www.ifrc.org
Saving lives, changing minds.

Health
Annual Report

International Federation of Red Cross and Red Crescent Societies

MAA00001

30/APR/2014

This report covers the period 01/Jan/13 to 31/Dec/13.

CVTL volunteers conduct a first aid training as part of the Community Based Health and First Aid project in Bitirai, Timor Leste. Red Cross volunteers play an important role in bridging communities and health services, especially in rural areas. Victor Lacken/IFRC.

Overview

The health team continued to work within its four-year long term planning framework (LTPF) 2012-2015, making solid progress in through its strategic operational framework (SOF) that is aligned to the strategic aims and enabling actions of Strategy 2020. Additionally, the health department LTPF and logframe are aligned to the IFRC's Secretary General's objectives and priorities reflected under five business lines.

Over the reporting period, secretariat health staff have continued to support National Societies (NSs) based on the above mentioned global strategic direction, as well as on NSs' expressed needs, strengths, and capacities.

Secretariat Health department provided guidance and leadership by supporting NSs technically through policies, strategies, guidelines and other tools. The secretariat health department invested as well actively in capacity building of NSs in the field of health through workshops and trainings and through active knowledge sharing, e-learning, online platforms and discussion fora. It supported NSs financially, allowing them to increase their capacity to deliver programmes to beneficiaries. In this process, the secretariat health team ensured programme technical quality and financial accountability.

More specifically, during the reporting period, the health department has continued to work together as a global health team - despite some challenges - ensuring harmonization of strategic approaches

and knowledge sharing. The team developed new tools on noncommunicable diseases (NCDs) and violence prevention, worked on data collection tools and their adaptation to emergency settings and developmental programming, discussed potential mhealth solutions for community health and MNCH, developed concepts and proposals for HIV testing and treatment, and developed tools and conducted evaluations of MDR TB projects in four countries. Cross-cutting discussions included health inequities, resilience building, universal health coverage and the post 2015 development agenda.

Working in partnership

The health team maintains and further develops a wide range of partnerships. This includes global positioning, coordination, relationship management and technical support in a number of global initiatives, such as the Global Water and Sanitation Initiative (GWSI) or the global malaria programme. In many instances, the team took a leading role in positioning the IFRC within key health partnerships among civil society organization platforms. For example, the IFRC is currently chairing the Alliance for Malaria Prevention partnership and vice-chairing the GAVI civil society constituency. We are also part of the Strategic Advisory Group of the Global WASH Cluster and of the UNAIDS Treatment 2015 initiative. The Health Department is represented in the Global Health Cluster and its Core Group, in the Global Working Group for Foreign Medical Team standards, in the Global Outbreak Alert and Response Network, and in the International Coordination Group for Meningitis, Yellow Fever and Cholera Vaccines. The Health Department continued its support to the operational capacity of the Red Cross Red Crescent Partnership's Secretariat together with Italian Red Cross and Villa Maraini in Rome as well as various regional HIV and TB networks. An agreement between IFRC and UNHCR is in place, setting the path for development of the public health information system (powered by TWINE), coordinating the priorities of new functionalities and cost sharing of future development of the platform.

In addition to our primary partners comprising Red Cross Red Crescent National Societies as well as our traditional partners such as the World Health Organization, different UN organizations, private sector and various government agencies, the team has initiated and developed partnerships in order to come closer to its strategic operational goals, continue to implement successful health programmes, improve on quality, ensure longer term gains and sustainability, and scale-up health activities. Such new partnerships include the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA), Lilly MDR TB Partnership and Eli Lilly Foundation, United Way Worldwide, Stop TB Partnership, the Global Fund to fight AIDS, TB, and Malaria, UNAIDS, UNITAID, UNODC, the International HIV/AIDS Alliance, the Partnership for Maternal, Newborn and Child Health, new multi-year WatSan partnerships with Jaguar/Landrover and Nestle. We continue our consortium partnership with Oxfam and WASTE through the Emergency Sanitation Project.

The IFRC co-organized and co-hosted with WHO a Technical Policy Workshop on Innovations for Sexual and Reproductive Health Technologies in Humanitarian Settings in April in Geneva.

Progress towards outcomes

Business line 1: Raise humanitarian standards

OUTCOME: *Uplifted thinking that inspires and underpins our services to maintain their relevance in a changing world, along with increased magnitude, quality, and impact.*

Health Outcome 1.1: National Societies have the technical support and knowledge to implement quality health programmes

- **Health Output 1.1.6**: New technologies are tested to ensure continuous improvement of health programming

Realist evaluation approach: The community health team of IFRC worked jointly with the volunteering department and in partnership with the Graduate Institute of International and Development Studies (IHEID) in Geneva to research the following question: How and where can the IFRC enhance the role of volunteers in community health? Three graduate students conducted the first steps to answer this research question by undertaking a desk review and virtual fieldwork. This included a survey of the literature on lay health workers in general, interviews with CBHFA volunteers, an analysis of the information gathered using a context-mechanism-outcome framework (realist evaluation), and the creation of preliminary hypotheses. These hypotheses helped build the theory that will be tested in the field over the next few years and will serve as a theoretical foundation for the IFRC's research and learning agenda on the CBHFA, community health, and volunteers for years to come. Details on the literature review and the realist approach can be shared upon request.

HIV testing and treatment: One of the learning objectives in HIV is in the area of HIV testing and treatment and the role of volunteers and task shifting in community volunteer engagement in HIV. To further operational research and learning in this area, the team engaged in the development of applications to UNITAID in partnership with the London School of Hygiene and Tropical Medicine (LSHTM) to scale-up access to HIV testing and treatment through the mobilisation of RC volunteers and PLHIV networks in Malawi and Kenya; IFRC and UNAIDS are collaborating together with the Nigeria RC and the Democratic Republic of Congo in a funding proposal for accelerating HIV testing and treatment in two states through community based service delivery models. IFRC and partners propose a programme with the goal of reducing HIV transmission, and HIV-related morbidity and mortality through market-through community-based approaches. The project brings innovation, evidence-based research, guidance, and policy and advocacy, together with in-country community-based implementation aimed at increasing universal access to HIV testing. The operational research will demonstrate the effectiveness of this model, and will shed light on volunteer task shifting, the role of RC volunteers. Qualitative work will be conducted among client subpopulations to explore key questions around acceptability to testing, uptake, and linkage to care.

Platform for health information management, data visualization and analysis: The Health team has had special focus on bringing the health information management in emergency operations to the 21st century. After a technical analysis, the public health information system of UNHCR called TWINE was chosen for proofing of the concept and testing the compatibility with RAMP and other Digital Data Gathering tools. TWINE is a user-interface and data visualisation tool that increases access, discoverability and decision making process for emergency health information in UNHCR. Consultation with UNHCR has resulted in a full agreement to share the 'code' for the TWINE website with IFRC at no cost. The scaffolding of the system and its gateways to other systems took place in 2013 and further development in 2014 will show a functional platform with an IFRC visual identity, with survey tools based on Red Cross Red Crescent programs.

Consultation within the movement also occurred with the website being demonstrated at ERU technical working group meeting, with the ICRC, and the Africa CBHFA conference and by teleconference with Asia Pacific.

Investigation in to duplication and overlap with other internal systems was also completed , with engagement with the SIMS project, DMIS review, developers of RMS and the Americas zone on ODK roll out. The result of this investigation is that TWINE does not overlap with any of the systems although there are a number of synergies that should be highlighted and exploited to ensure the systems can 'talk' to one another and share information.

mHealth for community health discussion paper: A discussion paper on mobile health (mHealth) for community health was developed to document key brainstorming points related to mHealth solutions needed to improve and support IFRC community health approach. mHealth and technology will help in two ways, first in an evolutionary way to improve what we are doing already (e.g. survey, volunteer supervision and support, etc.) and also in a revolutionary way by allowing us to do things we were not able to do before (e.g. connecting volunteers and beneficiaries online, reaching people which we were not able to reach, crowdsourcing of new techniques in behaviour change etc.).

Work with academia: The health team continued to work with academic institutions such as Geneva University on evaluation of MDR TB projects, and engagement with Johns Hopkins and Harvard on emergency health.

Research and evaluation of TB projects: During 2013, the IFRC initiated research and evaluation of the UWW/Lilly Foundation-supported TB projects in 7 countries during 2 years period – 2013 and 2014, examining the Red Cross Red Crescent projects in the areas of:

- programme design;
- technical competence of community-based activities;
- monitoring, reporting and documentation;
- advocacy;

- promotion and replication of Red Cross Red Crescent activities.

In 2013 the first phase of the evaluation took place in Armenia, Azerbaijan, Georgia and Kazakhstan. Summary findings/recommendations include:

- Continue to keep 'tuberculosis' high on the agenda of the IFRC – call for a discussion at different levels – global and country and strategically look into the advantages of Red Cross and Red Crescent in MDR – tuberculosis control .
- The collaboration between the government TB-programs and National Red Cross Red Crescent Societies is successful, innovative and promising.
- Further Promote Red Cross and Red Crescent role in tuberculosis – learn lessons – challenges and mechanisms to improve, role of dynamic community members in adherence and psychosocial support; unique position of community-based organisation like Red Cross and Red Crescent in tuberculosis control.
- The longtime neglected area of psychosocial support needed to improve the adherence of a patient especially with a chronic condition, is fully implemented. All concerned partners strongly appreciate this dimension as a crucial incentive to avoid drop-out and/or to uptake relatively fast the care program after a treatment interruption.
- Sustainable implementation represents a key challenge. That means that a program should invest in training – targeting its employees, but as well the patients and their families.
- The mechanisms explaining the recruitment of even the most vulnerable and the most hard to reach patients, should become the rule for a national TB/MDR-TB program.
- Continue working closely with partners/stakeholders – identify projects with good examples of working with community organisations and promote in other projects.
- Initiate regular information exchange amongst dynamic project staff (TB, MDR TB inclusive).

The WatSan team continue to promote the use of 'look back' studies to better measure impact and sustainability in long-term GWSI projects. A study was completed in Nepal and another 5 studies are planned. When we have a significant number of studies completed, a meta-analysis would be the next step.

Furthermore, the Emergency Sanitation Project is developing and testing new technology for sanitation in emergency response which will be available to National Societies and the wider WASH sector.

Other studies/research:

- Technical review of community based vector control
- Study on the remuneration of volunteers in emergencies;
- Operations research activities on the effectiveness of referrals initiated by community-based volunteers (within the Kenya MNCH project) and on the differences in reporting of health

data at health facility versus community levels (in Burkina Faso);

Business Line 2: Grow Red Cross Red Crescent services for vulnerable people.

OUTCOME: *Increased share of consistent and reliable Red Cross Red Crescent action in support of communities affected by disasters and crises.*

Health Outcome 1.1: National Societies have the technical support and knowledge to implement quality health programmes

The emergency health team started the development of digital data gathering tools in addition to emergency guidelines utilizing RAMP; the development of a comprehensive PHE Learning Sytem continued with the technical implementation of a modular, scenario-based, interactive and self-guided e-learning course in public health in emergencies, available for free on IFRC Learning Platform.An integral part of the learning system is thedigital version of the IFRC and Johns Hopkins Bloomberg School of Public Health publication “Public Health Guide for Emergencies”. The last component of the Learning System – the eLibrary – will be implemented during 2014.

Adaption of RAMP for emergencies: The use of RAMP technology in emergencies has been field tested and the benefits have been proven. However there are a number of obstacles to ensure rapid roll-out of digital data gathering technology in sudden onset emergencies, including the need to have hardware (phones) set up and available, and creation of survey and expertise for analysis of data.

Significant progress has been made on tool development including new guidelines for emergency sampling methodology, new guidelines on emergency behaviour change and adapting KAP guidelines for emergency use.

