

DRAFT

American Red Cross Psychosocial Strategy

Executive Summary

By all indications, the frequency and severity of natural disasters is increasing. Armed conflict, political persecution, and civil unrest continue to be prevalent with increasing impact on civilian populations.

In response to the increasing demand for Red Cross relief in these situations, a Federation article states, “For most of the last century, agencies involved in emergency disaster relief assisted affected populations with four elements of basic human needs: food, water, shelter and physical care. It is only during the last two decades that emotional well being became a concern and is considered by some as the fifth element of basic needs.... Policy makers and donors must now consider that emotional trauma in the aftermath of conflict and disasters are a major barrier to the sustainability of any recovery investment. The sooner the psychological (psychosocial) intervention, the sooner the community becomes self sufficient and actively participates in its own evolution.”

Because this is a new and developing field, clear definition of "psychosocial" is necessary to set the stage for development. It is important here to state for the American Red Cross, International Services, what psychosocial is and what it is not. In this context,

“psychosocial” is not:

- a mental health program
- psychological or psychiatric treatment
- counseling or therapy for mentally ill or severely impaired

"psychosocial" is:

- psychological support through empathy, sensitivity to need, and communication
- identifying individuals in need of referral for psychological service
- assessing individual, family, and community holistic needs
- becoming a focal point, matching beneficiary needs with community services
- facilitating beneficiaries self-help
- providing workers support to mitigate stress

For the purposes of this strategy, “psychosocial” will be defined with the following:

“Psychosocial is a process to facilitate resilience of beneficiaries while maintaining the health, well being, and effectiveness of workers”.

This definition implies that to be effective in assisting individuals toward resilience, it is important to understand that one's approach must be holistic. It is not enough to support individuals psychologically without addressing families and communities. Achieving behavioral change toward recovery and adaptation must be a process of facilitating the individual and the community to take ownership, responsibility, and action. In assuming accountability, the individual then is empowered to confront the situation, make productive changes and become a controlling partner in one's own recovery. It is only then that one moves from a position of victim to one of survivor and even to thrive in the midst of adversity.

Psychosocial support of workers in this process is critical to aide in their well-being and enhances the effectiveness and efficiency of the operation.

There is a strong foundation within the Red Cross Movement as well as in the vision of the American Red Cross and specifically within International Services to support psychosocial programming to facilitate this evolution. The American Red Cross is in a unique position not only to develop in this area but to become an industry leader for the following reasons:

1. ARC has a history of 20 years of domestic disaster mental health work that has become a model for several other national societies.
2. ARC is one of the most active national societies in international psychosocial initiatives.
3. ARC, working closely with the Federation, is a sponsor and facilitator of an international working group for psychosocial development and continues to collaborate on standards, best practices, and program monitoring and evaluation
4. Psychosocial models facilitated by ARC/ IS are low tech, integrated approaches that can be initiated easily by National Societies using paraprofessionals and volunteers.
6. These models mirror criterion for funding of psychosocial programs by major contributors such as USAID and are consistent with standards developed by the Federation, and WHO.
7. More than 60 national societies have been active participants in psychosocial training sponsored by the Federation and many of these societies are interested in including a psychosocial component has a part of their basic service.

Operating from this definition, objectives and an outline of activities include:

- 1. Enhance beneficiary well- being by facilitation of ownership, responsibility, and action toward recovery.**

Key activities:

- As a part of an IRT response, assess impacted beneficiaries, define holistic needs, and refer as appropriate
- Distribute self-care information to beneficiaries as a part of the initial assessment and relief effort
- Define available resources and service providers and provide a system of information dissemination to beneficiaries that is accurate and regularly updated
- As much as possible, working with the ONS as a focal point, establishing a referral system matching beneficiaries with community resources
- Working with key community persons define community needs, identify resources, select priorities, and initiate community self-help efforts

2. Integrate principles of beneficiary self-help and inclusion across sectors by cooperative planning, development, and programming**Key activities:**

- Increase understanding of psychosocial principles of beneficiaries self-help through cooperative development and training with sectors at the headquarters, regional, and country level
- Define common goals and implementation programs and incorporating these psychosocial principles
- Implement cross- sectorial models of capacity building with National Societies including community mobilization and beneficiary inclusion elements
- In disaster and complex emergency settings, provided brief trainings for sector resource providers on context specific beneficiary needs and potential self-help initiatives within the sector

3. Facilitate workers support through direct programming and associated organizational training and procedural modifications to mitigate stress.**Key activities:**

- Define standards and development models of direct support to field personnel and implement (defusing and brief counseling resources, self-care information, critical incident debriefing, peer support models)
- Define organizational structures (a culture that recognizes stressors and promotes processing and communication as a part of the work experience) and supportive policies to mitigate workers stress(work hours, R&R policy, resources for basic needs and supportive activities)
- Create supportive environments through team building with ARC delegation, and to him ONS workers and volunteers

Although much work has been done, development needs in this area are substantial and will require a commitment of human resources and financial support to develop quality products and capacity in each of the above areas.

