The International Federation Reference Centre for Psychosocial Support

Workshop Report

Lessons Learned on the psychosocial response to the Tsunami

4th to 6th June

Denpasar, Indonesia

Contents

Special notes

A special note of thanks is extended to Palang Merah Indonesia, Bali Chapter, who hosted the workshop with such warm hospitality and efficiency, engaging the many extra hours needed to accommodate transport and other needs. Thank you also to IFRC Indonesia for logistic preparations and arrangements, both with accommodation and visa requirements.

As the workshop was an additional activity that had not been planned or budgeted for initially in the Tsunami Lessons Learnt Project, gratitude is also expressed to the American Red Cross Society, Danish Red Cross Society, Turkish Red Crescent Society, Canadian Red Cross Society, Belgian Red Cross Society and IFRC for supporting this event.

Finally, great appreciation is extended to all participants of the workshop, who were passionately engaged for all three days, and whose hard work will undoubtedly contribute to improving psychosocial responses in future emergencies. Special thanks are also extended to the five co-facilitators who guided the groups through their tasks, and put in extra hours for needed meetings and recaps, and especially to Ananda Galappatti, an independent consultant who volunteered his time to assist at the workshop.

This second day of the workshop was marked by tragic news from Sri Lanka, where one of the colleagues from Sri Lanka Red Cross Society, who worked closely with a number of the workshop participants, had been killed in a bomb blast on a bus. The news naturally caused upheaval and sadness amongst all workshop participants. Condolences are reiterated to the colleagues from Sri Lanka on their loss.

Acronyms and Abbreviations

BRC	Belgian Red Cross Society
CBH	Community Based Health
CRCS	Canadian Red Cross Society
DR	Disaster Response
DRR	Disaster Response and Recovery
FA	First Aid
FACT	Field Assessment Coordination Team
HNS-NHQ	Host National Society National Head Quarter
HR	Human Resources
HQ	Head Quarter
IASC	Inter Agency Standing Committee
IEC	Information, Education and Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
LL	Lessons Learned
M and E	Monitoring and Evaluation
MHPSS	Mental Health Psychosocial Support
MIS	Management Information Systems
MoE	Ministry of Education
NGO	Non-Governmental Organisation
NHQ	National Head Quarter
NS	National Society
PFA	Psychological First Aid
PMI	Palang Merah Indonesia
PNS	Partner National Society
PRA	Participatory Rural Appraisal
PS	Psychosocial
PSS	Psychosocial Support
PSP	Psychosocial Program
RC	Red Cross
Reference Centre	Reference Centre for Psychosocial Support of IFRC
SLRCS	Sri Lanka Red Cross Society
TRCS	Turkish Red Crescent Society
UN	United Nations
VIPP	Visualization in Participation Programmes
WG	Working Group

1. Executive Summary

Over three years have past since the tragic event of the tsunami that followed one of the largest earthquakes in history, outside the coast of Indonesia. The national and international response to the devastation and loss caused by the tsunami was immense, amounting to more financial, material and human resources ever used in response to a single event. Responses focused on not only physical damage and loss, but also on the social and psychological impact this life-changing event had on the lives of millions of people.

The time is now ripe to collect information on the variety of psychosocial responses that have been implemented, and to evaluate what has worked well, what has been challenging and what can be done to improve psychosocial responses in future emergencies. The Reference Centre for Psychosocial Support of the International Federation of Red Cross and Red Crescent Societies, with support from the American Red Cross Society, has therefore embarked on a project of collecting such information and lessons learnt, to guide future psychosocial responses.

This is a report on a workshop that contributes to the process of this project. The idea for the workshop arose after visits to the five countries worst affected by the tsunami, when it was found that all countries had faced similar challenges but had found different ways of tackling these, and that the different countries would clearly benefit from sharing best practises with one another. The thirty-five (35) participants were therefore all but one, representatives of either Red Cross and Red Crescent societies or from the International Federation of Red Cross and Red Crescent Societies (from different sectors, including the Reference Centre for Psychosocial Support), and have some affiliation to the psychosocial response to the tsunami.

The three days of the workshop focused on firstly getting an overview of the responses in each country; sharing challenges, best practices and lessons learned; and finally refining recommendations so that they can be considered from various levels of operation within the Red Cross and Red Crescent Movement. It is evident from the results that challenges across countries were indeed shared, and lively engaging discussions throughout the three days confirmed the importance of such a forum for sharing lessons learned.

The thoughtful and precise recommendations will be taken further than this report, as they will be scrutinised and included in a strategic meeting with partners in September 2008, and in other future advocacy activities to be undertaken by the Reference Centre.

The final session of the workshop was consensus and commitment by participants to form a regional network for psychosocial support, which will hopefully be useful in future sharing of lessons learned and provision of technical support as needed.

2. Introduction

The December 2004 Indian Ocean earthquake and Tsunami was one of the largest natural disasters in history, reaching 11 countries, killing over 255 000 people and affecting the lives of millions more. It was also the largest operation of emergency and relief response known, with a multitude of partners and approaches to fulfil the wide needs of the affected populations. Amongst these were a host of different psychosocial programs set up in the 'emergency' phase, and many continuing after the first six months in the 'relief' phase.

Since November 2007, the Reference Centre for Psychosocial Support for the International Federation of Red Cross and Red Crescent Societies been engaged in a project of collecting lessons learnt on the psychosocial response. The project aims to gather information on the varied methodologies and approaches that were used, not only by Red Cross and Red Crescent Societies, but also by local and international partners. This information is then to be used to identify critical lessons learnt and recommendations to improve psychosocial responses to future emergencies.

Specific expected outputs of the project, by October 2008, include:

a) A comprehensive database with materials and other PSP documents from Tsunami response interventions, available for online accessing
b) A Good Practice Catalogue of emergency related psychosocial support
c) An Information booklet on planning and implementation of psychosocial programs
d) A comprehensive Project Report

The preliminary phase of the project has included an intense review of documents relating to the tsunami response with specific focus on psychosocial programming. This has been followed by visits to the five worst affected countries: Thailand, Indonesia, Sri Lanka, India and the Maldives, by the Coordinator of the project. These comprised site visits to ongoing psychosocial activities and interviews with representatives from all levels of the psychosocial response: beneficiaries, volunteers, program managers, country representatives and so on. Two One Day Lessons Learned workshops were also held in Indonesia and Sri Lanka.

It was clear from these country visits, that despite the country specific responses, many challenges had been shared in terms of both program design and implementation and best practices from one specific context (and country) seemed applicable to other similar contexts. It was therefore decided to create a forum where key representatives of the psychosocial response, both from the tsunami affected countries and from Partner National Societies and the International Federation of the Red Cross and Red Crescent Societies (IFRC), could share and together refine the lessons learnt from the past three years of psychosocial programming. The workshop was arranged by the Reference Centre for Psychosocial Support of IFRC, hosted by Palang Merah Indonesia (PMI) and was enabled through the financial support of the Partner National Societies that had been involved in the psychosocial response in the tsunami affected countries, as well as IFRC.

3. Aim and objectives of workshop

The overall aim of the workshop was to contribute to the improvement of psychosocial responses in future emergencies.

The main was to prioritise and refine the lessons learned and ensuing recommendations from the psychosocial response of the tsunami. Specific objectives for the three days were as follows:

Day 1:

- Introduction to workshop;
- Overview of country specific Lessons Learned and LL project

Day 2:

- Consolidate and prioritize critical lessons learnt with recommendations to improve psychosocial responses to emergencies in the future

Day 3:

- Prioritize and refine targeted recommendations [1]

4. Participants

Thirty-five (35) participants attended the workshop. They represented the five tsunami affected countries, Indonesia, Sri Lanka, India, Thailand and the Maldives, as well as the Partner National Societies that have been active in the psychosocial response: American Red Cross Society, Danish Red Cross Society, Turkish Red Crescent Society, Canadian Red Cross Society, Belgian Red Cross Society. Two representatives from IFRC and three from the Reference Centre for Psychosocial Support (IFRC) also participated, along with one external consultant who volunteered his time to co facilitate at the workshop. All participants had either been somehow involved in the psychosocial response, or were presently engaged with the response in their daily work.[2]

5. Workshop methodology

The workshop included plenary presentations and discussions, group work and gallery presentations. The use of VIPP (Visualization in Participation Programmes) cards during group work enabled a creative combination of different participatory approaches, whilst emphasizing visualisation for presentation and discussion thereafter[3]. The VIPP methodology regards workshop participants as the holders of the knowledge needed to make the workshop a success which is highly relevant when sharing lessons learned. Documentation of the workshop was through photography and audio-recordings of plenary presentations.