In addition, a consultancy was undertaken to explore the role of SMS data technology (using RAMP) for early warning systems in health care. A report exploring the value of community based disease surveillance (CBDS) was produced highlighting the potential pitfalls and benefits of such a system. Expertise in epidemiology was used to configure the analysis paradigm for use in outbreaks and the system is awaiting field testing in the next outbreak. Draft guidelines are in production and are awaiting full field test before finalization.

Water and sanitation in emergency response continues its focus on eroding barriers between elements of the Red Cross Movement’s surge capacity and ensuring we are able to provide a consistent quality of response in a variety of emergency scales and contexts. We are promoting joint training and deployment of ERU and RDRT personnel, advocating with partners about the support to WatSan Kits, training, and technical support, and working to expand the capacity of ERUs.

The Geneva Health Team led the work of the ERU PNS consortium assessment and planning mission to Jordan with the objective of establishing a secondary level hospital for Syrian refugees in

Camp Azraq. After verifying the humanitarian need and securing the funding for 2 years, the modified ERU hospital in a semi-permanent structure was established. The Jordanian authorities set the opening of Camp Azraq to 29 of April 2014.

Business Line 3: Strengthen the specific Red Cross Red Crescent contribution to development

OUTCOME: *Appropriate capacities built to address the upheavals created by global economic, social, and demographic transitions that create gaps and vulnerabilities, and challenge the values of our common humanity.*

Health Outcome 1.1: National Societies have the technical support and knowledge to implement quality health programmes

- **Health Output 1.1.1:** Relevant and evidence-based tools, guidelines, and information are available.

Healthy lifestyle/NCDs: Instead of developing new vertical programmes, IFRC proposed to integrate noncommunicable diseases (NCDs) into existing programmes. In a first step to support National Societies in implementing NCDs activities, the IFRC has developed a 'Healthy Lifestyle module' which can be integrated in CBHFA or any other suitable programme. The focus is on primary and secondary prevention through healthy lifestyle at community level. A draft was completed in 2013 following an 18 months desk review, consultation and pilot testing with 14 NSs. The NCDs module is due to be completed in early 2014, then translated into Arabic, Spanish and French and disseminated to over 40 National Societies during the course of 2014. Indicators were developed for NCDs based on the WHO global monitoring framework for 2025, as well as a questionnaire added to CBHFA Planning Monitoring, Evaluation and Reporting (PMER) toolkit.

MNCH framework: The MNCH framework was developed in 2012 after an extensive consultation with National Societies and the zones. During 2013, the MNCH framework was translated in IFRC official languages and disseminated, and a mapping of MNCH activities across NSs was initiated. The above led to the conceptualisation of the research and design approach, and identification of operational needs for 2014 to operationalize the framework.

HIV Community Based Service Delivery Model: With a growing recognition of the role of volunteers in HIV prevention, testing, treatment and retention, the health team has responded to NS interest and request to develop guidance on the role of volunteers across the HIV/AIDS Treatment Cascade. A community based service delivery model guidance document will assist NS in both identifying the role that RC volunteers can play and provides guidance on 'how to' support HIV/AIDS efforts beyond prevention, social mobilization and stigma reduction. In 2013, the document was drafted in partnership with GNP+, UNAIDS and other partners to support AIDS treatment expansion as part of the UNAIDS treatment 2015 partnership deliverables. This document will be disseminated to all NS, used in trainings, and launched at the International AIDS Conference in July 2014.

IFRC Global HIV programme strategic and operational framework: In 2013, the HIV team undertook an extensive evaluation of the Global HIV Programme, which had ended in 2012. The lessons learned of this evaluation were disseminated to NS and within IFRC at all levels. The membership responded with the need to develop a framework to guide IFRC and the NS going forward in the area of HIV/AIDS.

The HIV team began a consultation process with NS, partners and other technical organizations to provide strategic direction and focus on the IFRC's HIV work. This process included virtual and face to face meetings with NS, zones and regions. The new IFRC HIV strategy was developed through a workshop (September 2013), which brought RCRC representatives from around the world and major global actors (WHO, GNP+, GFTAM) to discuss the findings of the Global Alliance on HIV evaluation and implications for the new IFRC strategic approach to the global HIV response. Participants reiterated the commitment towards the UNAIDS 'getting to zero' vision by improving access to HIV prevention, treatment, care and support focusing on the most vulnerable populations. This framework supports the learning agenda, task shifting, and strengthens the support that IFRC will provide to NS in the area of HIV.

Tuberculosis: The health department partnered with other key stakeholders to develop guidelines and toolkits not only for National Societies, but all other partners working in TB at community level:

- Best practices in MDR TB – together with WHO European Office
- Performance toolkit for TB grants with a focus on human rights issues, initiated by Global Fund
- Working on civil society role in TB control through "challenge facility for civil society" proposals – together with Stop TB Partnership

Malaria: Finalized and disseminated the Cross River State report "Fighting malaria with bednets – the drive to universal coverage in Cross River State, Nigeria";

The Global Water & Sanitation Initiative (GWSI) undertook an updated mapping exercise which confirmed that it is 'on track' to reach its goal of serving over 15 million beneficiaries by December 2015. This is three times the original target set in 2005. GWSI has now been extended for a further 10 years tom 2025 with a new cumulative target to reach 30 million beneficiaries by that time. GWSI has mapped over 450 projects worldwide in 80 countries and has 104 RC/RC National Societies engaged.

Emergency Health: The training portfolio was increased with a 5-day scenario-based classroom training on nutrition in emergencies, cholera and RAMP, supported by eLearning. This links seamlessly to the PHE Learning System and the PHE Competency framework.

Concern papers: In May-June 2013, the health team drafted for the Sustainable Development and Health Advisory Body (SDHAB) a number of concern papers on the following issues:

- Maternal, Newborn, and Child Health
- Noncommunicable disease
- Water and Sanitation – Getting The Balance Right
- Active Ageing
- Implication of Drug Trafficking on Development

All five papers were presented by the SDHAB and adopted by the IFRC Governing Board in September 2013.

- **Health Output 1.1.2:** A relevant and consistent set of trainings, workshops, seminars, as well as direct technical support enables National Societies to improve their health programmes.

The health team continued to develop its e-learning platforms, particularly in community-based health and first aid and emergency health. Additionally, a concept for an induction/onboarding programme for health delegates was developed. The concept will include an online learning course in addition to other approaches that foster critical thinking and participation in the development of global strategic frameworks, policies, and other guidance with all members of the Global Health Team.

In 2013, and to increase its reach, IFRC translated the CBHFA e-learnings into French and Spanish (to be available in the April 2014). IFRC developed dissemination plan, videos to promote the e-learning, as well as brochures and flyers in English, French and Spanish. By the end of 2013, 2,220 staff and volunteers registered to follow the CBHFA e-learning with a completion rate of 42% (the average rate for online training is usually less than 10%) from participants coming from 96 countries.

Two Global Health Team meetings were organized over 2013 (April & November) where participants shared important updates and relevant information. Substantive discussions were conducted and included presentations and peer reviews on the long-term visions for the different health programmes, resilience based health programming, accountability and metrics for the Global Health Team, scaling-up programming and the community health workers initiative, the vision for community health in 2020. Senior health advisors from the Stockholm Group were invited to contribute to substantive discussions.

Several workshops, trainings and meetings were conducted to share experiences among NSs and to provide training on key areas such as PMER, NCDs, violence prevention, and behaviour change. Participants reflected on successes and challenges and discussed strategic plans for future programming. Global/zonal workshops conducted:

- CBHFA delegates training: Finland 24-27 January 2013

- NCDs Master Facilitator Pilot training (14 NSs): Malaysia, 8-11 April 2013
- CBHFA workshop for Asia Pacific (21 NSs): Sri Lanka, 1-5 October 2013
- CBHFA lessons learnt workshop for Afica (18 NSs): Ghana, 22-26 October 2013
- NCDs workshop for East Asia (3 NSs): Mongolia, 22-25 October 2013
- CBHFA workshop for Americas (24 NSs): Panama, 18-21 November 2013
- CBHFA Global Meeting (22 NSs): Geneva, 2-4 December 2013
- NCDs Global Meeting (15 NSs): Geneva, 5-6 December 2013

The HIV/TB team provided technical support to

- Capacity building on HIV testing and treatment; Cape Town December 4-8 (5 NS)
- Orientation, sponsorship and capacity building through engagement in the International Conference on HIV and STI's in Asia Pacific (ICAAP) and for sub-Saharan Africa (ICASA) on December 8-14th (7 NS)
- Capacity Building and sponsorship to present at the Treatment As Prevention Workshop; Vancouver BC April 1-4, 2013 (3 NS)
- UNAIDS and IFRC global, regional and country staff came together in Nairobi, Kenya (February 4-8) , with the goal to create an IFRC-UNAIDS approach and partnership to implement the 2011 High Level Meeting target for testing and treatment in select African countries. Out of this meeting, we developed a work plan to undertake a joint partnership with the aim to invigorate and revolutionize access to treatment to achieve universal coverage via three strategic work streams:
    - Mobilize global and national political "will" and country engagement;
    - Undertake a learning agenda for the development and scale-up of innovative community-based delivery models in high burden countries;
    - Engage in global advocacy and policy to promote community and NS engagement in testing treatment;
    - Promote a supportive environment among individuals and communities to access treatment and prevention services.

TB and Harm Reduction specific support included:

- Organised a workshop with 4 Societies and Europe Zone on development of evaluation tools for TB programmes
- Together with Italian Red Cross organised 2 steering committee meetings of the Red Cross and Red Crescent Partnership on Substance Abuse
- Supported ERNA annual meeting and developed the draft regional strategy on migration and TB/HIV

- Organised and co- facilitated 2 workshops in harm reduction at Villa Maraini.
- Support provided to Russian Red Cross and South African Red Cross in development of MDR TB proposals to Lilly Foundations. Programmes in both countries approved by end 2013.
- Extensive support provided to Country Support Team for Niger for round 10 TB grant with trips and development of technical documents.

Consultations were undertaken with the IFRC Africa Zone, regions and 9 NS to identify opportunities and interest in engaging in HIV testing and treatment efforts. Based on the NS that indicated their interest, the health team supported the NS's to conduct country assessments in four countries (Nigeria, Kenya, Malawi, DRC, Zambia) to analyse their epidemic, partners, and to develop clear areas of work. These consultations and assessments resulted in 2 NS submitting proposals to UNITAID and another NS submitting a proposal to UNAIDS and PEPFAR for funding HIV programming.

The Emergency Health team provided training support to the FACT training in Montenegro, Norwegian RC ERU training, RAMP training in Sierra Leone, Masters in Humanitarian Health at University of Geneva, Canadian Red Cross ERU training, Masters course in Humanitarian Assistance at Ecole des Hautes Etudes en Santé Publique in Paris, German Red Cross ERU training, Ghana CBHFA workshop, Public Health in Emergencies Advanced in Berlin, PHD course in disaster nursing at Japanese Red Cross College of Nursing, among others.

We provided direct technical support to the Mozambique flood operations and the Typhoon Hayan operation in the Philippines. Geneva WatSan personnel participated in a joint RDRT-ERU training in Bandung, Indonesia, ERU trainings in Germany and the UK, and the Netherlands Red Cross Serious Request planning workshop.

- **Health Output 1.1.4:** Sets of tools and guidelines common across technical health areas are available.

Task shifting & Community Health Workers initiatives: The health team drafted a concept paper on task shifting as an cross-cutting area of work which is being rolled out across CBFHA, MNCH and HIV/AIDS. The paper presents the relevance of task shifting for National Societies and their volunteers, the conditions and limitations under which it can be implemented in countries where the regulatory context on delegation of health related tasks is unclear, and the potential risks to National Societies if task shifting is implemented. Various policy discussions took place around global CHW initiatives with key National Societies and programmatic implications - e.g. compatibility with resilience programming, CBHFA and MNCH framework. We are following the global initiatives around CHW expansion, integrated community case management and health workforce promotion (of which volunteers are a part). During 2013, this involved a policy meeting on CHW in Panama, and meetings in Geneva around CHW initiative to discuss the specific issues of sustainability,

scale, mHealth, systems strengthening and the capacity requirements of National Societies. The operationalization of the MNCH framework will take these issues into account.

