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It almost feels like a distant memory.

In a time of the largest forced migration crisis in Europe since World War II, sparked by the conflict in Ukraine, on the brink of yet another hunger crisis in East Africa, probably the worst in four decades, and with a record-high number of conflicts globally, the highest number since 1945, it is easy to forget that the COVID-19 pandemic ruled the agenda for 2021.

Even as an earthquake in Haiti killed more than two thousand people and reports of widespread abuse of civilians in Ethiopia as a direct consequence of the civil war raging in the Tigray region were released, COVID-19 remained the centre piece of global attention. Not even the devastating humanitarian consequences of Taliban's military take-over in Afghanistan could compete with a raging pandemic devastating lives, public health systems, livelihoods, and economies all over the world.

It is too early to assess the mental health consequences, only that they are massive, and they are global. According to the World Health Organisation (WHO), the first year of the pandemic saw a 25 per cent increase in prevalence of anxiety and depression worldwide. Especially among health workers, exhaustion has been a major trigger for suicidal thinking.

In the report Drowning just below the surface: The socioeconomic consequences of the COVID-19 pandemic, research from Red Cross Red Crescent National Societies around the world shows that loneliness, fear of infection, death for oneself and for loved ones, and financial worries have all been stressors leading to anxiety and depression. But it also describes how, although the pandemic is global, we have not been equally impacted. Migrants and displaced populations have been disproportionately affected, women much more than men, and an especially vulnerable group has been children.

These chilling factors are not lost on the Red Cross Red Crescent Movement. Another report, the Mapping of MHPSS Activities within the International Red Cross and Red Crescent Movement, shows an increase in Mental Health and Psychosocial Support (MHPSS) activities globally. An astonishing 88,000 staff and volunteers have been trained in Psychological First Aid and 40,000 have been trained in basic psychosocial support in 2021. But the report also highlights that 76% of the Movement identify limited funds for MHPSS activities as a challenge.

This is the context which defined the work of the IFRC Reference Centre for Psychosocial Support (PS Centre) in 2021. More requests for support from National Societies than any time before, but also an increase in trainings and webinars conducted and resources produced by the PS Centre and an enhanced engagement in humanitarian diplomacy. Once again, we came out of the busiest year in the history of the PS Centre.

The world is slowly realizing how much mental health really matters, now the next step is for the world to realize how much MHPSS really costs.

Nana Wiedemann
Director, the PS Centre
The PS Centre consists of 20 staff members and 10 nationalities. The PS Centre is hosted by the Danish Red Cross and located in Copenhagen, Denmark.

Photo: IFRC Psychosocial Centre

THE IFRC REFERENCE CENTRE FOR PSYCHOSOCIAL SUPPORT

A CENTRE OF EXCELLENCE
The IFRC Reference Centre for Psychosocial Support (PS Centre) assists the Red Cross Red Crescent Movement in facilitating mental health and psychosocial support. The PS Centre promotes mental health and psychosocial well-being for affected groups, staff and volunteers, and increases awareness of psychological reactions in times of crisis or social disruption.

The PS Centre works in partnership with Red Cross and Red Crescent National Societies, academic institutions, donors, international humanitarian organisations and other stakeholders to promote and enable the mental health and psychosocial well-being of people affected by adversity.

Through trainings, publications, webinars, podcasts and training videos, the PS Centre enables National Societies worldwide to understand, respond and utilize evidence-based practice in meeting the mental health and psychosocial needs of vulnerable groups.

The PS Centre coordinates closely with the IFRC Global Health and Care Team based at the IFRC Secretariat in Geneva and the Health and Care delegates and MHPSS delegates based at the IFRC Regional Offices. The PS Centre is governed by its Steering Committee, which is advised by the Advisory Group. The PS Centre is hosted by Danish Red Cross.