Continued momentum and further development require:

1. Defining the discipline of “psychosocial” as an integral component of the International Services of the American Red Cross.
2. Identifying appropriate staff to facilitate ongoing initiatives and to proceed with development as outlined.
3. Developing clear priorities within the context of this development and providing necessary resources to support this effort.
4. Continuing and expanding alliances internally and externally for cooperative development.
5. Identifying and developing donor interest and funding potential.

The psychosocial discipline, as defined, is an expansion from mental health interventions with beneficiaries as has largely been the direction in the past. It emphasizes a low technological approach that can be implemented by paraprofessionals and volunteers and is adaptable to context and culture. It encompasses not only direct programmatic initiatives but supportive alliances and relationships across sectors and workers support services. Based on the concepts of community mobilization, this new and expanded psychosocial discipline offers specific relief interventions for beneficiaries and facilitates other sectors, support services, and National Societies in aiding beneficiaries and workers.

I Introduction

A. Document's purpose

The intent of this document is to:

1. Define what is meant by the term “psychosocial”
2. Illustrate the need for “psychosocial” intervention in disaster relief and complex emergencies,
3. Clearly state objectives for psychosocial intervention and an action plan for implementation, by the ARC.
4. Illustrate existing support for psychosocial services within the Red Cross Movement and external organizations,
5. Define necessary resources and support needed to implement the recommended psychosocial interventions.

This document was prepared with the assistance of:

1. An internal Red Cross working group to oversee the strategy development
2. A review of prior programming within the Red Cross Movement and a wide range of other NGOs and governmental initiatives
3. The meeting of a technical working group of interagency psychosocial experts to explore key agenda items
4. An extensive literature review of psychosocial interventions in disasters and complex emergencies.

B. Statement of need

The International Federation of the Red Cross and Red Crescent Societies in their, *2000, World Disaster Report* notes that on the average 75,000 people are killed annually as a result of natural disasters and more than 200 million are affected by these events.

The International Committee of the Red Cross reports that in the year 2000, they worked in more than 60 contexts including some 25 armed conflicts. Over 5,000,000 people displaced by armed conflict received aid in 50 different situations. In the report it is stated that “the year 2000 merely confirmed a trend prevailing at the end of the millennium whereby civilians bear the brunt of hostilities and are often deliberately targeted.”

WHO in its publication, *Psychosocial Aspects of Emergency and Humanitarian Action* states, "the reaction of people caught in human induced and natural disasters are normal reactions to extraordinary situations. In any emergency, People's resilience and capacity to adjust are key preconditions of survival, and human dignity is key to their well-being....WHO recognizes that the suffering created by these events may cause psychosocial dysfunction, new instability, new vulnerabilities and new hazards. This vicious circle has self-evident impact on the process of individual and collective healing, reconstruction and peace....”

C. Defining the Task

The American Red Cross has been at the forefront, responding to these situations. International Services of the American Red Cross has tripled the number of international responses in the last two years. This commitment is reflected in the American Red Cross, Annual Report 2000, which states that “as a part of the International Red Cross and Red Crescent movement, the American Red Cross works to ease human suffering around the globe. We bring relief to the world’s most vulnerable people, victims of war, civil and own or upheaval, and natural disaster.... With more complex emergencies every year, International Services continues to expand its services in 2000, touching almost 3 million people.”

Psychosocial programming has been a part of this expansion with operations in Venezuela, El Salvador, Kosovo, and India in the last few years. As this is, however, a new and developing form of disaster response, it is important to create clear definition, standards, and best practices to insure the integrity of service delivery. Furthermore, the integration of psychosocial programs with other sectors of relief response internally requires communication and coordination as well as well-defined roles and responsibilities. Externally, American Red Cross psychosocial initiatives must endorse and facilitate industry standards while taking a position of pacesetter in this development. The comparative advantage of the Red Cross Movement and specifically the American Red Cross facilitates this positioning.

