



Psychosocial support in Ebola

Lessons learned

July 2016

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Cover photo: A Sierra Leone Red Cross Society contact tracing and psychosocial support team visits a family quarantined during the Ebola outbreak in Freetown. Jari Lindholm/IFRC

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Executive summary

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IFRC psychosocial support delegate Thomas Zanghellini, together with a volunteer from the Liberian Red Cross Society, meet with village leaders to explain how community members can change their behaviour to help curtail the spread of the Ebola virus. Photo: Victor Lacken/IFRC

Psychosocial support (PSS) has been one of the five pillars of the International Federation of Red Cross and Red Crescent Societies' (IFRC) response to the Ebola outbreak in West Africa. As the Ebola operation gradually moves from response to recovery, there are growing experiences in terms of understanding the psychosocial needs of beneficiaries, staff, and volunteers, and in implementing psychosocial support interventions for beneficiaries in the context of Ebola. In December 2015, the IFRC Ebola virus disease (EVD) operation hosted a two-day lessons learned workshop on psychosocial support in Ebola to document and share the lessons learned from the PSS component of the Ebola operation across the affected countries.

The workshop was conducted in Dakar, Senegal with representation from the National Societies of Liberia, Guinea, Sierra Leone, IFRC's regional EVD operation's office, and the IFRC Nairobi Africa regional office. The workshop was facilitated by the IFRC Reference Centre for Psychosocial Support and focused on lessons learned pertaining to two key aspects of PSS in Ebola:

- Care and support for staff and volunteers
- Psychosocial support interventions for beneficiaries

The key recommendation arising from the workshop is that psychosocial support should have had a higher priority from the onset and throughout the EVD response, and that concerted advocacy efforts are needed at different levels to ensure that PSS is a strong pillar in future responses. Furthermore, the recovery phase is seen as an important opportunity to strengthen PSS capacity in the National Societies, and to create strong networks at the regional level to increase knowledge sharing and capacity building.

Additional recommendations for future outbreaks of Ebola and other epidemics are enclosed in this report. The ambition is that these recommendations will be institutionalized in order to improve PSS preparedness for future Ebola outbreaks as well as other epidemics.

Recommendations

The regional lessons learned workshop on psychosocial support in the West African Ebola outbreak resulted in a number of recommendations on how to ensure a strong psychosocial response in future outbreaks of Ebola or other epidemics. The recommendations are presented below as general recommendations, recommendations on care and support for staff and volunteers, and recommendations on psychosocial interventions for beneficiaries.

Table 1: General recommendations and lessons learned

Recommendation	Responsible
PSS should have been a higher priority from the onset and throughout the EVD response. Advocacy is needed at different levels to ensure that PSS is a strong pillar in future responses	IFRC PS Centre IFRC Geneva health IFRC regional EVD operation Regional Africa Ebola operation National Society PSS focal points
The recovery phase is an important opportunity to strengthen PSS capacity in the National Societies and to create strong networks at the regional level to increase knowledge sharing and capacity building	IFRC PS Centre IFRC Geneva health IFRC regional EVD operation Regional Africa Ebola operation National Society PSS focal points
The PSS pillar should be established from the onset of the response	IFRC
Adequate funding for PSS programmes and activities should be ensured through the inclusion of PSS in Appeals and DREFs. Fundraisers/PMER should be sensitized about PSS to facilitate this	IFRC
Training resources for PSS in epidemics should be developed and include lessons learned from the West Africa Ebola outbreak	PS Centre and IFRC Geneva National Societies (for adaptation to local context)
Relevant and tailored training in PSS, including refresher trainings, in close coordination with other agencies	National Societies and IFRC at the national level
Research and initiatives for reflexive thinking (i.e. lessons learned workshop) should be prioritized. Research should include staff and volunteers as well as PSS activities in communities	IFRC PS Centre IFRC Geneva health IFRC regional EVD operation Regional Africa Ebola operation National Society PSS focal points
Meetings, trainings, reports and documentation should be available in the four official languages of IFRC, when at all possible	IFRC PS Centre IFRC Geneva health IFRC regional EVD operation Regional Africa Ebola operation
National Societies should establish PSS departments at national level	National Societies
Sensitization, coordination, collaboration and inclusion of PSS in other pillars at all levels	National Societies, IFRC national level & regional level, PS Centre
Coordination and networking with other agencies should involve National Society focal points who should be leading by the end of a IFRC operation	National Societies IFRC national level