IFRC REFERENCE CENTRES
IFRC Reference Centres are delegated functions of the IFRC and hosted in various Red Cross Red Crescent National Societies. Their primary functions as “centres of excellence” are to develop strategically important knowledge and practices that will inform the future operations of the IFRC and National Societies in their key areas of interest and influence.
THE FUNCTIONS OF THE PS CENTRE

Advise and guide National Societies to sources of information on community-based mental health and psychosocial support.

Support National Societies in developing their capacity to provide community-based mental health and psychosocial support to vulnerable groups and volunteers through assessment and training.

Develop, translate, and share models, tools and case studies that reflect best practice in community-based mental health and psychosocial support within and outside of the Movement.

Develop the necessary capacity to meet the demand for operational assistance to international mental health and psychosocial programmes within National Societies.

Access external research and make it accessible to National Societies.

Cooperate with other humanitarian organisations providing mental health and psychosocial support to exchange materials and experience, and to avoid duplication.

In Malaysia, more than 62,000 people were affected by heavy rainfall in 2021 causing widespread flooding and landslides. Malaysian Red Crescent have been providing a wide range of relief services including mental health and psychosocial support.

Photo: Malaysian Red Crescent
COMMUNICATING THE IMPORTANCE OF MHPSS

"Advocacy is a core function of the PS Centre. Every day, the PS Centre produces resources, writes articles, conducts trainings, attends conferences or workshops. But this is only interesting if our peers are informed.

Jesper Guhle, Senior Communications Officer

For the PS Centre, it is important to have clear communication channels to stakeholders, whether they are Red Cross Red Crescent national staff and volunteers, other organisations working with MHPSS, academia or policy makers.

“Advocacy is a core function of the PS Centre. Every day, the PS Centre produces resources, writes articles, conducts trainings, attends conferences or workshops. But this is only interesting if our peers are informed”, says Senior Communications Officer Jesper Guhle. “The corona pandemic provided an opportunity to revisit and rethink our communication strategy - and we did.”

In 2020, the PS Centre communication team introduced new formats - podcasts, infographics, and a higher focus on video content. In 2021, the focus has been on increasing the volume without compromising the quality.

“We needed to rethink our workflow. Speed was a priority, if we were going to keep up with our colleagues, especially the Technical Advisors (TAs).”

Part of the solution was structure and detailed Standard Operating Procedures. “Today, whether we are promoting a manual or advertising a training we know what to do, no questions need to be asked. Ironically, it gives us much more room for creativity, to engage in video and podcast projects and support the TAs in the production of guides, infographics etc.”.
But even the new communication structures had to be revised to fit the activity level of the PS Centre. “In 2020, we sent out a newsletter four times a year. Realizing that we had too much content, in 2021 we changed the format to a bi-monthly newsletter. But the volume of content kept increasing, so we changed the format again. By the end of 2021, we sent out a newsletter several times a week.”

An informal structure and a close collaboration with the TAs were the other part of the solution. “The communications team in the PS Centre is a service function. Every day, we assist our colleagues, write articles and social media posts promoting their trainings, resources, webinars etc. - but they also assist us. We can’t produce infographics or write self-care exercises, make videos about Psychological First Aid or podcasts about vaccine hesitancy without the support of the TAs. It’s a symbiotic relationship.”

An example of this symbiotic relationship is the Friday Exercise. “It began as a way for us to wish our peers a lovely weekend on our social media platforms, and at the same time give a small self-care advice. Very much the same advice and the same exercises the TAs give in trainings and in our numerous guides in the PS Centre resource library, but in a format suited for social media. The TAs provide the exercises, we write the text and create the visual, then send it back to the TA for approval. We began posting the Friday Exercise in 2020, and since September 2020 and until today, we haven’t missed one single Friday.”

HEARTBEAT OF HUMANITY

The PS Centre podcast series Heartbeat of Humanity is primarily for staff and volunteers in the Red Cross Red Crescent Movement working with MHPSS services. It explains and discusses different aspects of MHPSS - like scalable psychological interventions, mental health and climate change, youth mental health or pandemic fatigue etc.