II. Psychosocial Development, Goal, and Objectives

Clear understanding of the goal and objectives is a prerequisite for implementation. In doing so it is understood that this document is a strategy for capacity building within International Services to accomplish these objectives .



A. Defining Psychosocial

The definition for the American Red Cross, International Services of “psychosocial” is:

Facilitate the resilience of beneficiaries while maintaining the health, well-being, and effectiveness of workers

Psychosocial development within International Services is a dual initiative. Enhancing resilience in beneficiaries is a process of assisting them to move from a position of victim to one of thriver and partner in the relief effort. To be a partner one must participate, take responsibility and be an active member of the relief effort. From the beginning of the process to post-mission debriefing, support of workers not only produces healthy workers but also enhances the operation’s efficiency and effectiveness..

The elements of this work include:

- low technology approaches using paraprofessionals and volunteers
- ONS as a focal point of psychosocial services
- psychological support while assessing beneficiary needs
- self-help information dissemination and identification of community resources
- facilitate beneficiary access to community resources
- facilitate beneficiary's self-help toward recovery.

- workers support to mitigate stress
- organizational and sector development to enhance beneficiary ownership and workers support

B. Objectives

Objective 1

Enhance beneficiary well-being through facilitation of ownership, responsibility, and action toward recovery

Individuals that experience disasters or complex emergencies will be victims until they act as survivors and thrivers. In each phase of relief, psychosocial intervention is the process of facilitating the characteristics of survivors or thrivers to include ownership, responsibility, and action. This requires psychological support, understanding, and sensitivity and a process of facilitating beneficiary mobilization toward self-help.

Objective 2

Integrate principles of beneficiaries self-help and inclusion across sectors by cooperative planning, development, and programming

The Federation Strategy 2010 states that "disaster response projects should work with the capacity of disaster survivors, empowering them to retake charge of their lives and strengthen local institutions". Most sectors have a similar goal yet many times disempower the beneficiary in the process of providing relief. Common strategies and cooperative efforts between sectors toward beneficiaries self-help and inclusion and expanded technology for mobilizing beneficiaries is the intent of this objective. Further, psychosocial capacity building of National Societies in an integrated format across sectors will provides a holistic model that strengthen all components.

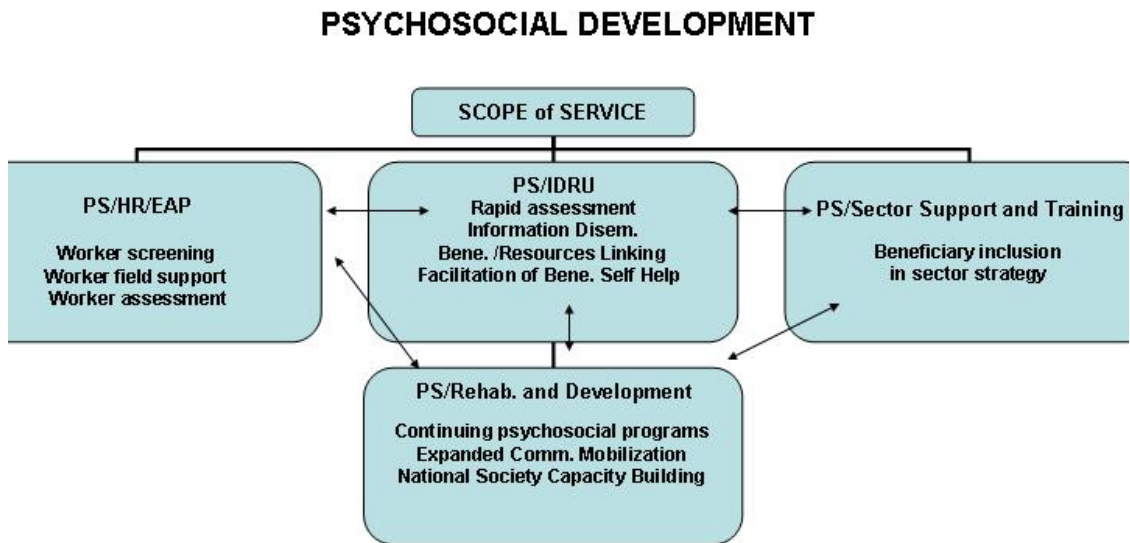
Objective 3

Facilitate workers support through direct programming and associated organizational training and procedural modifications to mitigate stress.

