

Coping with Crisis

Federation Reference Centre for Psychosocial Support

Protection through Prevention

Supporting safe environments in Sri Lanka free of violence against children

By Gurvinder Singh, Child Protection Delegate, Canadian Red Cross

Violence against children is a silent global disaster. Whether it is sexual exploitation during a natural disaster or conflict, or sexual abuse by a trusted adult, or experiencing physical assault in the family, or crushing a child's self-esteem through constant verbal attacks, the risk of harm against children remains a disturbing vulnerability.

It leaves no one untouched – children, their families and their communities all suffer when a child is injured by the abuse of power. Not only are there painful psychosocial and health related costs but also staggering legal, criminal and economic burdens. The repercussions resonate long after the abuse is stopped. Although the problem has begun to receive some attention; for the most part this hurt remains a secret that continues unexposed and unaddressed in homes, schools, institutions and refugee/IDP camps around the world.

The situation in Sri Lanka

In the wake of reports of sexual abuse of children during the first days of the tsunami disaster in Sri Lanka, the broader problem of child abuse also began to surface. The few studies conducted in Sri Lanka – a country that continues to suffer through an internal conflict, the tsunami of 2004 and economic hardship - show that abuse is a problem across the country for children of all ages and all backgrounds. For example, the National Child Protection Authority of Sri Lanka states that 20% of boys and 10% of girls are sexually abused.

As in all countries around the world, the risk of violence in Sri Lanka is complex. There is no one factor that makes children vulnerable to abuse, nor a particular kind of family or socio-economic bracket in which abuse happens. Rather, risk is intensified when the stresses on a child, family, com-

Types of child abuse

Emotional abuse is a constant attack by an adult on a child that negatively affects the child's self-esteem. This can take the form of rejecting, degrading, isolating, ignoring, terrorizing, corrupting or exposing children to family violence.

Physical abuse is any physical force that exceeds reasonable discipline and results in the non-accidental injury of a child. Examples include beating (hitting, punching, kicking), shaking, burning, pulling hair, etc.

Physical neglect is when a caregiver does not provide the care that is necessary for a child or adolescent to grow into a healthy adult. A child's basic needs are not met.

Sexual abuse is when an older child, youth or adult uses a child for his or her sexual gratification. This can involve contact (touching, kissing, fondling, forcing any form of sex) or no contact (comments, showing images to the child of a sexual nature or having the child pose, Internet exploitation).

Sexual exploitation is an actual or attempted abuse of position of vulnerability, differential power or trust for sexual purposes. This includes profiting economically or socially from the exploitation.

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 **CROIX-ROUGE FRANÇAISE**

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munity and society accumulate. Learned violent behaviour, personal and social stress from disasters or the on-going internal conflict, social isolation, alcoholism, poverty, gender inequity, and lack of personal or community support; all can combine in a dangerous relationship that increases the risk for a parent or any person in a position of power to hurt a child.

Response

The Sri Lankan Red Cross (SLRCS) in partnership with Canadian Red Cross (CRC) has organized consultations to assess the need for prevention programs and how to best develop them with local communities. After feedback from children, parents and over 70 child protection agencies including government, local and international organizations, the development of a long-term agenda to support child protection through prevention programs, awareness through media and rigorous evaluation have been established. The first step in the strategy is to launch a safety program, called "Be Safe!", for one of the most vulnerable groups on the island, children ages 5-9.



*"The quality of a child's life depends on decisions made every day in households, communities and in the halls of government. We must make these choices wisely, and with children's best interests in mind. If we fail to secure childhood, we will fail to reach our larger global goals for human rights and economic development. **As children go, so go nations. It's that simple.**"*

Carol Bellamy
State of the World's Children 2005

Photo: Canadian Red Cross

Applying best practices

The design and implementation strategies for "Be Safe!" are founded on the input from partners, best practices from global research and the experience of the Canadian Red Cross RespectED: Violence & Abuse Prevention program that has been active in the field of child abuse/violence prevention for 22 years. Experience from each source highlights the need to:

- Target both children and adults with knowledge, support and tools.
- Have a comprehensive approach that supports the creation of protective systems, including policies and laws, in all places where children spend time.
- Utilize local support systems.
- Collaborate with children, adults and local agencies at all stages of the program development and implementation; promote community ownership.
- Use a rights-based framework that places the best interest of the child at its core.
- Utilize participatory, safe and fun approaches in implementation.
- Support prevention partners in developing their skills and in providing updated knowledge and tools.
- Evaluate programs, including formal evaluative studies with academic partners.
- Integrate child protection delivery into existing networks and systems – build on existing strengths.