So far, the PS Centre has produced 30 podcast episodes, 18 of them were produced in 2021. Listen to the Heartbeat of Humanity podcast on the PS Centre website or subscribe to it on Apple Podcast, Spotify, Google Podcast or wherever you find your podcasts.

IN 2021, THE PS CENTRE had

73,252 online visits and
15,497 resource downloads from the PS Centre website.
12,364 people followed the PS Centre on social media and
2,341 subscribed to the PS Centre newsletter PS News.
23,947 times on pcentre.org and social media
As an IFRC Reference Centre, a centre of excellence, every day the PS Centre receives requests for assistance setting up or managing MHPSS services. The requests vary and cover a broad palette of services - from requests to share training resources over request to tailor-make trainings to fit a specific context to requests to give in-person assistance.

The main recipients of assistance from the PS Centre are within the Red Cross Red Crescent Movement, mainly the 193 National Societies. However, a variety of other organisations outside the Movement - research institutes, government representatives, NGOs etc. - reach out to the PS Centre for guidance or assistance in their MHPSS work.

In 2021, the PS Centre received 2,417 requests from 62 countries. Approximately half of the requests were from organisations external to the Movement and approx. 20 percent of the request were received through the IASC Reference Group on Mental Health and Psychosocial Support, co-led by the PS Centre and the World Health Organization (WHO).
In addition to the man-made crisis, in 2021 Syria also faced severe drought threatening millions of Syrians losing access to water and food.

Syrian Red Crescent volunteers provide psychosocial support as well as other relief for the most vulnerable people.

Photo: Syrian Arab Red Crescent
A core function of the PS Centre: to use conferences, partnerships, and high-level meetings to continuously bring MHPSS on the international agenda.

As an IFRC Reference Centre, strengthening the Movement’s collective response to mental health and psychosocial needs is a priority. However, the commitment to advocate for better MHPSS services extends far beyond the Red Cross Red Crescent Movement.

Through the co-chairing position in the IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings, a group consisting of NGOs, UN and International Agencies and academics, the PS Centre is able to advocate and work for the protection of people’s mental health and psychosocial well-being in an emergency context.

Similarly, through collaborations with universities, governments, research institutes and other humanitarian organizations, the PS Centre continues to advocate for the importance of, but also create new tools for, implementing MHPSS services as an integral part of any humanitarian response.

In 2021, the PS Centre participated in 68 international fora, and had 49 collaborations with 16 universities and 33 organisations.

In 2021, PS Centre Technical Advisor and co-chair of the IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings Carmen Valle-Trabadelo was the co-organiser of a high-level session on MHPSS in Emergencies at the “Mind Our Rights, Now!” Global Mental Health Summit in Paris.

Photo: Mind Our Rights, Now!
IN 2021, THE PS CENTRE participated in 68 international fora as host, facilitator, presenter, speaker or participant and had 49 academic collaborations with 16 universities and 33 organisations.

IN 2021, THE PS CENTRE participated in 68 international fora as host, facilitator, presenter, speaker or participant and had 49 academic collaborations with 16 universities and 33 organisations.

- **February**
  - FOCUS, a research project on integration led by the PS Centre, conducts its first online event: The Living Well Together Forum #1

- **March**
  - PS Centre Technical Advisor Melanie Powell speaks at the IFRC Health and Care Conference, Mental Health and Psychosocial Support: where are we one year after the 2019 Statutory Meetings?

- **April**
  - PS Centre Technical Advisor Ea Suzanne Akasha represents the PS Centre in the European Network for Psychosocial Support meeting about Caring for Volunteers

- **May**
  - PS Centre Director Nana Wiedemann and Technical Advisor Michelle Engels participate in RC3, a conference led by the Red Cross and Red Crescent Research Consortium. Michelle moderates the workgroup on PSC and the new MHPSS research projects

- **June**
  - FOCUS, a research project on integration led by the PS Centre, conducts its second event: Living Well Together Forum #2: Mental Health and Psychosocial Support in Dynamic Integration.

