is maintained, i.e. people are sitting in their circle with their chairs aligned.
 -

- Being responsible for energizers during training. Energizers should be very short and active. Maximum 5 minutes.
3. Explain which group will do what during training. You need to prepare this before the training starts on day 1. For example, on day 1:
- Group 1 will prepare a recap for day 2
 - Group 2 will clean the training venue at the end of the day
 - Group 3 will do time-keeping and maintain the circle
 - Group 4 will do energizers for day 1

On the last day, the trainer will summarise the day before ending the training.

The trainer should prepare this list beforehand on a flipchart and hang it on the wall, so that each group can refer to it throughout the training.



Module 2: Mental Health and Psychosocial Support



Group work using images
Individual work
Plenary discussion
Brainstorming



50 minutes



Flipchart paper, flipchart stand, markers, post-it notes, tape, printed/laminated materials for group work from the toolbox



The aim of the module is to introduce the participants to Mental Health and Psychosocial Support (MHPSS) concepts

How are you feeling today? (15 mins)

Note to trainer:

Participants are not obliged to answer questions.

Purpose of the activity: To introduce the participants to the term "psychosocial".



Instructions:

1. The trainer prepares a flipchart with faces showing different emotions placed on the left-hand side. The trainer explains that these images refer to different feelings, such as sad or happy.
2. The trainer asks the participants: "How are you feeling today"? And if, for example a participant says I am feeling sad, the trainer puts a mark next to the sad face. Then the trainer says, "May I ask why you are feeling sad?" The participant's answer may reflect something on a psychological or social level.
3. The trainer draws two lines down the middle to create two columns on the flipchart. One column represents psychological and the other social (but the trainer doesn't write this down on the paper). Based on the replies, the trainers write down the replies in the column they belong to.
 - Psychological answers could be "I feel sad because I failed my exam" or "I am tired because I didn't sleep well."
 - Social answers could be: "I am sad because I had an argument with my colleague" or "I am worried because my daughter is not well".
4. After getting a number of replies, the trainer asks: "Why do you think I have divided your replies into these two columns?" The trainer then writes psychological above the first column and social above the second and explains that replies related to the psychological column are internal and individual, whereas replies on the social side are connected to friends, family, colleagues etc. and are thus external.
5. The trainer says: "We are now going to explore the term psychosocial together".

Psychosocial (15 minutes)

Note to trainer:

Write the word "psychological" on the upper middle part of a flipchart paper and the word "social" on the upper right side of the paper in preparation for this exercise. The cut outs for the illustration are in the toolbox and in Annex 3. It is important that you follow the instructions step by step below.

Purpose of the activity: To understand the definition of psychosocial.

Instructions:

1. The trainer sticks a cut-out of Leila in the middle of the flipchart paper below the word "psychological" and draws a circle around Leila (see the illustration below) and explains the following:

Here you see Leila. The word psychological is written above Leila's head and the trainer explains that psycho stands for psychological in the term psychosocial.

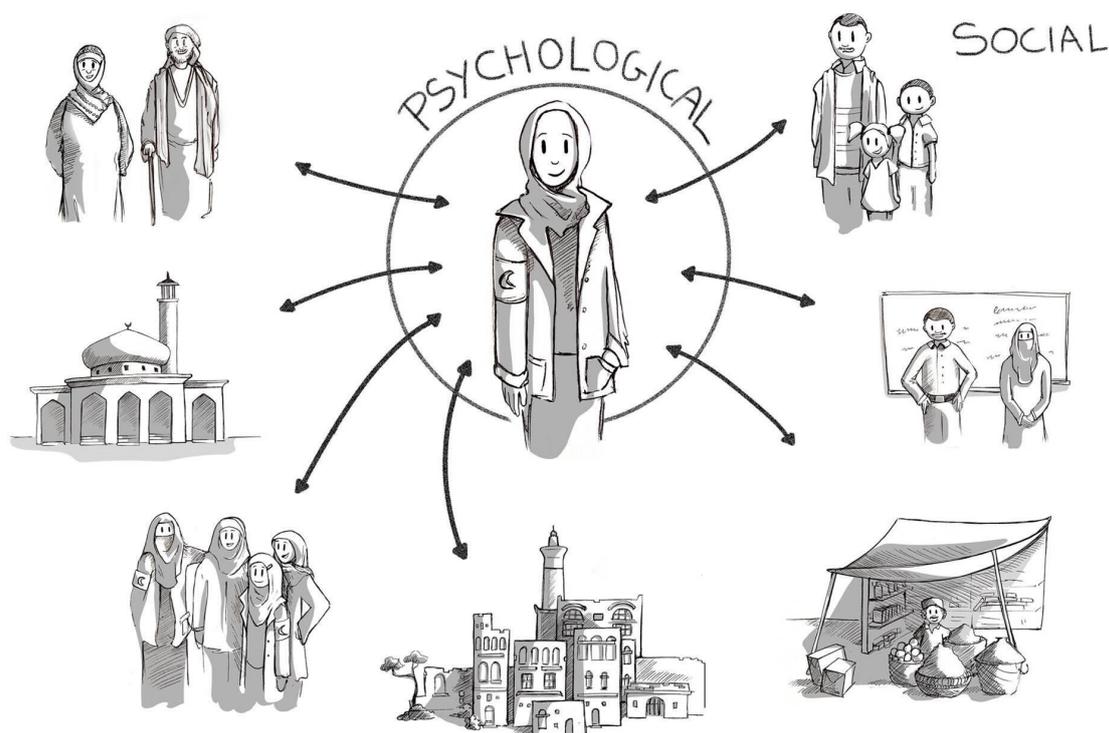
Leila is 34 years old. She is a doctor working at an YRCS clinic, and like all people, she has her own internal, emotional and thought processes, feelings and reactions. We refer to this as the psychological dimension.

At the same time, Leila also has a social dimension, which means her relationships, e.g. with her husband, Selim and their two children. The trainer now sticks cut-outs of Selim and the two children on the right-hand side of the flipchart under word “social”. The social dimension includes relationships, family, friends, colleagues and community networks, social values and cultural practices. For example, Leila is friends with some of her colleagues at the clinic and with some of the teachers at school; and she visits friends and family, and she participates in religious or cultural events in her village. The trainer continues to stick on cut-outs related to social aspects as s/he continues to explain the social dimension and ends by adding the arrows connecting Leila to the social elements and vice versa; thereby connecting the psychological and the social.

2. The trainer asks the participants: Why do you think there are connecting arrows between Leila on one side and her family, friends and community on the other?
3. The trainer explains: Leila’s father is not well and so she often takes him to the local health clinic (trainer points at her father and the health clinic). The trainer asks: When Leila’s father is unwell, will this affect her feelings and thoughts? (The answer is yes.)
4. The trainer explains: When providing support, we cannot only focus on Leila (the psychological dimension) because her feelings and thoughts are influenced by her family, friends and community (the social dimension), and vice versa. When we give support to someone, regardless of whether it is a health service, WASH services or psychosocial support, we should always try to include both dimensions i.e. think of the individual and his/her family and community.
5. The trainer asks a participant to read out the IFRC definition of psychosocial (already written on a flipchart by the trainer the day before): *“The term ‘psychosocial’ refers to the dynamic relationship between the psychological and the social dimensions of a person, where one influences the other. The psychological dimension includes internal, emotional and thought processes, feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices.”*
6. The trainer ends this activity by highlighting the following:

It is important to remember that what happens in one of these areas will affect aspects of the others. How we are feeling internally affects how we relate to the environment around us.

Similarly, our traditions, customs and community affect how we feel. The material, biological and psychosocial aspects of well-being are integrally related, and so in humanitarian intervention and programming, we cannot and must not separate them.



Mental Health and Psychosocial Support (20 mins)

Purpose of the activity: To understand the terms Mental Health and Psychosocial Support.

Note to trainer:

Envelopes for this activity are in the toolbox.

Instructions:

1. The trainer starts the activity by saying: "As some of you might know, our field of intervention is called MHPSS, which stands for Mental Health and Psychosocial Support. MHPSS falls under Healthcare in YRCS. MHPSS is often represented as a working group or coordination group under health or protection in emergency contexts".
2. The trainer says: "We have just seen what psychosocial means and now we are moving on to MHPSS". The trainer asks in a plenary: "What do you think the term mental health means? What do you think the term psychosocial support means?" The trainer writes down suggestions from the participants on a flipchart without making any corrections (or asks a participant to do so).
3. The trainer explains the activity: "Each group will be provided with pieces of paper in two envelopes. One envelope has different sentences that make up the definition of mental health the other has the definition of psychosocial support (the content is the same for each group) and each group must assemble the pieces to find the definitions of mental health and psychosocial support. The groups have 10 minutes to complete the task."

4. Participants must find the following definitions, the first is from the IFRC the second from the WHO:
 - PSYCHOSOCIAL SUPPORT refers to actions that address the psychological and social needs of individuals, families and communities.
 - MENTAL HEALTH is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community.
5. The trainer ends the session by asking the participants: "What will happen if the affected population does not receive mental health or psychosocial support services? The trainer gives examples, such as:
 - More people will be affected and struggle to recover
 - More people will need specialized services (e.g. a psychiatrist or psychologist)
 - Social networks and support systems will weaken
 - Protection concerns will increase e.g. there will be more violence in communities.
6. The trainer says: *By providing MHPSS we support people, help them to recover from a crisis event and prevent their distress developing into more severe conditions. Now we will learn about crisis events and how YRCS can provide PSS to affected individuals, families and communities.*

Module 3: Crisis events and the MHPSS Movement Framework



Group work using images
Individual work
Plenary discussion
Brainstorming



120 minutes



Flipchart paper, flipchart stand, markers, post-it notes, tape, printed/laminated materials for group work from the toolbox



The aim of the module is to enable the participants to understand:
Crisis events and their mental health and psychosocial impact
MHPSS Movement Framework

Crisis Events (25 mins)

Note to trainer:

For this activity you need the photos in the tool box printed out. Hang up the photos on a wall or flipchart.

Purpose of the activity: To define crisis events.

Instructions:

1. The trainer shows the different pictures to the participants and asks them to describe what they see and what types of events they see.



Conflict (photo: Norwegian Red Cross)



Epidemics (photo: IFRC)



Displacement (photo: ICRC)



Natural disasters (photo: ICRC)



Famine (photo: ICRC)

2. The trainer writes the answers on a flipchart, explains that the pictures refer to a crisis event and gives more examples of these.
3. The trainer shows a flipchart with the definition of a crisis event written on it and reads out the definition (or asks a participant to do so): *A crisis event is a major event outside the range of ordinary everyday experience that is sudden, powerful, and disrupts daily routines. It is usually unexpected and threatening to those involved, has strong emotional effects on people and can disturb and overwhelm the usual coping mechanisms of individuals/communities. Within the context of RCRC National Societies, people are faced with crisis events every day all over the world. These events include deaths, accidents, disasters, conflicts, serious illnesses and, exposure to violence.*
4. The trainer asks the participants (plenary discussion) how a crisis event such as an earthquake or flood impacts on individuals, families, and communities. The purpose here is to identify factors such as the loss of property, loss of loved ones, displacement, lack of access to basic services, lack of safety because of looting or having to live in a crowded shelter etc.
5. The trainer then asks: What is the psychosocial impact of a crisis event on individuals, families and communities?

Answers can include:

- People feel sad, shocked, anxious, or afraid.
 - People grieve over the loss of loved ones.
 - People show different signs and symptoms² of stress such as angry outbursts, crying, feeling confused and hopeless.
 - People are upset and angry because they don't have information about the assistance being provided.
 - People feel unsafe and insecure about what the future holds.
 - Social networks and community support systems are disrupted for example when people are displaced.
6. The trainer adds the following points:
 - There are different protective and risk factors that determine the impact of a crisis event on individuals, families and communities. Protective factors are factors that protect people by reducing the impact of a crisis event or adversity. Risks factors put people at risk by increasing the impact of hardship and difficulties. It is important to identify these factors in a crisis event. An example of a protective factor is having a strong social network and community resources available. An example of a risk factor is being in poor mental or physical health prior to a crisis or belonging to a minority group.
 - The majority of people show resilience and recover from crisis events provided they have access to basic services and family- and community-level resources and early and appropriate mental health and psychosocial support. If people don't receive appropriate support, they may develop mental health conditions and that is why early and appropriate psychosocial support provided by trained YRCS volunteers and community members is important to prevent distress from developing into more severe conditions.

2 Signs are what you can see. Symptoms are what people experience.

7. The trainer ends the activity by saying that The International Red Cross and Red Crescent Movement works to improve the lives of the most vulnerable people before, during and after a crisis event by providing basic services such as health services, shelter, water and food, but also by responding to the psychological and social needs of people during or following a crisis event. Now we are going to look at how the Movement responds to the mental health and psychosocial needs of individuals, families and communities affected by crisis events.

MHPSS Movement Framework (45 mins)

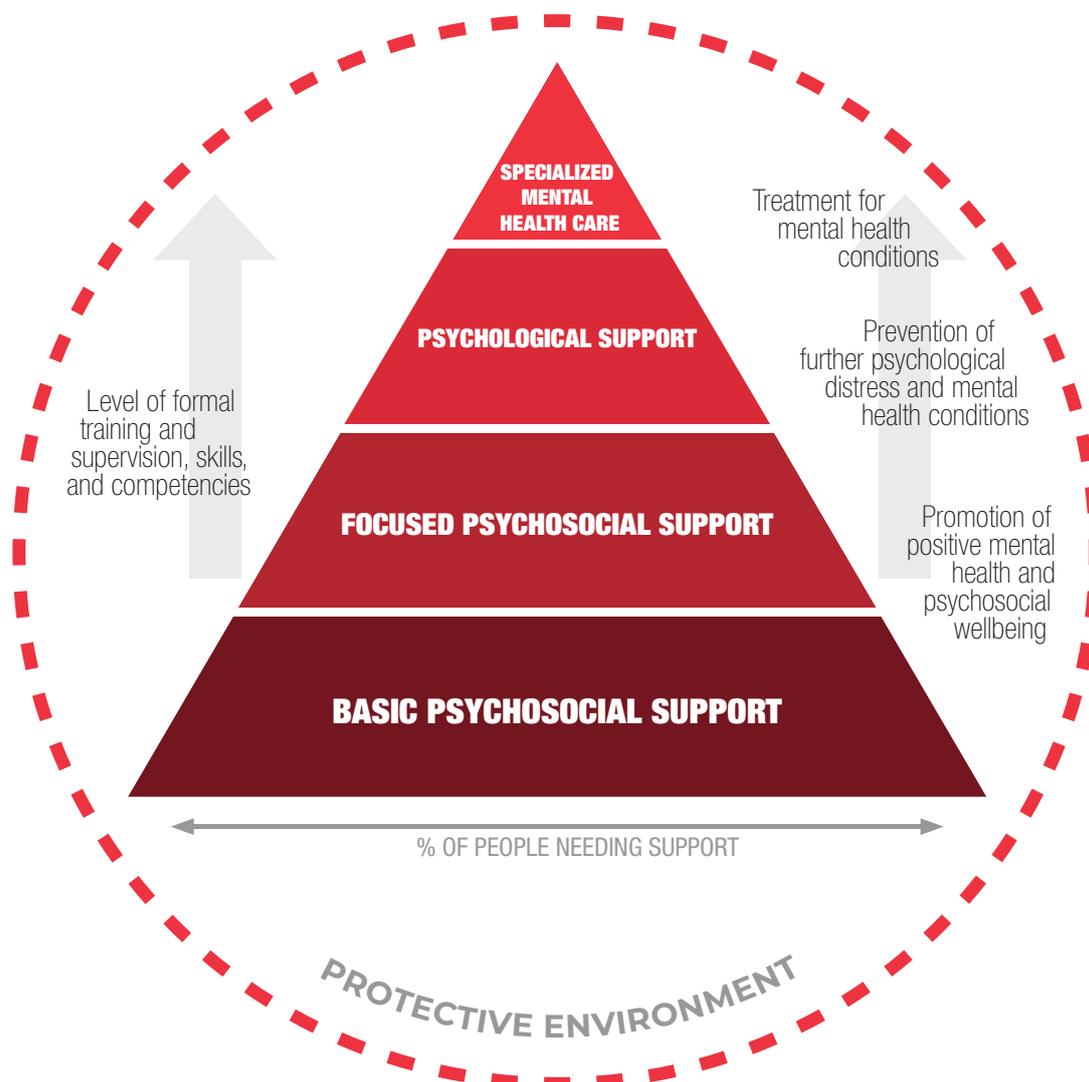
Note for trainer:

This pyramid is known as the MHPSS framework of the International Red Cross and Red Crescent Movement. Prepare a drawing of the pyramid before starting this activity.