6. Results and discussion

Following welcoming remarks by Drs. Ida Bagus Udianam, Secretary of Bali Chapter, PMI, and opening remarks by Ms. Nana Wiedemann (Head of the Reference Centre for Psychosocial Support, IFRC), the schedule for the workshop was introduced, and participants were given a chance to share their expectations of and fears that may prevent these expectations from being met. These were used to evaluate the workshop on the last day. A short discussion of this evaluation is included in the concluding remarks.

6.1 Country presentations

A representative from each of the tsunami-affected countries made a presentation on the respective country-specific psychosocial response.[4] The presentations gave an overview of the responses that

[1] An overview of the workshop time plan and agenda is presented in Appendix 1.
[2] A list of participants is included in Appendix 2.
[3] More information on the VIPP methodology can be found on the internet site:
http://www.unssc.org/web1/programmes/rcs/cca_undaf_training_material/tot05/resources/VIPPUNICEFBangladesh.pdf
[4] The presentations can be seen on http://psp.drk.dk/sw38078.asp

had taken place, and examples of best practices, challenges and lessons learned. Ideas for improving psychosocial responses both nationally and internationally were also shared, together with recommendations to what role the Reference Centre could play in such improved responses.

Figure 1: Dr. Sinha Wickremesekera presenting on the psychosocial response in Sri Lanka

The presentations enlightened the participants both to different approaches to psychosocial programming, and also to how the contexts of each country have affected the decisions on which activities to include in psychosocial programs. It was evident, however, that despite these differences, most of the Operating National Societies had also experienced similar difficulties. One example was the challenge of engaging with multiple Participating National Societies at the same time, all with different approaches to psychosocial programming. Another was the challenge of implementing psychosocial programs according to the planned time frame, as in most countries various external factors delayed implementation of activities (either due to internal programmatic set-backs, or extenuating circumstances such as the conflict in Sri Lanka).

Examples of shared best practises were using schools as entry points into the community; ensuring community participation as early as possible in the program design and implementation to encourage community ownership and ensuing sustainability of activities; and good coordination and collaboration between other implementing partners.

A common positive development for all countries was the increased capacity of volunteers and program staff in terms of both understanding and providing community based psychosocial support.

A presentation was also given on the Tsunami Lessons Learned Project by the Project Coordinator, explaining the expected outputs of the project, the methodology used to gather the lessons learnt, and the envisaged way forward following this workshop.

6.2 Thematic areas

During the presentations, participants were asked to think of recurring major themes that would be used as categories for scrutinizing the best practices, challenges, and lessons learnt on the following day. Ten (10) thematic areas were thus identified after the country presentations and were paired as seen most appropriate, to create five (5) working groups for the following day:

1. Clarity on PSP; Program Models and approaches
2. Ownership and partnership; Community participation
3. Networking and technical support; Coordination and collaboration
4. Assessment and monitoring and evaluation; Management practices
5. Sustainability; Capacity building; (Volunteers)[5]

[5] Although consideration of volunteers was likely to recur in all the thematic areas, it was decided the group working on sustainability and capacity building also pay special attention to volunteers, as they are the core of both of these thematic areas.

6.3 Role of the Reference Centre

On the evening of the first day, the Communications Advisor of the Reference Centre made a presentation on the Role of the Reference Centre, which explained what the Reference Centre does (through strategic objectives), and how the Centre can assist National Societies in preparation, implementation and evaluation stages of psychosocial programming. A short film on Psychosocial Support within the Red Cross and Red Crescent Movement was shown, as well as a slide show of the psychosocial response to the Beslan School Hostage crisis of 2004. A discussion followed the presentation on how the Centre can also assist National Societies with Communication and Advocacy projects to share positive experiences of psychosocial responses.

6.4 IFRC Tsunami Lessons Learned Project

Starting the second day of the workshop, Ms. Valpuri Saarelma, Quality and Accountability Advisor, IFRC, made a presentation on a larger IFRC lessons learned project on the tsunami response that she is working on. The project aims to contribute to organizational learning of IFRC, through both directed research and consolidating the findings of smaller lessons learned initiatives, such as the one focusing on the psychosocial response. Her presentation was very useful as it considered the process of learning from experiences, and what is needed for lessons learned to activate necessary change for improving future responses. It was also stressed that 'building safer, more resilient communities' should be kept in mind as an ultimate goal of using lessons learned.

Ms. Saarelma expressed enthusiasm at participating in the present workshop, as it was the first of its kind that she had attended, and she would be able to extract components of the workshop process as prototype for future planned workshops in the tsunami lessons learned project.

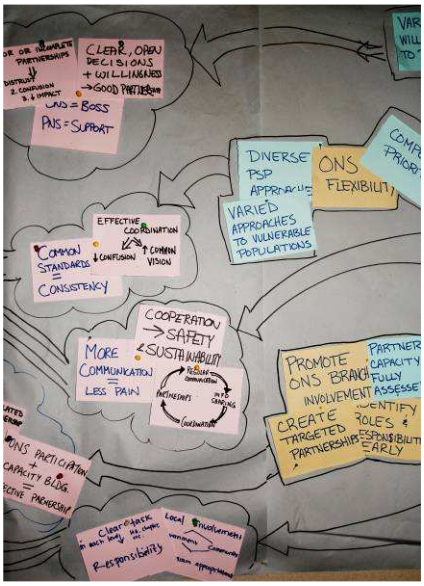
6.5 Best practices, Challenges, Lessons Learned and Recommendations

For the rest of the second day, the participants were split into five (5) groups and were allocated two of the thematic areas agreed upon on the previous day. Their task was to analyse the country presentations from the first day, drawing out best practises and challenges, within their allocated thematic areas. They were also encouraged to supplement with additional examples of best practises that may not have been expressed in the country presentations.

Once the best practises and challenges were identified, these were used to develop lessons learned, that in turn were used to create recommendations. The VIPP methodology was used throughout the day, resulting in wall presentations of the groups' findings. Clear linkages between specific best practices and challenges to lessons learnt and further to recommendations were drawn so it was easy for onlookers to follow the thread in the presentations. Once completed the participants were given some time to look at all the presentations. A representative from each of the groups stood by the presentations at all times to

Picture 2: Group work, preparing the gallery presentation

respond to any queries. Participants were asked to write comments on post-it notes, which were then considered by the groups on relocating at their respective presentations[6].

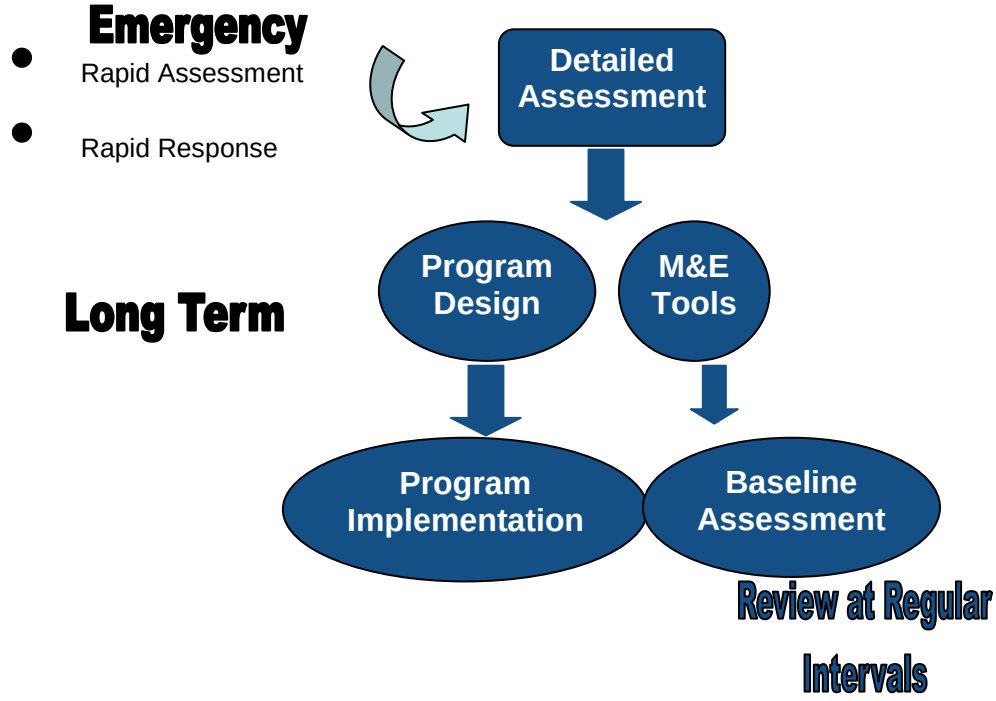


Picture 3: An example of a completed gallery presentation, showing the clear links between best practices (yellow), challenges (blue) and lessons learnt (pink)