How "Be Safe!" works

"Be Safe!" uses a participatory format that is designed to engage children in their learning. The program combines story telling, puppetry, songs and hands-on activities to give children information and skills in a positive and safe way to help protect them from different forms of violence, including sexual and physical abuse. All education materials are available in Sinhala, Tamil and English.

The main objectives of this safety program are to teach children:

- Body ownership
- Bodies are private
- Touches can be safe or unsafe
- Secrets about touching should never be kept
- Safety rules: Say "NO!", Get away and Tell someone you trust – keep telling until someone helps you.

Integrated delivery of protection and prevention programs

"Be Safe!" uses a partnership delivery format to increase coverage, maximize local strengths and to leverage integration into existing networks.

Partnerships are developed with small and large agencies who work with children and families in urban, rural or remote settings. In Sri Lanka child protection for the SLRCS and for the CRC is a cross-cutting issue for all sectors and programs while being housed in the Health programs. This allows Red Cross community-based health networks, which have an expansive reach in the country, especially rural and remote areas, to act as vectors for delivery. Other partners in Sri Lanka include teachers through the national school system, health workers, religious leaders, NGOs, and child and youth club facilitators.

Personnel from partner agencies are screened in collaboration with the partner agency to become Master Trainers. Those personnel are then provided a 40 hour training on the different forms of child abuse, how to handle disclosures, vulnerability and resiliency factors, and communication and facilitation skills. Following the training, Master Trainers are provided ongoing technical guidance, support and up-to-date resources by the Red Cross.

Each partner agency and Master Trainer works with the local community or institution in which it delivers the program to complete a safe environments checklist to identify existing protection and support systems in the community and where gaps may be present. Training is then provided to community leaders and parents on the different forms of abuse, how to handle disclosures, and prevention strategies. While only some adults may be in a position to deliver the "Be Safe!" program to children, the participation and input of the larger community is critical to ensure understanding on the issues and to help provide support to facilitators and children who may need protection.



Violence is preventable

While the challenges of protection in Sri Lanka, as elsewhere, can seem daunting, the good news is: **the silent disaster of violence against children is preventable.**

A growing body of experience from around the world, including within the Red Cross and Red Crescent Movement, shows that there are clear, concrete measures such as awareness raising and systems development that can reduce harm and enhance resiliency...the hurt against children can be stopped. ■

"Be Safe!" uses a participatory format that is designed to engage children in their learning. The program combines story telling, puppetry, songs and hands-on activities to give children information and skills in a positive and safe way to help protect them from different forms of violence, including sexual and physical abuse.

Photo: Canadian Red Cross

Philippines Red Cross responding to South Leyte landslides

By Rose Rivero, Social worker, Philippines National Red Cross Society

A period of heavy rainfalls triggered a landslide in the southern part of the Philippine island Leyte on 17 February 2006. Hardest hit were the barangay (village) of Guinsagon, but seven other barangays in the area were declared a hazard zone and the people were evacuated. 154 people died and 990 people are still missing.

The Philippines is one of the most disaster prone countries in the world, and with 84 chapters and around 7 million members the Philippine National Red Cross Society has extensive experience in responding to the needs of people following national disasters. At the time of the landslide, the Disaster Response Team was immediately called for. The deployment included two social workers and one welfare aid that were also responsible for the delivery of psychosocial support. The social workers and the welfare aid were trained in Community-based psychological Support, standard first aid and disaster management.

As a member of the disaster response team trained in psychosocial support I was part of the team who went from one evacuation center to another to conduct psychological first aid, tracing services, guidance and counseling and facilitate contact of relatives through telephones. The telephone service was done in collaboration with Smart Com-

munication, who provided our team with pre-paid mobile phones so survivors and affected families could call relatives in other areas or even abroad. Though mainly an agricultural area, many of the inhabitants of southern Leyte work abroad or have relatives who do.