Hand out a print of the framework for each group from the toolbox

Instructions:

1. This framework shows the different levels of intervention that people need in crisis settings.



2. The trainer asks the participants to get into their groups and gives each group an envelope with strips of paper (found in the toolbox) which have the names of different MHPSS services and a sheet of paper with a drawing of the pyramid.
3. Each group must place the different MHPSS services on the levels where they think they belong. The group has 5 minutes to complete the exercise.
4. The list of services can include psychological first aid (PFA), self-care and peer support, child friendly spaces, home visits, psychiatric care, psychotropic medication, awareness-raising on stress, psychological counselling, structured sessions with smaller groups of adults or children, social and recreational activities for communities, restoring family links.
5. The trainer corrects the exercise by explaining each level as described below and mentions services that belong there. The group with the most correct answers wins a prize, e.g. a bag of sweets.
 - Basic psychosocial support – the first layer of the pyramid – promotes positive mental health and psychosocial well-being, resilience, social interaction and social cohesion activities within communities. Activities in this layer are often integrated into health, protection and education sectors and should be accessible to 100% of the affected population, where possible. Examples of services include awareness raising, recreational activities and providing psychological first aid (PFA) as and when needed. Basic psychosocial support can be provided by trained Red Cross and Red Crescent staff and volunteers and/or trained community members.
 - Focused psychosocial support – the second layer – includes the promotion of positive mental health and psychosocial well-being and prevention services, with a specific focus on groups, families and individuals at risk. Examples of services include support to groups of children or caregivers and self-care and peer support for staff and volunteers. Focused psychosocial support can be provided by trained and supervised Red Cross and Red Crescent staff, and volunteers and/or trained community members.
 - Psychological support – the third layer of the pyramid – includes prevention and treatment services for individuals and families who present with more complicated psychological distress and for people at risk of developing mental health conditions. Examples of services include basic psychological interventions, such as counselling or psychotherapy, which are usually provided in healthcare facilities with accompanying outreach work or in community facilities, where this is culturally acceptable.
 - Specialized mental health care – the top layer of the pyramid – includes specialized clinical care and treatment for individuals with chronic mental health conditions and for persons suffering such severe distress and over such a long period of time that they have difficulty coping in their daily lives. Examples of services include treatment centres for survivors of torture and alternative approaches to drug therapy. Services are provided within state healthcare and social welfare systems and in detention facilities.
6. The trainer shares the following key messages:
 - The circle represents a safe and protective environment which is the foundation for all MHPSS programmes. That means guaranteeing basic needs, human rights and freedom from abuse, discriminations and stigmatization. Ensuring the minimum standards on protection, gender

and inclusion contributes to a safe and protective environment. You will learn more about that in Module 8.

- The pyramid is broader at the bottom, because as mentioned earlier, the majority of people show resilience and are able to manage their distress and recover provided that they can activate their personal coping strategies and have access to basic services and external resources, such as the support of their families, friends and community. If we provide early and appropriate psychosocial support (level 1 and 2) it will help prevent distress from developing into more severe conditions.
 - This doesn't mean that the other levels are less important. All levels are needed, and all are equally important. For example, if someone with a serious mental health problem e.g. depression doesn't get support s/he will suffer and may end up committing suicide, so specialized care is just as important.
 - As YRCS we must ensure that we can refer people across all levels. This can be very challenging, but we must do what we can to ensure people have access to the services they need. Some people may need support on all levels, and some may only need support on one or two levels. You will learn more about referral in Module 9.
 - Staff and volunteers have to be trained to provide mental health and psychosocial support and the higher up we go on the level of services, the more training, education and supervision are needed. After this basic CBPSS training, staff and volunteers can be trained to e.g. conduct recreational activities with children, conduct awareness raising sessions and support people with mental health problems through primary health care.
7. The trainer closes this activity by explaining that now we know that people also have mental health and psychosocial needs during a crisis event and in the next module we are going to learn about stress and how people cope with it.

Module 4: Stress and coping



Plenary discussion
Group work
Drawing



70 minutes



Flipchart paper, flipchart stand, markers, pens, crayons, post-it notes, printed/laminated materials for group work from the toolbox



The aim of the module is to enable the participants to understand:
What stress is and signs and symptoms of stress.
The concept of coping with stress.

Saber's story (45 mins)

Note to trainer:

If any participants have the same names as the characters in this story or manual in general, please change the names.

In this activity we use the term signs and symptoms interchangeably. *Signs* are what a health professional observes and the *symptoms* are what a patient describes.

Purpose of activity: To learn how to identify signs and symptoms of stress.

Instructions:

1. The trainer asks the participants to go into their groups and gives each group flipchart paper and markers/crayons. The trainer asks the participants to draw the body of a person and informs them that his name is Saber.
2. The trainer explains that s/he will now read a story about Saber and asks the participants to pay careful attention:

Saber is 30 years old. He is married to Amal and together they have a 2-year-old daughter. Saber's mother is very sick, and Saber cannot afford to pay her medical bills. Saber is very worried about his mother as her health continues to deteriorate. For the past few weeks, he has been feeling sad and powerless because he cannot do anything for his mother. He finds it difficult to sleep at night and has become nervous, he feels that he has no one to support him. During the day, he cannot focus on his work and often argues with his colleagues. His manager has informed him that he might lose his job if he continues to behave badly towards his colleagues. Saber now isolates himself at home and has stopped interacting with Amal and his daughter, he feels that he is of no use to his family.

3. The trainer asks the participants to write/draw all the signs and symptoms of stress they think Saber may show or feel on the drawing of his body on flipchart paper. In addition, give each group

a copy of Saber's story and ask them to answer the following three questions:

- What are the causes of stress for Saber?
- How have these affected his well-being and behaviour?
- What can help Saber feel better?

4. The trainer informs the participants that this exercise takes about 20 minutes, and then there will be a plenary discussion of their drawings and answers. The trainer should not ask each group to present their "bodies", but instead the drawings of Saber can be put on a wall and participants can take a look at each one while the trainer asks for the answer to the questions and highlights different signs and symptoms of stress from the drawings.

Answers to the three questions:

What are the causes of stress for Saber?

- Saber is stressed because his mother is ill, and he cannot afford to pay her medical bills. In addition, he is also afraid of losing his job and not being able to provide for his family.

How have these issues affected his well-being and behaviour?

- Saber can't sleep, he is fighting with colleagues and isolating himself at home.

What can help Saber feel better?

- To learn about stress and how to cope with stress e.g. by trying to sleep and eat at regular hours
- go for a daily walk and do breathing exercises
- share his concerns with his wife and/or his friends.

5. This is a list of examples of signs and symptoms of stress that Saber may show and feel. The trainer should not categorise the signs of stress as physical, cognitive, emotional or behavioural, as this may lead to lengthy discussions about categories instead of learning to identify the signs and symptoms.

- Fatigue, stomach pain, headaches, changes in appetite, tense muscles, rapid heartbeat, shallow breathing, sleeping problems.
- Concentration and memory problems, racing thoughts, poor judgement.
- Feeling anxious, sad, frustrated, agitated or overwhelmed
- Aggressive behaviour, substance abuse, procrastinating and avoiding responsibilities, change in sex drive.
- Arguing with others, withdrawing from family and friends.

6. The trainer ends this activity by delivering the following key messages on stress:

- Stress is a normal response to physical or emotional challenges and occurs when demands are out of balance with resources for coping.
- Stress can be caused by any change – positive or negative. It is an ordinary feature of everyday life and can be positive when it makes a person perform optimally e.g., in an exam. However,



Photo: Yemen Red Crescent



Photo: Yemen Red Crescent

if it is not managed properly, it can seriously affect health, working ability and private life.

- Stress is not a weakness, it can affect anyone, regardless of age, gender, education, or social and economic status.
- Experiences of crises often lead to common signs and symptoms of stress that are regarded as normal reactions to an abnormal situation. Stress reactions may differ from one person to another depending on the event, but also individual factors such as a person's life experience, age, gender, personality traits and individual factors.

7. The trainer says: "We have now talked about stress and the different signs and symptoms of stress we may see in people affected by crisis. Next we will do an activity on stress reactions."

Coping with stress (25 mins)

Purpose of activity: To understand the concept of coping

Instructions:

1. The trainer asks the participants to stand close together, in a line, and explains that s/he will make some statements and if they consider what the trainer says is stressful the participants should take one step forwards, and if not, they should stay where they are.
 - Being late for work
 - Being held up at a checkpoint
 - YRCS loses funding and you might lose your job
 - Fighting with a family member
 - Having unexpected guests at home and the house is not very tidy
 - Hearing bombing during the night

2. The trainer says there are many ways to react to a stressful experience, and there are also many ways to cope with the impact of these experiences. Not everyone reacts in the same way following a stressful experience. For some people certain reactions are normal, for others those same reactions indicate distress.
3. The trainer asks the participants what they think coping with stress means and later explains that: *Coping is the process of adapting to a new life situation, managing difficult circumstances, making an effort to solve problems, seeking to minimize, reduce or tolerate stress or conflict.*
4. The trainer asks the participants to go back to their seats and asks them to share examples of how people in their communities cope with stress. The trainer or a participant writes down suggestions and categorises them as healthy or unhealthy on a flipchart paper.
 - Healthy coping behaviours include reaching out to others for help, actively working to reduce one's own stress, trying to find solutions or eliminating the sources of stress.
 - Unhealthy coping behaviours include ignoring the signs and symptoms of stress or denying its effect, avoiding the sources of stress, going into isolation, letting one's frustration out on others, self-medication, and taking other security and health risks in order to function normally.
5. The trainer concludes by saying that how people are affected by stressors depends on many different factors. Some people experience stress symptoms only for a few days or weeks, whilst others are affected stronger and feel stress symptoms for long periods and more severely. Remember to refer anyone who has complex and severe stress symptoms for available further assistance. Include attention to basic needs such as food, shelter and basic health care.

A person needs to be referred to specialized psychological or psychiatric treatment if s/he:

- hints at or talks openly of suicide
- suffers from a pre-existing psychological or mental health disorder
- experiences strong reactions over an extended period after a crisis event
- poses a risk to themselves or other people
- is using drugs or alcohol excessively
- has psychosomatic symptoms that continue for an extended period of time
- has changed dramatically with regard to personality, behaviour or interactions with other people
- if his or her safety is threatened by violence and abuse.
- they are so distressed that they are unable to function normally and care for themselves or their children e.g. not eating or maintaining personal hygiene despite food and washrooms being available.

The trainer explains that if it is not possible to refer to specialized services then the best thing staff and volunteers can do is refer the person to the nearest doctor.

Important notes:

- Someone with suicidal thoughts, plans or attempts should always be taken seriously and immediately linked with others for support and professional help if possible. It is best to stay

with a person who is thinking about suicide until you can link the person to friends, family or professional support.

- People who were living with a psychological disorder or were taking medication prior to a situation of distress may also need ongoing professional mental health support.

Module 5: Psychological First Aid (PFA)



Game
Group work
Role play



190 minutes



Flipchart paper, flipchart stand, markers, paper tape, printed/laminated materials for group work from the toolbox



The aim of the module is to enable the participants to understand:
The definition of PFA
How to prepare for PFA
The principles of Look, Listen and Link

Introduction to PFA (10 mins)

Note to trainer:

This module is more than 3 hours long as PFA is a crucial method for volunteers to learn and they need time to put theory into practice.

Read the introduction and providing psychological first aid chapters in the IFRC “A Guide to Psychological First Aid” to prepare for this session. The manual is available in English, French and Arabic from the website of the IFRC Psychosocial Centre: <https://pscentre.org/?resource=a-guide-to-psychological-first-aid-for-red-cross-red-crescent-societies>

Purpose of activity: To learn about the main principles of PFA

Instructions:

1. The trainer asks the participants:

“Have any of you been trained in first aid? If yes, please explain what you learnt in first aid.”

“Did you learn to stop bleeding for example? What happens if someone doesn’t stop bleeding after you have done everything you have been trained to do?”

(The replies from the participants will normally be that the person will need to be referred to a hospital).

2. The trainer explains that if someone is bleeding and it can’t be stopped, a first-aider will not get out a needle and thread and start stitching the wound. The role of a first aider is to stabilize the patient and prevent things getting worse.

In the same way, psychological first aid (PFA) is about calming down someone in distress. It is a plaster or bandage on the “heart” (emotions), not open-heart surgery. Similar to first aid, if we use all our PFA skills and the person remains distressed, we must refer them to a professional just as we would refer a bleeding patient to a doctor.

3. The trainer ends the introduction by saying: Now we are going to play a game to introduce PFA principles.

Introducing the principles of PFA (20 mins)

Instructions:

1. The trainer starts by asking the participants to stand in a circle. Explain that you will now play a game so that the participants will learn a little more about each other (even if they already know each other)
2. Ask everyone to walk around the room in silence and to LOOK for a partner with whom they have something in common that they can SEE e.g. the same colour T-shirt, shoes, hair, ring etc.
3. When everyone has found a partner, tell them to stand next to each other in the circle and ask for the name of their partner. Each one then introduces the other one to the rest of the group.
4. Now everyone walks around and talks and LISTENS to different people until they find a partner that they have something in common with, e.g., the same number of children, they live in the same area or they like the same music etc.
5. When everyone has found a partner, the trainer tells them to come back to the circle and share what they have in common with the rest of the group (one partner speaks on behalf of both).
6. The last task for the entire group is to try to create a human chain where they all LINK together through things they have in common.
7. When they have formed a human chain, ask them to link together and form a circle. Use a string if holding hands is not possible. The trainer ends the activity by explaining that they have now practised the three-core action principles of psychological first aid: LOOK, LISTEN and LINK.

PFA basics (20 mins)

Note to trainer:

Prepare flipchart paper presentations the day before

Purpose of activity: Defining PFA.

Instructions

The trainer copies the five questions and answers below onto flipchart paper (one question and answer per sheet) before starting this module. The trainer folds the flipchart paper so that only the question is visible at first and starts by asking participants the first question, the trainer validates correct answers and then unfolds the paper and shows them the correct answer to question 1, as stated below. The trainer continues in the same way for questions 2-5.