In HIV, task shifting is the focus of our guidance and capacity building efforts. IFRC has partnered with UNAIDS on the Treatment 2015 Initiative, to rapidly accelerate and advance global HIV testing and treatment through innovative community approaches. As such, IFRC is positioning itself as an organization to work through community health workers and trained RC volunteers to task shift and augment their role in HIV through the following areas:

- Working with the formal health system linking clients to available services
- Task shifting the uptake of service delivery
- Mobilizing communities and contributing to HIV prevention, care and support, ART treatment and retention
- Reaching vulnerable communities and hard to reach populations, and
- Monitoring, case identification and community surveillance.

The health team has been working very closely with NS, partners and other technical agencies to develop guidance, technical assistance for NS as well as global policy and advocacy efforts to showcase the work of NS in this important area.

Linking community health and emergency health: IFRC has drafted during 2013 a guidance note on linking community health with emergency health. With the vision of supporting communities and people in building resilience, RCRC community health programme teams strive to address emergency health preparedness and response after a crisis. Around 95 per cent of lives saved after a disaster are by local people, despite the fact that in much of the world, these first responders have little or no access to life-saving information and technologies. CBHFA or community health volunteers are among those who are the most familiar with the landscape in the communities they serve and thus form the critical link between emergency health teams and the affected communities.

Since local volunteers are at the core of CBHFA activities, they are the key to bridging long-term programming and emergency health response. Community health volunteers have been engaged in emergency response in informing assessments, making the community aware of health issues, providing basic first aid and distributing mosquito nets and hygiene kits. During emergencies, the health needs of a community shift and increase – with some technical considerations that are unique to an emergency, including epidemic response, clinical and surgical support and psychosocial support.

While these activities may involve additional inputs and resources such as technical health expertise in areas that would help minimise the rate of morbidity and mortality, the vehicle for providing services to and inputs from the community should be the CBHFA approach and community health volunteers. The tools employed through community health volunteers allow for the community to take part in the planning and/or response activities empowering communities to take charge of their

own health. This collaboration between community health and emergency health teams leads to appropriate recovery programmes once the initial threats of the disaster have passed.

Statutory Meetings policy discussions:

- **Health inequities** with a focus on women and children: mid-term review (2011-2013) of International Conference resolution 6 implementation (see 2014 MNCH workplan for survey findings, conclusions and action points). The mid-term review survey on the implementation of resolution 6 showed that National Societies and State Authorities are implementing programmes and policies that decrease health disparities, mostly by providing much needed health resources to vulnerable groups. We noted National Societies have much to gain by working more closely with their public authorities to promote health inequities in their country. They would, in the process, strengthen their expertise in interpreting national health policies with an equity lens, i.e. focusing not just on providing health services to vulnerable groups but also addressing specific social and regulatory barriers that cause the health inequities they aim to tackle. Resolution 6 provides both the opportunity and the framework for action. We also recommended for the 2015 four year review, that National Societies and their State Authorities focus their narrative report on the results relative to each article or action point.
- Over 2013, the Health team actively participated in the preparation of the **IFRC declaration Post 2015**, adopted by the RCRC General Assembly and Global Youth Conference as a solid foundation for National Societies to initiate a conversation with their governments on development priorities, aiming to ensure that 1) their government's voice in the UN-led process bring support to the IFRC agenda, and 2) the NS is eventually positioned as a key partner to its government in the deployment of development activities in the country. Health aspects of the Post 2015 declaration include health inequities, Universal Health Coverage, MNCH, and access to water and sanitation.
- **Disability inclusion**: People with disabilities, in particular those with intellectual disabilities, face discrimination, are often denied human rights and inclusion in their communities, and experience more poverty and worse outcomes in terms of health, education and employment, compared to the general population. During 2013, the health team worked with the Principles & Values team, the ICRC, and a number of National Societies (the Agra Group) in the preparation of a workshop on people with disabilities at the Council of Delegates 2013 where a resolution was adopted. Discussion will continue during 2014 for the development of a Movement Strategy in the lead up to the next International Conference.
- Similarly, the health team continued to engage with the ICRC on the **Health Care in Danger** file at various levels, including the preparatory work of the Health Care in Danger workshop at the CoD.

➢ **Health Output 1.1.5:** Sets of cross-sectoral tools and guidelines are available.

Gender mainstreaming: In consultation with National Societies, IFRC developed in September 2013 a guidance note on integrating gender and diversity into community health. The case studies and practical guidance included in the note will enable Red Cross and Red Crescent programme

managers, staff and volunteers, to draw on lessons learned and advocate for integrating gender and diversity in community health programmes. The checklist will aid programme managers and staff to design, implement and evaluate community health programmes that are gender- and diversity-sensitive. Doing so will contribute to reducing health inequities and create healthier and more resilient communities. The document was translated to French, Spanish and Arabic and disseminated to NSs. The Gender Guidelines for water, sanitation and hygiene promotion - originally in English - was translated and disseminated to all NS's in the other three official languages, Spanish, French and Arabic. The next step is to include gender marking in WatSan programming, which aligns with other efforts by the IASC and other WASH players internationally.

Violence Prevention: A new module on violence prevention was developed as part of the CBHFA approach aiming to help NSs adapt, implement, monitor and evaluate activities to prevent interpersonal violence as part of their CBHFA programming. This module is considered to be module number 9 of CBHFA and it followed the same CBHFA structure of having volunteer manual, implementation and facilitator guide and community toolkit. Indicators and questionnaire were developed for violence prevention and added to CBHFA Planning Monitoring, Evaluation and Reporting (PMER) toolkit.

Business Line 4: Heighten Red Cross Red Crescent influence and support for our work

OUTCOME: *Evidence-based humanitarian diplomacy conducted to draw attention to the causes and consequences of vulnerability, giving voice to vulnerable people, and demonstrating the value of Red Cross Red Crescent humanitarian work and leadership.*

Health Outcome 2.1: Key global health issues are influenced in accordance with RCRC mandate.

- **Output 2.1.1:** Key global health issues in accordance with RCRC mandate are addressed in international fora.

World Health Assembly (May 2013):

- Plenary statement on Universal Health Coverage and technical interventions on Polio, NCDs, health emergency and Water & Sanitation.
- Side event during the 66th WHA on volunteerism and Universal Health Coverage (dedicated web page, call to action paper, tools for NSs to advocate, Op Ed, stories and blogs); The event was organized by IFRC and other organizations to highlight the role of volunteers in health. Several stories from NSs work in CBHFA and other areas were shared.
- Head of health department participated as a panel speaker at the Mental Health side event organized by IFPMA
- Developed anti-tobacco reactive lines.

Global Platform for DRR:

- Head of health department participated as a speaker at the Towards A Safer World side event during the GPDRR

ICAAP

- Members from throughout the Red Cross Red Crescent Movement participated in the 11th International Congress on HIV/AIDS in Asia and the Pacific (ICAAP) in Bangkok, the largest HIV conference in the region, highlighting innovative ideas, knowledge and practices they are using to address the HIV epidemic. IFRC chaired a symposium entitled '*From science to community*' which brought community volunteers, researchers and political leaders to the stage to share their experiences of how the width, depth and diversity of the Red Cross Red Crescent HIV response in the Asia Pacific region is helping to transfer scientific knowledge to local communities, reaching the people who need it most, with Red Cross Red Crescent workers and volunteers gathering research from within the communities they are serving, in turn helping to improve the scientific knowledge that helps to improve the HIV response.

International AIDS Conference for Africa

- On the side of the International AIDS conference for Africa (ICASA) in Cape Town, IFRC organised a Rapid Scale-up of Community Based HIV Testing and Treatment writing Workshop for NS of Kenya, Malawi and Nigeria in partnership with UNAIDS, the LSHTM and GNP+.
- Capacity Building of NS through the ICASA conference and sessions.

➢ **Output 2.1.2:** Reference materials for effective advocacy on health issues are available.

Key Communication & Advocacy:

- Health corporate communications package - Health corporate folder, including 13 corporate brochures completed and distributed. The brochures have been complemented by communication material prepared for the General Assembly (DVDs, USBs, bags and calendar);
- '**Equitable access to health**' defined as the overarching communications and advocacy framework, as part of the Universal Health Coverage Global agenda, and validated during the Humanitarian Values and Diplomacy Global meeting, as part of the five identified IFRC re-positioning initiatives;

Health Outcome 2.2: RCRC 's work is recognized in International fora

➢ **Output 2.2.1:** National Societies' individual work is recognized in scope, scale, and quality

Several CBHFA case studies were developed during 2013 to promote the learning from NSs in their community health activities. Case studies were collected from: Ireland, East Timor, Philippine, Afghanistan, Uganda, Honduras, Qatar, Sri Lanka, Tuvalu, Haiti, India, Kenya, Pakistan, and Sierra Leone.

➢ **Output 2.2.2:** The RCRC's collective work is recognized

- World Volunteer Week (World AIDS + Volunteer Day) campaign was successfully prepared

and launched on 29 November, building on the overarching theme of volunteers and access to health. A communications package was created as a joint effort with the Youth and Volunteering Department. Estimated social media reach: 893,289 accounts;

- Volunteerism and Universal Health Coverage: Side event, dedicated web page, Op Ed published in the Guardian and 6 CBHFA case studies transformed into web stories;
- CBHFA advocacy and institutional videos on Ireland and Timor-Leste have been completed and disseminated, as part of the World Volunteer Week;
- World First Aid Day: Prepared a complete package of materials for NSs to use in their markets, including visual identity tools for long-term campaigning on First Aid (video animation, web banners and letterhead), and written tools centred on the main theme for 2013, namely road safety;
- World Water Day: A campaign highlighting the collective efforts of NS's under the umbrella of GWSI and its contribution to the MDG's by 2015 and 'beyond' 2015 to 2025 was a feature in various media outputs on March 22nd.

Business Line 5: Deepen our tradition of togetherness through joint working and accountability

OUTCOME: *More effective work among National Societies through modernised cooperation mechanisms and tools, and a greater sense of belonging, ownership, and trust in our International Federation.*

Health Outcome 1.1: National Societies have the technical support and knowledge to implement quality health programmes

- **Output 1.1.3:** Relevant quality standards and monitoring frameworks with their implementation and reporting guidelines are available.

CBHFA PMER toolkit: Since 2011, the IFRC has promoted a CBHFA Planning Monitoring Evaluation and Reporting (PMER) toolkit. The objective of the toolkit is to help NS and CBHFA managers to effectively plan, implement and report community health programmes. The PMER toolkit was reviewed in 2013 and included desk review, consultation with 35 NSs and interview with 16 NSs to learn from their experiences on using the tools and better understand their needs. Over 67% of NSs used the tools. The CBHFA mapping of 2012 showed that 67% of NSs use the CBHFA PMER toolkit, 69% of NSs have a logframe, 62% have a M&E plan for the Community Health programme using CBHFA approach, 57% have a beneficiary / feedback mechanism. Baseline surveys were conducted in 32 NSs and endline surveys in 16 NSs, 28% of programmes using CBHFA approach were evaluated.

Health Outcome 1.2: National Societies have a wider range of partners, donors, and experts to implement relevant and innovative health programmes.

- **Output 1.2.1:** Strategic partnerships, in particular with governments, enable National Societies to anticipate global trends and emerging health issues.

Mapping of donors: With a donor context becoming increasingly complex, the health department contracted at the end of 2013 (to be completed in 2014) a consultant to conduct a mapping of donors in order to intensify resource mobilization efforts, maintain and expand its funding streams, and build new partnerships. The main objective of the consultancy was to contribute to fundraising efforts for global health programmes in support of National Societies by identifying concrete proposals and opportunities for health at the global level.