At the time of writing this article (July 2006) more than 300 families of Guinsagon are still living in temporary shelters. Some of the families were not at home when the disaster struck while others were forced to flee without their belongings. Therefore the evacuated survivors have relied on the government and aid organisations in the area to provide them with all necessities. Because Guinsagon is totally damaged beyond repair about 130 families will be permanently relocated to safer places nearby. Apart from housing projects the Red Cross is also implementing livelihood projects in order to help the families back on their feet.



One of the stories that really stand out in my memory of the relief operation was the story of Ms. Elsa Misa Timbao. She works in London where she lives with her family. She watched a newscast about the tragedy and thought she saw her mother on the TV. She immediately got on a plane home and was assisted by the Red Cross upon arrival. We helped her to go to the evacuation centre to look and verify whether it was her mother she had seen on TV. Unfortunately it was not her mother but a neighbor. Elsa went silent and just wanted to be alone with me without the media people that were with us at that time. Then we went to the auditorium where the retrieved dead bodies were and she recognized one of her nieces there. Elsa stayed at the evacuation center because she wanted to talk more with their neighbors and wanted to know more what happen to their place. In the afternoon while attending to other clients at the welfare desk in the area I interviewed a man and later found out that he was one of Elsa brothers in law whom she thought was buried alive. I called her right a way and the two were soon reunited. Even though Elsa's story is tragic because she lost many family members in the landslide, I was very happy that we were able to help her with both emotional and practical support and to even reunite her with a family member she thought she had lost. That is what it is all about.



Rose Rivero (left) Rosette Lerias (center), Governor of Southern Leyte, speak with Elsa Misa Timbao (right).

Photo: Rumulo M. Godinez / International Federation of Red Cross and Red Crescent Societies

How Should We Provide Mental Health and Psychosocial Supports in Emergencies?

- An Update on the Development of IASC Guidance

By Mike Wessells, InterAction & CCF and Mark van Ommeren, WHO

Over the past decade, there has been increasing consensus about the importance of providing mental health and psychosocial support (MHPSS) in emergency settings. The question for most agencies is no longer whether to provide MHPSS but how to provide it in the most effective, appropriate manner.

The question how to provide effective support is inherently thorny because the field of psychosocial support is young and, accordingly, lacks an extensive research base. Nevertheless, experience by agencies in many emergencies, from armed conflicts to natural disasters, has created a growing set of lessons, tools, and principles that can guide effective MHPSS. In many respects, the time is ripe for systematizing the field by developing coherent, practice-based guidance.

Emphasis on Practical Guidance

In this spirit, the Inter-Agency Standing Committee (IASC) established a Task Force on Mental Health and Psychosocial Support in Emergency Settings. This inter-agency approach has the advantage of drawing on the respective strengths of many different actors and of engaging diverse parts of the humanitarian system.

The goal of the Task Force is to draft by fall 2006 practical inter-agency guidance on mental health and psychosocial support in emergency settings. The guidance will enable a wide variety of stakeholders in humanitarian action, including affected communities, to deliver the minimum multi-sectoral response required in the midst of an emergency. The emphasis on practical guidance is highly appropriate since the field of MHPSS has been divided into factions favoring individual, clinical approaches and holistic, participatory approaches, respectively. The quickest way to derail efforts to develop guidance is to get lost in conceptual, often ideological, disputes. Keeping the focus on what needs to occur practically—the first steps in providing MHPSS—affords firmer ground for achieving consensus and invites everyone to think how different approaches can complement each other. The emphasis on practical guidance is also appropriate because the field of MHPSS has had its share of harmful practices. Key aims of the guidance are to reduce harmful practices and to enable effective coordination, the Achilles heel of many emergency operations.