Table 2: Key recommendations on care and support for staff and volunteers

Recommendation	Responsible
Policy on care for National Society staff and volunteers should be incorporated into policies on volunteer and staff management	National Societies Technical support from PS Centre (i.e. the <i>Caring for volunteers</i> toolkit)
There is a need for a clear division of responsibilities between HR and PSS in terms of support and care for staff and volunteers	National Society
Volunteer management (recruitment, management, retention etc.) should be improved by means of material and non-material measures such as incentives, basic needs (food, water), certificates, ceremonies, management recognition, exit strategy etc	National Societies
This should also be incorporated in budget planning	IFRC (also PMER) and National Societies
Anti-stigmatization measures for volunteers should be integrated in the response. These measures should take a holistic and community-based approach be adapted to setting and context	National Societies
Systematic supervision and support for staff and volunteers should be provided at all levels	National Societies Technical support from PS Centre (i.e. the <i>Caring for volunteers</i> toolkit)

Table 3: Key recommendations for PSS interventions for beneficiaries

Recommendation	Responsible
Involve community leaders in preparedness planning	National Societies
Continuous awareness raising activities in communities	National Societies
Work closely with survivor networks and affected families	National Societies
Manual on Sexual and Gender-Based Violence and PSS from PS Centre should be integrated in violence prevention activities	National Societies and PS Centre
Involvement of survivors in psycho-education	National Societies
Call centres can be used as a PSS activity. Volunteers should be trained in psychosocial first aid	National Societies
Psycho-education should use a community-based approach and be a priority in all phases	National Societies
PSS volunteers should be trained in psycho-education by qualified trainers	National Societies, IFRC country level, PS Centre
Inter-agency coordination should be improved at higher levels	IFRC Geneva PS Centre
Establish / strengthen relationships with existing mental health system in-country	National Societies

1. Background

In late autumn 2015, the IFRC Reference Centre for Psychosocial Support (IFRC PS Centre) was invited by the IFRC regional Ebola Virus Disease (EVD) operation to plan and facilitate a lessons learned workshop for participants from National Societies from Sierra Leone, Guinea and Liberia. The workshop was to gather lessons learned from staff and volunteers involved in the psychosocial support pillar of the Ebola response.

The workshop took place on 9 and 10 December 2015 in Dakar, Senegal and was organized and hosted by the IFRC EVD regional operation office in Senegal.

The workshop focused on the collection and documentation of lessons learned from key staff and volunteers on two key aspects of the psychosocial response: psychosocial well-being of staff and volunteers, and the psychosocial support to affected populations. The ambition was for the workshop to facilitate institutional learning and support efforts to improve psychosocial preparedness for future epidemics.

The IFRC regional Ebola operation also invited Dr Sigridur B. Thormar, the consultant who conducted the study *The psychological strain of responding to West Africa's Ebola outbreak* carried out for IFRC in Guinea, Liberia and Sierra Leone, and who presented the key findings from the study.

Objectives of the workshop

The overall objective of the workshop was to learn from the EVD operation in order to be better prepared for future outbreaks of Ebola and other epidemics. The workshop was to provide a platform for gathering experiences from a broad group of international staff, local staff and key volunteers who have been involved in psychosocial support in the Ebola operation.