Workers support to mitigate stressors and to deal with critical incidents is clearly identified within the Red Cross movement and other international relief agencies as a critical component of all programming. The recognition of the inherent stress in relief work and the impact that it has on workers and the organization has resulted in the development of workers support programs within the Federation and ICRC as a standard service. Workers support is more than simply providing counseling for workers. It includes redefining the organizational structure to mitigate stress through policy and daily procedures that address contextual stressors and a working environment that promotes teamwork, communication and support.

III. Implementation of American Red Cross Psychosocial Goals and Objectives

This section will present a strategy for the implementation of the goal and objectives. The following chart reflects the three areas of implementation consistent with the goals and objectives.



A. Serving Beneficiaries

Central to the “Scope of Services” for Psychosocial Development are programs to serve beneficiaries. These programs should span the continuum of relief efforts from initial response through development. In each context, specific activities would reflect the beneficiary/community needs as well as capacity of the communities, ONS and other available resources to impact these needs. The following is a list of activities consistent with standards and guiding principles for psychosocial intervention for beneficiaries. (see ARC/PS Standard and Guiding Principles, Action Matrix, IDR/PS Implementation Plan, Federation “Best Practices”)

Beneficiaries Activities

Pre- deployment

- IRT team building

- Recruitment of IRT/PS field staff using psychosocial delegate profile from an
- IRT/PS field staff training to include:
 1. IRT standard training
 2. Psychosocial implementation plan with philosophy, standards, specific activities, staff roles, and resources needed.
 3. IRT workers support orientation
- Develop materials for dissemination to include: “coping with disaster” brochure (adult), “coping with disaster” brochure (youth). These materials should have space available to provide situation and countries specific information as well as contacted referral information.
- Develop training modules for: 1. Psychological first-aid, 2. Beneficiaries assessment, screening, and mapping, 3. Community mobilization toward self-help initiatives

Assessment (week 1-3)

- Assess situation utilizing revised assessment protocol including psychosocial. For the extended one-week assessment, standards and guiding principles for psychosocial should be considered if an expansion or modification of IRT standards for assessment.
- Assessment should identify ,broadly, target beneficiary populations based on the impact of the disaster to include: needs, capacity, and motivation/interest in self-help
- Define available resources and service providers including local/community, national, and international.
- Identify ONS capacity/interest in psychosocial as defined via the strategy
- Identify local Red Cross workers and volunteers for possible utilization in psychosocial programming.
- Define modification needs for self-care brochures (translation, cultural sensitivity, formate), revise as appropriate, and print
- As possible, begin to disputation self-care information by local partners, PNSs, and other NGOs

Implementation phase 1 (simultaneously with assessment- week 3)

- Train local workers and volunteers to assist in continued assessment process (training to include; psychological first-aid, assessment of beneficiary needs, community resources identification)
- Continue assessing affected communities and mapping priority areas. This process moves from general to specific in that initial assessment would be done broadly. With trainees, communities, families, and individuals would be assessed, serious psychiatric cases referred, as possible, self-care information distributed and information regarding available community resources made available to beneficiaries.
- Workers familiar with resources would be designated to further define available resources, establish relationships with resource providers, and arrange for referral of beneficiaries as well as regular information updates on available resources.

- As much as possible, the ONS would be identified as the lead in this process and workers and volunteers would represent the ONS

Implementation phase 2 (week 3 -week 12)

- Information dissemination on self-care for beneficiaries would continue: 1. directly through the screening and assessment process, 2.indirectly through collaborative relationships with sector workers within the Red Cross system and with other organizations (brochures would be available at distribution centers and other common sites), 3.via media as possible, and 4.through public meetings or other forums.
- Depending on the scope of the situation, training of trainers would begin to expand capacity to identify and assess beneficiaries and provide them with basic information.
- Basic team building would be provided for assessment and information dissemination teams as they are developed

Implementation phase 3 (week 12 -12 to 24 months as needed)