PS Centre Technical Advisor and co-chair of the IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings Carmen Valle-Traudel is a panelist at the Global Mental Health Action Network Annual Meeting.
October
On World Mental Health Day, Technical Advisor Sarah Harrison participates in the high-level round table at the IFRC webinar, Mental health in an unequal world: what brings us together and what sets us apart.

October
PS Centre Technical Advisor Melanie Powell talks about Climate Anxiety in a Red Talk, a livestream event on the IFRC social media platforms.

October

October
Technical Advisor Anouk Boschma participates in the conference Building a connected society: What works for refugees? organized by Institute for Global Health & Development (IGHD), Queen Margaret University, Edinburgh.

June
At the International Symposium on Mental Health in Difficult Situations, organized by the Turkish Ministry of Health and WHO, PS Centre Technical Advisor and co-chair of the IASC Reference Group on MHPSS in Emergency Settings Carmen Valle-Trabadelo speaks about MHPSS in Disasters and Emergencies.

September

November
At the Anti-Personnel Mine Ban Convention, PS Centre Technical Advisor Sarah Harrison explains the role of Psychological Support in Mine Action.

December
PS Centre Project Manager Nathalie Helena Rigall co-leads State of Play, a workshop on the progress of the MHPSS Roadmap organized by the PS Centre, IFRC, Swedish Red Cross, Danish Red Cross and British Red Cross.
THE IASC MHPSS RG consists of 63 member organisations and 53 technical working groups. In 2021, the IASC MHPSS RG had 33 deployments and gave direct support to 21 countries.

PROMOTING INTER-AGENCY MHPSS COLLABORATION IN VENEZUELA

"IASC MHPSS RG supports country-level operations by coordinating services through so-called Technical Working Groups, a structure working with all humanitarian sectors and clusters in a country providing MHPSS services."

Carmen Valle-Trabadelo, Co-Chair IASC MHPSS RG
In November 2021, Carmen Valle-Trabadelo, in her capacity as Co-Chair of the Inter-agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings (IASC MHPSS RG), travelled to Venezuela to assist agencies providing MHPSS across several humanitarian sectors.

The IASC MHPSS RG was established in 2007, and since 2015 the PS Centre has Co-Chaired the group, firstly with UNICEF and then from 2017 with the World Health Organisation (WHO).

“IASC MHPSS RG supports country-level operations by coordinating services through so-called Technical Working Groups (TWG), a structure working with all humanitarian sectors and clusters in a country providing MHPSS services. Venezuela is a country with a lot of MHPSS needs and in the country several organisations provide MHPSS services, but coordination is lacking and that is why they reached out to us.”

The main task of the IASC MHPSS RG is to support and advocate for the implementation of the IASC Guidelines on MHPSS in Emergency Settings developed in 2007. The Guidelines help to plan, establish, and coordinate a set of minimum multi-sectoral responses to protect, support and improve people’s mental health and psychosocial wellbeing in the midst of an emergency.

In Venezuela, a disconnect between the Health Cluster working with MHPSS, led by WHO and the Venezuelan Ministry of Health, and other clusters working with MHPSS like Education, Shelter and Child Protection led to a request from the involved agencies for the IASC MHPSS RG to assist revitalizing the connection between the clusters and support the creation of a cross sectorial TWG.

“There was a lot of Humanitarian Diplomacy involved, as the creation of a TWG can easily be seen as yet another bureaucratic layer in an already complex humanitarian architecture rather than something useful. But we managed to convince the organisations simply by showing that, for example, the health actors in the country didn’t know what the protection actors were doing in terms of MHPSS – and the other way around. We also visualised the benefits of mapping the MHPSS services provided across all humanitarian sectors. In the end, there was a common agreement that a cross sectorial TWG could be a useful tool to meet the holistic needs of families and individuals.”