The workshop addressed what worked, what did not work, and what can be done to improve the psychosocial support preparedness, response, and recovery in future outbreaks. More specifically, discussions focused on the following questions:

- What were the main challenges and lessons learned in setting up psychosocial support and care systems for staff and volunteers involved in the EVD operation?
- What were the main challenges and lesson learned in implementing psychosocial support to beneficiaries in the different settings, such as community outreach and Ebola treatment centres?
- What are the key recommendations to improving psychosocial support in preparedness, response, and recovery at national, regional, and global levels?
- What should be the main focus of the next study on mental health and well-being of staff and volunteers involved in the EVD operation?

Workshop programme and participants

The workshop programme focussed on two main issues; discussing the challenges and lessons learned in psychosocial support to staff and volunteers, and the challenges and lessons learned in delivering psychosocial activities to the affected. (The detailed programme is attached herein as annex 2). Simultaneous translations were provided in English and French.

Participants were drawn from Liberia, Guinea, Sierra Leone, the regional EVD operation, and the IFRC Africa Nairobi office.

National Society or Group	NS staff	PSS delegate	Other	Total
1. Liberia National Red Cross Society	3	2		5
2. Sierra Leone Red Cross Society	3	1		4
3. Red Cross Society of Guinea	2	1		3
4. The PS Centre (facilitators)	-	-	2	2
5. IFRC Africa zone health delegate	-	-	1	1
6. PSS consultant	-	-	1	1
Total				16

The Red Cross response to the Ebola outbreak involved training volunteers with the Sierra Leone Red Cross Society on providing psychosocial support to those affected, including other volunteers, members of the burial team, Ebola patients and their families, and communities.
 Photo: Katherine Mueller/IFRC



2. Workshop minutes from Day 1: Support and care for staff and volunteers

Session 1: Welcome and introduction

The IFRC PSS delegate from Liberia officially opened the workshop and emphasized the need for maximum participation and for the need to produce recommendations to be used for PSS interventions in future epidemics.

The two facilitators from the PS Centre explained the purpose of the workshop as well as the expected outcomes, and introduced the role and mandate of the IFRC PS Centre.

Participants then introduced themselves by name, position, function, what or who made them attend, as well as wishes and expectations for the workshop.

Participants' expectations of the workshop are summarized in Table 4 below.

Table 4: List of expectations

1. To learn more from other National Societies and what they did in PSS response to Ebola
2. To discuss experiences and share unique approaches
3. To bring out good stories
4. To discuss how to have more support for staff and volunteers
5. Clear recommendations from the workshops
6. To support one another
7. To ensure PSS is on the move globally
8. To keep PSS as a pillar in National Societies
9. To discuss how to provide PSS in the African context
10. To discuss how to have more French materials
11. Managers to understand how PSS teams and interventions can be supported
12. To discuss how to promote PSS on the ground
13. To discuss how to have more support from the PSS Centre
14. Develop a duty of care for staff and volunteers

The five Hobfoll principles¹ that psychosocial interventions in emergencies are built upon were introduced for the purpose of setting the ground rules for the workshop. The principles are to promote a sense of safety, promote calming, promote a sense of self and collective efficacy, promote connectedness, and promote hope.

Participants were asked to use the principles of sense of safety and self and collective efficacy in coming up with the basic rules for the workshop. The following rules were identified and agreed upon: Respect other's views and opinions, maintain confidentiality, support one another, and be friendly and nice to one another.

¹ Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., ... & Maguen, S. (2007). Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence. *Psychiatry, 70*(4), 283-315. Access [here](#).

Session 2: Presentations on challenges and lesson learned in caring for staff and volunteers

Liberia National Red Cross Society

- The PSS response began with the setting up of a call centre where communities could call for support, inform about dead bodies, or talk to one of six counsellors
- At the beginning there were very limited psychosocial skills, and formal trainings were not conducted until rather late in the response. Thus, even though staff and volunteers had little knowledge about PSS, they supported the affected.