- Formalize the matching of beneficiary needs with community resources through the development of a community resource center or centers in conjunction with the ONS. This may be an existing facility or a temporary facility depending on the nature of the situation and the resources available. The goal is to develop visibility and a focus point for beneficiaries and for community resources for information dissemination and referral. This could also be a meeting place for community forums, special groups, and community initiated projects.
- Expand the volunteer network or use existing networks and continue training to include the addition of community mobilization and community organization techniques
- Utilizing community leaders and spokespersons identified in the assessment phase, continue to identify community needs emphasizing those that can be addressed by self-help or the integration of resources with community efforts.
- Begin self-help projects with small, visible, and easily accomplished projects in a short time frame to establish success orientation. Such projects should be publicized and identified as examples of resilience and recovery.
- With community resources and beneficiaries, brainstorm subsequent projects to address community needs.
- The community resource center should be a source of workers support services to include self-care information, critical incident debriefing, and end mission evaluation, processing, and debriefing for ONS workers and volunteers.

Disaster planning and preparedness

Capacity building with national societies should include psychosocial/ disaster planning and preparedness. Key to this is the identification of and training of national society staff and volunteers in psychological first-aid, beneficiary assessment and screening, and community mobilization. DPP/PS also should include prepackaged brochures for dissemination, systems for information dissemination, community mapping with identified community contacts, an up-to-date list of community resources and updated volunteer lists reflecting training completed. Active community self-help initiatives

sponsored by the Red Cross will establish a format for similar action in the time the disaster.

B. Integration of beneficiary self-help principles

Integration of beneficiary self-help and inclusion principles within sectors would be accomplished through the following activities.

Integration activities

- With sectors and regions develop programmatic models for beneficiary inclusion
- Provided regional cross sectorial training including philosophy and practices of beneficiary self-help and inclusion
- Through cooperative planning with PS ,DPP, and OD develop training and programmatic initiatives for National Societies
- In the context of a disaster response, provide sector training on beneficiary inclusion
- In the context of a disaster response, facilitate working relationships between beneficiaries and service/relief providers to facilitate self-help

C. Workers Support

Recognizing the impact of relief work on workers and the efficiency and effectiveness of the operation the below activities are consistent with standards and guiding principles.

Worker Support Activities

Pre- deployment

- Recruitment of PS field staff using psychosocial delegate profile
- Develop screening instrument to assess capacity to deal with field stressors for use with all delegates and field workers
- As a part of recruitment provide orientation regarding potential field exposure and related stressors
- PS field staff training to include:
 1. Psychosocial strategy and related materials
 2. Psychosocial implementation plan with philosophy, standards, specific activities, staff roles, and resources needed.
 3. Workers support orientation
- Establish broad guidelines consistent with standards and guiding principles included in the psychosocial strategy for organizational policies and procedures to mitigate workers stress, understanding that each deployment situation requires special attention considering the nature of the situation and the demands of staff.
- Develop worker support brochure for distribution, translate in major languages and prepackage
- Develop training modules for Workers support.

Assessment

- Define anticipated workers stressors and resources available to mitigate those stressors within the organization and externally. Consider categories of workers including ARC delegates, local workers, ONS workers and volunteers, PNS workers (internationals and locals), other organizations
- Identify ONS capacity/interest in psychosocial worker support as defined via the strategy
- Identify local Red Cross workers and volunteers for possible utilization in psychosocial workers support programming
- Revise workers support brochure for situation and country specific concerns and translate as appropriate
- Refine general workers support standards to become situation specific and implement specific procedures to mitigate stressors with IRT team and local workers

Implementation

- Workers support programming would include three components:
 1. Direct workers support
 2. Supportive organizational structure and policy
 3. Supportive training to include team building, communication skills, and conflict resolution.
- Direct workers support:
 1. Self-care information dissemination
 2. Availability of brief counseling and processing by professional and Para professional psychosocial workers
 3. Activities and resources for stress reduction and healthy outlets
 4. Referral of serious concerns for extended services
 5. Critical incident debriefing and processing
 6. Establishing peer support processes
- Organizational structure- with definition of situation specific stressors, numbers of individuals exposed, organizations involved, organizational training procedural modification would include:
 1. General overview of workers stressors and potential impact on the worker and on the organization
 2. Standards and guiding principles for workers support
 3. Development of organizational procedures and policies to mitigate stressors
 4. Modification of the organizational culture, procedures and policies to provide workers support this defined and implementation procedures outlined
- Supportive training including: team building, communication skills, and conflict resolution is initiated beginning with IRT teams and support staff and to include other Red Cross partners.