Integration in Multiple Sectors

Through a highly consultative process engaging partners worldwide, the Task Force has constructed a matrix of 27 key interventions from multiple sectors. The matrix includes common functions (coordination, assessment, monitoring and evaluation, human rights standards, human resources), core MHPSS domains (community organization and support, protection,

International Task Force

The Task Force members include a mixture of U. N. partners (UNOCHA, UNFPA, UNICEF, UNHCR, WFP, WHO), the Interantional Organisation for Migration (IOM), Red Cross and Red Crescent Movement (IFRC), the NGO consortia InterAction and International Council of Voluntary Agencies (ICVA) (represented in the Task Force by Action Aid International, American Red Cross, CARE Austria, Christian Children's Fund (CCF), International Medical Corps (IMC), International Catholic Migration Commission (ICMC), International Rescue Committee (IRC), Medecines du Monde Spain (MdM-E), Mercy Corps, Medecines Sans Frontieres, Holland (MSF-H), Oxfam-UK, The Foundation for Refugee Education Trust (RET), Save the Children-UK, and Save the Children-US) and the Interagency Network for Education in Emergencies

INEE. This inter-agency approach has the advantage of drawing on the respective strengths of many different actors and of engaging diverse parts of the humanitarian system. The Task Force Co-Chairs are WHO and InterAction, which is the umbrella organization for 160 U. S. based NGOs working in international settings.

health, education, information dissemination), and social considerations in sectors (food, shelter, water and sanitation). Because of its broad coverage and emphasis on integrating MHPSS elements into multiple sectors, the guidance offers practical steps to all humanitarians, not to mental health professionals only. For each intervention, agencies have written brief action sheets that operationalize the minimum response that is needed. At present, the guidance is in its fourth revision and has been translated into French, Spanish, and Hindi for review by many partners worldwide. The draft guidance (also in translation) is available by internet at:

http://www.humanitarianinfo.org/iasc/mentalhealth_psychosocial_support

Feedback is welcomed

In the spirit of wanting to develop useful, effective guidance, we invite readers to use the guidance and to provide feedback to the Task Force via the Co-Chairs (at vanommerenm@who.int and mwessel@rhc.edu, respectively). Our hope is that through a collaborative approach, humanitarian actors will effectively mitigate and prevent psychosocial suffering and enable well-being in the midst of emergencies.

We would like to take the opportunity to thank the IFRC Reference Centre for Psychosocial Support for its strong and continuous participation in the Task Force during the last year. The process of developing guidance has tightened the connections between different psychosocial actors in agency headquarters, and we hope that the harmonious collaborations between agencies at HQ level will transcend to field level, because the best way forward for our young discipline is through interagency collaboration, using the important strengths of different agencies, including those of the IFRC national societies' volunteer networks. ■

Announcements



Distinguished International Psychologist of the Year

At the PS Centre we are pleased to congratulate Dr. Gerard A. Jacobs on being named the Distinguished International Psychologist of the year by the American Psychological Association Division of International Psychology. We are proud to have Dr. Jacobs as a member of our international Roster Group and we have the highest regard for him both professionally and as a person, and we think that this nomination that he really deserves.

The APA presents two Distinguished International Psychologist Awards. One award is given to a psychologist from the United States and the second award is for a psychologist outside the United States. Both awards give recognition to individuals who have made outstanding contributions to international psychology either through significant research, teaching, advocacy, and/or contributions to international organizations.

Dr. Jacobs is Professor and Director for the Disaster Mental Health Institute at The University of South Dakota and worked with the American Red Cross as well as the International Federation of Red Cross and Red Crescent Societies in numerous domestic and international disasters. ■

New Psychosocial Consultant in the PS Centre



My name is Lene Christensen and I started 1 May 2006 as the new Psychosocial Consultant. I have a background in social anthropology and have worked with humanitarian aid for around 6 years.

Of these, five years have been spent abroad. My first posting was with the Danish development NGO Mellempfolkeligt Samvirke (Danish Association for International Co-operation) in Tanzania, followed by two years in Bangladesh, where I worked for the UN World Food Programme (WFP). Subsequently I worked one year in the WFP Headquarters in Rome, Italy, before I returned to Denmark in 2005 to take up a position with Mellempfolkeligt Samvirke as Programme Coordinator in their international department.

In my previous jobs I have had a continued focus on issues relating to data collection, monitoring procedures and systems, baselines survey design, analysis and reporting of information, as well as evaluations. While in Tanzania, I worked with NGOs on participatory appraisals in order to set up their own indicators and development priorities. In Bangladesh I was responsible for developing and implementing an M&E system for the WFP Country Programme.