Intense concentration and lively discussions were evident throughout the day. It was clear that all participants were highly motivated and enthusiastic to share their experiences and debate on lessons learnt, and also what kind of recommendations could be made from these. It was a positive experience for participants in the same groups, from different countries, to realise that they had been working with very similar challenges, and also best practises. More importantly they were able to share with one another different ways that had been used to overcome similar challenges, and inspired one another with new ideas for future programming. Lessons learned and recommendations recurred, not only in the same group for the two thematic areas the groups were working on, but also between the groups.

At the beginning of the third day of the workshop, the participants were again given some time to look at the gallery presentations, with a fresh outlook following the long and tiring previous day. Groups were then given time to review the comments and questions posted on their presentations and could change any of their recommendations if they saw fit.

An example of one of the recommendations developed by the group looking at Assessments was the following diagram, which shows the proposed program cycle in terms of assessments and program implementation:



[6] The results of all the group presentations are presented in Appendix 3.

6.6 Recommendations at various levels

The final task of the workshop was to work in-depth with the developed recommendations. The participants remained in their groups, and each group was allocated a different level of responsibility (in terms of the Red Cross and Red Crescent Movement) from which they had to work with the recommendations that had been developed the day before. They were presented with a scenario of

> "A country has been affected by a nationwide devastating disaster. The National Society in the country has NO experience in working with psychosocial support, and there is no word for psychosocial support in the local language and although the PS team of the NS understand the concept that most others in the country did not."

From the five different perspectives of operation, the groups were asked to re-visit all the presentations from the previous day (thus for all the ten identified thematic areas) and to select all the recommendations that were relevant for their particular level of operation. From the chosen recommendations they were asked to prioritize ten and present these to plenary, again with card displays on the walls.

The five different levels of operation are explained below, with the resulting recommendations following. The groups were asked to also consider aspects of disaster preparedness if they had time. Two groups included these considerations in their presentations, as shown below:

1. NS Branch Level

'You are the newly employed PS coordinator in the field (at branch level) in a National Society. Your team is responsible for starting up a psychosocial program to respond directly to the needs of the affected population'

Relevant recommendations are:

- **Program Design**
  - PSP should be need-based and should be designed by using community participation at all appropriate stages:
    - Assessment
    - Planning
    - Program Design / structure
    - Implementation
    - Reporting system
    - Transit
  - Design should adapt to needs and have a flexible budget
  - PS programs should include sufficient resources and an exit plan that incorporates:
    - Hand-over partner / community structure
    - Income / contribution
  - Exit plans needs to be communicated to all from beginning
  - Should develop tools and guidelines in planning
- **Community participation**
  - Strengthen existing community owned/managed structures, build community participation and work through these to deliver PS support and services

  - Formed agreement with partners (at community levels) and honouring them while ensuring transparency and collaboration
- **Management:** Enforce staff orientation, training and de-briefing.
  - Skill building should include
    - Participation and mobilizing
    - PSP information and knowledge
    - Management
    - Working with diversity
  - In-built staff well-being / care mechanisms in place
- **Collaboration:** To improve collaboration with University/Academic/Research Institutions in implementation (Educational institutions)
- **Volunteer management:** Long term use of volunteers planned at initial stage:
  - Selection (local, diversity, etc)
  - Registration
  - Support and care (PSP)
  - Recognition and incentives
  - Expectations and monitoring mechanisms
  - Trainings (even before disaster)
- **Advocacy:** Need to do advocacy and dissemination on PSP to communities and within branch

Preparedness (before the disaster)
- *Policy framework:*
  - PSP interventions require a **clear policy** environment. In the absence of this there should at least be **minimum standards** for all partners.
- *Guidelines and tools:* Availability and access to
  - Guidelines
  - Tools (assessment; M and E; Community consultation)
  - IEC – should be culturally and linguistically appropriate
  - Training materials – as above

2. PS Coordinator at HQ of a NS

'You are the newly employed PS Coordinator at Headquarters of a National Society. Your team at HQ is responsible for starting up a psychosocial program to respond to the needs of the affected population through the Branch Office.

Relevant recommendations are:
- Enable **decision making** at all levels
- Effective **human resources**:
  - Psychosocial support system for staff
  - Supported supervision in implementing programme
- Effective **volunteer management**:
  - Long term planning
  - Volunteer care
  - Volunteer motivation
  - Volunteers not to substitute staff
- **Advocacy** and dissemination of PSS to all levels involved
- **Cultural adaptation** of project design and materials
- **Collaboration and coordination** of all relevant stakeholders and sectors

- Joint / integrated **assessment** while starting emergency PSS activities (Assessment should include capacity assessment)
- Effective **project management** system: a. PSP skills; b. Management skills
- **Capacity building** at all levels (including participatory methods and managing diversity)
- Establish psychosocial advisory board and liase with the Reference Centre

3. PNS PSP Delegation

'You are a newly appointed bilateral PNS PSP Delegate. You have been given the mission to go to the affected country to support the establishment of a psychosocial support programme.'

Relevant recommendations are:

- Start: Conduct **assessment** jointly with other sectors and agencies
- **Ownership:**
  - Ensure NS takes the lead in all stages of implementation
  - Delegate decision making to NS and / or branch level PNS
- **Program Design:** PS program should include an exit plan that incorporates
  - Transfer of full ownership and responsibility to partner or community
  - Mechanisms for sustaining resource base
  - An exit plan that needs to communicated to all from the beginning and implemented gradually
- Ensure **transparency** with NS branches and other partners
- **Community participatory** process should be adapted in programming in all stages and supported by program design and structure / budget
- Source NS sufficient **resources** (HR, technical, financial) to NS (and PNS) to enable quality implementation
- Support the adaptation of external resource material to the local cultural and linguistic context
- Standard and clear **reporting system** that integrates data for program level use (M and E; MIS)
- **Capacity building:** Provide ongoing capacity building for delegates, staff and volunteers / staff of NS
  - Ensure that delegate has adequate PSS knowledge and / or access to technical support (Preferably in country / region) and has local knowledge
  - Support advocacy and learning about PSS within NHQ, Chapters and branch levels
- External **coordination and partnerships:** Collaborate and co-ordinate with local institutions and stakeholders (Government, Universities, NGOs, UN, etc)
- In complex emergencies a **formal sectoral working groups** should be established or joined where appropriate to harmonise approaches and ensure situational cultural relevance
- **Collaboration and coordination** with other sectors should be encouraged (e.g. IASC)

4. Geneva / PNS HQ

'You are the newly appointed Psychosocial Focal Point in the Health and Care Department in Geneva, HQ IFRC. You have to support the establishment of a psychosocial support programme in the affected country.'