Main challenges:

- Lack of well trained staff in working in epidemics limited an effective preparedness of staff and volunteers
- Limited mobility with poor road networks and limited access to vehicles to reach those affected living in remote communities. Volunteers and staff had to walk long distances, which was quite stressful
- There was inadequate funding to support the recruitment and deployment of PSS staff and volunteers, and only 9 out of 15 counties had PSS staff, meaning that many did not get the needed support



A Red Cross volunteer provides psychosocial support to an Ebola survivor in the Paynesville district of Monrovia. Photo: Victor Lacken/IFRC

- There were conflicting messages on EVD and this affected the orientation of staff and volunteers in passing on proper messages
- Lack of proper orientation of staff and volunteers on the volunteer policy, and existing policies were not used. Many volunteers were terminated without proper preparation for demobilization and without explanation. Delay of incentives and in some programmes even lack of any, affected the motivation and spirit to serve in such a risky operation
- Volunteers were stigmatized and rejected by their own families and communities. They were denied access to services like fetching water at hand pumps, buying food and other basic needs. On several occasions, the Safe and Dignified Burial teams (SDB) were thrown out of the Red Cross offices due to fear of spreading the virus, resulting in members experiencing rejection by their own institution
- Weak systems for volunteer retention, with lack of recognition systems in place, poor system of paying incentives, lack of motivational packages and other forms of support.

Lessons Learned from Liberia

1. Lack of proper coordination led to the duplication of PSS services to affected families and communities as many organizations targeted and supported the same survivors or affected families
2. Provision of food and water for SDB volunteers increased their motivation for field work
3. Team meetings, coaching, and mentoring of volunteers made them feel recognized and supported.

Sierra Leone Red Cross Society

Key challenges faced in the operation

1. Volunteers and staff were not ready for the scale of the operations as it was beyond the normal response. The recruitment of volunteers was not systematically done based on set criteria. Many non-core volunteers were recruited compared to core volunteers
2. It was difficult to communicate properly in such a large and quickly up-scaled operation. There was little knowledge about Ebola, so the National Society was not able to properly prepare staff and volunteers

3. No available support system existed for volunteers and staff in the form of policies and guidelines on staff and volunteers
4. PSS was overlooked. It was not a priority for management which, for a long time, did not consider PSS a major response in the operation. Little attention and support was given to PSS hence there was little or no follow up training or support for PSS staff and volunteers
5. PSS volunteers, in reality, only had psychological first aid (PFA) training and there was no such support to address more severe PSS issues.

Lessons learned and recommendations

1. Capacity building of staff and volunteers in PSS needs to be a priority
2. Incorporate duty of care for staff and volunteers as a policy requirement for all National Societies
3. Clearly define and identify personnel in charge of staff/volunteer care, as well as how this can be done
4. Follow up and refresher trainings, as well as supervision on PFA activities among National Society staff, for continuous readiness. (Incorporate PSS in all first aid/disaster management trainings)
5. Hire a field PSS delegate as soon as an outbreak happens to assist with support, capacity building, donor proposals, and planning.

Red Cross Society of Guinea

In terms of main achievements, the Red Cross Society of Guinea has:

1. Trained 100 volunteers in a training of trainers, in topics of crisis events and psychosocial support, stress and coping, psychological first aid, and supportive communication. This was used as the basic start-up information and skills in providing PSS to the affected
2. Trained 777 volunteers in PFA, skills used to support affected individuals and bereaved family members
3. Supported 986 volunteers and staff with stress management sessions, reducing their stress and enabling them to work more.

Key challenges:

1. At the beginning, there was no coordination of PSS activities; there was only a cluster for child protection lead by UNICEF

2. At the beginning, the PSS pillar was not considered as a priority by Red Cross Society of Guinea top management
3. It was difficult to deploy PSS volunteers, and there were no PSS supervisors. Trained volunteers were not motivated to be part of a PSS team as there were not adequate incentives, no follow up or encouragement
4. No clear volunteer policies
5. Stigmatization and aggression against volunteers during SDB operations.