Generally described, my main areas of responsibility in the PS Centre will be to conduct baseline surveys and input to monitoring systems of various PS Programmes starting up or continuing their activities. I will take part in the everyday tasks of the PS Centre - working with DRC, IFRC and the roster group. I am still learning a lot about psychosocial support and find pleasure in continually expanding my knowledge in this field.

ENPS Forum in Athens

Hellenic Red Cross Society is this year's host to the European Red Cross and Red Crescent network for Psychosocial Support Forum, which will take place on 20-22 October 2006 in Athens. The theme for the forum is "Working with volunteers in our Community: Improving care through Psychosocial Support".

All European National Societies, Federation delegations in Europe and the IFRC PS Centre have been invited to let one or two staff members who work with psychosocial support activities attend. Thus, the forum will provide a venue and time to exchange ideas, best practice and tactics. It will allow the participants to set strategy and recommendations for future PS development.

Volunteers and networking

The themes to be taken up at the forum are the needs for psychosocial support in Europe and how the RC Movement can be better tuned to meet these needs. An important instrument in providing psychosocial support is having good volunteers, so the Forum will also focus on developing and maintaining a good volunteer base through recruitment, training and integration of psychosocial support in other activities such as disaster response and health and care programmes. Finally it will also be discussed how to further strengthen the network, so it can be a valuable resource in the European work with psychosocial support.

Minutes of the Forum will be posted on the IFRC PS Centre's website when they are available.

For more information, please contact Maureen Mooney Secretariat of the ENPS at the French Red Cross Maureen.mooney@croix-rouge.fr



 Moving towards an integrated humanitarian approach 

The First SEA Regional Psychosocial Support Programme Training Workshop

By Ms. Aida P. Beltejar, Regional PSP Delegate, IFRC

Natural disasters within the South East Asia region are occurring more regularly and have been the most common cause of extreme and widespread destruction coupled with consequent injuries and considerable loss of life. There have been an increasing number of landslides, earthquakes, tsunamies, volcanic eruptions as well as other natural disaster in the Southeast Asia region in the past years.

Oftentimes, the survivors are beset with problems which are psychosocial in nature and other behavioral reactions related to stress and trauma due to the disaster experience.

How can we prepare ourselves to better respond to support those affected? And why is a psychosocial support program needed? These were some of the issues and topics presented to 23 participants of the 4-day Southeast Asia 1st Regional PSP Training Workshop which was held last 22-25 May 2006 in, Bangkok, Thailand. Participants from 11 National Societies, four PNS including Finnish Red Cross, Hong Kong Red Cross, and Tsunami Recovery team in Thailand and Myanmar attended the workshop.



Preparedness is key

Preparedness is vital to be able to provide quality services that address the psychosocial needs of the affected population. Therefore the workshop aimed to train and provide the participants with necessary knowledge, skills and attitudes for the effective implementation of Community-based Psychosocial Support Program to affected population in the community during disaster

and crises situation.

Lectures and activities at the PSP workshop ranged from Introduction to Community-based Psychosocial Support Programme, Stress and Coping, Supportive Communication, Promoting community self-help, Population with Special Needs, Helping the helpers and

Psychological First Aid. Considering that knowledge is best shared in small groups, where casual interaction takes place in addition to formal presentations, several group work discussions were part of the workshop.

International experts invited

To achieve a fruitful workshop, a group of experts in the field of PSP were invited as resource. Persons like Ms. Nana Wiedeman, Head, IFRC PS Centre, Dr. Abdul Ali, Director of Trauma Centre in Kuala Lumpur, Dr. Alisa Wacharasindhu, Child Psychiatrist Chulalongkorn University in Thailand. Ms. Aida Beltejar, the Regional PSP delegate facilitated the workshop. It is noteworthy to mention that the training materials used for the workshop were prepared by Dr. Gerard Jacobs, Director of Disaster Mental Health Institute

University of South Dakota USA.

“The trend of providing holistic approach to helping people during emergency situations is now gaining recognition and PSP is one of the responsive programs that help address the psychosocial needs of affected individuals, families and communities, during disaster and emergency situation where it forms part of the everyday actions of the Red Cross volunteers and staff in the region, which goes with the physical care and relief services,” says Ms. Aida Beltejar, PSP Regional Delegate. ■

Psychosocial Support in emergencies

Lessons learned workshop

By Louise Juul Hansen, IFRC Reference Centre for Psychosocial Support

In recent years, the Danish Red Cross (DRC) has provided psychosocial support in emergencies after the earthquake in Bam, Iran; after the tsunamis in Indonesia and Sri Lanka and after the earthquake last October in Pakistan.