Relevant recommendations are:

- Ensure that **PS delegate recruited** has
  - Local knowledge
  - RC understanding
- Include **non-movement approach**

- Ensure regular **personnel orientation and debriefing**
- Promote **capacity building** on PS at delegation level
- **Address inequalities** between movement partners
- **Sufficient resources** (financial and HR) are available
- **Advocate** for and contribute to standardised PS training at regional level
- Develop existing **PS policy** (IFRC=) to allow effective implementation within a global framework (giving adequate rational to approach)
- Promote recognition of **MHPSS as a priority** issue
- Incorporate **staff care and stress management** into HR and emergency response policy
- Support **integration of PS** into other sectors through interaction and collaboration at Geneva and Delegation level

5. PSP Centre
'You are the Head of the Reference Centre for Psychosocial Support. You have the task to provide technical support to the National Society of the affected country.'

Relevant recommendations are:
Emergency Response

- Facilitate **needs-based program design** including community participation at all stages
- Provide **technical assistance** with tools and materials (Assessments, Monitoring and Evaluation, Planning and Implementation)
- Facilitate **cultural adaptation**
- Reference Centre should provide **quality assurance**, **collecting information** and **documentation**
- PSP **expectations** should be realistic
    - Communicated
    - Time framed
- **A PSP working group** should be formed as an advisory body to HNS-NHQ (advocacy and dissemination of PSS to NHQ)

Disaster Planning or Long term

- PSP **Capacity Building** (Internal for RC movement) by:
    - Developing an RC/RC global framework
    - Policy and programmatic prioritization
    - Having a mechanism for strengthening PSP programming
    - Promoting available PSP standards internationally
    - Including policies on i) volunteer sustainability; ii) exit plans
- Each regional delegation has a person delegated for PSP (**Focal point for Reference Center**) who is part time or full time
    - Should have enough human resources within the region
- Develop **guidelines and tools** for PS programmatic approach and community participation
- **Advocacy and dissemination** of PSS to NHQ

6.6.1 Discussion of Recommendations
The participants reported that this as a useful exercise as it highlighted how many different levels of operation need to be targeted in advocating for specific recommendations to improve future psychosocial responses in emergencies. The results show that many of the recommendations recur,

albeit with slightly different foci - according to their level of operation and thus intended audience. All of the thematic areas from the previous days work had relevant recommendations for each operational level, confirming the relevance of all thematic areas, from management practices, to capacity building, for all levels of a program operation (design, implementation and evaluation).

An example is the strong call for culturally relative programming in all levels of operation: from the perspective of the Branch level of the National Society, this is expressed through a recommendations for community participation at all appropriate stages of programming (in this way ensuring culturally appropriate activities); from the HQ level of the NS, there is a recommendation for cultural adaptation of project design and materials; the PNS PSP delegation support the recommendation for community participation at levels, whilst also ensuring the PS delegate has sufficient local knowledge and understanding for the post, similar to the recommendation at the PNS HQ level; and finally a recommendation for the PS Reference Centre is also to facilitate cultural adaption.

As the presentation of the recommendations in gallery was the concluding task of the workshop, no definitive action points were defined to partner the recommendations. It was, however, explained that the recommendations developed at this workshop will be scrutinised and included in the final outputs of the Tsunami Lessons Learnt project, and will also be shared at a forthcoming meeting in September, 2008 (with partners from a few selected Red Cross and Red Crescent Societies, as well as other key partners in the psychosocial field, such as UNICEF, Save the Children, IMC and others). Other advocacy activities will also be undertaken as the final leg of the Lessons Learned project, where the recommendations will be delivered to their appropriate audiences. Efforts will also be made to follow up on the recommendations long term, to see if they are adopted and acted upon.

Participants were also encouraged to take initiative to take the recommendations themselves to accessible audiences.

7. Recent events

Two of the workshop participants have been involved in different aspects of psychosocial responses to recent events: Dr. Satyabrata Dash is presently Country Manager for the Psychosocial Support Program set up following the floods due to Cyclone Sidr in Bangladesh (2007), and Ms. Rikke Gormsen was the PS member of the FACT team that was deployed immediately after Cyclone Nargis that ravaged through large areas of Myanmar.

Dr. Dash shared his experiences of setting up a new psychosocial program in the Bangladesh context, explaining how his experience of working with a tsunami-response program in the Maldives had prepared him for the current task, and enabled him to plan the program cautiously, wary of possible challenges he had encountered from his earlier experiences. His presentation was a live example of how lessons learned are instrumental for improving future responses, and it reminded participants of the relevance of the tasks they had engaged in for the past three days.

Ms. Gormsen's participation in the FACT assessment deployed after Cyclone Nargis was an example of an extremely challenging mission, as herself, and others in the FACT team, were not allowed entry into Myanmar. Instead they had to conduct the initial needs assessment from across the border, in Thailand, with limited communication and very little access to information from the worst affected areas of Myanmar. She described that her role as the PS delegate on the FACT team

also led to her providing psychosocial support to the other FACT team members, who were working under very strenuous and frustrating conditions, continuously anticipating entry to the affected country and carry out their intended tasks. Her mere presence on the FACT team was, however, an accomplishment in terms of recognition of psychosocial needs, and the increased focus on addressing such needs in emergency settings presently.

8. Future networking

Dr. Sinha Wickremesekera facilitated the final session of the workshop, which was a discussion on the need and possibilities for establishing a future regional network. There was consensus amongst the workshop participants that a regional network would be very useful, serving as a forum for sharing lessons learned in the future, and for giving and receiving technical support when needed. Participants had filled out a form indicating what kind of technical support they need, receive and do not receive. This information will be captured in a database and can be used as a basis for establishing the Regional Network.

Dr. Satyabrata Dash took on the responsibility of coordinating the formation of such a regional network, and indicated that he would contact all the workshop participants soon by email to launch the initiative. The Reference Center for Psychosocial Support offered any possible support for this initiative.

9. Concluding remarks

The workshop ended with a few closing remarks by Dr. Justin Curry, Regional Psychosocial Advisor for American Red Cross Society and by Ms. Amara Bains, Deputy Head of the IFRC Delegation in Indonesia. Dr. Curry reiterated the importance of sharing lessons learned, and confirmed again that the outcome of this workshop would contribute to strengthening of future responses through various advocacy activities. He thanked the participants for the efforts they put into their daily work throughout the region, as he has first hand experience of their work through his role of Regional Advisor.

The tasks set to meet the objectives of the workshop: to review the psychosocial responses, share best practices, challenges and lessons learned and finally to develop strategic recommendations were embraced with dedication and enthusiasm and many hours of hard work. The results show that much deliberation was put into the presentations, and the lively discussions that buzzed throughout the three days reiterated the obvious enthusiasm for this event. It was definitely a positive and constructive event, having representatives from different countries together, that had shared the challenges of providing psychosocial support to thousands of people whose lives had been destroyed within a few tragic hours following the tsunami in 2004. Although devastating, the tsunami has clearly led to opportunities, both in terms of capacity building psychosocial support resources, and also by leading to a vision and commitment to improve psychosocial responses in the future.

A workshop evaluation based on the participants' expectations and fears expressed at the beginning of the workshop is included in Appendix 5. The average figures show that eighty-one percent (81 %) of the participants felt the expectations were either met or met well. Some of the most popular felt expectations that were met well were 'realistic action points', 'visualising PSS for the RC/RC Movement' and 'new useful information'. Thirty-two percent (32 %) of the participants felt the fears they had that would hinder the expectations of the workshop were realised. Some of the fears mostly realised included 'overlapping of experiences' (which was one of the initial reasons for

having the workshop), ‘getting away from reality’, ‘what will the final impact of the meeting be?’. The latter was addressed both by the Project Coordinator of the LL Project, and by Dr. Curry, in the explanations of future advocacy activities.