The following were presented as lessons learned and recommendations:

1. More collaboration needed between beneficiary communication and PSS activities
2. Need of better technical support from the IFRC PS Centre
3. Need of briefings for national staff and IFRC delegates about the importance of PSS
4. The importance of coordination of PSS activities, especially among agencies
5. The importance of support for volunteers and staff should be emphasized in responses.

Session 3: Mapping of challenges, lessons learned and recommendations

To further share experiences and learnings among the three National Societies, mixed teams were formed to discuss common traits in the challenges and lessons learned. These would then give a clear understanding of tangible recommendations for future responses. Discussions in the three teams followed the three guiding questions:

1. What were the common challenges across the three countries?
2. What are examples of good practices in the three countries?
3. How can PSS teams balance the needs of staff and volunteers and the needs of beneficiaries?

Common challenges among the National Societies

- Absence of a policy on staff and volunteer care within the National Societies which hindered effective support and care
- Limited coordination between beneficiary communications and PSS which carried out similar activities in the field

Examples of where beneficiary communications focussed on collecting stories from the affected without due consideration to their emotional reactions. From a PSS perspective, some were not ready to talk immediately after bereavement or after surviving the virus. It was a rather unnecessary action which could have been better coordinated had the two programmes worked together.

- Inadequate staff trainings in PSS. Generally, the trainings came late and were inadequate in response to the scale and intensity of the operation. The materials used and content varied widely among the trainers
- Limited knowledge on PSS among staff and volunteers, including management and PSS focal persons
- Demotivation of staff and volunteers who did not feel supported, experienced lack of protection, information, follow up and appreciation
- Limited mobility, both due to inaccessibility and lack of vehicles to reach hard to access communities
- Limited recognition of staff and volunteers, certificates, thank you letters, etc
- Stigmatization of staff and volunteers
- PSS was not a priority at all levels
- There were conflicting messages to staff and volunteers
- No specific training materials available on PSS in epidemics.

Best practices among the National Societies

- PSS is playing a leading role in retaining volunteers, for example in talking to distressed volunteers, reassuring and helping them to exercise patience and calmness. This made them

There was strong community engagement linked with social mobilization involving influential religious people in the communities such as imams, priests and traditional healers breaking the chain of denial and silence and leading to acceptance of interventions. This led to breaking the chain of denial and silence and leading to acceptance of interventions.

feel recognized in their efforts and they carried on with their work (especially SDB volunteers)

- Collaboration among social mobilization, contact tracing, PSS, SDB etc, helped promote uniform messages and reduced concentration in the same communities
- Meeting/coaching and mentoring of volunteers enabled them to gain courage, confidence and belief in their work
- Mediation between volunteers and families for acceptance through physical meetings and/or telephone calls, enabled families to accept volunteers and treat them well
- Giving food, water and accommodation to volunteers motivated SDB volunteers

In Sierra Leone, SDB teams were provided with food, water and lodging to ensure their personal safety, build strong peer support systems, and avoid rejection and stigmatization. They felt safe, protected, and valued from harassing community members who, in some instances, threatened the volunteers.

- Stress management sessions for staff helped reduce stress
- Joint trainings through coordination with other agencies

In Liberia, the re-emergence of Ebola in September and November 2015 was well managed through a coordinated approach among agencies. Joint training of PSS volunteers by UNICEF, the World Health Organization, and other non-governmental organizations, created a joint team of responders that included government social workers and Red Cross PSS volunteers. There was respect of roles and competencies which reduced duplication and promoted a joint response.

- Using survivors/members of affected homes as ambassador volunteers in PSS created trust, acceptance of the Red Cross, and belief in both the messages and measures on infection prevention control.



Red Cross volunteers offer psychosocial support to members of a community in Sierra Leone that has just emerged from a 21-day Ebola quarantine. Photo: Victor Lacken/IFRC

Role of PSS/how to balance PSS for staff/volunteers and beneficiaries

- Clear policy on roles and referral systems and division of responsibility between HR and PSS teams
- Training managers in caring for volunteers' skills
- Divide teams to focus on beneficiaries and volunteers – a system that allows follow-ups and staff care at management level, staff responsible for follow-up of deployed volunteers at field level, and the volunteers to take care of beneficiaries
- Creating a PSS unit within the National Societies
- Coordination with other agencies and define roles: who is doing what, where and when
- Include PSS in all programmes as a cross-cutting service, while maintaining its visibility and functions
- Need to focus on volunteer management in a bigger perspective so as not to concentrate solely on PSS volunteers.