Agreements:

- A MoU between the IFRC and UNAIDS was signed, forming a collaborative agreement on treatment of HIV/AIDS. Additionally, we are exploring collaboration with The Global Network of PLHIV (GNP+) on community based demand creation for HIV prevention and treatment services, and the International HIV/AIDS Alliance to support HIV response in fragile states;
- The IFRC signed a two-year agreement with IFPMA on Noncommunicable Diseases prevention;

- **Output 1.2.2:** Networks of expertise enable National Societies to anticipate global trends and emerging health issues.

Mapping of RCRC networks: The health team has commissioned a consultancy to map internal RCRC health networks with the aim to improve the relevance and availability of expert networks and groups to respond to various needs of Red Cross Red Crescent Societies. This mapping will enable the Global Health Team to respond to various needs of RCRC National Societies, particularly when no dedicated health function/programme is available at Geneva, Zone, or Regional level. It will contribute to improve the way we work holistically as a Federation by working closely with National Societies and facilitating collaboration between National Societies. A final mapping report will be shared in April 2014.

- **Output 1.2.3:** Existing donors increase their support and new donors develop interest in funding health programmes.

Key partners, including Partner National Societies have continued to support IFRC global health activities through financial and technical support.

Key partnerships/networks

- GFATM: IFRC signed a Principle Recipient agreement on a Round 8 phase 2 malaria grant in CAR and has been selected as the PR on Round 10 TB treatment funds in Niger (approx. EUR 31 million over five years);
- A MoU between the IFRC and UNAIDS was signed, forming a collaborative agreement on

treatment of HIV/AIDS. Additionally, we are exploring collaboration with The Global Network of PLHIV (GNP+) on community based demand creation for HIV prevention and treatment services, and the International HIV/AIDS Alliance to support HIV response in fragile states;

- A new five-year partnership with Landrover and the British Red Cross is being finalized. This will result in funding for IFRC-led flagship projects and carbon offsetting for GWSI;
- A new 5 year partnership with Nestle, with an increased focus on GWSI is in the final stages.
- The IFRC signed a two-year agreement with IFPMA on Noncommunicable Diseases prevention;

Stakeholder participation and feedback (200 words/2 paragraphs)

The key stakeholders in the global IFRC health activities are the global health team (including secretariat health staff in Geneva and Zones, and representatives from various IFRC reference centres) as well as National Societies. To ensure coordination and harmonization of approaches, various meetings and teleconferences are held on a regular basis, surveys and feedback is collected from National Societies.

We are planning to collect stakeholder feedback on a department wide level for the year 2014, as part of a "level of satisfaction" study through collecting feedback from a reference group of NSs and other stakeholders with regards to the different tools and materials developed and disseminated, the different trainings and technical support provided, as well as the various advocacy and communication activities we conduct. This "level of satisfaction" will be part of department metrics compiled and analysed to monitor and demonstrate progress in different strategic health areas.

Additional details of engagement and feedback covered by the various health programmes and initiatives can be found under the Progress Towards Outcomes section (programme evaluations outcomes).

Key Risks or Positive Factors

Key Risks or Positive Factors	Priority **H**igh **M**edium **L**ow	Recommended Action
Inadequate funds to support key health positions, particularly for HIV/AIDS, water and sanitation, emergency health and health communications.	High	Promote and develop proposals for unearmarked, flexible, and predictable funding, with support from the Strategic Partnerships team.
Resource mobilization for health continues to be challenging	High	Various actions including: - diversification of donor pool, develop strategic partnerships - reaching out to non-traditional donors, particularly within the corporate sector - investing in operations research for evidence-based results and

		improved aid effectiveness - investing in advocacy and communication to better position ourselves and our member NSs
Insufficient human resources, particularly at Zonal/Regional level, and consequently affecting productivity and workload of Geneva health staff.		- Identify and fundraise for institutional global level funding to ensure core positions and support is maintained - Promote staff secondment by PNS - Allow for more flexibility in staff rotation and training

Lessons learned and looking ahead (200 words/2 paragraphs)

Global Alliance on HIV: An evaluation of the Global Alliance on HIV was initiated in the last quarter of 2012 and finalized during 2013. Analysis of available data shows that the RCRC contributes substantially to the global response to the HIV epidemic through HIV NS programmes implemented in more than 60 countries. The strategic approach of the HIV Global Alliance, through its four programmatic outputs, is comprehensive and remains valid although the current approach does not include new prevention and treatment strategies and approaches that have been introduced at international level. Results in fighting stigma and discrimination have been mixed. Renewed collaboration with GNP+ and UNAIDS is necessary to tackle this important barrier to access services. Limited and fragmented progress is seen in addressing gender and violence issues.
The HIV GA succeeded in establishing an HIV performance monitoring system across the IFRC and mobilizing a large number of volunteers. However, results in resource mobilization have been disappointing. Difficulties in resource mobilization were due in part to a changing international environment driven by the global financial crisis and shifting donors' priorities, and in part to the lack of an HIV GA resource mobilization strategy.

On the Masambo Fund, and despite calls to the membership to resource the fund, financial resources mobilized remained insufficient to re-open the fund, threatening its future.

CBHFA project evaluations: Several community health projects using CBHFA approach were evaluated during 2013 using different methods (e.g. desk review, beneficiary, volunteer and management interviews, baseline and endline surveys, focus group discussion). Evaluated projects were in Myanmar, Mongolia, Cambodia, Afghanistan, East Timor, Ghana, Malawi.

Cholera prevention and CBHFA volunteers in emergencies: Millions have been spent on cholera prevention and response in Sierra Leone by various actors. Evidence on any impact these kinds of measures may have had is urgently required. A preliminary analysis by IFRC - conducted in late 2012 - seemed to show that pre-positioning of volunteers in a Chiefdom could have had a mitigating effect on the spread of cholera. So it seemed that based on this anecdotal observation, Sierra Leone provides a unique opportunity to evaluate the impact of CBHFA programs in protecting communities from communicable diseases, and the role of volunteers in emergency operations. A second motivation for the study was to examine the impact of IFRC Emergency Response Units (ERUs).

Conclusions and Recommendations were formed around: 1) Behaviour change and messaging, 2) ERUs and volunteers, 3) Future strategy, learning and prevention, 4) Improving surveillance. Both studies have had a significant impact on the thinking of how we use ERU tools in epidemics specifically and public health more generally. Both reports have led to further work being developed which include tools and guidance for CBHFA volunteers in emergencies, and changes in ERU trainings and deployment methodologies.

In Water and Sanitation, we have initiated the concepts of "verification missions" and "look back studies" to revisit previous GWSI projects, analyse infrastructural outputs, and further promote post-project measurement of sustainability and impact. Following a GWSI 'verification mission' in Zambia, sustainability was measured as 'high' with over 90% of water points and over 80% of sanitation facilities in good working order three years after project completion. An in-depth 'look back' study in Zimbabwe was conducted, demonstrating sustainability of WatSan programmes as well. A study in Nepal was concluded also and a further 5 studies are being planned.

Financial situation

Click here to go directly to the financial report. This should be a link to your validated financial report in EpiServer's back office. Create a hyperlink with the following url modified for your specific report: http://www.ifrc.org/docs/LTPF Process/LTPF/2012/xxxxx.pdf.

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org
Saving lives, changing minds.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on www.ifrc.org

Contact information

For further information specifically related to this report, please contact:

- **In the IFRC Geneva Secretariat Office**

- Stefan Seebacher, Head of Health Department; stefan.seebacher@ifrc.org; tel. +41 22 730 4435; and fax +41 22 733 0395.
- Rania Alerksoussi, Officer, Coordination & Planning; rania.alerksoussi@ifrc.org; tel. +41 22 730 4610; and fax +41 22 733 0395.

www.ifrc.org
Saving lives, changing minds.

Reference Centre for Psychosocial Support
Annual Report 2013

International Federation of Red Cross and Red Crescent Societies

30/04/2014

This report covers the period

01/01/2013-31/12/2013

Syrian displaced children participating in a psychosocial support activity while their families are waiting for medical check-up at SARC mobile health clinic. Photo: Ibrahim Malla, IFRC

Context and introduction

2013 saw both an earthquake and the typhoon Haiyan in the Philippines, the Gansu earthquake in China, the Westgate Mall attack in Nairobi, the outbreak of violence in the Central African Republic and South Sudan, Ebola outbreak in Uganda, bombings at the Boston Marathon, the second anniversary of the triple disaster in Japan, the third year of the Syrian crisis, and many more sudden or ongoing crises around the world. A common denominator of these crises has been the inclusion of psychosocial support in the Red Cross Red Crescent response. The PS Centre has been involved in one way or another in all of these crises, providing operational and technical support, capacity building and advocacy to National Societies, regional and zonal offices.

The disasters and crises of 2013 have been diverse and required diverse interventions and methodologies in delivering psychosocial support. This means that as a reference centre, the PS Centre needs to be able to adapt to situations and be flexible in the support and capacity building it offers. While it is good to have a core of standardized trainings, it is equally useful to be able to adapt core trainings to specific contexts, and to offer supplementary trainings in more specialised topics such as lay counselling, life skills and caring for volunteers.

2013 also marked the 20th anniversary of the PS Centre. Looking back over the years and the developments and accomplishments in the field of psychosocial support in the Red Cross Red Crescent Movement and in the international humanitarian community at large, it is impressive how much the awareness and capacity of the National Societies has grown. In 2013, the PS Centre conducted a survey of psychosocial support activities in National Societies, which showed a wealth of diversity in the types of activities and crises that are being implemented around world. More than ever, psychosocial support interventions have become a natural part of disaster response, which also shows how far the field has come.

Working in partnership

The most important partners of the PS Centre are the National Societies and the Centre continues to respond to requests from a large number of National Societies from around the world. The PS Centre has particularly strong relationships with the Nordic National Societies who have supported the Centre since its inception 20 years ago as well as with the Japanese, Canadian and French Red Cross seeking to expand the network of Partnering National Societies.

In 2013, the PS Centre has had a strong focus on Africa as part of the strategic aim to build capacity in the region and in response to a number of disasters. There has been fruitful collaboration with the zone office and regional offices and particularly with the National Societies of Kenya, Uganda and Malawi.

International Federation

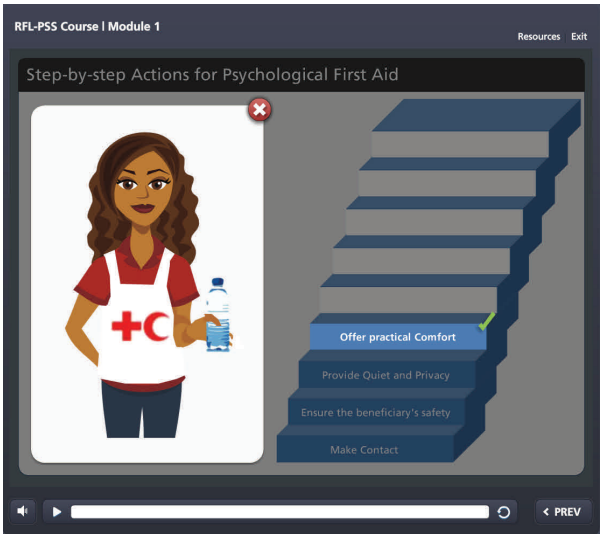
Being part of the IFRC Global Health team involves close collaboration with the Secretariat, Zone and Regional offices. A good flow of communication and information between health department unit and zones and regions fosters collaboration and a common ground to reach good results.

The Centre continues to strengthen and expand its cooperation with other colleagues and departments in the zonal and regional delegations and colleagues and departments in the Secretariat in Geneva.