The coordination structure for MHPSS services is not just an abstract concept. Correct structures such as an inter-sectoral MHPSS TWG means that affected individuals and families are placed at the centre of a response effort and not viewed in sectoral silos. But getting the agreement of all humanitarian actors in the country on setting up a cross sectorial TWG on MHPSS was only part of the mission.

“Of course, we want to create the best possible conditions for the TWG to be a useful tool and therefore, training in the tools provided by the IASC Guidelines on MHPSS along with support creating the initial Terms of Reference, workplan and some ideas on how they can move this forward is part of the package.”

Even after the visit by Carmen, the support continues. “After my return, we made a request to have a six months Dutch Surge Support (DSS) deployment, an MHPSS specialist supporting the set-up of the group and to build capacities.
A HOPEFUL, HEALTHY & HAPPY LIVING & LEARNING TOOLKIT

What life skills do children need to thrive in a post pandemic world? What competencies do they need to train and develop after a long period of isolation from both friends and the institution that used to be the framework of their daily life? How can we, parents/caregivers, and teachers, build the children’s resilience and prepare them for future emergencies, but in a safe and inclusive way? That was some of the questions, the PS Centre set out to address along with two other organisations in A Hopeful, Healthy & Happy Living & Learning Toolkit.

In June 2021, with support from MHPSS.net and funding from Education Cannot Wait, the PS Centre released a resource bundle designed to facilitate support for children, parents/caregivers and teachers affected by the COVID-19 pandemic. The toolkit consists of three resources – each written by a different organisation - a guide for parents/caregivers, a guide for teachers, and an activity guide.

The PS Centre Technical Advisor Ea Suzanne Akasha wrote the guide for teachers. The two other guides were written by authors from The Regional Psychosocial Support Initiatives (REPSSI) and Africa Psychosocial Support Institute (APSSI).

“We cannot underestimate the importance of giving our children a safe passage from isolation to a both academically challenging but also socially complex school day.

Ea Suzanne Akasha, Technical Advisor
“be a fruitful exchange of experiences” says Ea.

The PS Centre contribution, the Teachers Guide, focused primarily on assisting the teachers in their work to help the children back in school. “At this point, we had quite a bit of knowledge from research around the world about what teachers and parents prioritised when the children returned to school. Some adults prioritized academic skills higher than social competencies and the individual ability to handle crisis, while other adults prioritized differently. In our approach, we argue that a focus on academic skills and a focus on social competencies are both important aspects if you want to create a safe and inclusive environment for learning.”

“It was important for us to make the guide easy to use. Rather than a book you are supposed to read from beginning to end, it is a catalogue of exercises the teacher can pick and choose from depending on needs and context.”

A Hopeful, Healthy & Happy Living & Learning Toolkit - a guide to teachers is just the latest resource about coping with COVID-19 produced by the PS Centre. The centre has written more than 20 resources on MHPSS during COVID-19.

“We cannot underestimate the importance of giving our children a safe passage from isolation to a both academically challenging but also socially complex school day. Hopefully A Hopeful, Healthy & Happy Living & Learning Toolkit has eased that passage, at least for some, and will continue to do so, as long as it is relevant.”
In 2019, the International Red Cross and Red Crescent Movement (the Movement) adopted a set of commitments addressing mental health and psychosocial support (MHPSS) needs. These commitments are set out in Resolution 2 of the 33rd International Conference and Resolution 5 of the 2019 Council of Delegates, which includes the Movement policy. The policy and resolutions were operationalized into a Roadmap for implementation which identifies six Priority Action Areas and outlines the outputs and outcomes expected by 2023.

Actors within the Movement established five working groups (WGs) which started their activities in 2021, with around 30 National Societies and other Movement components participating in one or more of them. The WGs enable the Movement to share lessons learned and experience gained from MHPSS activities across the world.

The WGs also started developing a range of tools, resources, and training materials. Their work involved defining the components of a mandatory training course on basic psychosocial support, a validated menu of tools and resources to support National Societies, including assessments, monitoring and evaluation and research, and training content for managers and leaders on the mental health and psychosocial well-being of staff and volunteers.