Post mission

- Mission impact assessment- a follow-up assessment of worker functioning and fitness for continued duty. This assessment would be done in conjunction with HR for ARC delegates and be a requirement of post mission debriefing. This process is consistent with other emergency worker requirements and should be

designed to objectively assess the individual's ability to continue such work and the impact of this work on the individuals emotional well-being. For local workers and volunteers, a modified assessment based on self-report is recommended.

- Debriefing of ARC delegates by International Services mental health professionals with field experience in similar work is recommended as an initial phase of follow-up with referral capability for support services as needed if. The role of these individuals needs to be defined as evaluators and resource providers for delegates not as therapists. Limits of confidentiality need to be clear in that these persons played a dual role of assisting the delegate but also providing information to the organization on Mission impact and fitness for duty. Debriefing for local staff and other Red Cross workers and volunteers should be done as much as possible by trained professionals or paraprofessionals with follow-up available as needed.
- Limits of confidentiality should be made clear prior to employment and informed consent obtained for the initial assessment and the post mission assessment.

Disaster planning and preparedness

Organizational development with national societies should include workers support. Understanding principles and components of an effective workers support program should be a part of a package of training with DPP, OD and PS sector cooperative development. Workers support training should include:

1. The organizational culture related to workers support and policies and procedures to mitigate stressors while increasing organizational efficiency and effectiveness,
2. Worker pre assignment screening and end of mission debriefing,
3. Prepackaged material and information for dissemination,
4. Worker self-help training,
5. Community resources available to provide worker support including professionals, facilities and resources to mitigate stress.

IV Current Environment of the Sector within the American Red Cross, the Movement and the Industry

A. Fitting into the Red Cross Framework

The psychosocial discipline, as defined in this document, clearly fits into the vision of the International Services, American Red Cross . The business plan states, for example, that major trends include, “ community-based interventions that strive to empower residents are increasingly popular, and preventive programs that focus on behavioral change and capacity building among disadvantaged populations are acknowledged for their success at promoting sustainable results” .

For two decades Disaster Services Mental Health has been a standard component of disaster relief domestically. Through this, the foundations of this work has been established within the American Red Cross (e.g. Foundations of Disaster Services 1993, Disaster Mental Health Services 1994). The American Red Cross has become a leader internationally in assisting other national societies in developing disaster mental health capabilities.

The Federation document, *Psychological Support, Best Practices* states that "the distinction between psychological needs and other priorities in relief operations is an artificial one, as psychological needs permeate and affect all aspects such as shelter, food distribution and basic health care. Neglected emotional reactions may result in passive victims rather than active survivors. Early and adequate psychological support can prevent distress and suffering from developing into something more severe, and will help people affected cope better and returned more rapidly to normal functioning."

B. External Trends

Although the psychosocial response in international disasters has occurred only in the last two decades, it is rapidly growing throughout the industry. Major contributors such as WHO, CDC, UNHCR, and UNICEF offer standards for the development of this work and pursue research to find best practices. Several universities in the United States and abroad have developed institutes and degree programs related to international trauma studies and psychosocial programming. Numerous NGOs have sponsored substantial programs, in countries around the world, directed at psychosocial intervention for victims of natural disasters and in conflict areas. Some of the most active organizations include World Vision, MDM, MSF, Save the Children, and Care International.

C. Internal ARC/Movement trends

Within the Red Cross Movement, many National Societies have been active in psychosocial programming. The Federation has sponsored the development of the Psychosocial Reference Center as a focal point for information gathering and dissemination related to this type of programming. More than 60 national societies have been involved in programming sponsored by the Reference Center directed at developing capacity within the societies to provide a psychosocial response at the time of emergencies. Presently, some 30 national societies have requested technical assistance to develop programming within their countries as a part of the Red Cross response in disasters.

The Federation has a psychosocial manager whose efforts are paralleling the American Red Cross development. The American Red Cross and the Federation have recently co-sponsored a "psychosocial" working group, bringing together leaders from throughout the world in this area to further develop key agenda items. The Federation has contracted with mental health professionals to provide the briefings and to provide on-site consultations to field operations related to issues of workers stress. Training modules and

standards for programming are also under development in the Federation as well as ongoing consultations to national societies.

The International Committee of the Red Cross also has worker support initiatives and is developing information and literature to support these activities. ICRC expresses increasing interest in psychosocial components in complex emergencies and conflict situations.