In partnership with the International Federation Tsunami Unit in Kuala Lumpur a 'Strengthening Psychosocial Programming' project was initiated in the spring of 2012. One of the initial steps in the project was to conduct a study of existing psychosocial programmes among National Societies. Data was analysed in early 2013 and the results have fed into the development of a PSS best practice catalogue of programmes and activities *"Strengthening Resilience: A global compilation of psychosocial interventions"* and a one-day training module and handbook "*Broken links: Psychosocial support to people separated from family members*" to complement the existing handbook on PSS programming and the Community-based Psychosocial Support training kit respectively.

ICRC

The PS Centre maintains a productive working relationship with the ICRC.



Health Care in Danger is a Movement-wide global campaign led by the ICRC, which focuses on violence against patients and healthcare workers. The PS Centre is part of the campaign by providing input about psychosocial support to health workers in dangerous situations. The PS Centre facilitated sessions and gave presentations about psychosocial support at workshops about ambulance and pre-hospital care in risk situations (Mexico) and ensuring safety of health facilities (Canada). Psychosocial support featured prominently in the proceedings after the workshop in Mexico and has continued to be high on the agenda of the following workshops. The Centre will continue to support and follow the campaign until it ends in 2015.

A joint prioritization of both the ICRC and the International Federation is the aim to strengthen psychosocial support in Restoring Family Links programmes. To this end the ICRC RFL_Missing Unit and the PS Centre has developed an online training course – which is available on both the ICRC and IFRC e-learning platforms. The PS Centre has also participated in the annual ICRC RFL Consolidation Course and in the workshop presenting the handbook *Accompanying the families of missing persons*, to which the PS Centre has contributed.

International Networks

The PS Centre represents the International Federation on the Inter-agency Standing Committee (IASC) Reference Group for Mental Health Psychosocial Support contributing to the development of key action sheets and in coordination during major humanitarian disasters like the Syrian Crisis and Typhoon Haiyan in the Philippines. The IASC is the primary mechanism for inter-agency coordination of humanitarian assistance. It is a unique forum involving key UN and non-UN humanitarian partners. Member-organisations of the reference group include WHO, UNICEF, UNHCR, Save the Children, IOM and other important mental health and psychosocial support stakeholders.

The Mental Health and Psychosocial Support Network (MHPSS.net) continues to grow in members, resources and activities. With growth and streamlining the network becomes an increasingly important forum to be part of and to be able to influence. For this reason, the PS Centre is part of the advisory board and works actively to influence and strengthen the MHPSS agenda and collaboration.

The Regional Psychosocial Support Initiative (REPSSI) is an important partner in psychosocial support in Southern Africa. The PS Centre participated in the Regional Forum, "Psychosocial Support for Child Protection" where stakeholders working in Africa come together to present and share experiences and research in providing psychosocial

support (PSS) for vulnerable children and youth all over the world. The forum also serves as a platform for the participants to learn from the children and the youth collectively.

Regional Networks

Supporting regional Red Cross Red Crescent psychosocial support networks is a priority. The PS Centre has been represented at the European Network for Psychosocial Support (ENPS) board meeting in Budapest and at the annual meeting in Istanbul. In relation to the annual meeting, a regional training of trainers was conducted.

After a regional training of trainers workshop in Malawi in November efforts have begun to establish a regional psychosocial support network in Eastern and Southern Africa. The International Federation Regional Office in Nairobi and the PS Centre supports the establishment of the network.

The East Asia Network was established in late 2012, and the network has been consolidating and planning activities for the future. The International Federation regional delegate in Bangkok has supported the network and conducted several trainings in the region.

The PS Centre advised Danish Red Cross on setting up a programme for young vulnerable men in Palestine. As a direct result of the knowledge gained from the Sport and Physical Activities in Psychosocial Support Interventions project it was possible to make a stronger link between the proposed sports activities in the programme and psychosocial support.

Civil society organisations, academic institutions

The European Union 7th Framework programme has become a key partner for the PS Centre. With the starting up of the Operationalising Psychosocial Support (OPSIC) project and the negotiations underway for the DRiving InnoVation in crisis management for European Resilience (DRIVER) project, the PS Centre established technical partnerships with a number of new organisations, research institutions and commercial actors. Red Cross partners in these projects include the Austrian Red Cross, British Red Cross, and Magen David Adom.

Through the EU funding scheme “Leonardo Lifelong Learning” the PS Centre collaborated with the International Council for Sport Sciences and Education, Swiss Academy for Development, the Technical University of Munich and Licht für der Welt on the projects Psychosocial support interventions for persons with Disabilities (PID) and Sport and Physical Activities in Psychosocial Support Interventions (SPAPSI). These collaborations have proved useful not only in relation to the outcome of the projects, but also because they add to the pool of knowledge in the Centre and thus directly improves the quality of the technical support the Centre is able to provide.

The Roskilde Festival Foundation, Palestine Red Crescent Society, Danish Red Cross and the PS Centre started a collaboration in 2013 to develop activities for young men in Palestine. The collaboration is targeting a group, which the Red Cross Red Crescent partners do not have much experience working with, namely young men. The Roskilde Festival Foundation on the other hand has a lot of experience engaging young men from different backgrounds in many different kinds of activities. By merging and benefiting from the expertise of all partners, activities to enhance the psychosocial well-being of young men will be created.

Progress towards outcomes

The IFRC Reference Centre for Psychosocial Support (PS Centre) serves to promote and enable psychosocial well-being of beneficiaries, humanitarian staff and volunteers, thereby contributing to the realization of the main aims of the IFRC Strategy 2020. This is achieved through four strategic approaches laid out in the PS Centre 2011-2015 Strategic Operational Plan:

- Technical and Operational Support
- Capacity building of National Societies and competence development of staff and volunteers
- Knowledge Generation and Knowledge sharing
- Advocacy and Communication

Strategic Approach 1: Technical and Operational Support

The PS Centre continually receives various requests for support from National Societies and regional and zonal offices. Request include questions about how to integrate PSS in new or existing programmes, tools on monitoring and assessment, ideas for activities and much more. Often the answers to the requests can be found in the material published by the PS Centre or by referring to other relevant literature or partners. Sometimes requests result in trainings

"On demand" PSS guidance and advice

Many European National Societies are responding to the economic crisis, and many have expressed an interest in providing more psychosocial support and wished to learn more about how this can be done. In response to this need, the PS Centre and the Europe Zone office jointly developed a guidance note on "*Providing psychosocial support for people affected by the economic crisis*" which was distributed widely as an insert in Coping with Crisis.

After Typhoon Haiyan the PSS delegate in South East Asia and the PS Centre saw a need to encourage a more precise way of communicating about psychosocial support in the aftermath of disaster focusing on the "do no harm" principle. As a result, a four-page brochure "Talking and writing about psychosocial support in emergencies" was developed.

Kenya Red Cross focuses strongly on psychosocial support, integrating it in many different types of interventions in response to both emergencies and on-going crises. Over the years a number of staff and volunteers of Kenya Red Cross have been trained in psychosocial support, and in order to help the trainees put what they learned in the trainings into use in the field, the National Society requested help to develop a pocket field guide, which explains the basic concepts of psychosocial support in a format that can easily be carried in the pocket of a Red Cross vest. In partnership with Danish Red Cross, the PS Centre developed the 28 page long "*Field booklet on Psychosocial Support*".

or consultancies. Requests also include briefing of delegates and assistance in identifying and recruiting suitable candidates for PSS delegate positions.

The PS Centre remains in close contact with International Federation PSS delegates providing ad hoc technical and operational support and in return receiving valuable input from the field. In 2013 the collaboration with the PSS delegates in Haiti, MENA and South East Asia, the health and disaster management delegates in the Africa Zone and East Africa Regional Office and the health delegate in the Europe Zone office has been particularly strong. The PS Centre maintains a close working relationship with the Emergency Health Unit in the Health Department.

Psychosocial Support in Emergencies

The PS Centre continues to maintain and develop the psychosocial component of the ERU. It has been decided to broaden the scope of the component, by renaming it PSS in Emergencies – giving it more flexibility in terms of how materials and tools are used and how they can be deployed and implemented in the field. This also includes strengthening of the measuring of impact of interventions, as well as integrating violence prevention in the PSS in Emergencies component. The psychosocial support component of the ERU is an important part of the PSS in Emergencies concept.

PSS in Emergencies - trainings, development and coordination in 2013:

- PSS ERU Training, Canada
- PSS in epidemics, Health department, Geneva
- Annual ERU delegate meeting, German Red Cross
- ERU refresher training for PSS delegates, Danish Red Cross
- Annual ERU health technical working group meeting, Madrid
- PSS in Emergencies facilitators meeting, Canada
- PSS ERU partnership meeting in Copenhagen

- Input and support to deployment of Basic Health ERU's with psychosocial component (Norwegian/ Canadian and Japanese) to the Philippines
- Providing input for a PSS session on the RDRT induction course in the Africa Zone
- Input and support to Kenya Red Cross Society's response to the Westgate Mall Attack

A draft monitoring and evaluation system for use in PSS in emergencies was provided to the PSS delegates in the Health ERUs that were deployed to the Philippines after typhoon Haiyan. Work on developing a user-friendly M&E system for the first phase of disaster recovery will continue in 2014 in collaboration with the PS Centre's Advisory Board and our partners in the field.

Typhoon Haiyan, Philippines

Philippines Red Cross has a long standing record of providing psychosocial support in the disaster prone Philippines. After Typhoon Haiyan the large number of trained, experienced volunteers from neighbouring provinces proved to be a great advantage in the disaster response, once again underscoring the importance of building strong capacity in National Societies and regions.

The PS Centre provided technical and communication support to the International Federation PSS delegates and the ERUs. The PS Centre helped identify and brief a roster member who went for a short mission to support staff and volunteers in Philippine Red Cross, who had been under tremendous stress during and after the disaster.

Ebola, Uganda, Youth in post-conflict situations, Uganda, Liberia and South Sudan

The PS Centre has had close collaborations with Uganda Red Cross Society in 2013. In close collaboration with the Water, Sanitation and Emergency Health Unit at the Health Department of the Secretariat the PS Centre conducted an extensive evaluation with recommendations of the psychosocial support aspects of the response to an outbreak of Ebola in 2012. The report has since been shared with delegates responding to the ebola outbreak in western Africa in early 2014.

Uganda Red Cross Society and the PS Centre collectively outlined a project for implementing the Children's Resilience Programme on a large scale in Western Uganda in support to the influx of refugees fleeing the violence in the Democratic Republic of Congo. They are now looking for partners to support the implementation of the project.

> *"What did you do to my volunteers? I can hardly recognize them after they came home from the training! They are so full of enthusiasm and ideas. It is as if something has relaxed inside of them".*
>
> Danish Red Cross delegate based in Liberia, who stopped by the PS Centre's office on a home leave. "Her volunteers" had participated in the pilot community-based psychosocial support training for youth in post-conflict situations in Uganda together with participants from Uganda and South Sudan a few months earlier. This lead to a request for a training workshop in Liberia to take place in 2014.

Finally, Uganda Red Cross Society, Liberian Red Cross Society, South Sudan Red Cross and Danish Red Cross Youth have worked closely with the PS Centre on developing a training concept for providing psychosocial support for youth in post conflict areas. The training material builds on the Community-based Psychosocial Support Training Kit and was pilot tested in Northern Uganda in April and finalized and printed in November.