Appendix 1: Time plan

Wednesday June 4th 2008 **Day's Objective:** Introduction to workshop; Overview of country specific Lessons Learned and LL project		
Time	**Content**	**Facilitators**
8:00 – 8:30	Registration	
8:30 – 9:30	Welcoming remarks Opening speech	Secretary of Bali Chapter, PMI Nana Wiedemann, Head of PSP Reference Centre
9:30 – 10:30	Introduction of workshop and participants: Share objectives, expectations etc. Workshop methodology and plan	Pernille Hansen, PSP Reference Centre
10:30 – 11:00	Tea break	
11:00 -11:15	Introduction to thematic areas for Day 2	Ananda Galappatti, Psychosocial Consultant
11:15 – 13:00	Presentations (45 mins each – including time for discussions) India Indonesia Sri Lanka	Representatives from each country
13:00 – 14:00	Lunch	
14:00 – 15:30	Country Presentations Thailand Maldives	Representatives from each country
15:30 – 16:00	Tea Break	
16:00 – 16:30	Project lessons learnt – progress	Pernille Hansen, PSP Reference Center
16:30 - 17:30	Thematic areas for group work on Day 2	Ananda Galappatti, Psychosocial Consultant
17:30 – 19:30	Break and dinner	
19:30 – 20:30	Role of the PSP Reference Centre and short films	Åsta Ytre, Communication Advisor, Reference Centre

Thursday 5th 2008 **Day's Objective:** Consolidate and prioritize critical lessons learnt with recommendations to improve psychosocial responses to emergencies in the future		
Time	**Content**	**Facilitators**
8:00 – 8:30	Review of previous day	Ananda Galappatti
8:30 – 9:00	How do psychosocial response lessons learnt feed into the bigger picture of Tsunami lessons learnt	Valpuri Saarelma, Quality and Accountability Advisor, IFRC
9:00 – 9:30	Group allocation (5 groups) Introduction to group work	Pernille Hansen
9:30 – 10:30	Group work A: Thematic areas – Lessons Learnt (Best practises, main challenges) – Realistic and active Recommendations	Group facilitators: Åsta Ytre, Ananda Galappati, Nana Wiedemann, Valpuri Saarelma, Rikke Gormsen
10:30 – 11:00	Tea Break	
11:00- 13:00	Group work A continued	Group facilitators
13:00 -14:00	Lunch	
14:00 - 15:30	Group work A continued	Group facilitators
15:30 – 16:00	Tea Break	
16:00 – 17:00	Gallery group presentations	Group facilitators
17:00 – 17:45	Side meetings	All
17:30 – 19:00	Break and dinner	

Friday 6th June **Day's Objective:** Prioritize and refine targeted recommendations		
Time	**Content**	**Facilitators**
8:30 – 9:30	Review of previous day Presentation of days task	Ananda Galappatti Pernille Hansen
9:30 – 10:30	Group work B: Prioritization of recommendations (at different levels of consideration)	Group facilitators
10:30 – 11:00	Tea break	
11:00 – 12:30	Group work B continued	Group facilitators
12:30 - 13:00	Examples of recent PSP missions to Bangladesh and Myanmar	Dr. Satyabrata Dash (IFRC, Head of PSP, Bangladesh) Rikke Gormsen, Roster Member Reference Center
13:00 – 14:00	Lunch	
14:00 – 15:30	Group presentations	Groups
15:30 – 16:30	Regional Networks – what are lessons learnt and what is way forward?	Dr. Sinha Wickremesekera
16:30-16:45	Tea	
16:45-17:15	Closing remarks	Amara Bains, Deputy Head of Delegation, IFRC, Indonesia
19:00 – ….	Dinner arrangement	

Appendix 2: Participant list

Nr.	Country	Name	Organization	Designation
1	Thailand	Mr. Pakhin Chanthathadewong	Thai Red Cross	Project Coordinator CBH
2	Thailand	Chompunut Pongsiri	Thai Red Cross	Assistant Professor, CBH Management
3	Thailand	Juree Narumitlert	Thai Red Cross	Assistant Professor, CBH Management
4	Thailand	Mr. Sombat Suwannasri	American Red Cross	Health Program Field Officer
5	Thailand	Mr. Justin Curry	American Red Cross	Regional Psychosocial Advisor
6	Phillipines	Ms. Zenaida Beltejar (Aida)	Phillippine Red Cross	Previous Regional PSP Advisor
7	Indonesia	Mr. Amin Khoja	American Red Cross	Program Manager
8	Indonesia	Mr. Ibnu Mundzir	American Red Cross	Senior Program Officer
9	Indonesia	Mr. Leo Pattiasina	PMI	PSP Coordinator
10	Indonesia	Ms. Intan Widjaya	PMI	PSP Coordinator
11	Indonesia	Ms. Amara Bains	IFRC	Deputy Head of Delegation
12	Indonesia	Ms. Indah Putri	IFRC	PSP Program Panager
13	Indonesia	Ms. Sofianna Islamiata	TRCS	Psychologist
14	Sri Lanka	Dr. Sinha Wickremesekera	CRCS	Project Manager, Child Protection
15	Sri Lanka	Dr.Lasantha Kodituwakku	SLRCS	Acting Executive Director- Health
16	Sri Lanka	Mr. Mitesh Govinder	American Red Cross	Community Specialist
17	Sri Lanka	Pramuddith Rupasinghe	American Red Cross	PSP Deputy Community Specialist
18	Sri Lanka	Nirasha Wewelwala	American Red Cross	Program Officer – Psychosocial Support Program’
19	Sri Lanka	Mr. Ananda Galapatti	Independent Consultant	Psychosocial Consultant
20	Sri Lanka	Ms.Anne Lene Borra Svendsen	IFRC	Health Coordinator
21	India	Irene Stanley	Canadian Red Cross Society	Health Delegate
22	India	Dr. Subhasis Bhadra	American Red Cross	Director- Behavioral Health
23	India	Dr. Jitendra Lalchandani	American Red Cross	Director - Technical Advisor, Gujarat Program Previously Education specialist, Sri Lanka
24	Maldives	Ms. Aishath Shahula Ahmed	American Red Cross	PSP Coordinator
25	Maldives	Ms. Aishath Noora Mohamed	American Red Cross	Manager, Community Project, PSP
26	Maldives	Ms. Fathmath Anjee Naeem	American Red Cross	Manager, School Project, PSP
27	Bangladesh (Maldives)	Dr. Satyabrata Dash	IFRC (Previously American Red Cross)	Country Manager, PSP
28	Denmark	Ms. Nana Wiedemann	IFRC PSP Center	Head of PSP Center

Nr.	Country	Name	Organization	Designation
29	Denmark	Ms. Pernille Hansen	IFRC PSP Center	Project Coordinator, Tsunami Lessons Learned
30	Denmark	Ms. Åsta Ytre	IFRC PSP Center	Communication Advisor
31	Denmark	Ms. Rikke Gormsen	Danish Red Cross	Previous PSP Delegate, Sri Lanka
32	Belgium	Mr. Olivier Nyssens	Belgium Red Cross	Project Coordinator, Sisu – Psychosocial Emergency Assistance Unit- previously psp Desk Officer, BRC project in Sri Lanka
33	Geneva	Mr. Tomar Bhupinder	IFRC	Previously Tsunami Coordinator
34	Canada	Mr. Gurvinder Singh	Canadian Red Cross Society	Previously Child Protection Delegate, Sri Lanka
35	Singapore	Ms. Valpuri Saarelma	IFRC	Quality and Accountability Consultant - Tsunami Operation

Photo with all workshop participants

Appendix 3: Full results of gallery presentations

The results are presented to show the linkages between specific best practises and challenges to lessons learnt and thus to recommendations. In some cases the recommendations were non-specific and are presented as such. The comments made by 'visiting' participants to the group presentations are noted in [square brackets].