By the end of 2021, 47 National Societies and other Movement components had been involved in supporting the activities of one or more of the five WGs, ensuring that the impact of the activities reached

“...The most profound achievement since the adoption of the resolution and policy in 2019 has been the worldwide mobilization of Movement components to collaborate, share knowledge and insights, and take action to strengthen MHPSS."

Nathalie Helena Rigall, Project Manager
organisations and communities across the world.

“In 2021, a great number of Red Cross Red Crescent National Societies across the world contributed to moving the Priority Action Areas of the MHPSS Roadmap forward and ensuring an inclusive and action-oriented cooperation. This has happened despite obstacles such as limited resources and funds to MHPSS activities and services throughout the Movement” says Nathalie Helena Rigall, Project Manager in the IFRC Psychosocial Centre.

In 2019, a Movement-wide MHPSS survey provided a critical baseline against which to measure and track progress in operationalizing and implementing the policy and resolutions. In 2021, the Movement conducted a midline survey providing information on progress and areas for improvement for MHPSS.

The results show a positive trend. Movement components are increasingly providing MHPSS services in emergencies and are able to refer people to more specialized mental health services and that the majority of Movement components intend to expand their MHPSS activities.

The focus for the following years will be on the roll-out and dissemination of the tools, resources and training, with special emphasis on ensuring the integration of MHPSS into the working procedures of other technical sectors, Movement systems and processes.

LINKS
A compilation of resources assisting the Red Cross Red Crescent Movement in the implementation of the Roadmap, Resolution and Policy on Mental Health and Psychosocial Support:

The 2021 Movement-wide survey on MHPSS:

A roadmap for implementing International Red Cross and Red Crescent Movement commitments on addressing mental health and psychosocial needs 2020 – 2023:

State of play workshop for the Roadmap implementation:
https://pscentre.org/state-of-play-workshop-for-the-roadmap-implementation/

KEY FINDINGS FROM THE 2021 MOVEMENT-WIDE SURVEY ON MHPSS

88,000 staff and volunteers have been trained in PFA

40,000 staff and volunteers have been trained in basic psychosocial support

76% of the movement identify limited funds for MHPSS activities as a challenge
In 2021, the PS Centre conducted 39 trainings and 24 webinars, conducted 11 workshops and gave 23 presentations and 5 talks.

“I feel very lucky to have done a training like this, I hope we will have more in the future, because I learned so much!”

Erdesa Ziu, Albanian Red Cross
In the summer of 2021, IFRC Psychosocial Centre (PS Centre) Technical Advisor Sarah Harrison travelled to North Macedonia to give a four-day training to staff and volunteers from five Balkan countries in Psychosocial Support in Emergencies (PSiE).

The training was co-facilitated with IFRC’s MHPSS Delegate for the EURO Region. With the support of USAID, the IFRC Europe Regional Office was able to build the capacity of volunteers in the Balkan region (country cluster) of National Societies in various disciplines. One of those areas or disciplines was to equip the five national societies to provide psychosocial support services to people in need after an emergency.

Like most PS Centre trainings, the PSiE training is participatory and interactive by nature and includes roleplays, group discussions, working in pairs, self-reflection type questions and individual exercises. All PS Centre trainings are adapted to fit the socio-cultural background of the participants and the geopolitical context they are conducted in. “Of course, the overall content of the training will stay the same wherever in the world we conduct this particular training, but, for example, the types of case studies used in the training will vary depending on the background of the participants - and the case studies are quite important as the same cases will be used throughout the training, both in the PFA training and the more project management oriented part of the training” Sarah explains.

“In the case of the Balkans, the National Societies predominantly work with natural disasters - flooding, earthquakes, avalanches etc. – and migrants, mainly from Syria and Afghanistan, in transit to other parts of Europe. And that was the kind of case studies we chose to focus on.”