Psychosocial support, Kenya West Gate Mall attack, 21 September 2013. Image courtesy of Kenya Red Cross Society

Urban Risk Reduction and the Westgate Mall Attack, Kenya

In May, Kenya Red Cross Society invited the PS Centre to conduct a training of trainers workshop in Nairobi. Participants of the workshop were staff and volunteers in a urban risk reduction programme in informal settlements in Nairobi. Preceding the training of trainers workshop, the PS Centre facilitated a two day workshop on Caring for Volunteers for Kenya Red Cross Society HQ staff and management. After this workshop, the training plan and curriculum for the training of trainers was adapted to reflect the special challenges the participants would face in their work in the field. Later that year, many of the staff and volunteers from the training would be responding to the West Gate Mall attack in Nairobi. Kenya Red Cross Society was one of the main responders to the attack, involved in search and rescue, restoring family links and providing psychosocial support to survivors, relatives and rescuers. One of the main lessons learned from the response was the

importance of having a large roster of volunteers trained in psychosocial support ready to be deployed when disaster strikes. An account of the psychosocial support response was published in the December issue of Coping with Crisis. Building on the training in May, Kenya Red Cross Society in collaboration with the IFRC Zonal disaster management unit decided to implement the Children's Resilience Programme as part of the urban disaster risk reduction pilot study launched by the International Federation. The PS Centre helped Kenya Red Cross Society set up the programme and will continue to support and monitor the ongoing activities. The lessons learned from this programme will feed into the continuing development and implementation of the Children's Resilience Programme in other National Societies and to the International Federation Urban Disaster Risk Reduction Pilot Study.

Women in Prison, Yemen

In Yemen, Yemen Red Crescent with the support of Danish Red Cross has prepared an innovative psychosocial support programme for women in prison. The PS Centre has provided support to programme design, identification of staff and conducted a training of trainers workshop in Yemen. The workshop was co-facilitated by a Yemen Red Crescent staff member who had been trained in the global training held by the PS Centre in Copenhagen in November.

Psychosocial Support and Youth as Agents for Behavioural Change

The PS Centre has been working closely with the Principles and Values Department of the International Federation on integrating a component of psychosocial support to the Youth as Agents for Behavioural Change (YABC) trainings. Technical support and guidelines for psychosocial support in YABC training was developed in close collaboration. The guidelines will further help strengthen the YABC interventions and help ensure a do-no-harm approach

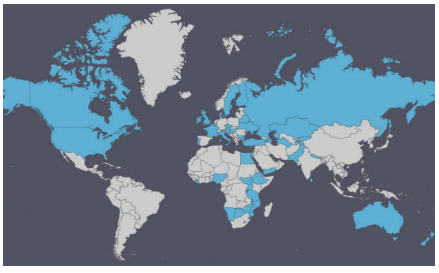
Syrian crisis

The ongoing armed conflict and refugee crisis in Syria and surrounding countries continued in 2013. The Syrian crisis presents a big challenge. The needs are enormous and the unstable situation both in terms of security and funding makes the much needed capacity building difficult. In Syria, a major concern is supporting and caring for the Syrian Arab Red Crescent staff and volunteers while in the neighbouring countries efforts to provide psychosocial support to the many refugees are ongoing. Caring for staff and volunteers and sexual and gender-based violence against both men and women have been singled out by the National Societies as areas of special concern, and the PS Centre will continue to work intensively with this during 2014. It has proven very useful to have the *Caring for volunteers* toolkit available in hard-copy in Arabic.

Restoring Family Links and Psychosocial Support e-learning tool

The Restoring Family Links and Psychosocial Support e-learning tool has been launched on the e-learning platforms of both ICRC and the International Federation. There has been much interest in the tool, which was expected to reach 500 learners in the first year on the IFRC learning platform. During the first three months online, this goal was already almost met. An explanation to this success is likely the great demand for psychosocial support training around the world in combination with the e-learning tool being used to provide a basic general introduction to PSS and psychological first aid in contexts that have nothing to do with Restoring Family Links. This combination gives the course a much wider application than originally envisioned.

The Centre has also facilitated an introductory session on community-based psychosocial support at the RFL Consolidation Course at ICRC in Geneva. As a further development of the work with integrating psychosocial support and Restoring Family Links, a short handbook and a one day training on *Broken links: Psychosocial support to people separated from family members*" is underway.



Global outreach of Community-based psychosocial support training of trainers, 2013

Strategic Approach 2: Capacity building of National Societies and competence development of staff and volunteers

Training is a powerful tool for building capacity in psychosocial support. There is evidence that training enhances capacity for delivering PSS and that is in fact an obligation to train staff and volunteers well to ensure the do no harm principles.

In 2013 the PS Centre has focused on conducting trainings on the regional level, in an effort to strengthen regional capacity. After regional trainings the PS

In June The PS Centre and the Regional office in Moscow conducted a regional training in Russian with participants from, among other countries, Ukraine and Belarus. When protests turned violent in Kiev in early 2014, Belarus Red Cross was able to support Ukraine Red Cross by deploying two staff members trained in psychosocial support to help set up a system to care for the volunteers. This was also supported by the PS Centre, sending a staff member to Kiev, but the language skills and deeper understanding of local culture of the Belarussian staff members was a distinct advantage and a direct result of the training in Moscow.

Centre experiences a rise in the number of requests and expressions of interest in psychosocial support in the trained regions, from both National Societies that had staff or volunteers attending the training and those that did not. Building regional capacity also means that there are more locally trained staff and volunteers that can be deployed to neighbouring countries as part of RDRT instead of international delegates and experts.

A typical training of trainers workshop is facilitated by two master trainers (often a PS Centre technical advisor and a roster member from the region). The training can be adapted to specific contexts, needs and the participants' skill level. Apart from the technical psychosocial teaching, the participants also learn facilitation skills, are required to contemplate seriously how they can use their newly acquired skills in their daily work and to make a plan of action. During the five intensive days of the training much exchange of ideas, information and experiences take place among the participants and they are encouraged to stay in touch with each other after the training.

In 2013 the PS Centre organized or facilitated six community-based psychosocial support training of trainers, including an open, global training in Copenhagen, three regional trainings and two National Society trainings focusing on urban risk reduction and youth in post-conflict situations, respectively.

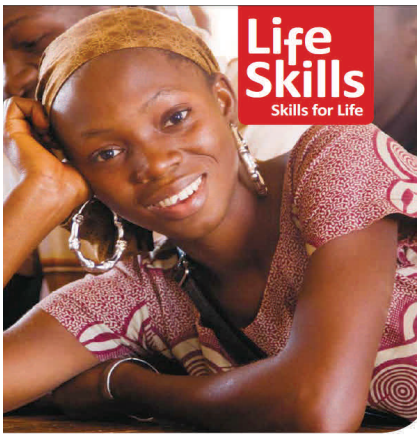
Roster

The PS Centre continuously updates the roster of PSS experts and trainers. This has been done in order to better respond to training requests as well as to harmonize trainings and expectations. A roster of experienced staff and delegates able to take on shorter term missions adds to the strength and ability of the Centre to provide capacity building and technical and operational support. In 2013 roster members facilitated or co-facilitated most of the trainings, a roster member has been a strong advocate for psychosocial support in the Healthcare in Danger workshops and will continue this work in 2014, a roster member conducted the evaluation of the PSS response to an ebola

"The first weeks were so hard. I hardly had any sleep and I really needed help. Then Elin and Zara came. Zara [Sejberg, South East Asia Regional PSS Delegate and roster member] *assisted in preparing an action plan and long term plan so we could get help from the IFRC appeal. Elin* [Jónasdóttir, Icelandic Red Cross roster member] *helped me support the staff and volunteers who were close to burnout at that time. Elin and I have known each other from the roster for many years. It was a great help to have Elin here because I know her both as a friend and as a professional".* Zenaida Beltejar, Social Services Manager of Philippines Red Cross and long-term roster member.

Building supportive networks

In November, a regional ToT workshop was held in Malawi with participants from National Societies from Eastern and Southern Africa as part of a capacity building plan for Africa. During the training, the participants were highly enthusiastic and all prepared plans of action for how they would put their new skills into use when they returned to their National Societies. At the suggestion of the facilitators the participants formed groups on the social medium "What'sApp" and Facebook to keep in touch after the training. Five months after the training the groups are still highly active sending messages and sharing photos. The participants use the groups to stay in contact, to seek advice and inspiration for planning and implementing activities and to offer support in times of crisis. When one of the participants was part of the psychosocial support response to a deadly attack on a church in Kenya, more than 200 messages of support and advice was exchanged in the group in a week. The technical advisor who facilitated the training continues to provide support and advice in the forum, including input to a project proposal on PSS and HIV/AIDS and TB in South Africa and received a request for a training in Namibia.



A handbook

outbreak in Uganda, which has become a valuable input in the 2014 response to the ebola outbreak in Guinea and surrounding countries. Finally, a roster member was deployed to the Philippines to support the staff and volunteers of the Philippines Red Cross after Typhoon Hayian.

PS Centre materials – production and rollout

In 2012 the PS Centre produced the *Caring for Volunteers: A psychosocial support toolkit,* and in 2013 much focus has been on rolling it out and presenting it to potential users. The toolkit is translated and printed in French, Spanish, Arabic and Russian. The toolkit helps fill a gap as the care of volunteers and staff is becoming an increasingly high priority in the work across the Movement. It has proven especially helpful to have the toolkit in hard copy in Arabic, as Red Crescent and Red Cross volunteers in Syria and neighbouring countries are working under very difficult circumstances and are in great need of care and support. It is expected that it will be necessary to re-print the Arabic translation in 2014.

Lay Counselling; trainer's manual enables Red Cross and Red Crescent Societies and other organizations to train non-specialized PSS volunteers in providing immediate support to affected people in disaster situations without doing harm. The PS Centre advocates for the inclusion of PSS Lay Counselling in training of volunteers in disaster preparedness programmes.

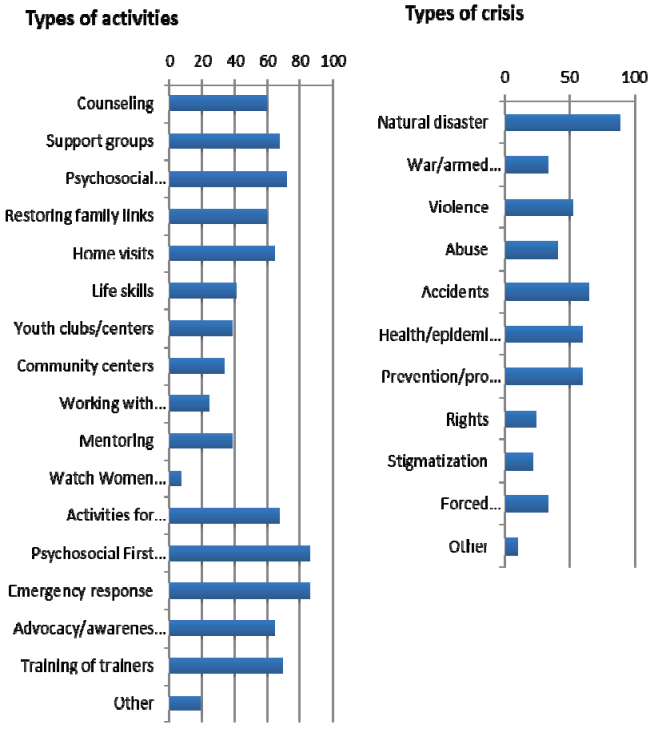
Life Skills: Skills for life was inspired by lessons learnt after the Haiti earthquake and aims to strengthen recovery mechanisms. It provides psychosocial competencies and interpersonal skills to help people make informed decisions, solve problems, communicate effectively, and otherwise cope with and manage their lives in a healthy and productive manner.
All developed material is available in both electronic and hard copies. It is also available for download on www.pscentre.org

The development of more specialized manuals and training materials means that the PS Centre is increasingly able to comply with requests by providing more in depth support not only to emergency response or disaster preparedness programmes, but also to development programmes. The tools are developed in cooperation with and on the request of National Societies and enable them to respond better, and in a timelier manner, to psychosocial needs.

Strategic Approach 3: Knowledge Generation and Knowledge Sharing

"Despite the existence of countless guidelines and consensus papers, much controversy surrounds the field of disaster mental health. Disagreements regarding how to understand effects of disasters, cross—cultural relevance of diagnosis such as PTSD [post-traumatic stress disorder] *and priorities and timing of post-disaster interventions [exist]. This is partly due to lack of research, but mainly due to complexity of disaster mental health, which spans over disciplines as diverse as: trauma psychology, neuropsychology, epidemiology, clinical psychology, social and community psychology and cultural psychology, just to mention some…"* Silja Henderson: Psychosocial interventions after natural disasters – an analysis of evidence and recommendations for practice, 2013. PhD thesis, University of Copenhagen, supported by the PS Centre.