Thematic area	Best practises	Challenges	Lessons Learnt	Recommendations
Clarity on PSP	– Visibility and dissemination of PSP – (in all forms including research)	– Lack of Consensus on scope of PSP	Why? → How? PSP: Now for PSS the focus has changed from 'Why PSP' to 'How PSP' due to disseminations of Program reports, forums, IEC materials etc.	*To Reference Centre* Reference Centre to provide quality assurance services and collect information and undertake documentation
		– NS has to deal with various models	PSS is given less priority	*To Reference Centre* Global level training diploma on PSP at Regional level Field experience in the form of short internships (mechanisms to be defined)
		– Lack of documentation		*To NS – HQ* More collaboration with University / Academia and more research
		– PSP promotion		*All levels* Promote the recognition of MHPSS as a sector
				Establish Regional unit of PS Reference Centre Representative (first) Office (later as per needed) Mechanical support and response
				To NS HQ A psychosocial working group should be formed as an advisory body to the HNS-NHQ Criteria of members Purposes Socio-cultural appropriate responses Program approaches Approval and allocation of projects
				To Reference Centre Develop a global framework which includes the different approaches having adequate rationale (as per the phase of the disaster and needs of the beneficiaries) by different agencies

Thematic area	Best practises	Challenges	Lessons Learnt	Recommendations
Program models and approaches	Community participation / involvement	Integration with other sectors	Care is needed for volunteers and staff	*To all technical levels* Development of guidelines and tools (Consider the scope and range of PSP interventions in different settings: emergency; conflict; recovery; long-term; life skills context) [identify interventions under different settings and map out the tools that applies to each] [Availability of documents that explain different models of PSS]
	Local ownership (ONS and community)	Effective guidance	Cultural adaptation is important	*To all technical levels* Ongoing capacity building
	Utilize existing guidelines	Adaptation of guidelines to programs	Integration of PSS with other programs (ensure balance between PSP and stand alone)	*To ONS HQ* Regular and effective follpw up and monitoring mechanisms
	Multipronged approach of PSP	Designing a program	Flexible schedules	*To Reference Centre, WG, ONS-NHQ* Advocacy and dissemination of PSS to NHQ management, chapters and branches
	School as entry point	Effective monitoring and follow up	Set up of referral system (health/livelihood etc)	*To donors and partners* Long term projects with gradual exit
	Cultural adaption	No ONS's committee defining their own needs	– Home visits – IEC materials – Flexible schedules – Peer groups	*To ONS HQ* Cultural adaptation
		Too short programs and exit time	Peer group for mutual support in communities	[Identify mechanisms ("ventricles") for strengthening PS programming (MoU IFRC/Who: IFRC Strategy 2010]
		Managing beneficiaries expectations	Sustainable plans	[What is best practice / guidelines for adapting materials]
		Standard training materials	All groups need to be included (including men)	Networking and Collaboration Build on ONS Capacity Pre-disaster capacity building Collaboration of local organizations/resources Monitoring and Evaluation
		Standard PSP model for RC/RC movement		

Thematic area	Best practises	Challenges	Lessons Learnt	Recommendations
Ownership and partnership	– Integrating PSP into trainings /curriculum – High profile outputs	– Poor understanding of PSP = poor commitment – Low priority – Inadequate policy and strategies	Lack of clarity within RC/RC movement → Lack of understanding → Lack of commitment	Improve transparency equity and governance in the different levels
		– Organizational politics – Competition over resources		Engage in communities on their own terms and establish clear partnership agreement
		– Inadequate consultation (decision making) – Dependent on gate keepers – Poor delegation (decision making) – Vertical programming	Lack of ownership	RC/RC movement must give policy and programmatic priority to PSP [How do we consult with beneficiaries? What are best practices?]
		– RC introduced vision too narrow – Subsectors too compartmentalized		Acknowledge inequalities between PNS and ONS and adhere to mechanisms to manage this (contracts, coordinating principles etc) [What do you do when the agreed mechanisms are violated by the PNS?]
	– Joint drafting of proposals (PNS, ONS) – Mutually agreed roles and responsibilities	– Unequal partnership (PNS and ONS) – Donor Driven	Asymmetrical relationships are a source of difficulties in partnerships	Identify mechanisms for strengthening PSP programming. Eg: IFRC strategy 2010-20 (violence prevention) MoU IFRC /WHO (DRR + DR) [Involve stakeholders at all levels]

Thematic area	Best practises	Challenges	Lessons Learnt	Recommendations
	– Long term commitment relationship – [need to design programs with timeframe of exit strategy to prevent community dependency] – [How to best combine the PSP facilitation style with the humanitarian assistance style?]			Enable decentralized decision making at service delivery level [Emphasize the role at each level]
	– Relevant and responsible (to community) – Make PSP perspective accessible – Clear mechanisms for complaints and feedback – Community consultative process		Greater investments in project and partnership when you are both in it for a long duration	Improve interaction and collaboration between sectors and sub-sectors in RC movement [By having regular meetings: communication between sectors – focal points to be established – who will be responsible for communication etc] [Stand alone vs. integrated PSP – sometimes PSP cannot be stand alone]
				Collaboration should be medium to long-term
Community participation	– Recruit appropriate volunteers and staff – Capacity to deliver – Clear vision and techniques for participation	– Staff lacks skills – Not enough contact / Continuity – Lack of relevance		Ensure staff, volunteer and delegate capacity in line with project participatory requirement [Build staff capacity to enable community participation]
		Poor trust in RC/RC		Project / organizations structure should be enabling participation
		– Non-participatory organizational environment – Structures non-enabling	Unresponsive institutional structures undermine participation	Build community participatory capacity and acknowledge current state of readiness [What about community capacity?] [Give priority to community needs]

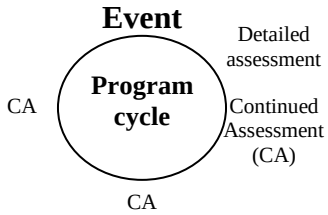
Thematic area	Best practises	Challenges	Lessons Learnt	Recommendations
		– Communities are not equally ready for participation – Participation requires community capacity [note changing needs and interest]	Capacity participation requires capacity of both staff and community	Ensure staff and project design can manage diversity and inequality in the community [Better programming initiative]
	– Community and stakeholder analysis – Equal gender representation – (Participation of diverse groups: ethnic; religious, age – children, youth, seniors; geographic; etc) – Equitable or shared benefits	– Group dominance within a community – Lack of opportunity for marginalised – Poor support from community leaders		Approaches to participation should foster solidarity and social integration of individuals and groups in the community [Promote equity (social) through the program implementation]
	– Demonstrate and facilitate solidarity – Communicating and capturing positives			Honour commitment in the community and ensure transparency (Community should know about their own budget, if applicable)
	– Partner with important institutions and service providers – Flexibility and responsiveness – Building on community structures and strength		Meaningful participation requires involvement of community from the start	Recognise community participation as a source of PS benefit in itself [How do we consult – what approaches? Standards? Different for different ages?] [Guidelines needed for community participation for PSS] [What are best practises for this?] [Realise that our local volunteers are also beneficiaries]
	Role in the full project cycle	Lack of community in the proposal	Communities are not homogenous Capacity participation	
Networking and technical support	Willingness of ONS to do PSP programs	Shifting roles (of staff and volunteers etc)	Common vision + continuity = project momentum	Ensure adequate HR is dedicated for PSP to complement willingness of ONS and commitment of PNS [essential]

Thematic area	Best practises	Challenges	Lessons Learnt	Recommendations
		PSP not among the priorities		Promote PSP to PNSs & IFRC to increase awareness, interest & resources allocation for PSP operations
				Advocating and dissemination of PSS
	Local technical partners	Uneven technical support	a. Locally available technical support → decreasing delay, → increasing capacity	Collaboration with local educational / social services, institutions and stakeholders (Psychosocial work not very popular with psycho faculty → this is slowly changing) (Need to coordinate with academicians, university experts, for professional judgment of the material → working group committee)
		Unmet expectations		
	Developed community level technical groups	– Not use existing skills – Limited local expertise	b. Good support = multiple sources	
	Regional technical support			
	Midterm evaluations → corrections	– No quality control – Support not built in – Inflexible technical scope – No baseline	Technical support must be: planned timely relevant flexible	Develop best practices to guide technical support on quality control and evaluations
	IEC material available	– Materials not assessed – Culturally inappropriate – No collection of PSP material	a. Good materials affect capacity building b. Culturally sensitive development → increase knowledge transfer c. Assess to IEC & training materials → effective program implementation	Develop electronic clearinghouse of PSP, IEC & training materials with information on content & quality All material to be locally adapted and culturally appropriate
	Professionals with local context	Lacking RCRC context	No context = poor support	Ensure that technical support has: a. local knowledge b. RC understand-ding Including non-movement approaches (input from experiences + good practices from beyond RC)
	PSP knowledge shared at multiple levels	Limited cross-learning	Sharing info at multiple levels = consistency	In complex emergencies formal sector working groups should be established or joined where appropriate to harmonize approaches and ensure situational/cultural relevance. Collaboration coordination with other sectors should be encouraged [PSP in the cluster system; health/protection???] [What about national context? Beyond clusters? and range of sectors there - And in that case strengthen existing working groups if possible rather than starting new ones]
		In - country RCRC exchange (limited)		
		Training not tailored		