DRC has many years of experience in school-based psychosocial support for children affected by armed conflict, but providing psychosocial support in emergencies is a relatively new field. Following the operations after the tsunami, the DRC has wanted to bring together the delegates and staff involved for a lessons learned workshop. However, finding the right time was not easy due to the earthquake in Pakistan and India in October last year. Finally, in June 2006 the workshop became a reality.

Learning from experience

"The workshop came at a really good time for us. The Pakistan intervention was well under way and the tsunami interventions were coming to an end, so we were able to draw on the experiences of people who had been through all the stages of emergency interventions," says Kaspar Bro Larsen, Programme Coordinator for South Asia at the Danish Red Cross. "In our emergency interventions we have used experiences from school-based programs and learned a lot as we went along. Now we need to take all these experiences and learn from them, and adapt them to the specificities of emergency interventions, so we can provide the best possible psychosocial support in future emergencies."

The workshop brought together psychosocial support delegates, programme managers, regional representatives, desk officers, HR consultants, disaster management people, psychosocial consultants and the IFRC PS Centre in Copenhagen for three days.

The first day of the workshop focused on sharing experiences about past interventions. Presentations were given about each emergency intervention and activities and approaches were discussed in groups and in plenary. The second day was spent discuss-

ing activities in the different stages of an intervention, which tools the people in the field should have with them. The final part of day two was dedicated to the difficult question of finding and working with good qualitative and quantitative indicators. Day three looked forward: What is needed to make sure that the issues brought forward at the workshop are being followed up and future interventions improved?

Better advocacy and tools

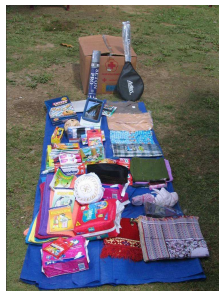
"I see this workshop as an important step towards strengthening the collaboration between the Danish Red Cross, the IFRC PS Centre and other partners so that we can continually improve our interventions and do better advocacy for psychosocial support. I think it is important to continue advocating for a high priority to psychosocial support in emergencies on par with the more traditional emergency interventions, at least when the most basic needs of the affected population are met. We always have to remember that the most significant effort to overcome a disaster is done by the affected people themselves and not the relief organisations. In this respect, I believe that good and timely psychosocial support is an important aspect of strengthening people's coping mechanisms and help them recover and rebuild after the disaster more quickly" says Kaspar Bro Larsen.

A recurring theme in the discussions during the workshop was the need to have good, practical tools for delegates - an ideas bank of different activities for different target groups, training material, guidelines for assessments and admin/finance tools etc. A lot of good ideas for a CD-ROM based tool kit were collected for further work in the autumn. Another recurring theme was the need for having good indicators. Good indicators are essential for monitoring and evaluations both for learning purposes within the organizations and for reporting to back donors. However, the question of indicators seems to cause a lot of headaches throughout the field of psychosocial support.

After three intense days a lot of work still remains for the participants following up on the many issues and projects brought forward. For the PS Centre perhaps another challenge awaits: We hope to be able to repeat the workshop in a broader forum for National Societies around the world who have been involved in psychosocial support in emergencies. More information about this

will follow here in Coping with Crisis and on the PS Centre's website <http://psp.drk.dk>. The proceedings from the DRC workshop will also be posted on the website once finalised.

For more information, please contact the PS Centre at psp-referencecentre@drk.dk



Distribution of family kits, sewing classes, and activities for women and artwork were among the psychosocial activities discussed at the workshop.

Photos by (from left to right): Pakistan Red Crescent Society, Danish Red Cross, Indonesia, Danish Red Cross, Sri Lanka, Danish Red Cross, Iran.

Memories for the future

By Patricia Nyabadza, Regional Programme Officer for the Orphan and other vulnerable children programme, Federation's office for Southern Africa Delegation

The deadly AIDS epidemic has split families and orphaned millions of children around the world with some children having to look after themselves. The pandemic is wiping away the middle generation in their prime age, who should be the custodian of the family history, values.