1. What is PFA?

PFA is a method for helping people in distress so that they feel calm and supported in their challenges.

2. Who can provide PFA?

Everyone can provide PFA – volunteers, first responders, members of the public.

3. Who needs PFA?

Not everyone who experiences a crisis or distressing event will need psychological first aid. Some people can cope with stressful events on their own, or with the support of their family, friends or others around them.

The trainer adds: *The best way to find out if someone needs help is to observe and ask them. Do not force help onto people who do not want it but do make yourself readily available to people who may want your support.*

4. Where can you provide PFA?

Psychological first aid can be provided in any setting where it is safe and comfortable for the helper and person(s) in distress. It can be in a home, community centre, school, airport, hospital, under a tree, or even at the location of a crisis event.

The trainer adds: *It is best to provide psychological first aid in a quiet and calm environment where everyone feels safe and secure. Always maintain privacy and confidentiality and respect the person's dignity, especially if the person has experienced something sensitive, such as sexual violence.*

5. When do you provide PFA?

- If someone is in acute distress and needs help, psychological first aid can help during or in the immediate aftermath of a stressful event.
- The trainer adds: However, PFA can also be helpful days, weeks, months or even years after an event has taken place. Some people have acute stress reactions during or just after an event, while others have strong reactions much later on.
- The trainer now asks the participants to get up and stand in the middle of the room. The trainer explains that participants are going to play a game and sticks an A4 sheet with a bright red circle or sad face on it on one side of the room and another A4 sheet with a bright green dot or happy face on it on the other side of the room and explains that red means wrong and green means right.
- The trainer says: *I am now going to read some statements about what PFA is and what it is not. After each statement you have to decide if the statement is right or wrong and run to one side of the room or other.*
- The trainer reads out the following statements:
 - PFA is providing practical care and support. (correct)
 - PFA is something that only professionals can do. (wrong)
 - PFA is professional counselling. (wrong)
 - PFA is helping people to access information, services and social support. (correct)
 - PFA means asking someone to analyse what happened to them or to put time and events in order. (wrong)
 - PFA is listening to people, but not pressuring them to talk. (correct)

- PFA is helping people to address basic needs (e.g. food and water, information) by referring them to other services. (correct)
- PFA is provided to the same person for a long period of time similar to psychological debriefing. (wrong)
- The trainer ends the exercise and asks participants to go back into the circle.

PFA action principles (30 mins)

Note to trainer:

Refer to IFRC PFA Guide pp. 30 - 42 to prepare yourself for this session. You also need a roll of paper tape and a flipchart paper presentation ready, e.g. for the Prepare, Look, Listen, Link points.

Purpose of activity: To learn how to provide PFA

Instructions:

1. The trainer says: *As you may recall from the game we played this morning, there are three action principles in PFA. Can anyone remember them? (LOOK, LISTEN, LINK.). Before we start those actions, though, we first need to PREPARE. Now we are going to play a game where you will learn the meaning of each step, i.e. prepare, look, listen and link.*
2. The trainer clears a big space and asks the participants to make a big cross with paper tape on the floor so there are four equal squares. In the first square the trainer writes PREPARE (write this on paper tape and stick it in the middle of the first square); in the second square (going clockwise) the trainer writes LOOK and then LISTEN in the third and LINK in the last square.
3. The trainer now puts all the statements mentioned below (found in the toolbox) in a box and asks each participant to select one, read the statement they have and then run to the square where they think they belong. There are 22 statements in total, so the trainer can join in if needed to complete the exercise. The trainer reads the remaining statements (if there any remaining) at the end and asks the participants to guess where they belong.
4. Now the trainer asks the PREPARE group to read their statements out loud and the rest of the group says if they agree or disagree. If they disagree, some group members may move to what they think is the correct square. The same procedure is done with the LOOK, LISTEN and LINK groups, and at the end, the trainer reads out the right answers if necessary, so that everyone is in the right square at the end.

PREPARE

Prepare refers to assessing:

- what kinds of reactions they can expect from the affected population
- what kinds of situations they can tackle alone and when they need to call for help, from either their peers or team leader
- how they can support each other in the field

- what kinds of reactions they themselves may have when they interact with people in distress
- support available to the team during the response and afterwards.

LOOK

The action principle 'LOOK' refers to assessing:

- information on what has happened and is happening
- who needs help
- safety and security risks
- physical injuries
- immediate basic and practical needs
- emotional reactions.

LISTEN

The action principle 'LISTEN' refers to:

- how to approach someone
- how to introduce yourself
- pays attention and listens actively
- accepts others' feelings
- calms a person in distress
- asks about needs and concerns
- support the person(s) in distress to make decisions about their immediate needs and problems.

LINK

The action principle 'LINK' refers to how to:

- access information
- connect with loved ones and get social support
- support the person to deal with practical problems such as charging their phone or calling a relative.
- access services and other help.

Action principle: Listen (20 mins)

Purpose of activity: To practice listening skills.

Instructions

1. The trainer explains to the participants while they are seated in a circle that they will now be divided into pairs in order to practice listening skills. The trainer divides the participants into pairs and calls one "A", a distressed person who is explaining his/her problem to "B", who is a PFA

provider. The trainer explains that “A” should tell a simple story (not something heavy or sad) to “B”. The trainer instructs “B” to listen to “A”.

2. The trainer informs the group that all the “B” people will now get some instructions (see below) on how to listen and they can’t share this information with their “A” person. The instructions tell “B” to:
 - Start the conversation by showing interest in what “A” is saying, but, after a minute or so, briefly look around the room and appear a bit distracted. It is important not to exaggerate this as you don’t want “A” to realise straight away what you are doing.
 - Next you can try to interrupt “A” in the middle of a sentence, say you didn’t understand what “A” said and ask her/him to repeat it.
 - You can also try to change the subject by talking about your own experience in relation to what “A” is telling you.
 - If it makes sense in the story you can also judge “A” and say: “You should not have said/done...”
 - You can try to give false promises/reassurances “Don’t worry, everything will be okay”.
 - You can say “excuse me” to “A” and pretend to send a message to someone on your mobile phone.
3. The trainer asks the participants, in pairs, to take two chairs and sit in different places in the room so each pair has some privacy. The trainer observes the pairs and notes how the pairs are responding to each other. The trainer ends the exercise by asking the participants to come back into the circle and asks three “A” participants how they felt during the conversation with “B” and to evaluate “Bs” listening skills. The trainer underlines how important it is to listen and be attentive, respectful and accepting of a distressed person’s feelings.
4. The trainer now demonstrates with the co-trainer how to listen in the “right” way by using the case story (Annex 4). It is important that both trainers have practiced beforehand.
5. The trainer now ends this activity and explains that participants will now get to practice PFA through role plays.

PFA role plays (90 mins)

Note to trainer:

The trainer must be very well prepared for role plays. Please review guidelines on role plays on page 8 and ensure that you read each role play scenario carefully, so that you are prepared to guide the participants.

Purpose of activity: To put PFA action principles into practice.

Instructions:

1. The trainer explains the following to the participants:

Now you are going to practice PFA and demonstrate Look, Listen and Link. Some participants will be

asked to be observers and others will be asked to provide PFA or receive PFA.

2. The trainer explains what the purpose of a role play is and how it will be conducted (refer to role play guidelines on page 8)

The trainer should conduct two role plays (Annex 5). The first one involves many people and the second one involves a child.

- Role play (group): Car accident
- Role play for an individual: Lost in the market.

Module 6: Loss and Grief



Case story
Plenary discussion
Group work



90 minutes



Flipchart paper, flipchart stand, markers, printed/laminated materials for group work from the toolbox



The aim of the module is to enable the participants:

To understand what loss and grief are and how they impact on people's well-being

A story of loss and grief (60 mins)

Note to trainer:

The subjects discussed during this module may affect the participants, e.g. make them feel sad. The trainer should therefore pay attention to the following:

- While facilitating this session, the trainer should pay attention to participants' reactions and not refer to any personal experience that might overwhelm participants.
- During group discussions or exercises, the trainer should not ask participants to share their personal experiences or those of people they know.
- The trainer should allow people to sit where they feel comfortable.
- The trainer should not judge the reactions of participants.
- The trainer should not try to prevent people from feeling sad or crying, but instead show empathy and let them leave the room with a colleague if they wish to.
- The trainer can also use a breathing exercise to calm the whole group (not just affected participants).

The trainer should prepare any text, which needs to be written down beforehand on flipchart paper and take out the drawing related to the stages of grief and the story about Khaled from the toolbox. There are several copies of the story, but to begin with the trainer only takes one copy and reads it out aloud.

Instructions:

1. The trainer reads aloud the story about Khaled.

Khaled is a 30-year-old man who lives in Hodeida. He lives a happy and peaceful life with his wife, Mona, and their two children, aged 8 and 5 years.

In 2015, Mona became seriously ill and after five months her condition got rapidly worse, so she was hospitalized. She died three weeks after being admitted to hospital. On the day she died, Khaled was at work and he was informed through a phone call from the hospital. From one day to the next he became responsible for his children: making sure they were fed and showered and ready for school each morning, helping them with homework and putting them to bed, comforting them etc. At the beginning, it was difficult for Khaled to cope with the loss of his wife and his new responsibilities, but he thankfully got a lot of support from his mother-in-law and his sister.

Two months after the death of his wife, the conflict erupted again in Hodeida and Khaled felt that he and his family were no longer safe in his home city. Eventually, Khaled had to leave everything behind and sought refuge with his two children in Germany, where his cousin lived. After four months in Germany, his eight-year-old daughter started complaining about her hearing, so Khaled took her to see a specialist. The specialist informed him that his daughter had lost the hearing in her left ear and that she would need to start using a hearing aid.

2. The trainer asks the participants to go into their four groups. Once they are seated, the trainer asks each group to discuss what types of loss Khaled and his children have experienced. The trainer now distributes hard copies of the story to each group and explains that the participants have 10 minutes for this exercise.
3. The trainer asks the participants to come back into the circle and asks each group for their answers. The trainer writes down the answers from each group on a flipchart and then adds the types of loss that were not mentioned and explains that these types of loss are not specific to Khaled but could affect not only people from Yemen but also people in other countries.
 - Loss of property
 - Loss of livelihood and source of income
 - Loss of loved ones
 - Loss of friends
 - Loss of dignity, trust and safety; because he became a refugee and was dependent on assistance
 - Loss of control over one's life
 - Loss of his role as a husband.
 - Loss of self-esteem: especially Mona who has to wear a hearing aid
 - Loss of confidence in the future
 - Loss of physical strength and health
 - Loss of physical attractiveness
 - Loss of the dream of a healthy and happy child
 - Loss of social network and social protection

Just like Khaled, everyone can experience loss and feel grief at some point in life. Losses are common in crisis events and there are different types of loss. In addition to the losses mentioned by the group in this case, in a crisis, communities might lose:

- Infrastructure, e.g. buildings that are used by communities such as schools, mosques, churches, community centres, parks.
- Trust and faith in the community's ability to heal and recover
- In disasters, people may be injured and left with lifelong disabilities. A disability is a loss of physical health and can also be accompanied by:
 - Loss of mobility
 - Loss of sexual ability

In short, people might encounter multiple losses.

4. The trainer asks the participants to go back into their groups and says they will now focus on one of the losses that Khaled has encountered, which is the death of his wife.

The trainer reads out a question (already prepared on a flipchart), informs the group that they have 15 minutes to discuss this and that they should write down their answers because afterwards they will return to the circle and share their answers.

The question is as follows:

What possible reactions might Khaled have had to the death of his wife, from the moment he heard that she had died until the present?

The trainer reminds the participants that they must focus only on the death of his wife, not on other losses.

5. The trainer asks the participants to come back to the circle and share their answers in a plenary session. After the plenary discussion, the trainer explains that different people might have different reactions to the same situation. Some of these reactions are:
 - Shock.
 - Anger.
 - Guilt or survival guilt: Khaled might feel guilty because his wife died and he could not do anything to save her. Feelings of guilt are usually irrational.
 - Depression and despair.
 - Hopelessness.
 - Search for meaning.
 - Religious and spiritual beliefs are challenged.
 - Goals and plans are re-evaluated.
 - Relief because the person is no longer suffering and there are no more medical bills to pay.
 - Some of the reactions we might see are explained in this model of grief.

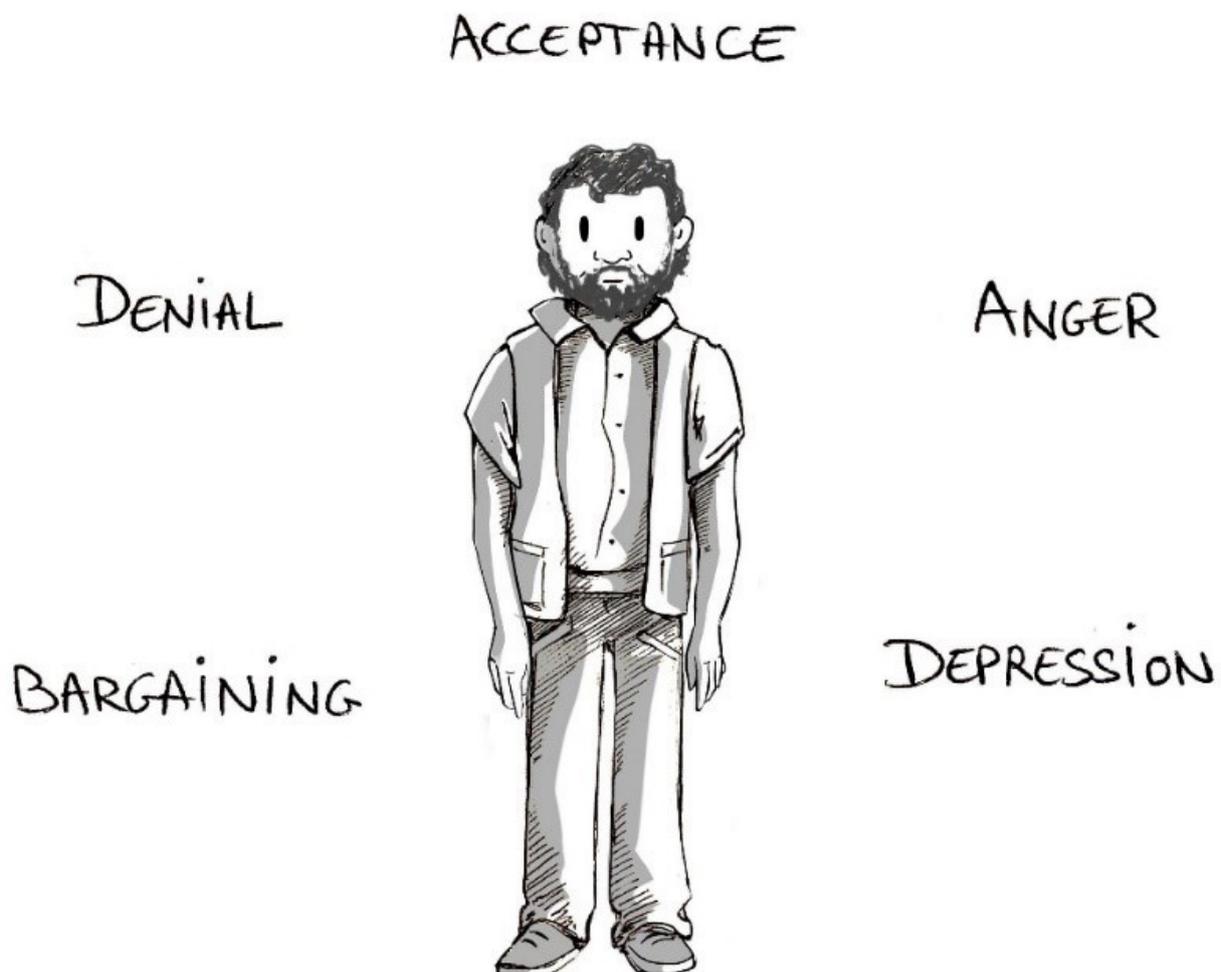
Stages of grief (30 mins)

Note to trainer:

The trainer should only refer to this model if s/he is familiar with it and confident in explaining the different stages. If not, move on to point 7 and end the module by reading out the first three points.