Thematic area	Best practises	Challenges	Lessons Learnt	Recommendations
				Make sure that all expectations are realistic and communicated and have a timeframe
Coordination and collaboration	Multiple level of partnerships	Varied willingness to partner	Clear, open decisions + willingness → good partnership	Develop multiple, targeted standard + operating procedures in consultation with w/ national societies to guide coordination & implementation of PSP projects across situations [Need to address issues of various PNS and collaborate with NS] [Is this for emergency phase?] [Coordination & cooperation require some sort of humble/serving attitude and not a "can do" entrepreneur attitude]
		PNS decisions not always transparent	Poor or incomplete partnership → 1. Distrust, 2. confusion, 3.decreasing impact	
			ONS = Boss PNS = Support	
	Cross sectored information sharing	Limited experience in partnering across sectors	a. Cooperation → safety and sustainability b. More communication less pain c. Info-sharing leads to coordination, which leads to partnership which leads to regular communication which leads to info-sharing and so on.	In complex emergencies formal sector working groups should be established or joined where appropriate to harmonize approaches and ensure situational/cultural relevance. Collaboration coordination with other sectors should be encouraged [PSP in the cluster system; health/protection???)] [What about national context? Beyond clusters? and range of sectors there - And in that case strengthen existing working groups if possible rather than starting new ones]
	Establish coordination body early, include external partners	Poor communication across levels		
	Promote ONS branch involvement	Partner capacity not fully assessed	– active, appropriate participation from all – ONS partnership + capacity building = effective partnership – Clearly articulated & inclusive partnership = more strategic & more effective	Develop mechanisms to ensure partner capacity is consistent with expectations & produce MoUs that identify roles and responsibilities
	Create targeted partnership			
	Identify roles and responsibility early			
	ONS flexibility on approaches [ONS flexibility means no standardization of their own programs based on community needs?]	Competing priorities	– Effective coordination leads to decrease in confusion and increase in common vision – common standards = consistency	– Develop multiple, targeted standard + operating procedures in consultation with w/ national societies to guide coordination & implementation of PSP projects across situations [Need to address issues of various PNS and collaborate with NS] [Is this for emergency phase?) [Coordination & cooperation require some sort of humble/serving attitude and not a "can do" entrepreneur attitude]
		Diverse PSP approach		
		Varied approaches to vulnerable populations		

<table>
<tr><th>Thematic area</th><th>Best practises</th><th>Challenges</th><th>Lessons Learnt</th><th>Recommendations</th></tr>
<tr><td></td><td>Use local resources</td><td>Insufficient collaboration w/ government</td><td>– Local involvement, 2 way communication between community and government → program appropriateness
– Clear task in each level, H.Q, chapter, etc. Responsibility</td><td>Advocating and dissemination of PSS</td></tr>
<tr><td rowspan="6">Assessment and M&E

(Needs changes; inadequate tools; consultative approaches; what and who for; localizing tools; monitoring from beginning; staff capacity; periodic review of programs)</td><td>– Secondary data [reliable secondary data]
– Capitalization of information
– Survivors involved in assessment (collecting data) [should not be biased]</td><td>– No access in to the area
– Assessment fatigue
– Lack of standard information
– Standard indicators for M & E</td><td>Identify entry point to society</td><td rowspan="6">Overall recommendation:
Assessment → baseline → program design + M&E tools
Review at regular intervals

Which leads to following recommendations:
– Start activities according to your entry point while doing assessment. Funding need to be flexible to accommodate changes
– Unified guidelines & tools for assessment, M&E & operational guidelines [with changing phases, disaster cycles]
– Simple tools to involve beneficiaries in assessment & M&E [look at the available tools, e.g. WHO, SRQ etc]
– Joint/integrated assessment; NGOs, sectors – develop tools jointly (using integrated community based assessment, VCA)
– Continued assessments:
 

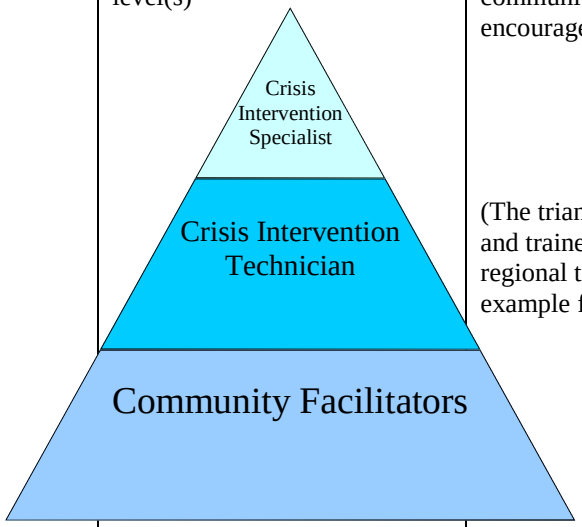
– Reference centre to provide technical assistance & material
– Contribute to establish “PSP-Richter scale” toward scientific validation
– Emergency, rapid assessment, rapid response vs. long term
– [Use international accepted indicators]</td></tr>
<tr><td>Community involvement</td><td>Sharing of info/findings within the RC/RC movement and others</td><td rowspan="4"></td></tr>
<tr><td>Intervene while assessing</td><td>No human resources for Assessment, Monitoring and Evaluation</td></tr>
<tr><td rowspan="2">Regular assessment with/by beneficiaries</td><td>Unavailability of M&E express at the beginning</td></tr>
<tr><td>No experts at PRA – participatory rural appraisal</td></tr>
<tr><td>Use culturally aware human resources</td><td>No cultural awareness (Assessments, monitoring and evaluation)</td><td>Plan M&E in detail at start (culturally appropriate)</td></tr>
<tr><td></td><td>– Non -effective M&E tools
– Defining process and success indicators</td><td>– Capacity to identify PSP needs
– Rigid program design ←→ M&E → not addressing community needs</td></tr>
</table>

Thematic area	Best practises	Challenges	Lessons Learnt	Recommendations
	Feed back evaluation [progress] to community	– Fear of revealing information – Accept limitations of baseline survey	– Regular program review – Flexibility to exchange M&E according to community needs Need for qualitative M&E tools	[Build evaluation into every project]
	Ownership at grass roots level	Delayed M&E plan		
		No / delayed baseline survey	Use baseline for designing programs [Baseline should come after project design, otherwise you will not know what to measure. However, project design should be reconsidered and changed based on findings in baseline]	
		Time constraints		
Management Practices (Reporting and funding issues; supporting volunteers and staff under stress; turn-over of PNS delegates; an ONS vision to lead partners; delegate decision at field level promotion of voluntary spirit rigid budgets and program design)	– Use of local resources response for training – Use of community volunteers – [In program design and capacity building]		PSP related capacity of delegates, staff, volunteers matters a lot to the final impact	– Sufficient resources (finance + human) available on NS + IFRC
	Retention of staff and delegates	– Retention of trained delegates, staff and volunteers – Insufficient staff and volunteers – No appraisal system for staff and volunteers – Selection of right people to right positions	– Selection criteria and process needed for trainers and volunteers [recommendation depends on resources that are available at that area] – Flexibility / adjustments of the working day and hours of the volunteers – RC/RC orientation dissemination within the movement (Volunteers and staff)	– Enforce regular staff , delegate orientation & debriefing [+ RC dissemination] – Simple, rewarding attractive appraisal system to retain delegates, staff and volunteers [what does this look like?]