The National Red Cross Societies in Southern Africa are attempting to fill the gap through memory work which is, apart from preserving the history of family members succumbing to the deadly pandemic, is helping the families affected by HIV and AIDS deal with living with the disease and talking about it to their children.

One of the main objectives of memory work is to involve children in play therapy as a means of communication and ventilation of emotions.

There is a rich variety of memory work approaches which can be used with children and families.

Memory work is for everyone. It is for parents and children who at some point in their lives will be separated, for whatever

the reasons.

Memory work is traditionally associated with supporting a child and family in coping with death while 'memory books' are often used as a communication tool between parents and children.

"It helps because I never told my secret to any person. Never. But now I shared my story using my book," says one parent who is beneficiary of the memory project. "Previously, when I thought about my past I didn't feel okay. And I talked about it yesterday. And I feel free."

Children in AIDS affected households become vulnerable in many ways, long before their parents die. Memory work has empowered parents who are living with HIV and AIDS to communicate with their children and also to start making plans together for the future. It has also been an effective tool in breaking down the stigma often associated with HIV and AIDS. The silence, shame, myths and misconceptions that surround HIV and AIDS are being addressed through disclosure and giving correct information using memory work. At



Child in Namibia painting memory box

the same time through memory work people living with HIV and AIDS have been encouraged to value life and look forward to the future.

A treasure chest of memories

Memory books and boxes contain information about the parents, family history, stories about the parents and children, photographs, drawings, special family memories and other memorabilia thus making them a treasure chest of family information. Through sharing the books in the family, children who are facing loss or separation from a parent have begun to understand the past and feel more secure regarding their future.

In the context of anti retroviral therapy memory work activities have evolved to assist people living with HIV and AIDS to hold on to life rather than seeing it as a preparation for the end of life. Of course the greatest service one can render a child is to keep the parent alive.

Parents usually come together and meet as support groups. During these meetings they are empowered and learn more about issues such as communicating with children, including possible disclosure of their health status. In the support groups they also learn how to create a memory book or box of their life stories.

Memory work has also provided the children an opportunity to ask questions about their parents' illness and to be involved in discussions about who will care for them after their parents die.

"Without our memory book, lots of issues wouldn't have come up in our family, especially about the family history," a child said. Other memory approaches include body maps, remembering books and hero books which can be written by the children themselves or by their parents.

Memory work in the Red Cross

In the Red Cross, memory work has usually been done through Red Cross support groups which are part of the home based care programme – these support groups might be for parents or they might be for guardians of orphans or even for the orphans and vulnerable children themselves.

The Red Cross in the southern and east Africa region is working together with REPSSI, (Regional Psychosocial Support Initiative) a partner organization to incorporate memory work into their support for people living with HIV and AIDS and orphans and other children made vulnerable by HIV and AIDS. For more information about memory work see the website of the Ten Million Memory Project: www.10mmp.org

Honouring the volunteers

The cornerstone of all Red Cross / Red Crescent activities is the volunteers. This is also true for psychosocial support. All over the world, volunteers bring comfort and support to the most vulnerable - Mary Thayani from Sri Lanka is just one of them. Therefore we have dedicated a section of our website to the men and women who are the real providers of psychosocial support.



Mary Thayani, 22 years old, Sri Lanka.

I have been a psychosocial support volunteer in the Batticaloa Red Cross branch for one year.

I became a volunteer because I wanted to give service to the community, which is affected not only by the tsunami but also by war.

My best experience as a volunteer was when I visited a family who had lost a child and they were neglecting the other child in the family. I built up a good relationship with the child and his family and now things have improved in the family.

This is in my opinion what good psychosocial support is all about: Encouraging people to support one another, both in the family and as a community.

Register!

The IFRC Reference Centre for Psychosocial Support has a growing need to increase its capacity. In many cases we are asked to assist in identifying delegates or consultants for assessments. At other times we need to be able to link up delegates and consultants. Please send us an email in English and let us know if you are interested in being on our mailing lists for consultancies etc.

To subscribe or unsubscribe to this newsletter, please write to psp-referencecentre@drk.dk

For more information about the Centre and other Red Cross / Red Crescent psychosocial activities, please visit our website: <http://psp.drk.dk>