D. The Competitive Environment and the Comparative Advantage of the Red Cross

Clearly, the most significant comparative advantage of the Red Cross in pursuing psychosocial programs internationally is the existence of 178 national societies and their network of branches and volunteers. This makes the Red Cross the largest humanitarian movement in the world with over 105 million community-based volunteers and members worldwide. The Red Cross movement is uniquely positioned to provide community-based humanitarian support. No other organization can match the Red Cross presence or experience in assisting the world's most vulnerable. Mandated to alleviate human suffering, the Red Cross movement has a long tradition of responding to emergencies with a menu of community and individual recovery and development interventions. Psychosocial programming is the most recent extension as a logical progression for the enhancement of beneficiary recovery.

The American Red Cross expands on this comparative advantage with the addition of a history of some two decades in domestic disaster mental health work.. From this experience has come insight and understanding related to the utilization of volunteers and care professionals in this work. The American Red Cross has been active in numerous international responses providing psychosocial assistance and joins an elite group of other National Societies who also have pursued this track of disaster response.

E. Standards

As with any new enterprise the development of a framework from which to function is critical. Psychosocial programming is not as concrete as food relief or water/sanitation; therefore understanding definitions and boundaries related to this work and the moral, ethical, legal, and pragmatic concerns inherent in the implementation of such programs is a challenge.

Attempts to develop standards have resulted in working documents from WHO, the Federation, and the Netherlands Institute for Care and Welfare (an international consulting group). The American Red Cross disaster mental health services include standards for its services in its training manuals. International Services has developed a draft that is a composite of these standards and will continue to develop psychosocial guidance to ensure that there is clear context and guidelines for implementation of international psychosocial programs.(see ARC/PS Standards and Guiding Principles)

Presently, Sphere is exploring the addendum of a chapter of minimum standards for psychosocial programs in relief. This reflects the growing trend to include such programs in disaster response and the need to recognize and define minimum psychosocial standards as has been done in the other areas of disaster response.

F. Monitoring and Evaluation

Past evaluation of psychosocial programs, at best, has been poorly done. There is little objective qualitative information on the outcome of programs within the Red Cross movement or externally. Part of this is due to the nature of psychosocial work, in that it is more difficult to assess emotional or behavioral changes than more concrete, time-bounded relief statistics such as numbers of people fed, numbers of wells drilled, or numbers of people vaccinated. Part of the problem regarding methodology in this area has been the subjectivity of program intention and lack of clarity in stated goals and objectives.

Subsequent evaluations in this area should reflect not only the numbers of people that are served but illustrate the impact of this service through behavioral changes that improve people's lives. Measures of resilience and adaptive functioning both for the individual and the community are being developed for present programming and will be the emphasis of measurement for future research in this area. This does not negate the concern that psychosocial programs should improve emotional stability and diminish psychiatric symptoms that are the product of disaster and post disaster situations. The symptoms of psychological problems are, however, based on behavior and therefore to measure those behaviors rather than the symptoms is a more direct and objective approach.

As noted in the Action Matrix, each section of psychosocial development includes the need for evaluation of its effectiveness. As with many other components of this development, design of approaches and protocols are in development. (see Action Matrix)

G. Knowledge-sharing Strategies

There's much effort externally and within the Red Cross Movement to develop in the area of psychosocial programming. Continued cooperation and communication will take place via:

1. Psychosocial Reference Center (information and resources clearinghouse sponsored by the Federation),
2. Psychosocial Workgroup (a Federation /A RC co-sponsored development group of international psychosocial experts)
3. Federation Annual Psychosocial Conference
4. Cooperative relations between the American Red Cross , the Federation and ICRC,
5. Cooperative relations between the American Red Cross and WHO/ PAHO

6. ARC/PS internal working group (comprised of sector, regional, and field representation) is the overseeing body for psychosocial development.

V Required Resources and Funding Options

The above recommended psychosocial programming and development is extensive. Certainly, there are priorities in such development that will take a phased approach. But as with many new initiatives, the program start up that includes research and development as well as the maintenance of existing program support, and the monitoring and evaluation require extra attention. The above recommended psychosocial programming reflects development not only of a new disaster relief capacity, but also of support services across sectors. It also necessitates the development of cooperative relationships to enhance the effectiveness of the overall operation.

This being said, the following needed resources are anticipated:

1. Psychosocial manager: The technical manager within the TAPE unit would be an overseer of the psychosocial sector with capabilities of managing and providing technical assistance as well as development of all aspects of the sector.

