Middle East and North Africa:  
Psychosocial support program

1. Background
The Middle East and North Africa region covers 18 National Societies, divided into three sub-regions: North Africa, the Gulf and the Middle East. It is a region that has a history of many natural disasters and one that is vulnerable politically, as well, with the possibility of a range of complex emergencies. Sanctions, recurrent wars and conflicts in the whole region during the last decades have had immense humanitarian consequences and caused severe suffering for the civil population. This presents challenges and opportunities, as the region is ready to act in order to meet the vast amount of psychological needs as part of the overall humanitarian assistance.

The psychosocial support program was introduced in the MENA region as a pilot program in 2003. This was on the basis of needs defined at network meetings with National Societies during 2002 and in order to meet the immediate needs of the victims of the Iraqi war.

The pilot project is still in its initial phase, but the experience so far confirms the need for psychological support in the region and has shown its relevance in many countries and programs, especially within disaster management in, for example, Palestine, Algeria¹ and Iraq². It is expected that the regional approach in MENA can be replicated in other geographical areas, after thorough evaluation and with the necessary cultural modifications.

Activities related to psychological support in the region have addressed both the abilities of volunteers to cope with the stress and trauma of crisis, as well as their skills to be able to offer support to victims and vulnerable groups in the humanitarian assistance.

Given the volatile nature of the region, coupled with the high risk associated with local hazards and vulnerabilities, psychosocial support programs need to be further developed and strengthened. The programs should have a focus on prevention. This indicates a longer-term perspective, which is not only relevant in the development phase, but also in emergency and rehabilitation.

1.1. Context
The type and level of needs for psychological support differs considerably among the countries in the region. It is therefore a challenge to ensure a differentiated approach in order to meet the needs of the individual National Societies. Within psychological support skills development and utilization of the newly acquired skills are the main priorities.

The Psychological Support Program³ is linked to IFRC’s core area for Health and Care in the Community that includes health promotion, disease prevention, first aid, psychological support and social welfare. The IFRC Strategy for 2010 emphasises that “volunteers, family members, partners and friends are the major providers or practical and emotional support to vulnerable people in the community.” However, it also underlines that volunteer first-aid services and training can reduce individual and community vulnerability to trauma and violence. Within this overall strategic framework the psychological support program will be continued with a focus on integrating (institutionalizing/mainstreaming) key components of psychosocial support into relevant national programs, targeting the needs of both the local population and the staff and volunteers.

The integration will continue in 3 areas:

1. Direct cooperation with the NS and country delegations in order to identify action according to needs and capacity, for example on the basis of Plans of Action or Strategic Plans.

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¹ The separate appeals for Palestine, Algeria and North Africa and will also include psychological support programs.
² Due to the present situation in Iraq and the way the Iraq operation is organized, a separate proposal has been prepared.
³ Please see attached Policy on Psychological Support and Federation Reference Centre for Psychological Support: http://www1.drk.dk/sw2955.asp
2. Support the mainstreaming process in cross country activities and facilitate (ToT) workshops according to identified needs within the National Societies.

3. To support, inform and guide decision makers at various levels on the psychological support program development and implementation, the Health and Care Unit (where PSP will be based) will act as a resource base and provide:
   - Assessments of the psychological support needs in the various countries
   - Assessments of the National Societies’ needs/priorities
   - Human resources database of experts and delegates in the region
   - Crisis related information and guidance to National Societies when necessary
   - Other relevant updates with implications to managers and professional and related activities
   - Liaison with Arab Red Crescent Secretariat, ICRC, WHO, other UN agencies and NGO’s for information sharing and networking
   - Assist National Societies with designing specific projects.

1.2. Challenges
There are a number of challenges when introducing and implementing psychological support as an activity within the National Societies or at the regional level. National Societies in MENA are often rooted in their background; past experiences; community needs, local mandates, and available resources and expertise.

New programs can face many obstacles if the human resources in the National Society are overstretched. Therefore, any program should take the reality of the NS as a point of departure, including their financial and human resources (capacity of staff and volunteers).

Psychological and psychosocial support programs should be implemented only if the NS recognizes psychological support as being an essential part of humanitarian assistance.

Adequate planning in the NS is essential for mainstreaming of psychological support into other programs as well as mobilization of focal points (or local contact persons) and volunteers involved in psychological support.

1.3. Stakeholders
The ultimate stakeholders are the beneficiaries and in the psychological support program these are identified as the following two targets groups:

- Vulnerable populations who have been identified to be most seriously affected by psychological stress and resulting symptoms, such as victims of natural disasters, war affected populations, HIV/AIDS infected and affected dependents. Special emphasis will be on children, women, and the elderly.
- Volunteers and staff of National Societies, as well as staff from Regional and Country Delegations, involved in relief operations.

In addition, the National Societies will also be stakeholders, since the psychological support program is based on activities in and involvement of the National Societies.

Governmental and non-governmental organizations have and will continue to have a considerable interest in the activities and achievements within the program, as the field of psychological support is rapidly developing.

Finally, the Federation Secretariat and the Federation Reference Center for Psychological Support represent important stakeholders and provide the necessary technical/professional support to ensure the overall quality of the program.

2. Overall goal:
The overall goal is to enable National Societies in the MENA region to provide timely and sustainable psychological support to vulnerable groups according to needs expressed by the community and to their staff and volunteers.
3. **Objective:**

- Support the integration and formalization of psychosocial support services within relevant programs and structures in the National Societies of the MENA region.