Session 4: Findings from Phase 1 of the study on staff and volunteers mental health

Dr Sigridur B. Thormar, the IFRC PSS consultant responsible for conducting the study on mental health and well-being of staff and volunteers, “The psychological strain of responding to West Africa’s Ebola outbreak”, presented highlights of the study carried out in Guinea, Liberia and Sierra Leone. The study was commissioned at the end of 2014 by the IFRC which wished to map the mental health of staff and volunteers active in the Ebola operation. The objective of the study was to provide operational guidance to Ebola-affected countries in ensuring appropriate support to staff and volunteers responding to the West Africa Ebola crisis. It should be noted that the study measured symptoms of Post-Traumatic Stress Disorder (PTSD) rather than the clinical diagnosis of PTSD among staff and volunteers who responded to Ebola.

- Dr Thormar defined the concept of stress as being a non-specific response to a demand or a product of change. The study analyzed variables as sleep quality, social acknowledgement from the community, team leader support, support from

the organization, and satisfaction in regards to protection of personal health, as well as training and preparation

- Based on available literature from other disasters, at least three in every ten volunteers are at risk of developing PTSD. On a global Movement scale, this means that with an estimated 18,000,000 volunteers, at least 2 to 3 million volunteers are engaged in disaster response, and about 1 million volunteers are at risk of developing PTSD
- Initial results from the study on the strains of responding to West Africa's Ebola outbreak are encouraging, indicating similar levels of post-traumatic stress disorder (PTSD) in Ebola workers to what would be seen post sudden-onset disasters. This level is considerably lower to what may be seen in emergency response professions such as police or firefighters
- The results also indicate that team members thought to be most at risk, such as SDB team members, are reporting fewer symptoms than those with a history of mental health issues and those providing psychosocial support to beneficiaries, those involved in contact tracing, as well as drivers
- IFRC staff report higher levels of symptoms compared to National Society staff or volunteers
- Findings show that staff and volunteers from Liberia have the highest level of PTSD symptoms with 29 per cent as compared to 24 per cent in Sierra Leone and 12 per cent in Guinea
- A key recommendation from the study was to strengthen staff and volunteer care through different contextualized approaches suited to each country.

Session 5: Discussion of Phases 2 and 3 of the study on staff and volunteer mental health

The second phase of the study on staff and volunteer mental health is planned for early 2016. A focal point from each country will be responsible for supporting data collection in their countries and coordinating practicalities such as phones and authority from the National Societies.

Plans for the third phase of the study on staff and volunteer mental health were also discussed. The goals of the third phase are to:

- Complement findings from phases 1 and 2 through qualitative findings
- Analyze contextual and organizational factors that influence volunteer well-being
- Provide recommendations for support and care for staff and volunteers in future epidemics.

National Societies from Liberia, Sierra Leone, and Guinea will involve staff and volunteers from the five different pillars of the Ebola response, including both core and non-core volunteers.

Participants suggested the following questions be included in the study:

1. Does the lack of understanding of the concept of volunteerism in the communities affect the well-being of volunteers?
2. Does the lack of respect from mental health clinicians towards PSS volunteers affect volunteer well-being?
3. What is the relevancy of volunteers in the operation now?
4. Identify motivational factors on why volunteers decide to volunteer; do they feel heard, listened to, and motivated?
5. What are the competencies of volunteers in the branches?