Instructions:

1. The trainer now brings out the drawing of Khaled in the centre, with the stages of grief around him. The trainer explains that this model is called the Kubler-Ross model of grief. In this model, Kubler-Ross tries to explain the responses and feelings people go through when they grieve. It is meant to help people understand that grief is a normal reaction. The model identifies five stages that people go through. These stages are fluid – people do not have to go through one to get to the next one, and it is possible to pass one stage and then go back to a previous stage. Also, people do not have to go through all five stages. These stages are important for healing. The stages are denial, anger, bargaining, depression and acceptance.
2. The trainer starts by explaining denial:



Denial: The first reaction that people might have is denying the actual loss, believing that death, disability etc. either did not happen or is not permanent, despite all the scientific facts. It is true that sometimes denial can hinder people from receiving the appropriate help needed, but shock and denial help people to cope with and handle as many emotions they can at a certain time.

The trainer asks the participants to give examples of denial from behaviours or things Khaled might say.

Examples of denial:

- A wife who does not clear her husband's wardrobe and does not donate his clothes.
- A husband who does not allow anyone to sit on his deceased wife's chair.

3. The trainer explains anger:

Anger: Many emotions are usually hiding under our anger, especially pain, but anger is the emotion we are best equipped to handle. Grieving individuals need to express their anger to be able to overcome it. Hassan in this case could be angry at the doctors or even himself for not saving his wife. He may even be angry at God for putting him and his family in this situation. If people are angry at God, this does not necessarily mean that they lose their belief or faith. This is temporary anger that needs to be fully expressed and heard, with no judgement by others, in order to heal.

4. The trainer asks the participants to give examples of how people express anger after loss.
5. The trainer explains bargaining and gives examples.

Bargaining: It is easy for grieving people to feel guilty for whatever happened, thinking that they could have done something to prevent the loss from happening.

For example:

- "I should have left the country long ago to get proper treatment for my wife"
- "If I was with her at the hospital a minute before she died, I would have asked for help and the doctors could have saved her."

Khaled may also start bargaining with pain or God, for example:

- "I will start fasting every Thursday if you bring her back to life again"
- "I will devote myself to helping others if my child can hear again."

It is important to note that guilt and bargaining are not always done in a rational way.

The trainer asks the participants if they can give examples of how people bargain after loss.

6. The trainer explains depression:

Depression: Sadness, feeling down, empty, lonely, and not understood are all normal feelings when grieving a loss. This stage is when grief reaches a deeper level. This stage like the other stages, may feel as if it will last forever, but it doesn't. Khaled needs to express those feelings and acknowledge them to facilitate the healing process.

Acceptance: This stage does not mean that people will forget the loss or stop dealing with its

consequences. Rather, it means that Khaled is ready to face the challenges, live his life and make new adjustments after loss. It means that he starts listening to his needs, moves on, make changes, grows and invests in improving their future.

7. The trainer ends the session by explaining the following:
 - Participants will learn how to allow space for the grieving process by practicing what they have learnt in psychological first aid.
 - As PS staff/volunteers, our role is to support people and help them understand the grief process (both the affected person and his/her friends and family).
 - As PS staff/volunteers we must always respect people's reactions to loss, no matter what the reason is, e.g. a child who loses her one and only doll may be just as seriously distressed as a man who has just lost his wife.
 - Remember that these stages are fluid – people do not have to go through one stage to get to the next one, and it is possible to pass through one stage and then go back to a previous one. Also, people do not have to go through all five stages.

Module 7: Community-based Psychosocial Support



Directive presentation by trainer, group work, and plenary discussions



130 minutes



Flipchart paper, flipchart stand, markers, playdough, crayons, flipchart paper, building bricks/ blocks, coloured pencils, activity-plan template



The aim of the module is to enable the participants to understand:

- What a community is
- How a community can be affected by a crisis event
- How to do a community mapping
- How to plan and implement community-based psychosocial activities

How a community is affected by crisis events (10 mins)

Note to trainer:

Purpose of activity: To understand the psychosocial impact of crisis events.

Instructions:

1. The trainer asks the participants the following question: “What is a community”? The trainer writes the question down on flipchart paper.
2. Participants give their answers and, in a plenary session, the trainer clarifies that:

A community is a group of people who have a common identity relating to certain factors: geography, language, values, attitudes, behaviour patterns or interest; a community is the social and psychological foundation for the individual, family and group: belonging, sharing, values, identity, norms, developed structures for health, education etc.

3. The trainer asks the participants the following question: Does stress affect communities in the same way it affects individuals?

The trainer clarifies that, yes, communities are also affected by stress and reminds the participants that “psychosocial support” is a process that aims to support the resilience of individuals, families and communities. The objective of psychosocial support is therefore to support communities and help them identify and mobilise their strengths and resources in order to recover from crisis events.

4. The trainer asks for examples of what type of stressors a community might face after a crisis event and adds the following examples:
 - Tension within or between communities due a lack of access to basic services or how humanitarian aid is being distributed within the community.

- Lack of safety as a result of conflict or looting which increases mistrust and fear between families and communities.
 - Disruption of daily routines e.g. schools may be destroyed or closed down.
 - Community meeting points such as a mosque or centre, may be destroyed and impact on the ability of people to assemble and get access to information
 - Community/religious leaders may have died or left the area leaving people without moral guidance.
5. The trainer ends this discussion by saying that in order to best support communities to recover and identify what kinds of mental health and psychosocial services they need, YRCS can support communities to do a mapping exercise. The trainer asks the participants to go back into their groups to start a community mapping exercise.

Community mapping (60 mins)

Note to trainer:

Prepare all the materials needed for group work (community mapping), and text that has to be written on flipchart paper.

Purpose of activity: To identify the strengths and resources, risks and vulnerabilities within their communities.

Instructions:

1. The trainer gives each group the materials needed, i.e. playdough, building bricks/blocks, crayons, markers and flipchart paper, and asks them to think about a community they are familiar with and draw it using the materials they have been given.
2. The trainer explains that the purpose of the activity is for each group to identify strengths and resources, risks and vulnerabilities.
3. To guide group discussions, the trainer now distributes the questions below to each group for them to use as they build the map of a community that they work in and informs them that they have 30 minutes to complete the exercise. Briefly describe your community: where it is located, what population lives there etc.
 - a. What are the strengths, resources and protective factors in your community?
 - b. What are the vulnerabilities and risks that people can be exposed to in this community?
 - c. Are there specific locations and/or times during the day or night when women, girls, boys and men are or feel most unsafe? (It can be anything from broken glass on the street, a place where drug-dealers hang out, UXO, a big hole in the road etc.)
 - d. Where and how do people access water, firewood, fuel etc.?
 - e. Are there common areas where people/women/youth/ children meet?

- f. Who within the community can be isolated, discriminated or left alone?
 - g. Who are the potential marginalised groups in your community?
4. The trainer asks each group to briefly present their maps and guides and informs the discussion. They have 5 minutes each and should avoid repeating what others have mentioned.

Key messages for the trainer to convey:

The community is an important **protective factor**. A protective factor gives people and communities “cover” and helps to reduce negative psychological effects following a stressful event.

Protective factors include:

- Belonging to a family or community
- Maintaining traditions, culture and religious beliefs that give a sense of belonging.

Risk factors may threaten not just the cohesion and integrity of a community but also the well-being of its individuals.

Risk factors include:

- Limited access to resources and services
- High stress in the community – when a community is under stress following a crisis event
- Protection risks, especially for marginalized groups.

We have to pay special attention to marginalized individuals and groups because they might be exposed to more risks (after a crisis event) and face more social and psychological problems. We should not just automatically assume that women, children and the elderly are vulnerable. Vulnerability is not a fixed criterion. Different people and groups can become vulnerable at different times in a crisis. Young men, for example, can also be considered vulnerable. Instead what we must do is recognize that factors such as age, gender, ethnicity, sexual orientation, religious beliefs, socioeconomic factors, state of health, legal status and minority status, as well as people’s individual experience, can further increase risk and impact on needs and vulnerability. The trainer can give the following example: An organization decided to distribute some food parcels after a camp had been affected by floods, but a group of young men who were living together (unaccompanied by their families) were not included in the distribution because the criteria the organization used were families and female-headed households.

- Encourage a return to normal routines (school, work, cooking meals, going for daily walks with the family, passing by neighbours for a coffee etc.).
 - Focus on how to support their recovery. This should be done by involving them in the design, planning and implementation of all activities.
 - Aim to enhance ownership, which leads to responsibility, which in turn leads to a shift from being dependent/passive to independent/active.
3. The trainer explains that each group will now be given an activity description, YRCS materials used for the activities and an activity plan template and together with their communities they have to make a detailed plan of how they would implement one of the activities mentioned above.
 4. The trainer explains that these activities were identified by the community as relevant to their psychosocial needs during a needs assessment. We must always conduct a needs assessment before designing and implementing activities or a programme.
 5. The trainer asks each group to find their table and distributes the description of an activity and a detailed activity plan to each group (Annex 6). Each group has 30 minutes to complete their plan and then present it in a plenary session.
 6. After each presentation (5 minutes each) the trainer asks other groups if they have any questions or any suggestions as to how to do things differently. The trainer also provides feedback, always keeping the main objectives of community-based activities in mind. (See annex 7 for feedback points as the trainer).
 7. The trainer explains that in order to implement these activities, YRCS staff and volunteers must be trained first. This session was merely an introduction to how to plan for an activity.
 8. The trainer thanks everyone for their hard work and ends the activity by saying that we are now going to learn more about how to enhance the dignity, access, safety and participation of communities.

Module 8: Protection, gender and inclusion



Directive presentation by trainer,
Exercise
Role play



70 minutes



Flipchart paper, flipchart stand, markers, 4 copies of the minimum standards for protection, gender and inclusion in emergencies, DAPS statements in envelopes per sector, a bag of sweets.



The aim of the module is to enable the participants to understand the principles of dignity, access safety and participation, and how they can be integrated into different sectors.

Minimum Standards for protection, gender and inclusion in emergencies (10 mins)

Note to trainer:

Prepare four flipchart sheets for group work. One sheet entitled Emergency health, with D, A, P, S written below as a list, and the same for Food security, Shelter and WASH.

Purpose of the activity: Introduction to the Minimum Standards for protection, gender and inclusion in emergencies, and definitions.

1. The trainer explains: *This guidance presents Red Cross and Red Crescent staff, members and volunteers with a set of minimum standards for protection, gender and inclusion (PGI) in emergencies. It aims to ensure that the emergency programming of Red Cross and Red Crescent provides dignity, access, participation and safety for all people affected by disasters and crises. It provides practical guidance on how to mainstream these four principles in all sectors, based on considerations of gender, age, disability and other diversity factors. To put it simply, the aim is to “do no harm”. The trainer says: Let us start by making sure we all have a common understanding of the terms being used.*
2. The trainer first asks the participants what they think protection means, then gives the correct answer, and continues to do the same for the other terms.

Protection is fundamentally about keeping people safe from harm. It aims to ensure that the rights of individuals are respected and to preserve the safety, physical integrity and dignity of those affected by natural disasters or other emergencies or by armed conflict or other situations of violence.

Gender refers to the social differences among persons of various gender identities throughout their life cycles. Although deeply rooted in every culture, these social differences are changeable over time and are different both within and between cultures. Gender determines the roles, power and resources for females, males and other identities in any culture.

Diversity means the full range of different social backgrounds and identities that make up

populations. It includes, but is not limited to, gender identity and expression, sexual orientation, age, disability, HIV status, socio-economic status, religion, faith, nationality and ethnic origin (including minority and migrant groups).

Inclusion in emergency programming focuses on analysing how people are excluded to actively reduce that exclusion by creating an environment where differences are embraced and promoted as strengths. Providing inclusive services means ensuring equitable access to resources for all.

Dignity, Access, Safety and Participation - DAPS exercise (30 mins)

Note to trainer:

Prepare four flipchart sheets for group work before starting the module: one sheet entitled Emergency health with D, A, P, S written below as a list, and the same for Food security, Shelter and WASH.

The image shows four flipchart sheets arranged in a 2x2 grid. Each sheet has a title at the top, followed by a horizontal line, and then four rows of a letter followed by three dots (representing a list). The sheets are:

- Top Left:** Titled "SHELTER". It has four rows: "D ...", "A ...", "P ...", and "S ...".
- Top Right:** Titled "WASH". It has four rows: "D ...", "A ...", "P ...", and "S ...".
- Bottom Left:** Titled "FOOD SECURITY". It has four rows: "D ...", "A ...", "P ...", and "S ...".
- Bottom Right:** Titled "EMERGENCY HEALTH". It has four rows: "D ...", "A ...", "P ...", and "S ...".

The DAPS statements are in the toolbox

Purpose of activity: To learn how DAPS is integrated into different sectors.

Instructions:

1. The trainer explains that in order to ensure that we are doing people no harm, there are four principles that we can follow and integrate into our work, regardless of whether it is within Health, WASH, Food security etc.; these are Dignity, Access, Participation and Safety (DAPS).

Definitions for the trainer to elaborate on if necessary, during the group work:

Dignity: Recognising that all people affected by an emergency have a right to life with dignity is firmly embedded in the fundamental principle of humanity and the humanitarian imperative. In addition, the right to life with dignity is reflected in the provisions of international law encompassing the right to receive humanitarian assistance. Respect for the dignity of persons at risk should underpin all emergency assistance activities, and such assistance must be provided according to the fundamental principle of impartiality.

Access to basic and life-saving services is grounded in humanitarian and human rights law. Emergency programmes should provide access for all individuals and groups within an affected population. Four dimensions of accessibility can be identified in relation to humanitarian assistance and protection: non-discrimination, physical accessibility, economic accessibility or affordability and information accessibility.

Participation refers to the full, equal and meaningful involvement of all members of the community in decision-making processes and activities that affect their lives. The level of participation that different people will engage in will depend upon their access, how rewarding they find the experience and whether they gain something from the process. In many societies, traditions continue to exclude women, children, persons with disabilities and marginalised groups from decisions and activities in disaster response and recovery.

Safety: Assessing safety from the perspective of gender, age, disability and diversity requires regular monitoring in all sectors. We should always maximise the positive impacts of sector programmes on people's safety. Here, we address three dimensions of safety in each sector: sector-specific safety issues; sexual and gender-based violence (SGBV) prevention and response and child protection; and Internal protection systems.