“Some participants were psychologists running counselling hotlines, others were working with persons missing a family member or whose family member’s body had been found in an unmarked grave. Some were doing direct disaster management emergency response work like responding to an earthquake and others were engaged in social care programmes - e.g. working with people with dementia or victims of abuse.”

Role playing is an important tool in the training. “If you are doing an assessment, for example through a focus group discussion with a group of women from a village or by interviewing a family, how will you ask the questions? How will you document? How will you get consent? Etc. Of course, you can learn that through textbook reading, but it is our experience that practice through role playing is a much more effective way to build skills and much more interesting for the participants.”

This approach is a common thread throughout the training, where energizers used to raise the energy level in the room, can also be used as a self-care exercise or a grounding exercise as part of a PFA intervention.

In 2021, the PS Centre conducted more than a hundred trainings, webinars, workshops and presentations.
THE 7 FUNDAMENTAL PRINCIPLES
OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

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

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

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

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

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

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

UNIVERSALITY
The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.
Croatian Red Cross volunteers organize a show for children staying at an emergency shelter in Petrinja. A magnitude 6.4 earthquake struck Croatia at midday on 29 December, 2020. In 2021, Red Cross teams supported people in emergency shelters, giving psychosocial support to more than 1,600 people.

Photo: Nora Peter

Mental health and psychosocial support has continued to have a high priority on the agenda for the global humanitarian community.
Throughout 2021, the PS Centre has maintained strong partnerships with existing partners and donors including the National Societies of Denmark, Iceland, Japan, France, and Hong Kong. Furthermore, the World Health Organization and DANIDA have contributed to the results of the PS Centre in 2021. Also, Horizon Europe, USAID (Bureau of Humanitarian Assistance), Education Cannot Wait and Novo Nordisk Foundation have contributed to research, innovation and material development projects benefiting the global MHPSS community.

In 2021, the PS Centre continued to assist Red Cross Red Crescent National Societies in their efforts to implement the roadmap, policy, and resolution on MHPSS adopted at the 33rd International Conference of the Red Cross and Red Crescent Movement. This initiative was funded by Danish Red Cross.

The total expenditure of the PS Centre for 2021 is DKK 11,147,438 (1,620,013 CHF). It is a 13 percent increase from 2020 (DKK 9,825,886). The detailed financial report is included in the PS Centre Financial Statement, which can be requested from the PS Centre.

**FINANCIAL STATEMENT**

IN 2021, THE TOTAL EXPENDITURE of the PS Centre was 1,620,013 CHF. It is a 13% increase from 2020, which was 1,418,435 CHF.
THE PS CENTRE TEAM

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CONTRIBUTING TO A SUSTAINABLE WORLD

The Sustainable Development Goals (SDGs) are a collection of 17 interlinked, universal set of developmental goals designed to promote and combat urgent environmental, political and economic challenges that our world faces today. The PS Centre conducts trainings, publishes resources and disseminates critical information to support and ensure mental health and psychosocial support services throughout the world, thereby contributing to and addressing the following SDGs:

#3: GOOD HEALTH AND WELL-BEING
The PS Centre works to strengthen the resilience and well-being of individuals, families and communities who are recovering from and adapting to various adversities that have potentially damaging long-term impacts.

#4: QUALITY EDUCATION
The PS Centre publishes resources that promote mental health and psychosocial care for children in educational settings. Various publications are designed to assist teachers, caregivers, and parents in addressing MHPSS needs for children in emergency settings.

#5: GENDER EQUALITY
The PS Centre works to close the global gender gap by empowering affected women and ensuring equal access to mental health services worldwide, as well as addressing prominent issues such as sexual and gender-based violence through trainings and online resources.

#13: CLIMATE ACTION
The devastation of climate change and natural disasters has left hidden mental wounds around the world. The PS Centre addresses the impact of natural disasters on the mental health of affected individuals and communities through trainings, webinars and publications that are distributed globally.