The systematic identification, compilation and analysis of best practises, academic results and information about psychosocial support interventions throughout the Red Cross Red Crescent Movement remain a high priority focus area for the PS Centre.
As indicated in the quote above, the field of psychosocial support is very broad, and the PS Centre is not able to follow up on all relevant areas of knowledge and expertise. Instead, the PS Centre follows emerging trends and responds to requests from National Societies and other International Federation partners in order to help them respond better to the specific challenges they face. In 2013, this means that the PS Centre has shared and generated knowledge about PSS and the economic crisis, sexual and gender-based violence, PSS in epidemics, PSS for persons with disabilities, integration of sport and physical activities in psychosocial interventions, psychosocial support and restoring family links, and how to support women in prison.



Mapping of psychosocial outreach

As part of the PS Centre's work to document the psychosocial support outreach a survey was sent to more than 80 National Societies, of which 42 responded. The mapping provided valuable information about the priorities in psychosocial support by the National Societies, the type of activities they offer and the type of disasters and crisis they respond to. The survey shows that 95 percent of the responding National Societies use PS Centre materials in their psychosocial work, and that only a minority of the National Societies (18 percent) only have stand-alone psychosocial support activities. The rest have either only activities integrated in other programmes (55 percent) or a mix of both types (27 percent).

The survey also shows a great variety in the types of beneficiaries served in the activities and in the type of crisis the activities are responding to. The mapping has provided invaluable insights in the psychosocial work in the Movement and the results will feed into the work of the Centre in many ways in the coming time.

Operationalising Psychosocial Support in Crisis, OPSIC

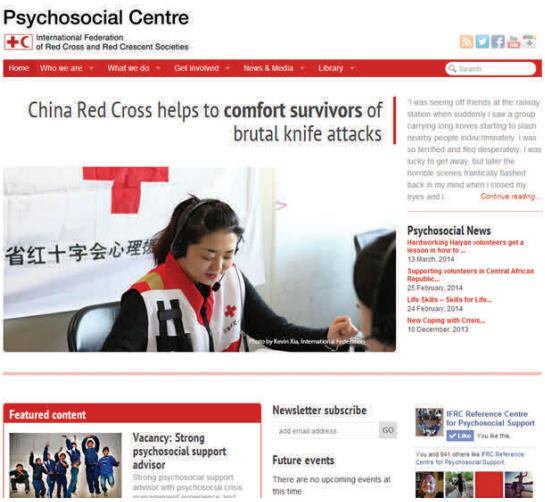
The PS Centre coordinates the EU funded research project Operationalising Psychosocial Support in Crisis (OPSIC). There are 11 European partners in the project, including universities, Red Cross, technology companies and first responder organisations. In the second half of 2013 the first results of the academic part of the project were presented. They include a tool to measure quality of psychosocial support interventions, a study on the long-term mental health impact of crisis and a comprehensible mapping and gap analysis of existing psychosocial support guidelines and handbooks.

PhD thesis about psychosocial support interventions

"Psychosocial interventions after natural disasters – an analysis of evidence and recommendations for practice" is the title of a PhD thesis by Silja Henderson at the University of Copenhagen. The thesis was made with the support and input of the PS Centre and several National Societies involved in the response to the 2004 tsunami. Among the main conclusions of the study was the importance of training as a tool for capacity building. Psychosocial support is a knowledge heavy type of intervention and the more trained capacity is present before a disaster, the more successful the intervention is likely to be. Another interesting conclusion is that the strongest predictor of low psychosocial well-being in the long term after a disaster is poverty and loss of livelihood.

Strategic Approach 4: Advocacy and Communication

Dialogue and exchange of information, knowledge and views are at the core of the PS Centre's approach to communication and advocacy. Through publications, magazines, newsletters, social media and the website the PS Centre increases its visibility and disseminates information. But the return flow of information – from the field, from partners, from the Secretariat and from the mental health and psychosocial support community at large to the PS Centre is equally important. For this reason there is a strong focus on communication directly with delegates, staff and volunteers in the field, increased presence on social media, a website design, which invites dialogue through commenting and increased collaboration with www.mhpss.net



The PS Centre has published two issues of Coping with Crisis, the PS Centre's regular magazine in 2013. The first edition focused on National Societies responding to disasters in their own countries and the second edition focused on the on-going crisis in Syria and the response to the Westgate mall attack in Kenya.

Humanitarian diplomacy in action


Photo: Leif Jonasson

In March, Japan commemorated the second anniversary of the Fukushima nuclear disaster. Japanese Red Cross was a major responder during the triple disaster of earthquake, tsunami and nuclear accident, providing among other things hospital care, re-housing and psychosocial support. The PS Centre was invited to give a lecture to more than 100 Japanese Red Cross staff members and to visit some the most affected areas. Japanese Red Cross is a National Society with large capacity and the ability to handle large-scale and complex emergencies and has many years of experience in integrating psychosocial support in emergency response. The field visits were a good opportunity to learn more about psychosocial reactions particularly in connection with nuclear disasters and about how a National Society can organize such a large response. The visit thus feeds directly into the knowledge-base of the PS Centre, generating knowledge that can be shared with other National Societies and further strengthens the ties to an important partner.

A new website was launched in 2013. It has a simpler and more user-friendly design and a better functioning document library. The address of the new website is www.pscentre.org. The website and the Facebook page feature news about psychosocial support interventions around the world, news updates about interesting trends and research, and all PS Centre materials in all available languages can be freely downloaded and used in the field.
The PS Centre's Facebook page has become an increasingly important medium for communication and dialogue within the Red Cross Red Crescent psychosocial community. Making short updates is easy and time-efficient and through the informal nature of the medium, it is possible to show a broad range of the activities of the PS Centre and of the broad field of psychosocial support. The number of "likes" (followers) on the website has grown from 238 likes at the beginning of the year to 778 at the end of the year. There is always an increase in likes in connection with trainings and when activities of National Societies are mentioned

The Centre has been able to increase its visibility within and outside the Movement. In addition to sharing magazines, newsletters, updating the PS Facebook site and website regularly, the PS Centre is advocating for its work through being visible and vocal in meetings, networks, conferences, etc. inside and outside the Movement. Likewise, visibility is ensured through a generally high level of activity; trainings, development and introduction of new training material and establishment and development of partnerships.

Financial management

The PS Centre still maintains a core group of traditional PNS donors, which include the National Societies of Denmark, Norway, Japan, Finland, Iceland and France. In relation to many of the trainings that were organised by the PS Centre in 2013, valuable contributions were additionally provided by the American Red Cross, British Red Cross, German Red Cross, the International Federation and the ICRC.

While project based funding, mainly from the European Commission, is funding specific projects, the PNS donor's funding for core operations at the PS Centre – those interventions directly supporting National Societies, such as capacity building, technical support, PSS in Emergencies and communications - becomes increasingly important.

In the coming years, several traditional Partnering National Societies are indicating a restructuring, reduction or withdrawal of their financial support to the PS Centre. As the activity level of the Centre is increasing, there is a growing need to identify sustainable sources of non-earmarked funding for the core activities. At the same time as some partners are with-drawing or reducing funding, other partners has been successful in supporting the PS Centre in obtaining funding from other sources.

A financial situation with only a small group of PNS to provide core funding to running costs is very vulnerable. To counter this vulnerability, the PS Centre has looked to other humanitarian and research funding sources including the European Commission.

The Strengthening Psychosocial Programming project, supported through the International Federation Tsunami Operation has completed its second year in 2013. While some of the major expenses are slightly delayed, due to postponement of production process, the project is well on track and will be concluded in 2014.

Through the years the technical requirements for financial reporting to donors has become more complicated. To live up to requirements the PS Centre restructured the financial set-up and financial management system in 2013. The new set-up provides a clearer link between financial achievements and strategic approaches.

The total expenditure of the PS Centre in 2013 amounted to DKK 6.059.594. This is lower than anticipated in the 2013 budget of DKK 7.015.000, which is due to the fact that two planned production processes have been postponed from 2013 to 2014.

2013 saw the start of the OPSIC project, a project of 11 partners, funded by the European Commission for three years. Being the budget holder of the entire project, the PS Centre receives the entire funding pool through its financial system; funds for 11 partners over three year. This means that the PS Centre has a substantial end balance at the end of 2013; funds that will be spent by all project partners over the next two years.

Attached to this annual narrative report is the PS Centre Financial Statement of 2013, which also includes a detailed financial report.

Summary and looking ahead

The PS Centre experiences an increasing number of requests for support from National Societies and the International Federation. This reflects an improved awareness of the need for psychosocial interventions, a more strategic approach, and possibly also the improved visibility of the PS Centre.

Photo: Louise Steen Kryger, PS Centre

Often requests lead to synergy effects coming from strengthened partnerships, exchange of knowledge and experiences and the discovery of opportunities and knowledge gaps. A request from one National Society may result in the generation of knowledge, guidelines or tools that can be of use in other National Societies.

In 2013 the PS Centre's collaboration with the ICRC was stronger than ever, and this close relationship will continue into 2014. One of the initiatives of 2014 is a mapping of ICRC PSS field staff and a consideration of how the PS Centre can work closer with the ICRC field staff. The PS Centre will also continue its involvement in the Health Care in Danger campaign, aiming to keep psychosocial support high on the agenda and on strengthening the link between Restoring Family Links and psychosocial support.

Africa has been a focus area for the PS Centre since 2012, and in 2013 and early 2014 it has become increasingly clear that this is a useful strategy. There is much more collaboration with the zone, regional offices and National Societies in implementing psychosocial support in many different types of interventions.

In disaster responses, the PS Centre experiences a closer and more visible relationship with the International Federation disaster response, in particular with the Emergency Health Unit, the National Societies who have PSS components in their health ERUs and the zonal and regional PSS and health delegates.

As part of the strategic priority of knowledge generation and knowledge sharing, the PS Centre works in close relationship with several research institutions. The strongest formal collaboration is through the EU funded Operationalizing Psychosocial Support in Crisis (OPSIC), which has already produced new useful knowledge, and which in 2014 will enter the stage of operationalizing the research into tools for crisis managers.

Through projects like OPSIC and other knowledge driven projects and new types of collaborations, like the collaboration with the Roskilde Festival Foundation, where an external funding partner contributes knowledge and technical expertise as well as financial support, the PS Centre has been able to find new and better ways to collect and share knowledge.

Measuring impact of psychosocial support interventions remains a high priority. The PS Centre is exploring the possibilities of cooperating with the Department of Education of the University of Århus, Denmark on measuring impact of PSS interventions and developing monitoring and evaluation tools.

Demands have increased for PS Centre publications such as the training manuals and different guidelines. The PS Centre will continue to plan for capacity and organisational development activities primarily through training, raise awareness and advocate towards National Society staff and volunteers.

In 2013 the PS Centre published its first online training, the RFL-PSS e-learning tool. The reception of the tool has been positive. E-learning and other digital ways of teaching is a cost-effective way of sharing knowledge and teaching, and this is an area which will be explored further in 2014.

The further development of the PSS ERU component into “Psychosocial Support in Emergencies” came a long way in 2013, and in 2014 the PS Centre will continue to develop and roll-out, including working on improving tools for monitoring and evaluation.

The large post-tsunami project “Strengthening Psychosocial Support Programming” will be finalised in 2014. Through the project much knowledge and experience in psychosocial programming has been collected, and in 2014 a large compilation of psychosocial support interventions from around the world and a handbook and training course on RFL and PSS will be presented at a workshop to all the National Societies involved in the post-tsunami operation.