2. The trainer explains that there will now be group work and each group will be given an envelope with written actions related to DAPS in either the emergency health, food security, shelter or WASH sectors. Participants are encouraged to join the sector in which they have most interest, but at the same time there should be an even number of participants in each group so some participants may need to compromise.
3. The trainer explains that each group has 10 minutes to sort through the written actions and decide if they belong under the headings of dignity, access, safety or participation. The trainer asks each group to find a table and distributes a flipchart with the title of their sector on it.
4. The trainer explains that once each group has completed the exercise, they will exchange their flipchart sheet with the group next to them, and the trainer then distributes a copy of the PGI minimum standards to each group and asks them to identify any mistakes on the sheet they have. Once they have done so, each group gets their sheet back and has to correct their mistakes. They have 10 minutes.

DAPS and PFA Role play (30 mins)

Note to trainer:

See Annex 8 for the role play

Purpose of activity: To practice the theory of DAPS and PFA

Instructions:

1. The trainer now says it is time to put theory into practice and prepares the participants for the food distribution role play and follows the same feedback procedures of the PFA role plays.
2. The trainer ends this module by encouraging the participants to always think of DAPS in their daily work to ensure that beneficiaries are protected and respected regardless of their gender, age, nationality, economic status, religion etc.

Module 9: Referral



Mapping exercise



60 minutes



Flipchart paper, flipchart stand, markers, post-it notes.



The aim of the module is to enable the participants to understand:

- The basics of mapping and referral
- When and how to conduct a referral

Introduction to mapping and referral (60 mins)

Note to trainer:

Currently, there is no official referral system in place in YRCS, so the exercises in this module are theoretical. YRCS staff and volunteers are not trained or authorized to conduct referrals.

Purpose of activity: For participants to understand the basics of mapping and referral.

Instructions:

1. The trainer asks the participants: What does referral mean?

Answer: Referral is the process of directing a beneficiary to another trusted service provider because s/he requires help that is beyond the expertise or scope of work of the YRCS.

A referral can be made to a variety of services, for example, health, psychosocial activities, protection, nutrition, education, shelter, material or cash assistance, physical rehabilitation, WASH, community centre and/or a social service agency.

2. The trainer asks the participants if any of them have referred beneficiaries as part of their work with YRCS?
3. The trainer says that participants may have done so, but most likely they may have simply linked people to other services by sharing a phone number or an address. Linking someone to a service is different from conducting a referral. A proper referral entails several steps, for example: Did they write down the contact details of the person they referred and the name of the person/service they referred the person to using an official referral form? Did they ask for consent to refer the person? Did they store the information safely afterwards?
4. The trainer explains that we often refer people informally (linking) to other services during the course of our work, but in most cases staff and volunteers have not actually been trained to conduct a proper referral and they don't have access to or knowledge of any referral procedures

or systems within or external to YRCS. This may put staff/volunteers at risk if the person they refer is harmed in some way.

5. The trainer distributes sticky notes to the participants and says: As mentioned, YRCS doesn't have a referral system in place, so the aim of the following exercises is for the participants to understand more about referrals, but until an official system is in place they are not authorized to conduct referrals. Today we are focusing on MHPSS referrals, but the procedure is the same regardless of the service. Before we learn more about referrals however, we need to know if there are any MHPSS services in the areas where we work. This is referred to as a mapping of services. The trainer draws the MHPSS pyramid on a flipchart and asks the participants if they know of any MHPSS services being provided by other organizations (on any level). The trainer can remind the participants of the different services provided at each level. The trainer asks each person to write down the names of organisations/persons (including YRCS) providing MHPSS services on a sticky note and put these on the levels where they belong.
6. The trainer explains that it's important to do a proper mapping of services in all areas where we work because we have to ensure that people have access to all levels of services..
7. The trainer now returns to the subject of referrals and explains that referral systems do exist and are very often established during crisis situations; however, they are often external to YRCS for example through technical working groups such as the MHPSS technical working group that is led by World Health Organisation.
8. The trainer informs the participants that they will now do some group work for 20 minutes , they have to answer the following questions and then come back for a plenary discussion.
 - a. When does someone need to be referred to specialized mental health/psychological services?
 - b. What are the main steps to take when conducting a referral?
 - c. The principle of confidentiality is essential when conducting a referral, but sometimes there are exceptions. What are the exceptions?
 - d. If you are referring a child, would the steps be different? If yes, in what way?
8. Once the participants are back in the circle the trainer asks someone from each group to reply to the questions. The trainer then corrects and elaborates if needed.

Note for the trainer:

Answer to question a: When does someone need to be referred to specialized mental health/psychological services?

The trainer explains that stressors and how stress affects people depend on many different factors and that these signs and symptoms usually abate within a few weeks. However, some people don't recover within a few weeks and display more complex or severe reactions.

A person needs a referral to specialized mental health/psychological services if s/he:

- hints at or talks openly of suicide
- suffers from a pre-existing mental health conditions

- experiences strong reactions over an extended period after a crisis event
- poses a risk to themselves or other people
- is using drugs or alcohol excessively
- has psychosomatic symptoms that continue for an extended period of time
- has changed dramatically with regard to personality, behaviour or interactions with other people
- if his or her safety is threatened by violence and abuse.
- they are so distressed that they are unable to function normally and care for themselves or their children e.g. not eating or maintaining personal hygiene despite food and washrooms being available.

The trainer explains that if it is not possible to refer to specialized services then the best thing staff and volunteers can do is refer the person to the nearest doctor.

Important note: People who were living with a mental health condition or were taking medication prior to a situation of distress may also need ongoing professional mental health support.

Answer to question b: What are the main steps to take when conducting a referral?

The trainer explains that when referring we must remember to:

- always prioritize the confidentiality and security of the person.
- inform the person what the different options are, if relevant, and help the person make informed decisions about the way forward.
- get their informed consent on the plan of action before proceeding.
- follow the procedures and requirements of the National Society and/or service provider referred to. Procedures will in some instances involve consultation with and approval by the helper's line manager or team leader and filling in an official referral form.
- follow up to ensure the service has been provided to the beneficiary.

Answer to question c: What are the exceptions to the principle of confidentiality?

The trainer explains that the exceptions to confidentiality are:

- If a person intends to hurt her/himself;
- If there is a risk that a person intends to hurt others;
- When a child is in danger;
- If national or international legal provisions require mandatory reporting. Make sure to inform the person on these provisions before they disclose information, to give them the option of whether they wish to go further with sharing their story.

Answer to question d: If you are referring a child, would the steps be different? If yes, in what way?

When supporting adults, staff and volunteers must strive to involve the affected person as much as possible in making decisions on what help they need and taking action to address them. However, with children, we may have to make decisions on their behalf, depending on the age of the child concerned. Older children can participate in identifying their needs and taking action to address them, but younger children may not be able to understand or express what they need. If older siblings, parents or other caregivers accompany

children, they should be involved in identifying and addressing the child's needs as much as possible. If a child is unaccompanied or separated, the helper should follow recognised protocols and procedures to protect and care for the child.

9. The trainer ends the module by sharing the following key messages
 - As YRCS staff and volunteers you can't make a referral to an MHPSS service or any other service. This will only be possible once YRCS officially establishes a referral system.
 - Linking people to other services can be risky as you may not know the organization well and if the person is not satisfied with the service or is put at risk, you can be blamed for this.
 - Sometimes there are no referral pathways in place for the MHPSS service a person may need and in this instance, the best you can do is refer them to a YRCS doctor at a PHC.

Module 10: Peer support and self-care



Plenary discussion
Individual work



150 minutes



Flipchart paper, flipchart stand, markers, tape, A4 paper, printed/laminated materials for group work from the toolbox and surprise bags.



The aim of the module is to enable the participants to:

- Identify work-related stressors
- Learn about basic peer support
- Identify ways to improve self-care strategies

Work related stressors (30 mins)

Note to trainer:

Purpose of activity: To identify work-related stressors

Instructions:

1. The trainer starts by saying that choosing to be an RCRC staff member or volunteer and to assist in difficult situations and help people in distress may expose us to different challenges which can be stressful.
2. The trainer asks the participants to give examples of work-related stressors that RCRC staff and volunteers may be exposed to when providing care and relief to others. The trainer writes down the answers on a flipchart sheet. Here are some examples to mention if they are not raised by the participants:
 - performing physically difficult, exhausting and sometimes dangerous tasks
 - being expected (or expecting themselves) to work long hours in difficult circumstances
 - becoming increasingly detached from your own family and home life
 - feeling inadequate to deal with the task, or overwhelmed by the needs of the people you are trying to help
 - being a witness to traumatic events – or hearing survivors' stories of trauma and loss.
 - having an unclear or non-existent job description or being unsure about the role of the team
 - being unprepared to face the frustration and anger of beneficiaries who feel their needs are not being met
 - lack of information-sharing
 - being poorly prepared or briefed for the task

- lacking boundaries between work and rest
 - an atmosphere in the workplace where staff's and volunteers' well-being is not valued and where your efforts are not being acknowledged or appreciated.
3. The trainer explains that there will now be group work and each group should answer the following question:

How do work-related stressors affect you on a personal level and on an interpersonal level (along with colleagues and family)?

4. Groups have 10 minutes to discuss this and then the trainer asks them to come back to the circle and share their answers in a plenary session.

The trainer listens to and acknowledges the answers and explains that as RCRC staff and volunteers we can be affected at different levels:

- **Personal level:** We may be personally affected by a situation or supporting people we know, and face moral and ethical dilemmas
- **Interpersonal level:** We may feel unsupported by our colleagues or supervisors, have difficulty with the dynamics within a team, work with team members who are stressed or burnt out

Peer support (10 mins)

Note to trainer:

Purpose of activity: For participants to become more aware of how they can support their colleagues and vice versa.

Instructions

1. The trainer explains that peer support offering assistance to someone who is in the same position as the supporter, i.e. two staff working at headquarters or two volunteers working at branch level. Peer support is a useful strategy for coping and managing stress by making good use of the resources within the organization such as staff and volunteers.
2. The trainer asks the participants if they can identify some ways in which peers can support one another. If not mentioned the trainer can highlight the following:
 - Buddy systems (where two colleagues agree to look out for each other especially during stressful periods) See annex 9 on buddy system
 - Group peer support meetings (meeting where peers meet to discuss the challenges they are facing and give each other support)
 - Trained peer supporters (colleagues who are specifically trained to provide support to their peers)
3. The trainer closes the activity by reminding participants of the following points:

- If you feel overwhelmed by the situation or your duties, focus for a while on simple and routine tasks. Let peers and supervisors know how you feel and be patient with yourself.
 - Remember that some reactions are normal and unavoidable when working in difficult circumstances.
 - Talk about your experiences and feelings (even those that seem frightening or strange) with colleagues or a trusted person. Some people would rather take time to be by themselves and reflect instead of talking to others. That is also fine.
 - Don't be ashamed or afraid to seek help if you are feeling stressed, sad or unable to handle your duties. Many others may be experiencing similar feelings.
4. The trainer says, now we are going to practice some calming and grounding exercises that can help you to reduce stress and support your colleagues to do the same.

Calming exercises (15 mins)

Purpose of activity: To calm mind and body

Instructions:

1. The trainer explains that breathing happens automatically. The brain regulates our breathing, according to how much oxygen our body needs at any given time. However, breathing can also be controlled and used consciously to gain physiological relaxation. When we feel nervous, scared or angry we tend to take quick, shallow breaths. Taking deep breaths from the stomach rather than breathing from the chest has a calming effect on the mind and body. And when the body is calmed, the brain is, too. We are now going to experiment with two breathing exercises, and then we will reflect over which one was your favourite, and (in case) how it needs to be adapted.

Breathing exercise 1:

Raise your gaze, let your eyes rest on something pleasant (out the window, a picture). Breathe calmly through your nose with your mouth closed. You can place your hands on your stomach and feel them being lifted as your chest fills with air. Continue doing this 4-5 times and notice how the body slowly calms down. Better? Better!

Breathing exercise 2:

Put one of your hands flat on your thigh. Trace around your hand with the index finger of your other hand as you slowly breath in through your nose all the way to your stomach when you trace up your finger – and exhale slowly through your mouth whilst you trace down the same finger. Do this for all 5 fingers. Repeat as necessary 4-5 times.

Trainer says: Remember that whenever you feel stressed or you feel restless or anxious, taking deep breaths from the stomach will help calm and relax your body.

Grounding exercises (20 mins)

Note to trainer:

If possible, go outside for the first two exercises (brisk walk and tapping)

Purpose of activity: To bring yourself back to the here and now by activating your senses

Instructions:

1. The trainer explains that when we are stressed, we may find it difficult to be in the present moment and we get lost in thoughts about the past or future. We also lose our sense of time when highly stressed. We need to be able to keep our feet on the ground, anchor ourselves in the present and calm ourselves. We are now going to experiment with some grounding exercises, and then we will reflect on which one was your favourite, and (in case) how it needs to be adapted.

Grounding exercise 1: Reconnecting to your surroundings

The trainer says: Go for a brisk walk and while you walk, list out loud what you see, hear, smell, taste and feel as you are walking. For example, you might start by listing five things you hear, then four things you see, then three things you can touch, two things you can smell, and one thing you can taste. If you don't have the chance to walk, then do this sitting.

OR

Try tapping yourself on your arms, legs, face etc.

Talk about how this felt for the participants. What did they notice?

Grounding exercise 2: Safe place

Purpose of activity: This self-control technique helps to distract from stressful thoughts, inducing relaxation, and enhancing a sense of safety and control. Creating a Safe Place in our imagination. helps to cope with fear or stress.

Note to trainer:

Read the instructions below slowly with a calm voice, to allow the participants to use their imagination. Encourage the participants to use all their senses: taste, smell, touch, listening and seeing.

Instructions:

2. The trainer says:

This exercise will show you how to use your imagination to find a scene or place that makes you feel safe, comfortable and happy. This could be a real place where you know you will feel good and in control, or it could be a place from your imagination or a picture that you have seen. [Suggest some examples: at a beach, at your grandmother's home.]

Make yourself comfortable. Close your eyes or look at the tip of your shoes. Take a few deep, steady breaths. Bring up a picture of a place where you feel secure, calm and happy. Imagine that you are standing or sitting there. Can you see yourself there? In your imagination, take a look around. What do you see? What can you see close to you? Look at the details. Notice the different colours.

Imagine reaching out and touching. How does it feel? Now take a look further away. What can you see around you? What's in the distance? Try to see the different colours and shapes and shadows.

This is your special place and you can imagine whatever you want to be there. When you're there, you feel calm and peaceful. Imagine your bare feet on the ground. What does the ground feel like?

Walk around slowly, trying to notice the things there. Try to see what they look like and how they feel. And what can you hear? Maybe the gentle sounds of the wind, or birds, or the sea. Can you feel the warm sun on your face? What can you smell? Maybe it's the sea air, or flowers, or your favourite food cooking?

In this special place, you can see the things you want, and imagine touching and smelling them, and hearing pleasant sounds. As your mind becomes more peaceful, your body will begin to relax. You feel calm and happy.

Now imagine that someone special is with you in your place. This is someone who is a good friend, someone strong and kind. He or she is there to help you and look after you. Imagine walking around and exploring your special place slowly with this person. You feel happy to be together.

This person is your helper and is good at sorting out problems. Just look around in your imagination once more. Take a good look. Remember that this is your own special place. It will always be there. You can always imagine being there whenever you want to feel calm and secure and happy. Your helpers will always be there when you want them. OK?

Now take a deep breath and get ready to open your eyes and leave your special place for now. You can come back whenever you want to. Slowly, slowly, become aware of your surroundings here and now. Notice the chair underneath you and feel your feet touching the ground. Gently move and stretch your limbs. When you feel ready, open your eyes. As you do so, notice how you feel calm, relaxed and happy.