Note: Continuity of service and maintenance of existing development initiatives is important to maintain momentum and to ensure quality control within existing and developing programs. In the past, a psychosocial consultant was available intermittently to International Services, which had significant impact on the department's ability to develop or even adequately maintain existing operations. As reflected above, there are many current development initiatives and several active psychosocial programs that require adequate technical assistance and monitoring.

2. Other new initiatives such as employee screening instruments and evaluation tools will require development and are not presently budgeted, however, there is budgeting for HR and for EAP to support our workers that could be realigned for this development.

3. Substantial training in the area of psychosocial beneficiary programming, cross-sectoral approaches, and worker support programming is required to facilitate the recommended development. This would be done at headquarters, regionally, and at the country level. Expenses for such training initiatives and seminars as well as, in some cases, technical assistance and consultation is expected.

4. Cooperative relationships with sectors, regions, and countries would require staff time and commitment as a necessary part of this development

5. Recruitment and training of psychosocial delegates/workers would require him

Note: Each of the above areas of development will require funding. Much of this funding may be available as a part of existing and new programs. For example, evaluation models and tools will be developed as a part of the Kosovo and India programs. Other front end expenses such as the development of training modules, procedural manuals, and other similar materials may be absorbed by shared costs between sectors and be incorporated into the existing budgets. New programming proposals include budget items for headquarters staffing and development as well as field services.

VI. Enterprise Costs and Benefits

Benefits

1. Psychosocial defined as a facilitator of beneficiary ownership and self-help spans the course of the relief continuum. In areas such as Kosovo and El Salvador thousands of beneficiary's are more effective, functioning members of the community because of this programming.
2. Psychosocial utilizes the national society as a focal point for beneficiaries and community services raising visibility and enhancing sustainability.
3. Technologies of community mobilization that incorporates psychological support and beneficiary inclusion facilitates all sectors in the relief effort.
4. Psychosocial establishes standards and specific interventions to support workers, be they international delegates or national society volunteers. This is not just directed at the health and well being of workers but the efficiency and cost effectiveness of the operation overall.
5. Comprehensive worker support programs facilitate recruitment, enhance staff cohesion, and reduce risk of liability.
6. The American Red Cross is currently recognized as one of the leaders in psychosocial development. Endorsement of psychosocial as a key component in ARC international disaster response will establish ARC as a pacesetter in this area.
7. Donors as well as major funders are recognizing the merit of psychosocial programs as an integrated part of the relief effort and identifying funding specifically for these initiatives

Costs

1. Supportive startup costs to continue development and necessary for global management of PS is anticipated at approximately \$250,000 for the first year.(existing funding and new request for funding may offset this in part)
2. Establishing psychosocial as a component of International Services, relief and development will require cooperative efforts within the sectors and regions.
3. Staff development and training will be necessary at headquarters, within the regions and with National Societies

VII. Conclusion

Although psychosocial as an element of disaster relief is relatively new, there is a momentum within the Red Cross Movement and other international organizations to include this type of programming as a specific disaster relief intervention and as a support service for sectors and workers. The American Red Cross is one of the leaders in development in this area and has been active in programming in the field.

The development of the psychosocial sector as a component of disaster response within International Services of the American Red Cross will require much effort and commitment. It does appear, however, that the Red Cross movement and specifically the American Red Cross has a comparative advantage in this area and is a pacesetter in this development. There is potential for substantial value added by inclusion of psychosocial as a programmatic initiative in disaster relief and as a support service for other sectors and for Red Cross workers.

Although psychosocial has been considered an element of health services, it is broader in scope. It is a cross-sectional support service and is strongly based in community mobilization and self help concepts. In fact, as defined above, it moves away from a psychiatric or psychological model and toward a social and integrated services approach. Placing this discipline strategically within International Services in the American Red Cross will accelerate its development and the practical cooperation and communication necessary to ensure psychosocial is integrated as a vital component of relief in disasters and complex emergencies.

Annexes

ARC/PS Standards and Guiding Principles (draft)

IDRU/PS Implementation Guide

IDRU Assessment Protocol (PS included)

IDRU Field Stress Management Guide (revised)

Development and Implementation Matrix

Federation "Best Practices"

Enhancing Resilience, Psychosocial Workgroup Report

Psychosocial (sector) Checklist

Psychosocial Strategy (Power Point Presentation)