4. **Expected results and indicators**

4.1 Around five National Societies have developed a Plan of Action addressing psychosocial and psychological needs based on the societies’ acknowledgement and awareness of the importance of rebuilding the people’s emotional well-being following stressful and/or traumatic events.

**Indicators:**
- Number of NS with a plan of action for PSP
- Number of NS reporting use of services from the regional delegations’ Psychological Support program
- Number of NS that have included PS in their budget or appeal

4.2 Demonstrated ability and capacity for NS staff/volunteers to manage psychosocial support.

**Indicators:**
- Prompt and efficient management of psychosocial support in crisis.
- Activities are carried out with decreasing assistance from the Support Centre.
- Use of and demand for documentation and information materials.

4.3 In National Societies, a focal point is trained as trainer, carrying out psychosocial support training and activities together with a team of volunteers.

**Indicators:**
- Number of NS with appointed focal point and team working within PSP
- Numbers of activities by focal point and team
- Job description for focal point

4.4 Psychosocial support is integrated in all activities within DPP, DM, HIV/AIDS, and OD.

**Indicators:**
- Number of integrated workshops
- Indicators for integration of PSP into other activities in use.

4.5 Resource allocation from the Psychological Support Program will be carried out on the basis of the Plans of Action and assessed needs of the national societies.

**Indicators:**
- The resources are allocated in the most efficient way
- The regional mapping is updated on a regular basis

4.6 National Societies have identified an efficient referral system for people with mental disorders in order to be able to refer people who are in need of immediate intervention to be undertaken by mental health professionals.

**Indicators:**
- The staff/volunteers have the ability to identify people who are in need of intervention by mental health professionals.
- The staff/volunteers have the ability to relate to people with mental disorders prior to referral.

5 **Activities related to expected results**

1. * Assist those NS that have mentioned PSP as a high priority in their Strategic Plan in preparing and monitoring a plan of action; this plan of action may include PSP workshops.

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4 The National Societies will have developed PoA’s according to a standard format prepared by the regional PS program
* Prepare curriculum for stress management and present it to the management of the National Societies.
* Standard forms for PoA in implementation PS in the National Societies has been created.

2. * Give continuous feedback to volunteers and staff
   * Documentation and dissemination activities:
     Create new materials relevant for the PSP activities, for example articles, pamphlets.
     Basic tools – qualitative and quantitative –will be developed and in use to monitor the program and interventions of NS.
     Compile, analyze and disseminate existing data on community based psychosocial support.
     Database with contacts, e-mail bulletin, websites, etc.

3. * Identify and train focal points for psychosocial support in the majority of NS’s. In some NS this focal point will have a team of volunteers assisting in implementation psychosocial support.
   * Description of profile of focal point.

4. * Prepare curriculum for PSP in the integrated workshops (e.g. DPP, DM, HIV/AIDS, and OD).
   * Prepare and apply indicators for integration of PSP activities into core programs.

5. * Continue mapping of activities, needs and psychological support interventions in the region together with the NS’s.
   * Conduct a network meeting for NS in order to facilitate and coordinate psychosocial activities in the region.

6. * Referral system for people with mental disorders is identified.
   * Mentally sick persons will be referred to relevant treatment

6. Monitoring and evaluation
Planning, monitoring and evaluation of the PSP activities will be facilitated and monitored by the Support Centre together with the responsible officers in the National Societies.
The PSP delegate and coordinator will report and document activities on a regular basis. They will be supported by the Federation Secretariat and the Federation Reference Center for Psychological Support that provide the necessary technical/professional support to ensure the overall quality of the program.

7. Implementation and timeframe
Implementation has started as a pilot project in April 2003. In 2004 the focus will be on mainstreaming PSP into the other programs in a sustainable way.
Implementation of PSP is a process and a final result will be difficult to identify. Detailed implementation will be on the basis of plans of action

8. Risk and assumptions
The following factors are identified as critical if the program is to achieve its objectives:

- The National Societies have sustained commitment to be involved in the development of the psychosocial support program.
- There is willingness in the National Societies as well as in the Regional Delegation to continue the mainstreaming process.
- Potential qualified focal points can be identified in the National Societies.
- The donor community maintains financial commitment.
- The support, cooperation and communication between the Regional Delegation, the Federation Reference Centre in Denmark and the Secretariat in Geneva are maintained.

5 Of the 9 National Societies that have a Strategic Plan, Iran, Jordan, Qatar, Syria and Palestine mentioned psychological support as one of the priorities ( )
9. Sustainability
Mainstreaming PSP into the structure of other programs instead of running Psychological Support as a vertical program gives a possibility to sustain the program and to renew the program whenever necessary. Through the mainstreaming approach Psychological Support will be integrated in an increasing number of programs.

Introducing PSP in 3 areas (in National Societies, cross country as a resource base), and not as a separate program, increases the possibility to make it sustainable as the coverage will increase and the approach will be more tailor-made.

In order to enhance sustainability, a political commitment from the NS’s is important to develop human resources in handling human distress in humanitarian actions. These skills will be of continuing value and enable the NS to cope in other situations as well.

The donor community need to maintain financial commitment for the period of time needed for mainstreaming the process.

The ultimate success of the program will be the integration of Psychological Support activities in all core programs, and lessons learned will be documented on which new activities will be based.

10. Budget

A detailed budget is available upon request from the regional department and/or the Regional Office

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