To finish this exercise, ask the participants what they imagined. Ask how it made them feel, but let it be completely voluntarily if they choose to share or not.

Point out the connection between imagination and feelings. Underline that they can have control over what they see in their mind's eye and therefore over how they feel. Remind them that this is a positive thing to do, that they can imagine being there whenever they feel unhappy or frightened, and that it will make them feel better. Also, explain that imagining this special place will get easier each time. This is a technique that needs practice, and it is important for participants to understand that it gets easier the more they practice. You can also share that some like to draw their Safe Place or maybe find a symbol as a reminder.

Coping mechanisms and self-care plan (45 mins)

1. The trainer asks the participants how staff and volunteers can cope with work-related stressors and writes down the answers on a flipchart. The trainer shouldn't judge or make funny remarks about the coping mechanisms that participants propose. If only healthy coping mechanisms are mentioned, the trainer should point out that there are also unhealthy ones such as not getting enough sleep, chewing excessive amounts of qat, isolating oneself from friends and family, being constantly on social media looking at distressing images and reading stories about crisis events etc.

2. The trainer asks the participants: Who is responsible for staff and volunteer well-being? The trainer explains that staff and volunteers work within the framework of National Societies when they help in emergency responses. Thus, staff and volunteer well-being is everyone's responsibility - managers, staff and the volunteer themselves. However, each group has different responsibilities and today we are focusing on how you can take responsibility for your own well-being and that of your colleagues.
3. The trainer explains that s/he will soon distribute a self-care plan (available in the toolbox) and while holding it up so everyone can see it, says: Now the time has come for you to harvest what is important for you from this session. We want to learn from the tree, so we know how to bend and not break easily! We want to stay grounded, keep growing and know what to do and when to let go. We want to connect with what is important for us and make the environment better for everyone. Maybe you want to turn over a new leaf or blossom with something new.

The trainer asks the participants to think of activities they might realistically do each day to reduce their stress and enhance their personal well-being. The trainer says and writes:

To make a self-care plan that actually works, we need to

- a. Not aim too big, but take small steps at a time, finding out what works for us and build habits to do the things that are good for us.
- b. To be concrete on the what, how, when
- c. Commit to sticking to what we decide

WHY is this important? Making small steps and adopting small habits can seem so much less exciting than embracing a big goal. However, we know that getting started at something and that initiating a change in our behaviour is often the hardest part.

It does actually not depend on our understanding of the benefits of a particular behavior, or even on the strength of our willpower. The truth is that our ability to follow through on our intentions — to get into a new habit like exercise or to change our behavior in any way depends on that we take small MICRO steps!

So ask yourself: How can you make that thing you've been meaning to do into something so easy you could do it every day? How can we break it down into smaller pieces?

If your big objective is to eat more vegetables, maybe you could start by adding a sliced cucumber with your lunch? A one-minute meditation can be relaxing. A 5-minute walk gets us outside and moving, which our bodies really need.

Try doing one "better than nothing" behaviour. See how it goes. Your goal is repetition, not high achievement. Take one step at a time but try to take that step every day.

To grow we really need only do something very small. When we abandon our grand plans and great ambitions in favour of taking that first tiny step, we shift. And, paradoxically, it is in that tiny shift that change is made.

Self care tree (30 minutes)

Share the self-care tree templates found in the toolbox and annex 10

Note to trainer:

It is very important that participants follow each instruction. It may help to write down the instruction on a flipchart paper prior to this activity.

Instructions:

You now have 10 minutes individually to do the following:

Individually:

1. Write down 4 micro steps you will commit to trying out in the coming weeks in your self-care plan.
 - a. For yourself
 - b. Together with others
2. Be concrete (what, how and when) and write it into your self-care tree.
3. When done, write down the same 4 micro-steps on 4 pieces of paper.

After 10 minutes the trainer tells participants to go into «buddy-pairs» for 15 minutes and do the following:

4. Share your chosen micro-steps with your buddy and be concrete on the WHAT/HOW/WHEN
5. Agree on a time and place to talk/meet (at least twice) the next month to talk about what you have done and how it works for you.
6. Bring your filled in self-care tree and the 4 paper notes with the micro-steps with you back to plenary.
7. When back in plenary:
8. The trainer distributes the surprise bags (found in the toolbox) and asks the participants to put their 4 pieces of paper with the micro-steps into their bag. There are already some exercises in the bag that we think are essential. Explain how they are to pick one each day, or whenever they feel stressed and do what is on the note. Say they can add on or change the notes as time goes by. The surprise bag can also be shared with others; a family can share one for example!
9. The trainer asks if anyone wants to share some of their self-care strategies and closes the activity by saying that s/he hopes each person in the room will commit to their self-care plan and to actively supporting one another to implement the plans.

Module 11: Ending the training

 <p>Individual work</p>	 <p>60 minutes</p>	 <p>Post tests, evaluation sheets, certificates, camera</p>
 <p>The aim of the module is to ensure that all the final tasks needed to end the training are completed in a timely and organized manner.</p>		

The trainer now explains that the training has come to an end, but before we say goodbye we have to complete the following:

- Parking space
- Next steps after this training
- Post test
- Training evaluation
- Distribution of certificates
- Group Photograph

Parking space: 5 minutes

Instructions

The trainer addresses any remaining questions.

Next steps after this training: 5 minutes

Instructions

The trainer reminds participants that the aim of this training is to provide a basic introduction to CBPSS. In order to be able to implement CBPSS activities, participants will have to have practical training on e.g. recreational activities for children and awareness raising on MHPSS. The trainer explains how staff and volunteers can be involved in further training.

Post test: 20 minutes

Note for trainer:

The post test can be found in Annex 2

Instructions

The trainer distributes the post-test sheets and reminds participants to put their code at the top of the page. The same code that they used for the pre-test. They have 20 minutes to complete the test and give the test back to the trainer.

Training evaluation: 10 minutes

Note for trainer:

The evaluation form can be found in annex 11

Instructions:

- The trainer distributes the evaluation sheets and explains that they can be filled in anonymously if preferred. They have 10 minutes to complete the evaluation and give the sheet back to the trainer.
- Now the trainer asks participants to stand up (remaining in a circle and say one word that for them sums up their training experience).

Distribution of certificates and photo: 20 minutes

The trainer gives each participant a certificate (it can't be their own certificate) and once everyone has one, participants take turns reading out the name on the certificate they were given and gives it to the person while congratulating them. After this a group photo is taken and participants may leave.

As a trainer it is your duty to ensure that everything you have used from the trainer's toolbox is neatly returned to the box and if some items need to be replenished then please make a list of these items and inform the person in charge.

Annex 1 – Preparation: Consent template

The Yemen Red Crescent would like to use your personal data – e.g. your name or pictures. For us to do so, we need your consent. Before you give us your consent, we will tell you the purpose for which we will use the information or pictures. If you have doubts, please ask.

The purpose of using the information is:

Trainer writes the purpose here. For example, to use in training manuals, articles, YRCS social media platforms.

The Yemen Red Crescent can store and use the following of my personal data:

Data	Tick those we can use according to above purpose
Picture/video	
Contact information (name)	
Other: (please state)	

If the Yemen Red Crescent wants to publish pictures of or stories about me, it can happen in the following media:

Media (tick those we can use according to above purpose)	Tick
YRCS webpages	
Manuals and user instructions for volunteers	
Presentations and reports for internal and external use	
Social media (e.g. Facebook, Instagram, LinkedIn, and Twitter, YouTube etc.)	
Marketing and press material for YRCS	
Others (please state):	

You can withdraw your consent at any time by contacting (insert name and email address).

Are you giving consent on behalf of someone else? Tick and insert name/contact information)

I hereby give my consent for the Yemen Red Crescent to collect and use my personal data as described until (insert the date)

Name:

Contact information:

Date _____ Signature _____

2 Please note that only parents to children under the age of 13 or a documented guardian may sign on behalf of others.

Annex 2 – Module 1: -Yemen Red Crescent CBPSS training pre and post test

Mental Health and Psychosocial Support

PSYCHOSOCIAL SUPPORT	TRUE	FALSE	DON'T KNOW
1. Refers to actions relating to the social and psychological needs of individuals, families and communities			
2. Means interventions aimed at curing mental health problems			
3. Aims at enhancing the self-promoted recovery and resilience of the affected individual, group and communities			

MENTAL HEALTH	TRUE	FALSE	DON'T KNOW
4. Means more than the absence of a mental disorder.			
5. The majority of people in a conflict situation develop mental health problems			
6. Psychosocial support can help prevent mental health problems			

Crisis events

A CRISIS EVENT	TRUE	FALSE	DON'T KNOW
7. Is a major event outside the range of ordinary everyday experience			
8. It is sudden, powerful, and disrupts daily routines. It is usually unexpected and threatening to those involved			
9. Is any event that causes stress to an individual or group			

RESILIENCE IS...	TRUE	FALSE	DON'T KNOW
10. The ability to 'bounce back' and restore a new balance when the old one is challenged or destroyed			
11. The ability to cope with challenges and difficulties without help from others			

Stress and coping

HIGH STRESS	TRUE	FALSE	DON'T KNOW
12. Is normal as a reaction to an abnormal situation			
13. Cannot cause physical reactions			
14. Is likely to affect social relations			
15. Impacts differently depending on the individual, duration of stress and support given			

COPING	TRUE	FALSE	DON'T KNOW
16. Is a way to prevent, delay, avoid or manage stress			

HEALTHY COPING BEHAVIOURS INCLUDE...	TRUE	FALSE	DON'T KNOW
17. Seeking information about the welfare of loved ones			
18. Aggressive and violent behaviour			
19. Reaching out to others for help and support			

Psychological first aid

ACTIVE LISTENING INCLUDES...	TRUE	FALSE	DON'T KNOW
20. Demonstrating warmth and empathy			
21. Sharing one's own opinions and values			
22. Talking about one's own experiences			
23. Showing that one understands what the speaker is saying			

PSYCHOLOGICAL FIRST AID INCLUDES...	TRUE	FALSE	DON'T KNOW
24. Solving problems for people			
25. Providing clinical psychological treatment			
26. Giving advice about correct emotional responses			
27. Being attentive and responsive to the affected individual			

NON-VERBAL ELEMENTS OF SUPPORTIVE COMMUNICATION	TRUE	FALSE	DON'T KNOW
28. Appropriate eye contact			
29. Imitation of all the gestures of the speaker			
30. Giving the person one's full attention			
31. Having an open posture			

PSYCHOLOGICAL FIRST AID AFTER A CRISIS EVENT INVOLVES...	TRUE	FALSE	DON'T KNOW
32. Making an immediate diagnosis of an affected person's normal/abnormal reactions			
33. Asking the affected person if they have someone to look after them			
34. Providing factual information about where and how to seek further help			
35. Correcting the affected person if he/she makes incorrect statements about the event			

Loss and grief

GRIEFF...	TRUE	FALSE	DON'T KNOW
36. Is a normal emotional reaction to the loss of a significant other			
37. Grieving is an individual process independent from cultural norms			
38. Is one of the common emotional reactions for people that have experienced a loss			

THE GRIEVING PROCESS INCLUDES...	TRUE	FALSE	DON'T KNOW
39. Emotional recognition of the loss			
40. Forgetting the lost person			
41. Learning to tolerate and manage the feelings of grief			
42. Making practical adjustments			

WHEN SUPPORTING A GRIEVING PERSON...	TRUE	FALSE	DON'T KNOW
43. Remind the person that things will change soon, say things like "time heals all wounds", "it will soon pass" etc.			
44. Acknowledge the loss			
45. Remember that grieving is a process that may take a long time			
46. Encourage the grieving person to make major life changes			

Community-based psychosocial support

PSYCHOSOCIAL WELL-BEING IS...	TRUE	FALSE	DON'T KNOW
47. The positive state of being when an individual thrives in a positive social environment			
48. Understood in the same way in every culture			

COMMUNITY BASED INTERVENTIONS...	TRUE	FALSE	DON'T KNOW
49. Do not have to consider cultural norms			
50. Are based on a mapping of needs and existing personal resources in a community			
51. Can be implemented without involving the local community			

EMPOWERING COMMUNITIES...	TRUE	FALSE	DON'T KNOW
52. Includes identifying and setting priorities for actions in the community			
53. Need not to involve the community in the planning of an activity			
54. Need community ownership when designing and implementing self-empowering strategies			

Protection, gender and Inclusion

PROTECTION, GENDER AND INCLUSION	TRUE	FALSE	DON'T KNOW
55. Is a set of minimum standards we use in emergencies.			
56. The aim is to ensure we in our emergency programming provide dignity, access, participation and safety for all people affected by disasters and crises.			
57. Gender refers to the social differences among persons of various gender identities for example male and female. These social differences are changeable over time.			
58. Emergencies increase existing gender inequalities, and the incidence of sexual and gender-based violence (SGBV) and violence against children.			

Referral

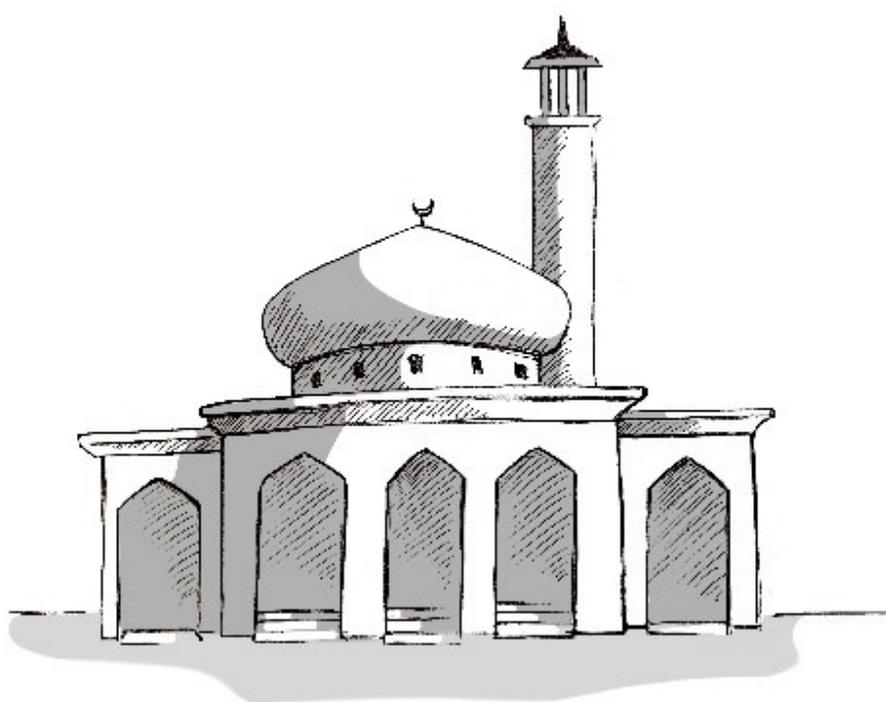
REFERRALS...	TRUE	FALSE	DON'T KNOW
59. Are purely the responsibility of medical personnel			
60. Are relevant when affected persons suffer from problems that demand professional support			
61. Can be made without informing the individuals concerned			
62. Should always be made as quickly as possible, even without prior consultation with a supervisor or program manager			