3. Workshop minutes from Day 2: Psychosocial support to beneficiaries

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Session 6: Presentation of challenges and lessons learned in PSS interventions for beneficiaries

Red Cross Society of Guinea

There was a challenge in defining the focus of PSS in the community-based approach, especially in terms of the content of materials available for PSS in emergencies. Generally, the Red Cross Society of Guinea used the existing definition of psychosocial support as indicated in the PS Centre materials, focussing on psychological and social needs of individuals, families and communities affected by a crisis. The main activities included:

- Training of 154 imams and 46 traditional healers in PSS and PFA to engage communities
- Distribution of condoms to those affected by Ebola (families and survivors) to help curb the spread of the virus
- Condolence visits to families, targeting 98 per cent of those who lost loved ones, as a method to gain trust and access to families.

Key challenges

- It was difficult to access beneficiaries due to poor coordination
- Having volunteers available during burials and presenting condolences.

Antoine Kouana Koli'he, a safe and dignified burial team leader with the Red Cross Society of Guinea, began having nightmares after working on the Ebola response. The father of two received psychosocial support from a traditional healer and was able to resume his duties. Photo: Helena Humphrey/IFRC



Sierra Leone Red Cross Society

Key challenges

- No policies on volunteer selection, making it difficult to assess if they were able to give adequate PSS support to communities

- Dispelling destructive rumours
- Identifying and accessing those who needed support most urgently
- Lack of PSS leadership, training opportunities, skills building, and funding
- Little knowledge of PSS, how it works, what it can and cannot do
- Little or no integration of PSS support in programmes offered
- Trying to also address more tangible issues such as poverty
- Unbalanced gender representation in PSS volunteer teams.

In the Ebola treatment centres specifically:

- Working while wearing the personal protective equipment and following strict safety procedures was new to volunteers and difficult to get used to
- Trying to contact families members to give them updates
- Addressing rumours and stigmatization
- Dealing with extreme fear, grief and worry
- Understanding the role of PSS volunteers.

Themes of PSS struggles

- Fear and distrust of the health care system
- Separation from their loved ones, and not knowing what happened to loved ones when they were taken away
- Having all their belongings destroyed, daily life and livelihood inhibited
- Being fearful of everyone
- Not being able to carry out traditional practices
- Stigmatization, even if just sick and not from Ebola
- Worry about how to make an income
- Grief and loss from loved ones dying (sometimes entire families)
- Teenage pregnancy at an all-time high.

Lessons learned

- Capacity building of National Society staff and volunteers for crisis preparation (before a crisis happens)
- Strengthen relationships with community stakeholders to assist with relevant messaging

- Clearly define the role of PSS volunteers
- Quickly dispatch a PSS delegate as one of the core delegates who responds to an emergency.

Recommendations

- Have a full time PSS national position as part of the permanent staff
- Have PSS officers in each district
- Fund global PSS activities which can then support National Societies in their PSS activities
- Prioritize trainings, supervision, and refresher trainings so that PSS skills are maintained and even strengthened
- Sensitize and train communities in disaster preparedness and stress management
- Develop criteria for selection of PSS volunteers
- Make sure there is a gender balance among staff and volunteers
- Establish a referral system with government mental health facilities at the district level.

Liberia National Red Cross Society

- Lack of proper messages of EVD led to rejection of some PSS volunteers
- Cultural/traditional practices that hindered access to affected persons, denial and rejection of volunteers
- Communities were very hostile to PSS volunteers
- Communities lived in fear of what could happen to their affected relatives if they were reported ill
- Increased stigma of survivors from communities
- Contextualizing general PSS principles into the Liberian context where it can be useful first to give material support, and then PSS
- Intervening protocols were very new to the Liberian culture, such as no shaking of hands, no eating of bush meat, children not playing with each other, restriction on visitations/movement.
- Linking affected communities with food agencies (including survivor kits) supplemented by PSS work
- Training community members, including survivors, as PSS volunteers to serve as ambassadors

- Focus groups discussions on PSS with key actors in communities worked well
- PSS services provided via mobile phone, especially the call centre, was an important tool to reach out to affected persons with minimum risk of contracting the virus
- Collaboration with other PSS/survivors' network groups/agencies was key in harmonizing support and the rights of survivors.