Thematic area	Best practises	Challenges	Lessons Learnt	Recommendations
	Management care for staff and volunteers	– Management do not focus on staff wellness – Lack of support from management	Care for staff and volunteers impacts program impact	Incorporate staff care & stress management in to HR and emergency response policies [Have an in built supporting system within staff apart from monitoring]
		– Insufficient PSP knowledge of senior management – Management budget driven (no decision making authority) – Focus on burn rate (budget vs. actual)	Close communication and coordination with the management level of technical team and volunteers	Flexible and transparent budgets
	ONS initiatives, commitment and flexibility in implementation	– Budget revisions without consulting NS – Limited involvement of NS in program design		– Active involvement & commitment from NS – in all stages of implementation (ownership) – Formal agreement with partners –
	Capacity building of NS Continued permanent training of staff	– PSP work requires more than skills – Training not sufficient to meet field challenges – ONS capacity in PSP	PSP related capacity of delegates, staff, volunteers matters a lot to the final impact	– Build adequate and relevant capacity at all levels; NHQ, Branch, community, IFRC, PNS [and a strong support mechanism to the implementing staff from service management staff] – Good project management: → PSP skills → conflicting → management skills →
	Reporting structures	– Reporting fatigue – Ineffective reporting tools		– Simple and clear reporting system – Develop standard reporting tools
	– Program advocacy (not for management) – Coordination with the government		Close coordination with government	
		Short stunted programs (in program design)		
		Constraints from HQ to delegate		

Thematic area	Best practises	Challenges	Lessons Learnt	Recommendations
Sustainability	– Build capacity of CBD + CBO (E.g. Maldives) – Actual community participation in planning (E.g. India and Sri Lanka) – Beneficiary contribution in program design	– Activities in communities – Unexpected outcomes	– Community participation: – Planning, implementing, continuous contribution – Build comm. structure to carry on, or partner, from beginning – Program: need based Flexibility to  (see note at end of table on meaning of triangle)	PSP should not be need(s) based & should be designed by using community participation at all stages; planning, design, implementation, transit [and approaches be evidence based]
	Holistic need focus	PSP not relevant priority, volunteers	Program: need based Flexibility to  (see note at end of table on meaning of triangle)	
	Policy and legalization, Maldives, Indonesia	Lack of policy [at which level, PNS, HQ? All?]	Policy – a pre-requisite for program implementation	PSP interventions require a clear policy environment. In absence of this there should at least have a minimal standard for all parties.
	– PFA in commercial FA (E.g. Indonesia, SL) – Communicating exit strategy – Partners; Ministry of education, Maldives – PSP community centre – Example of Income, (E.g. In Aceh – TRCS)	– Budget – Scaling down – Service delivery continuity in NS	Exit plan → early on; partners income communication	– PS program should include an exit plan that incorporates: a. handover partner/community structure; b. income/contribution – The exit plan need to be communicated to all from the beginning – should develop tool + guidelines for exit planning.
	Use chairman or chapter in Aceh	PSP not a priority (at governance level)	Governance (including management) commitment needed	To ensure the PS programs have sufficient time to allow for significant capacity building processes, either within the program or after hand over. Essential to get the commitment of the government; topics: PSP + program + management etc.
Capacity Building	Common framework (E.g. Sri Lanka)	Different approaches hinder programme design and management	Having a standard PSP framework is essential	PSP interventions require a clear policy environment. In absence of this there should at least have a minimal standard for all partners.

Thematic area	Best practises	Challenges	Lessons Learnt	Recommendations
	– Continued diverse training – Multi-skilled training, (E.g. Maldives) – IEC material cultural appropriate	Diversity of training needs / skills	Appropriate training and integrated to other trainings Have technical local partner support for long term	PSP trainings should be flexible in the following areas: a) different skills transferred to volunteers b) materials adapted for different content c) timing of delivery to accommodate volunteer availability d) should be linked/collaborated with local partners; university, college, MoE, NGO, etc.
	– Youth Red Cross and Universities, nursing colleges, schools – Local University engagement, (E.g. Indonesia, Thailand)		Have technical local partners support for long term	To ensure the PS programs have sufficient time to allow for significant capacity building processes, either within the program or after hand over. Essential to get the commitment of the government; topics: PSP + program + management etc.
	Incremental capacity building Aceh – TRCS vs. ARCS – [Follow-up training and follow-up support for work activities, learning by practice]	– Low capacity building baseline (staff) – Budget – Uneven capacity development (branches)	Capacity building is a long term process.	
		Volunteer management structure		Ensure a supportive mechanism for volunteers that include PS to them. This will encourage retention and sustainability of volunteers
Volunteers	Volunteers transferred as staff	Delivery vs. capacity building – Incentives vs. voluntarism Volunteer screening	– Awareness of RC/RC and value of voluntarism – Distinguish between staff and volunteers	Volunteers should not be used to substitute staff and should be recognized through non monetary means, while covering and reimbursing all actual costs. Promoting the fundamental principles. Common framework/policy on working with volunteers should be established among the movement partners and with external if possible
	Common volunteers (E.g. health volunteers THAI)	Volunteers left without activities	Incorporate to initial plan for long term	The long term use of volunteers should be planned at the beginning, their selection should be for the appropriate level; community volunteers, volunteers TL, trainers etc. Encourage diversity.

Thematic area	Best practises	Challenges	Lessons Learnt	Recommendations
	– Adapt training to volunteer availability – Realistic commitment expected from volunteers – Volunteer recognition critical	– Lack of diversity (volunteers) – Volunteer availability and motivation – Retention of capacity, volunteers (PSP for volunteers)	Relevant training and recognition	PSP trainings should be flexible in the following areas: a) different skills transferred to volunteers b) materials adapted for different content c) timing of delivery to accommodate volunteer availability d) should be linked/collaborated with local partners; university, college, MOE, NGO, etc.
	– Community nominating volunteers – Focus on community volunteers	[Who takes the lead?]	Volunteers trained + selected at selected service delivery level(s)  	The long term use of volunteers should be planned at the beginning, their selection should for the appropriate level; community volunteers, volunteers TL, trainers etc. And encourage diversity (The triangle illustrates the different level of facilitators and trainers required. (e.g. community facilitators, regional trainers, master trainers etc.). The triangle is an example from the Maldives.)

Appendix 4: Workshop expectations and fears

Participants were asked to mark the adequate response against the expectations and fears expressed at the beginning of the workshop. The results are presented below:

Expectations	Not met at all (%)	Met (%)	Met well (%)	No response (%)
Learn from others		38	62	
Looking at way forward				
Preparedness for next disaster	24,13	62,06	10,34	3,44
Realistic action points	3,44	75,86	20,68	0
Information from workshop will improve PSP response	6,89	48,27	44,82	0
Make PSS Recommendations	3,44	48,27	44,82	3,44
Networking				
Focusing on Strengths and resources at regional level	17,24	51,72	24,13	6,89
Program Design				
PSP Sustainability	24,13	65,51	6,89	3,44
Improve existing methods	17,24	55,17	17,24	10,34
Gather ideas and tools	10,34	62,06	24,13	3,44
New, useful information	0	55,17	34,40	10,34
Use shared network	6,89	65,51	17,24	10,34
Integrate diverse approaches	20,68	58,62	6,89	13,79
Clear guidelines	37,84	37,84	13,79	10,34
Other				
Proactive participants	0	37,84	55,17	6,89
Visualise PSS for the RC/RC movement	10,34	72,41	13,79	3,44
Precise, wide dissemination of information	24,13	58,62	10,34	6,89
Learn cultural diversity	17,24	58,62	17,24	6,89
Average	**16%**	**56%**	**25%**	**7%**

Fears	Realised greatly (%)	Realised (fears became reality) (%)	Not realised (did not happen) (%)	No response (%)
No Fear	6,89	17,24	17,24	58,62
Workshop participation				
Misinterpretations	0	17,24	65,51	17,24
Being misunderstood	3,44	20,68	65,51	10,34
Lack of participation	3,44	17,24	68,96	10,34
End result	17,24	24,13	44,82	13,79
Too optimistic	6,89	27,58	51,72	13,79
What will the final impact of the meeting be?	17,24	27,58	31,03	24,13
Workshop content				
Information overload	6,89	24,13	62,06	6,89
Getting away from reality	6,89	20,68	68,96	3,44
Too much diversity	3,44	17,24	72,41	6,89
Conflict between technical and program materials (practical aspect)	3,44	20,68	58,62	17,24
Overlapping of experiences	10,34	34,48	48,27	6,89
Other				
Time (not enough)	6,89	44,82	41,37	6,89
Average	**8%**	**24%**	**54%**	**15%**