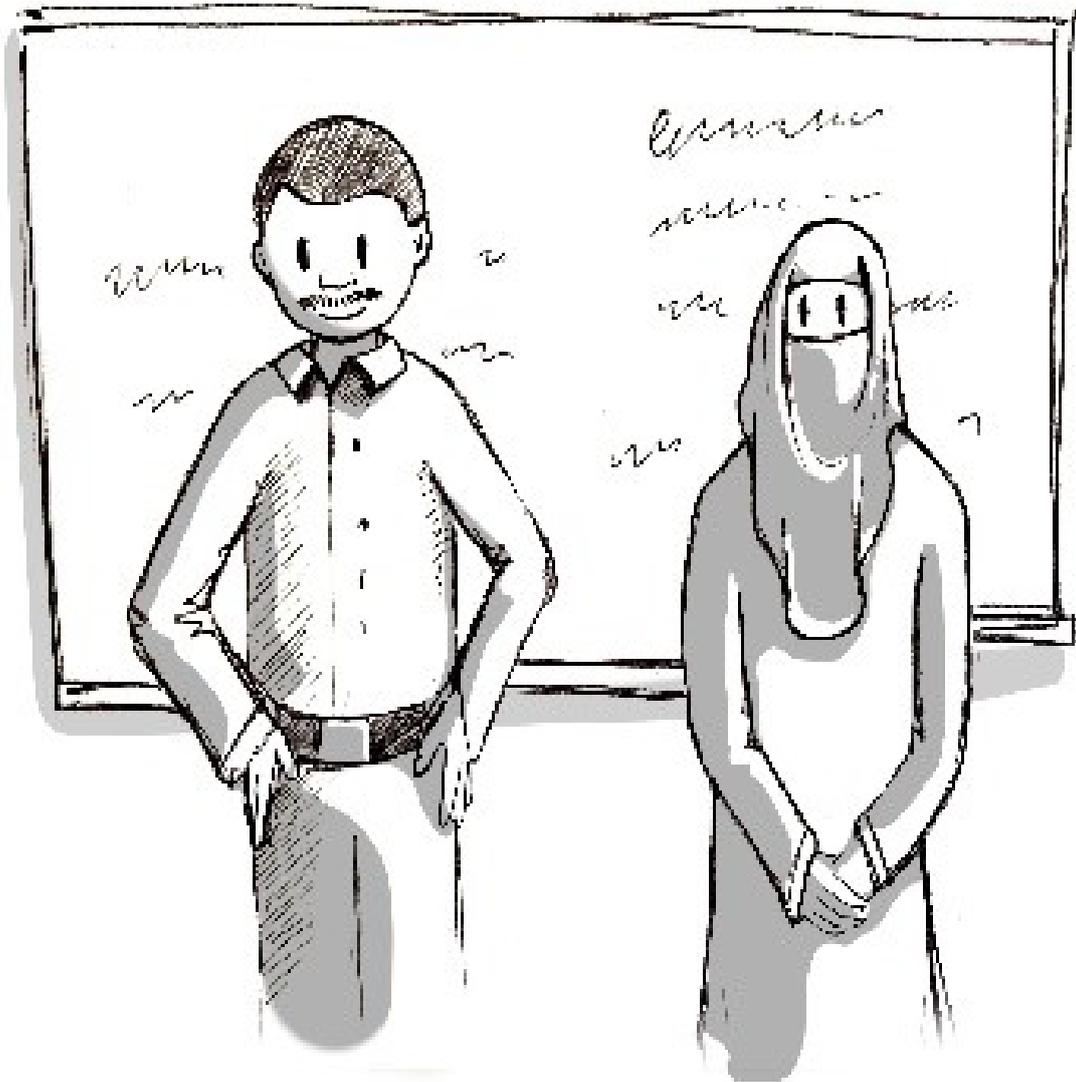
Peer support and self-care

PEER SUPPORT AND SELF-CARE	TRUE	FALSE	DON'T KNOW
63. Getting proper sleep can significantly reduce stress			
64. Daily breathing exercises are good, but they don't reduce stress			
65. Taking care of oneself is the first step to being better able to take care of others			
66. Peer support is provided by mental health specialists			

Annex 3 – Module 2: Mental Health and Psychosocial Support, cut-outs







Annex 4- Module 5: PFA Case story

In this dialogue a volunteer, talks to a distressed woman. She witnessed a car accident outside her home in which the driver was badly hurt.

Woman: *Oh, why did it happen? It was so terrible.*

Volunteer: *From what you say it sounds like it must have been a difficult experience?*

Woman: *Yes, it was awful... (begins to cry uncontrollably)*

Volunteer: *I see... (V moves a little closer) Would you like to tell me what happened and what you did in the situation?*

Woman: *I heard the car outside, I ran to the door, and saw what had happened. Oh, it was really horrible... (Cries more quietly now) There was blood all over....*

Volunteer: *That must have been difficult for you to witness. I would like to listen if you want to talk more about it.*

Woman: *I ran to the car, made sure the driver was conscious and then I rushed to call an ambulance. I talked to the driver till the ambulance came.*

Volunteer: *So first you made sure the driver was all right, then you called for help and you stayed with the driver till help came?*

Woman: *Yes, that is what I did.*

Volunteer: *It sounds as if you reacted quickly, made some good decisions and helped the driver in the best possible way.*

Woman: *(Sighing...) Yes, that is true, but it was shocking. I was really scared.*

Volunteer: *I can understand how it must have been a frightening experience. How are you feeling now?*

Woman: *It still feels unreal, and I keep seeing the driver's body when I close my eyes. But I am glad he survived.*

Volunteer: *It is normal to feel stressed and see such images after what you have been through. He survived also thanks to your actions. Now is there something you need? Do you have anyone at home, or would you like to contact someone?*

Adapted from A Guide to Psychological First Aid for Red Cross and Red Crescent Societies by IFRC Reference Centre for Psychosocial Support

Annex 5 – Module 5: PFA role play

Note to trainer:

Important: Before starting the role plays you must read the role play guidelines in the training manual and carefully explain every point to the participants.

Car accident role play

Note to trainer:

- Remember if anyone has been in a car accident or lost someone in a car accident, they should refrain from participating.
- Ensure that you can hear what the PFA volunteers are saying during the role play as this is very important, so if actors are too loud, pause the role play and ask actors to calm down.
- Trainer asks who wants to participate in a role play about a car accident. Trainer explains that two actors are needed as First Aid volunteers who have been trained on PFA and the rest will be actors related to the car accident. It is important to stress that they are First Aid volunteers who can also provide PFA. This means they should use their FA and PFA skills. Trainer must not give any details about the role play while the First Aid volunteers actors are in the room.
- The two First Aid volunteers are asked to go outside the training room. Preferably one male and one female.
- If you feel the role play has too many actors, you can do it without the two bystanders.

Instructions for trainer after the two FA volunteers leave the room:

Explain you need 7 actors and explain their roles as described below.

The remaining participants should act as observers and focus on how the First Aid (FA) volunteer actors performed in terms of Look, Listen and Link. They will be asked to give feedback after the role play.

7 actors:

- 1 man who is lying on the floor with a chair (symbolizing the car) on top of one leg. He is in pain and screaming because his leg is stuck under the car. He should not scream all the time (more in the beginning) when the FA volunteer actors enter the room.
- 1 YRCS nurse (wearing a YRCS vest or cap) is sitting on the ground next to him, giving him first aid and comforting him.
- 1 old lady is sitting very close to both of them and crying loudly, "Oh my son, help my son, and sometimes she is looking at another woman and saying loudly, look what you did to my son!" (If the FA volunteers asks her to move, she should refuse in the beginning).
- 1 woman standing, trembling, disoriented, and she keeps saying, "Oh what have I done? What

have I done?" She is the one who hit the man with her car.

- 1 man standing, he is still, not saying anything at all. He is not wounded, but he is in a state of shock. If anyone tries to speak to him during the role play, he doesn't respond at all, but he will slowly move away from the scene if a FA volunteer asks him to move. He was a passenger in the car.
- 2 people, one man and one woman who are bystanders. At the very beginning of the role play, they are standing close to the scene and loudly discussing what has happened. A few seconds after the FA volunteers enter, the man moves and starts being irritating. He asks the nurse what has happened what is the name of the injured man, he starts taking photos. The nurse asks him to stop taking photos and to keep his distance, but he doesn't pay attention to her.

The female bystander is standing next to the guy in shock and making comments about the situation. After a while, she walks towards a FA volunteer and asks if there is something she can do to help them.

- When the actors are ready to perform the role play, the trainer goes outside to get the two FA volunteers. Tell them they are responding to a car accident and there is already a YRCS nurse present. Don't give more details. Tell them to do their job as First Aiders and use their PFA skills. They need to LOOK, LISTEN, LINK. Remind them that this is a safe learning environment.

Feedback after the role car accident role play:

Note to trainer:

- After each role play, the trainer must bring the participants back into a circle and ask them to remain standing for the 'de-role'. De-role is a way to get people out of the roles they were playing. Ask each participant (one by one) to say: "My name is not (the name used in the role play); my true name is (real name of participant)." Then ask the participant to tap his/her shoulders with their hands and turn around once. Participants can now be seated.
- The trainer begins the feedback session by reminding everyone how to give feedback, stressing that this is a learning space and we are not here to criticize, judge or evaluate people. Participants should accept feedback without defending themselves. Then, the trainer asks participants who were First Aid volunteers in the role play to describe how they felt during the role play. After that, the trainer asks participants who were playing the role of "beneficiaries" how it felt, and then the observers can give their feedback. Last but not least, the trainers give their feedback.

When providing feedback, always follow these three steps, in this order:

1. Give feedback on what went well;
2. Give ideas for the future on what could be done differently or improved upon;
3. Always end with overall positive feedback.

Feedback points that may be relevant to raise as a trainer depending on what happened in the role play:

- To the FA volunteer actors: Always, stop for a moment to think of their own safety and assess the situation. LOOK at the scene together and decide quickly what they want to do. Taking just 1 minute to do this can make all the difference and help you to think of safety and how to calm things down. Sometimes, as a FA volunteer you must LOOK and manage a crowd more than listen and link.
- It's not only people who are screaming who may need PFA. They guy in shock couldn't speak, but you can still reassure him and stay by his side or ask the female bystander to stay with him. You could also ask the female bystander to convince the irritating male bystander to step away from the scene.
- They need to calm the situation, so that is why it is important to move people away from the scene. People being loud near the injured man adds to his distress. It will also help the nurse to do his/her work better.
- The mother refuses to move if asked, and keeps crying, but maybe you can find a compromise and suggest that you just want to make sure that she is ok and that you just want her to move a few metres to be able to talk to her. Reassure her, but don't lie and say everything is going to be ok. By calming her you can help her to eventually calm her son.
- As a FA volunteer you must remain calm and manage your own tone of voice and body language. If you are loud, the affected person will also be loud. Calm voice, calm movements. This is all part of PFA.
- If the trainer saw the FA volunteers touching people without assessing if it is appropriate or trying to pull people away make a comment on that as well.

Child lost in the market role play

Note for trainer:

Remember if anyone has been in a similar situation they should refrain from participating.

Trainer asks who wants to participate in a role play about a girl (age 5) who gets lost in the market and can't find her mother. Trainer explains that two actors are needed as health volunteers and the rest will be actors related to market role play. Trainer must not give any details about the role play while the health volunteer actors are in the room. The two health volunteers are asked to go outside the training room. Preferably one male and one female.

Ensure that you can hear what the health volunteers are saying during the role play as this is very important.

Instructions for trainer after the two health volunteers leave the room:

Explain you need 2 key actors and explain their roles as described below.

Actors:

- 1 child (girl, 5 years old)
- 1 woman from the camp
- 2 of the remaining participants should act as observers and focus on how the health volunteer actors perform in terms of Look, Listen and Link. They will be asked to give feedback after the role play. The rest of the participants are shop owners/customers moving around in the market area pretending to look at things or buy things. They don't speak to the health volunteers or the child.

Tell the person acting as the child that she should act as if she is lost in a market place in a big camp for IDPs. She is standing crying and saying "Where is mama? I want my mama". She says this repeatedly as the health volunteers enter the room.

In the beginning she is too distressed to speak so she doesn't answer any questions the health volunteers ask her. When the volunteers ask her questions she just keeps crying and saying: "Where is mama?"

If a volunteer tries to embrace her or touch her, she indicates through body language that she doesn't want to be touched.

After 2 minutes she tries to answer questions. She says her name is Latifa and she hasn't seen her mother since last night. She woke up and her mother was gone.

If they ask where she lives and if she can find her tent, she says no. She just says that it is near the tree. She asks: "What happened to my mama? Has someone taken her away? Will she come back?" (Trainer should pay attention to how the health volunteers reply to the child).

Suddenly the child starts happily playing with her doll and then after a while she starts crying and asks the same questions again. She might also notice something pretty and ask about it in the middle of a conversation e.g. a ring on the finger of a volunteer. Now a friendly woman approaches them, introduces herself and says she knows the mother of the child and she can take care of her until the mother shows up. She knows the name of the child (Latifa), but the child doesn't know her, but she doesn't say that. The child accepts to go with her.

When the actors are ready, go outside to get the two health volunteers. Tell them that while they were doing a health assessment in an IDP camp, they saw a distressed child and they need to support her. Don't give more details. Tell them to remember to LOOK, LISTEN, LINK and remind them that this is a safe learning environment.

Feedback after the market role play:**Note to trainer:**

- After each role play, the trainer must bring the participants back into a circle and ask them to remain standing for the 'de-role'. De-role is a way to get people out of the roles they were playing. Ask each participant (one by one) to say: "My name is not (the name used in the role play); my true name is (real name of participant)." Then ask the participant to tap his/her shoulders with their hands and turn around once. Participants can now be seated.
- The trainer begins the feedback session by reminding everyone how to give feedback, stressing

that this is a learning space and we are not here to criticize, judge or evaluate people. Participants should accept feedback without defending themselves. Then, the trainer asks participants who were Red Crescent volunteers in the role play to describe how they felt during the role play. After that, the trainer asks participants who were playing the role of “beneficiaries” how it felt, and then the observers can give their feedback. Last but not least, the trainers give their feedback.

When providing feedback, always follow these three steps, in this order:

- Give feedback on what went well;
- Give ideas for the future on what could be done differently or improved upon;
- Always end with overall positive feedback.

Feedback points that may be relevant to raise as a trainer depending on what happened in the role play:

- We tend to use a high-pitched tone with children. Try to talk in a normal voice to children as a high-pitched tone doesn't calm children and can be stressful to listen to.
- Did they introduce themselves to the child? We should always introduce ourselves – also to children.
- Did they make false promises like for example “don't worry, we will find your mama”? We should never make false promises to anyone.
- Did they keep touching the child without assessing if it is appropriate? Always pay attention to body language and don't immediately seek to touch children, especially if they are clearly showing you, they don't want to be touched.
- Children need more time to express themselves if they are very young, so stay calm, be patient and don't interrupt them. It is also normal that they may shift from being sad to being playful.
- We often tell children to stop crying and calm down, but that means we are not accepting their feelings. We often do that because it makes us stressed to see children sad/crying.
- Try to avoid being alone with a child. Ideally one male and one female volunteer should accompany a child. This is to ensure child safety.
- Don't give a child away to anyone unless their identity is confirmed and you can ensure the safety of the child. In this way you prevent child trafficking, child recruitment, sexual abuse etc.
-

Annex 6 - Module 7: Description of activities and activity plan

Activity description and activity plan for awareness raising

Group work on awareness raising on stress and coping

Awareness raising is a key service that helps to inform individuals, families, and communities on different topics that are not necessarily linked to the subject of mental health and psychosocial support but contribute to their psychosocial wellbeing. For example, cholera is a health problem; however, when there is a cholera outbreak, it also affects the population's psychosocial well-being, as people become afraid of the disease, feels insecure about the future, and not knowing how to treat or prevent cholera. Awareness raising activities, therefore, include informing people about cholera (health aspect) and providing people with opportunities to voice their fears as well as share their concerns (psychosocial aspect). Psychoeducation is a key service that helps to educate both the affected population and staff and volunteers on topics related to mental health and psychosocial wellbeing. It can be helpful before possible exposure to stressful situations or after exposure.