Staff and volunteers from Syrian Arab Red Crescent work around the clock under extremely difficult and dangerous circumstances. By January 2014, 34 SARC volunteers have lost their lives since the beginning of the conflict in Syria, all of them killed or captured while carrying out their humanitarian duties. An important focus for the PS Centre in 2014 is to assist the National Societies in Syria and surrounding countries to provide care and support to the volunteers. Photo: Ibrahim Malla, IFRC

In 2014 the PS Centre will be rolling out new and existing tools, focusing especially on psychosocial support in emergencies, on psychosocial support to persons with disabilities, young vulnerable men, RFL and PSS and the integration of sport and physical activities in psychosocial support interventions.

Knowledge generation initiatives always comes from requests or expressed needs for more knowledge and guidance from National Societies and other partners in the Movement. One such need is capacity building of volunteer management and support and more knowledge about how to deal with people affected by sexual and gender-based violence in the MENA region in the wake of the Syrian crisis. Other initiatives in 2014 will be about preparation and response to nuclear disasters, psychosocial support for mine victims and further work on PSS in connection with epidemics in collaboration with the Emergency Health Unit.

How we work

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on www.ifrc.org

Contact information

For further information specifically related to this report, please contact:

- Nana Wiedemann, Head of Centre; psychosocial.centre@ifrc.org; +45 35 25 93 59.
- Jon Kristiansen, Senior Advisor and Deputy Head of Centre, jokri@rodekors.dk; +45 35 25 92 93.

Find out more about the PS Centre on www.pscentre.org and engage with us on www.facebook.com/psychosocial.center

Activity Report 2013

The Global First Aid Reference Centre (GFARC)

1. Continuation and follow-up of European projects
    a. European First Aid Certificate
    b. First aid training for older people
    c. European survey on road safety
    d. Working groups and meetings in Europe

2. International projects
    a. Survey on first aid education
    b. World First Aid Day
    c. Planned projects

3. Reinforced collaboration

    a. Other centres and networks
    b. Scientific
    c. Partners

The Global First Aid Reference Centre (GFARC)

Context

The Global First Aid Reference Centre (GFARC) of the International Federation of Red Cross and Red Crescent Societies (IFRC) was created on the basis of the European Reference Centre founded in 1996. The latter used to coordinate the activity of the First Aid Education European Network, consisting of all 52 National Societies of the Europe zone with the objective of developing first aid education.

At the end of 2012, the European Centre became a worldwide centre: the IFRC signed a new Memorandum of Understanding with the French Red Cross which is entrusted with the management of the centre of excellence for a period of at least two years.

The mission of the GFARC

1. The GFARC serves as the IFRC's hub of technical expertise and supports member National Societies for all questions in relation to first aid.

2. To achieve this and depending on financial and human resources available the Centre will strive to:
   - assist National Societies to further develop certain training methods tailored to meet the needs of local communities;
   - support National Societies in gaining expertise, knowledge and practices so they may continue to hold a leading role in first aid;
   - develop tools and standardized training courses for the membership;
   - improve the quality of first aid education and services with up-to date evidence-based guidelines;
   - help advocate for legislation and directives to include first aid education at school, in the workplace, and when applying for a driving licence;
   - help coordinate the global promotion of first aid with events, for example World First Aid Day;
   - conduct research to better understand first aid, both inside and outside of the Red Cross Red Crescent Movement;
   - collaborate with other Red Cross Red Crescent Reference Centres.

1. Continuation and follow up of European projects

While the Centre's focus went from the 52 National Societies of the Europe zone to the 189 that the Movement holds today, some projects started by the European Reference Centre in Europe went on or came to an end during 2013, others are still running.

a. European First Aid Certificate (EFAC)

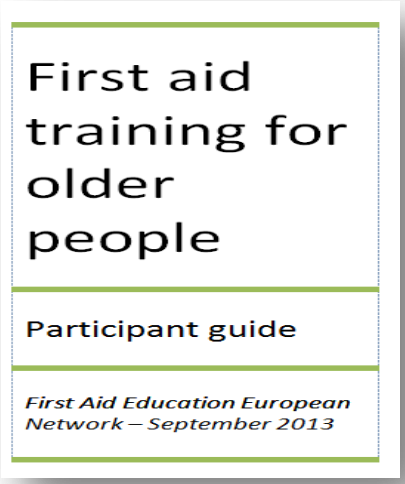
In 2013 the delivery of the EFAC continued within the Europe zone. Four European National Societies renewed their accreditation - the Albanian, Estonian, Malta and Czech Red Cross - and two National Societies obtained their accreditation - the Croatian and Polish Red Cross.

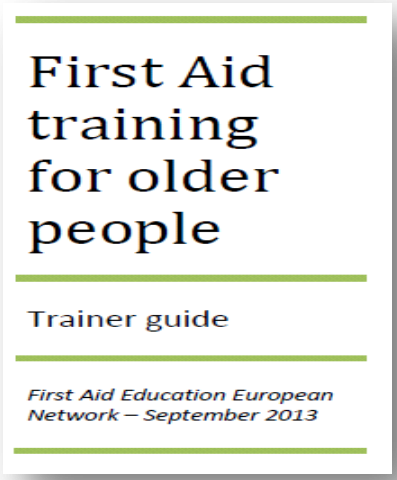
At the end of 2013, there are 61 European first aid training programmes that are EFAC certified. These programmes stem from 34 different National Societies. While the process is continuing in Europe, the objective for 2014 will be to launch the creation of an International First Aid Certificate (IFAC).

b. First aid training for older people

Started in 2012 in the context of the 'European Year of Active Ageing and Solidarity between Generations', the collaboration of a working group made up of the German, Austrian, Belgian French-speaking community, French and Portuguese Red Cross has continued. The training was tested in different countries during the first semester to lead to the spreading throughout the network of two documents: the trainer's guide and the participant's guide. The training programme received a favourable welcome from the National Societies of the European network. The guides are available on the websites of the European network and on FedNet:

http://www.firstaidinaction.net/data-publications/training-tools/first-aid-training-for-older-people
https://fednet.ifrc.org/en/resources/health-and-care/first-aid/first-aid-and-target-groups/





c. <u>European survey on road safety</u>

The results of the European survey, carried out in collaboration with the Association of European Automobile/ Touring Clubs were published. This study aimed to measure the knowledge of the European drivers regarding first aid. The results led to an important media event (press conference, report, press articles, television, radio, web reports...) which took place simultaneously on 19 March 2013 in the 14 countries involved. Altogether the documents (questionnaires, results of the survey, publication of results) are equally available on the website of the European network:

http://www.firstaidinaction.net/data-publications/studies-and-surveys/survey-on-first-aid-knowledge-of-european-drivers/

d. Working groups and meetings in Europe

- **19-23 May 2013:** fourth Global Platform for Disaster Risk Reduction in Geneva.
- **29-30 May 2013:** participation in the meeting of the working group on cross border research and collaboration. The working group is coordinated by the British Red Cross and is composed of the American RC, German RC, French RC and The Netherlands RC.
- **13-16 June 2013:** First Aid Convention in Europe (FACE) in Wels (Austria).
- **23 July 2013:** meeting of the European group working on the 22 years of activity of the First Aid Education European Network. The group was made up of the British, Spanish, Hungarian and Irish Red Cross.
- **19-22 September 2013:** annual meeting of the First Aid Education European Network in Burgas (Bulgaria).
- **12-16 December 2013:** European training of first aid instructors (trainers of trainers) for Russian speaking countries in Minsk (Belarus)

2. International projects

a. Survey on first aid education

In order to draw up an overview of the current situation in the field of first aid within the Movement, the GFARC launched in June 2013 a vast questionnaire on first aid education addressed to the 189 National Societies.
40% of the National Societies responded. The GFARC finishes completing the compilation of responses in 2014. The report will serve to design new programmes, projects, advocacy papers to respond to the needs expressed by the NS.

b. World First Aid Day

Like every year the RC/RC Movement celebrated World First Aid Day (WFAD). In 2013 WFAD took place on 14 September and the theme was “First Aid and road safety”.

In collaboration with the IFRC Communication and Health Departments and the GRSP (Global Road Safety Partnership, the IFRC expertise centre on road safety issues), the GFARC created promotion and communication tools to help National Societies organise first aid activities in line with the theme:

- Information guides translated in the four official languages available as early as June.
- Visual tools (banners, letter heads, posters..) that every National Society could adapt.
- Video animation to encourage the public to be trained in first aid at every stage of life.

Following all activities organised for this event the National Societies were asked to put forward a report of activities put in place during World First Aid Day 2013. More than 50 National Societies sent their report.

In Paris, the launch of WFAD was celebrated by the organisation with a breakfast debate which also marked the official announcement of the existence of the GFARC. The theme of the discussion was the importance of first aid in the reduction of victims due to road accidents and brought a number of different experts together.

The set of tools prepared for WFAD 2013, together with the global activity report are accessible on Fed Net by following the link:
https://fednet.ifrc.org/fr/ressources-et-services/health/first-aid/world-first-aid-day/

c. Planned Projects

- Beginning of the work on the creation of an International First Aid Certificate.
- WFAD 2014: the theme is 'first aid and disaster'.
- Launch of a global first aid campaign (2014-2020)
- Participation in the working groups in view of editing the next international scientific guidelines.

3. Reinforced collaboration

a. Other centres and networks

The GFARC is not an isolated entity but a component of the IFRC. It is directly connected to the Health department and collaborated actively with the other departments of the IFRC, like the legal or communication departments...
The GFARC collaborates equally with the other centres and networks of the Movement:

- **Global Road Safety Partnership (GRSP)**

The two centres actively collaborated for WFAD and the creation of promotion tools. The collaboration was also illustrated in 2013 by the joint participation at the conferences where the theme was first aid and road security:

- 15 March 2013: presentation of activities of the GFARC during the 17th meeting of the United Nations on Road Safety;
- 04-05 September 2013, Addis Ababa (Ethiopia): participation at the African conference on road safety organised by the GRSP.

Additional information on the GRSP is available at http://www.grsproadsafety.org/

- **Global Disaster Preparedness Center (GDPC):**

This new centre is hosted by the American Red Cross.

In 2013 the collaboration was mainly based around the "Universal First Aid App" project: the GDPC owns the license rights for the first aid application for mobile phones developed by the British Red Cross, taken over by the American Red Cross and offers a free application for all National Societies who wish to obtain it. The GDPC provides the technical support, the NS provides the content, the GFARC assures that the content is in accordance with the international scientific guidelines.

In 2013 9 National Societies have already adopted and adapted the Universal First Aid App and in 2014 there are more than 100 NS that are registered for the second phase of the project.

- **24 May 2013**: second meeting of IFRC reference centres in Geneva.
- **26-27 September 2013:** workshop on urban risks organised by the IFRC Americas Zone Office in Panama City.

b. Scientific

- Participation in the two annual meetings of the scientific committee of the American Red Cross to draft the next international scientific guidelines 2015.
- Collaboration with the European Resuscitation Council (ERC): participation in both general assemblies and annual congress (25-26 October 2013 in Krakow, Poland) of the ERC.
- Continuation of the work undertaken by the Evidence-based Group: creation of a network made up of more than 40 NS. The first meeting of the group will take place in London in March 2014.

c. Partners

- **13 February 2013:** meeting with Corp-U, American group specialised in partnerships with universities.
- **19 March 2013:** meeting at the French Red Cross headquarters between Hansaplast company and IFRC partnership department. In order to develop a partnership at European level, the IFRC has asked the French Red Cross to arrange a meeting with Hansaplast to take example from the partnership that already exists between the French Red Cross and Hansaplast France.
- **7 May 2013:** meeting in Paris between the FIA (International Federation of Automobile), the IFRC and the GFARC to develop a partnership.
- **2 July 2013:** meeting with DEKRA France for a future partnership
- **13 September 2013:** meeting with Philips International