Haja Kargbo (left) lost two children from Ebola. She also became infected and spent two weeks at a Red Cross treatment centre in Kenema, Sierra Leone. She was stigmatized upon returning home and banned from local stores by those who thought she was still contagious. Through the work of Red Cross volunteers who provided psychosocial support to both Haja and her community, she is once again welcomed. Haja has since joined the Sierra Leone Red Cross Society as a volunteer. Photo: Lisa Pattison/IFRC



Session 7: Mapping of lessons learned and recommendations for PSS interventions for beneficiaries

Participants discussed the common issues on a) violence prevention and trust building b) psycho-education and c) coordination with other organization and governments.

The issues were presented in perspective of the three phases of support; the preparedness phase, the response phase, and the recovery phase. These are summarized table 5 below:

Table 5: Overview of challenges, best practices and lessons learned

Element	Preparedness	Response	Recovery
Violence prevention and trust building			
Challenges	<ul style="list-style-type: none"> • Conflicting messages • Myths, rumours 	<ul style="list-style-type: none"> • Communication gaps with communities • Unmet needs • Forceful separation of families • Fear of exposure 	<ul style="list-style-type: none"> • Working with survivor networks • Continuous awareness across programmes
Best practices/ recommendations	<ul style="list-style-type: none"> • Training influential leaders such as imams, priests and traditional healers • Recruitment of volunteers from within communities • Use of the SGBV manuals 	<ul style="list-style-type: none"> • Using local radio to communicate correct messages • Stakeholder involvement in community mobilization and joint action 	

Table 5: Overview of challenges, best practices and lessons learned (followed)

Element	Preparedness	Response	Recovery
Violence prevention and trust building			
Challenges	<ul style="list-style-type: none"> • Conflicting messages • Myths, rumours 	<ul style="list-style-type: none"> • Communication gaps with communities • Unmet needs • Forceful separation of families • Fear of exposure 	<ul style="list-style-type: none"> • Working with survivor networks • Continuous awareness across programmes
Best practices/recommendations	<ul style="list-style-type: none"> • Training influential leaders such as imams, priests and traditional healers • Recruitment of volunteers from within communities • Use of the SGBV manuals 	<ul style="list-style-type: none"> • Using local radio to communicate correct messages • Stakeholder involvement in community mobilization and joint action 	
Coordination with stakeholders and governments			
Challenges	<ul style="list-style-type: none"> • Lack of enough resources to participate in major coordination activities • Unfair competition among partners 		
Best practices	<ul style="list-style-type: none"> • Training nurses in PSS • Developing appropriate tools for joint reporting 	<ul style="list-style-type: none"> • Establish coordination committee and identify focal persons who should play a leading role at all levels of the National Societies • Training agents jointly 	Training and retraining of partners in promoting joint action at various levels
Recommendations		<ul style="list-style-type: none"> • Representation in cluster committee (all phases) • Interpersonal networking (all phases) 	
Psycho-education			
Challenges	Funding through proposal development (all stages)	<ul style="list-style-type: none"> • Getting people interested in the activities • Putting people together • Qualified trained volunteers (all phases) 	
Best practices		<ul style="list-style-type: none"> • Picture materials, drawing and real life materials are key • Gender considerations among volunteers and beneficiaries • Make it a community-based approach 	Psycho-education should be a priority in interventions
Recommendations	<ul style="list-style-type: none"> • Should have trained staff in place (all phases) • Advocating for continued funding (all phases) 		

The Fundamental Principles of the International Red Cross and Red Crescent Movement

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

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

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

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

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

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

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

Psychosocial support was one of the five pillars of the Red Cross Red Crescent response to the West Africa Ebola outbreak. This report explores the understanding of the psychosocial needs of beneficiaries, staff, and volunteers in the Ebola context, and makes recommendations on how to improve on its implementation in future emergency operations.

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