In relation to MHPSS, topics could include stress and coping, post-traumatic stress, children's stress, psychosomatic signs reactions to stress, and what to do about them. It empowers people by encouraging them to share experiences and knowledge so that they can deal with challenges and take care of themselves and loved ones in a better way. Common awareness raising activities include the development and distribution of information and education materials related to mental health and psychosocial wellbeing, public awareness campaigns, lectures, discussion forums, scheduled talks with question and answer sessions, and training of staff and volunteers. Topics for awareness raising must be based on the identified needs of the affected community. These topics must be approved by the YRCS and for each topic written guidance must be developed to guide staff and volunteers.

Group work: 30 minutes

Your task in this group is to plan for an awareness raising session on stress and coping with a group of caregivers.

You should use the YRCS awareness raising material on stress and coping to facilitate the session.

- a. Discuss together how you will plan for the session using the activity plan questions below.
- b. Once you have answered all the questions you will have 5 minutes to present in plenary.

Activity plan questions:

1. What do you need to do before the activity is implemented?
2. Bearing in mind that you must plan and implement this activity with the community what steps will you take to ensure this happens?

3. Now that you have planned the activity with the community, prepare a detailed schedule of the activity.
4. What do you need to procure before the activity takes place?
5. What do you need to do after the activity has been implemented?

Schedule should include:

- Aim of activity
- Time needed
- Ideal age and number of participants
- Number of facilitators needed
- Setting and materials needed
- Step-by-step instructions

Activity description and activity plan for recreational activities for children

Group work on recreational activities for children

Recreational activities are of great importance to children and have a psychosocial purpose. Through play children try new social skills and challenging new tasks. Children also express their ideas, thoughts and feelings when engaged in recreational activities and they can learn how to control their emotions, interact with others, resolve conflicts, and gain a sense of competence. It can also be a natural way of integrating academic learning, such as maths, science and literacy. Children should be actively involved in the planning and implementation of recreational activities with the support and engagement of YRCS staff and volunteers who act as facilitators. Recreational activities can include popular traditional Yemeni games, sports, scientific or cultural activities and games that children enjoy and that contributes to enhancing their psychosocial well-being in a safe environment.

Group work: 30 minutes

Your task in this group is to plan how to implement recreational activities for children.

You should use the YRCS guidance on this.

- a. Discuss together how you will plan for the session using the activity plan questions below.
- b. Once you have answered all the questions you will have 5 minutes to present in plenary.

Activity plan questions:

1. What do you need to do before the activity is implemented?

2. Bearing in mind that you must plan and implement this activity with the community what steps will you take to ensure this happens?
3. Now that you have planned the activity with the community, prepare a detailed schedule of the activity. See schedule points below.
4. What do you need to procure before the activity takes place?
5. What do you need to do after the activity has been implemented?

Schedule should include:

- Aim of activity
- Time needed
- Ideal age and number of participants
- Number of facilitators needed
- Setting and materials needed
- Step-by-step instructions
- Other important issues

Annex 7 - Module 7: Feedback points for the trainer

Feedback points for the trainer on “Community-based psychosocial activities” after participants have presented their activity plans.

1. What do you need to do before the activity is implemented?

- Inform YRCS Branch.
- Arrange transportation to the community.
- Identify staff/volunteers who have been trained to conduct the activity.

2. Bearing in mind that you must plan and implement this activity with the community what steps will you take to ensure this happens?

- Inform the community that you are conducting this activity as it was identified as a need during the needs assessment.
- Ask who from the community can support in the planning and implementation of the activity?
- Are there older children who could plan and implement the recreational activity together with you and also provide input to what type of recreational activities would be fun for the children?
- Is there a caregiver who can host a space for the awareness session? Can they support to prepare the room (chairs, refreshments)?
- Did they ask the community what time was best?

3. Now that you have planned the activity with the community, prepare a detailed schedule of the activity

4. What do you need to procure before the activity takes place?

- The items needed for the activities in the schedule including activity materials and refreshments
- What do you need to do after the activity has been implemented?
- Clean up the space together with the children and caregivers.
- Give feedback and thanks to the community members who support you.
- Inform them when the next activity will take place.
- Write an activity report.

Annex 8 - Module 8: Food distribution role play for PGI

Note to trainer:

Ensure that you can hear what PFA/PGI volunteers are saying during the role play as this is very important, so if actors are too loud, pause the role play and ask actors to be calmer.

Instructions:

Trainer asks who wants to participate in a role play about a food distribution. Trainer explains that two actors are needed as PFA/PGI volunteers and the rest will be actors in the food distribution. Trainer must not give any details about the role play while the PFA/PGI volunteer actors are in the room.

Note to trainer:

Explain you need 15 actors and explain their roles as described below. The remaining participants should act as observers and focus on how the PFA volunteer actors performed in terms of Look, Listen and Link. They will be asked to give feedback after the role play.

15 actors:

1. 2 YRCS volunteers (wearing cap or vest) who will be in charge of distributing food parcels. They should stand behind two tables and some items looking like food/water should be on the table. They should ask each beneficiary for a token/piece of paper that proves they are eligible for the food parcel.

13 people standing in two lines.

 - 1 person should play a pregnant woman,
 - 1 person should be an old man with a walking stick,
 - 1 person should be an angry man shouting at the YRCS volunteers that they are useless,
 - 1 person should be a man pushing to get in front of someone else and a fight starts between him and the angry man,
 - 1 person should be a woman asking for information about the distribution and the last person a child who is struggling to carry the parcel.
2. In the beginning when the PFA volunteers come in this should happen:
 - Line one: the angry man should be in the front shouting at one of the volunteers who is telling him he isn't registered and therefore can't get a parcel. Then the man behind him gets impatient and pushes him and they start a fight. The pregnant woman is second last in the line and just stands quietly.
 - Line two: The first in the line should be a boy or girl who just received a parcel but is struggling to carry it. The elderly man in the line almost collapses and two others in the line try to help him and ask one of the PFA volunteer actors for water. One woman in line two asks for

information from the PFA volunteers, she complains about standing in line for a long time and she wants to know when the distribution ends.

- When the actors are ready, go outside to get the two PFA volunteers. Tell them they are responding to a food distribution. Say nothing more! Only tell them to LOOK, LISTEN, LINK and remind them that this is a safe learning environment.

Feedback after the food distribution play:

Note to trainer:

1. After each role play, the trainer must bring the participants back into a circle and ask them to remain standing for the 'de-role'. De-role is a way to get people out of the roles they were playing. Ask each participant (one by one) to say: "My name is not (the name used in the role play); my true name is (real name of participant)." Then ask the participant to tap his/her shoulders with their hands and turn around once. Participants can now be seated.
 2. The trainer begins the feedback session by reminding everyone how to give feedback, stressing that this is a learning space and we are not here to criticize, judge or evaluate people. Participants should accept feedback without defending themselves. Then, the trainer asks participants who were Red Crescent volunteers in the role play to describe how they felt during the role play. After that, the trainer asks participants who were playing the role of "beneficiaries" how it felt, and then the observers can give their feedback. Last but not least, the trainers give their feedback.
- When providing feedback, always follow these three steps, in this order:
 - a. Give feedback on what went well;
 - b. Give ideas for the future on what could be done differently or improved upon;
 - c. Always end with overall positive feedback.
3. Feedback points that may be relevant to raise as a trainer when you give feedback:
 - To the PFA/PGI volunteer actors: Always, stop for a moment to think of their own safety and assess the situation. LOOK at the scene together and decide quickly what they want to do. Taking just 1 minute to do this can make all the difference and help you to think of safety and how to calm things down. Sometimes you have to look and manage a crowd more than listen and link.
 - It's not only people who are screaming who may need PFA. The pregnant woman and old man needed practical help and someone to focus on their DAPS. The pregnant lady and old man should have been escorted to the front of the line.
 - If there is a fight and you are at risk of getting hurt you should think of your own safety first before intervening. Try to calm the situation by remaining calm and speaking in a clear and assertive voice.
 - If the trainer saw PFA/PGI volunteers touching people without assessing if it is appropriate or trying to pull people away make a comment on that as well.

4. End by asking these questions in relation to DAPS:

Question: One woman was asking for information about the distribution and when it ended. What could have been done to avoid this situation where people don't know such things?

Answer: we can have two volunteers at the entrance with a sign that explains this is a food distribution, what time it starts and ends.

The volunteer should also be able to explain that people need to be registered to get a food parcel and if they are not registered then the volunteer should be able to refer them to a place where they can get help to register.

The volunteer should inform people to stand in one of the two lines. Providing timely and accurate information calms people and empowers them to make decisions about what to do. PARTICIPATION and ACCESS

Question: The child couldn't carry the parcel. What can we do in that situation?

Answer: We can arrange for two YRCS volunteers (one male, 1 female) to escort the child home and carry the parcel for the child. This is to prevent any harm coming to the child on the way back and to take the opportunity to sensitize parents about not sending their children to a distribution unaccompanied. SAFETY

Dignity: The pregnant woman should be moved to the beginning of the line, even if she isn't complaining about anything. DIGNITY and ACCESS

The old man was being cared for by others so there was no need to spend too much time with him, but he should also have been brought to the front of the line. DIGNITY and ACCESS

If there were ropes between the lines and a bigger space between the YRCS volunteers and the beneficiaries, this would also create more safety and ensure that people could safely say their names and give their details without others listening. DIGNITY and SAFETY

Annex 9 - Module 10: Buddy system

What is a buddy system?

Buddy systems consist of a minimum of two persons who have voluntarily chosen to be linked with the purpose of supporting each other. Working in the field or in a branch or headquarters they are to watch out for one another's safety and check in with each other through the day to see how the other person is coping. A buddy can e.g. suggest the other to take a break if s/he is showing worrying reactions to an event or signs of high stress or negative coping. Buddies can also support each other after a crisis event to reflect on the experience together.

Staff and volunteers often create their own buddy pairs informally. Creating a system and identifying a buddy can also be initiated by those responsible for care and support of the team, such as team leaders and managers. If creating pairs, make sure that everyone will be part of the system and gets a buddy they feel safe around.

How does it work?

Team leaders ask their team members to identify a person they would like to link up with as a buddy. Team members should be free to select who they want, i.e. a buddy should not be imposed on them. The buddies agree among themselves whether to share with their managers who they paired with. Buddies must also agree that whatever they share as buddies remains confidential and that it has no influence on e.g. appraisals.

Team leaders:

- Encourage your team members to choose a buddy. They can choose a buddy from their team (preferred option due to proximity) or from a team based in another region.
- As a team leader it is recommended to lead by example and therefore you also need to identify a buddy. Preferably, you should avoid selecting a buddy who you are a line manager for as this may be perceived as favoritism by other team members. Your buddy could be another team leader within the operation or working in another region.
- If team members cannot identify a buddy, you agree with them how to approach the matter; be creative and brainstorm with your team members on possible solutions.
- Buddy systems do not work if team members feel forced to pair with someone. Assigning buddies should therefore be the very last resort after having tried several ways to encourage team members to pair.
- If you have an odd team number, you can also have a team of three buddies, or as suggested above, team members can pair with someone outside their team.
- Ensure you have referral mechanisms in place and distribute relevant information should the buddy pairs identify challenges that are to be discussed with a professional anonymously.

How to get started as buddies

Once you have chosen your buddy, you need to discuss and agree to the following:

1. How to maintain confidentiality as buddies.
2. How do each of you normally react when you are stressed and what will your buddy have to look out for.
3. How do you each prefer to be supported when you are stressed.
4. How do you prefer to communicate; face to face (if working in the same office), by phone, orally or in writing etc. Also agree on how often you expect to check in on each other.

Note: As the buddy relationship progresses, you may find that your preference about when and how to be supported may change. This is normal, and you should clearly express any changes to your buddy as and when they occur.

How to check in with your buddy

Below is an example for checking in with your buddy. The example suggests doing three daily check ins; at the start of the day, during the day, and at the end of the day. You do not have to go through all the questions or check on your buddy three times a day. The frequency will depend on what you have agreed on but as a minimum a daily check in is recommended.

Some days you might feel you need to check on your buddy three times a day or more, whereas other days you only do it at the end of the day. It is important to pay attention to changing needs.

With practice, the process of checking in and supporting each other becomes more natural.

If you are working from home or working in different offices/regions, messages and calls can do the trick. You can also choose to have a 10-minute coffee break with your buddy virtually, e.g. via video, where you drink an actual coffee and chat.

Start of the day

The questions should focus on the here and now.

- How are you today? Did you sleep well?
- Is there anything that you are thinking about, need to do or maybe mentally park before you start the day?
- What is your plan for today?
- Do you need anything specific from me today?
- When should we next check in with one another?

During the day

Keep an eye on your buddy throughout the day, as s/he may have both positive and negative

experiences throughout the day.

- How are you doing?
- How is your day so far?
- Do you want to talk about it now or later – or not at all?
- Are you hydrated, did you eat, and have you had breaks?

End of the day

- How was your day?
- What went well today?
- Is there something specific you would like to talk about?
- What would you like to do now?

This guidance note is inspired by IFRC PS Centre buddy system materials which is part of the Caring for Staff and Volunteers package.

Annex 10: Module 10: Self-care and peer support

SELF-CARE PLAN

خطة الرعاية الذاتية

What :
ماذا:

How :
كيف:

When :
متى:

What :
ماذا:

How :
كيف:

When :
متى:

What :
ماذا:

How :
كيف:

When :
متى:

What :
ماذا:

How :
كيف:

When :
متى:

Name :
الاسم:

Date :
التاريخ:

Annex 11 – Module 11: Training Evaluation (by the Participants)

Training on CBPSS - Yemen Red Crescent Society

This evaluation form is anonymous. Please indicate your:

Sex:

Date:

Location:

1. Overall assessment	Excellent	Good	Average	Poor	Very poor
1.1 How would you rate the content of the training?					
1.2 The overall length of the training was appropriate					
1.3 The learning environment was safe and inclusive					
1.4 Training covered relevant topics					
1.5 I have gained better understanding of CBPSS					
2. Training content and methodology	Excellent	Good	Average	Poor	Very poor
2.1 The content was interesting and engaging					
2.2 The training met the training objectives					
2.3 It was a good balance between group work, presentation and discussion					
3. The following helped my understanding	Excellent	Good	Average	Poor	Very poor
3.1 Discussions					
3.2 Group work					
3.1 Receiving feedback from the facilitators helped my understanding					

4. The facilitator	Excellent	Good	Average	Poor	Very poor
4.1 Was knowledgeable about the topic					
4.2 Presented the content in a clear and logical manner					
4.3 Had good facilitation skills					
5. What went well in the training?					
6. Any recommendation to improve the training for the next time?					