

Psychosocial Centre



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of Red Cross and Red Crescent Societies

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Children and emergencies

The world:
Disasters and unrest

Pakistan:
Tough times and
glorious games

Czech Republic:
Rain and tears

Israel:
Helpers and huggers



Psychosocial support around the world 4

Highlights from the IFRC Appeals and Operational Updates

Focus on Pakistan

Moving on 6

The nightmares remain, even when the floods have gone

By Majda Shabbir

A tough time 8

Psychosocial volunteers recount their experiences

By Yasi Qazi, Shahmeer Khan Chandio and Tanzila Qazi

Glorious games 9

No opposing teams, no goals but lots of smiles and laughs

By Penny Sims

Rains and tears 10

Czech Red Cross deployed ERU and psychosocial support to help those affected by the floods

By Karel Konečný and Lucie Balarinová

Best practices in child protection 12

Experts agree on many issues - and disagree on some

By Alastair Ager

Let the old help the young 16

Knowledge and experience are often forgotten in disasters

By Emmanuelle Babaud

Volunteers help children be children 19

Assisting the displaced in Tunisia

By Kathrine Roux

The Hugging Train 20

Magen David Adom in Israel - and in Haiti

By Carina Sorensen

Editorial board:

Nana Wiedemann, Lasse Nørgaard and Carina Sørensen

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The opinions expressed are those of the contributors and not necessarily those of the IFRC Psychosocial Centre.

Cover photo:

Earthquake in Haiti 2010,

Colombia Red Cross plays with the children as part of a PSP program. Photo by Jakob Dall/Danish Red Cross.

Editorial

2011 has begun with civil unrest in a number of countries in North Africa and the Middle East. National Societies with support from sister societies and the International Red Cross Red Crescent Movement have responded with relief, medical aid and psychosocial support. Thousands of demonstrators staying together for weeks in one place not knowing what will happen next, or tens of thousands of refugees in squalor camps - some of them having crossed the border in dramatic fashion and uncertain when they can return to their country of origin - naturally creates fragile and tense situations.

Psychosocial support is not only helping individuals but also reducing the risk of possible conflicts, and once again we have been reminded about the need to be prepared for unexpected events. Thankfully most of the National Societies in the region have trained staff and volunteers, who have provided support every day during the past few months. The psychosocial support will continue as stated in the appeal with particular attention being paid towards assessing the needs of vulnerable groups and programming that mitigates the risk of gender based violence and seeks to prevent

sexual exploitation and abuse.

At the IFRC Psychosocial Centre we have experienced a steep increase in requests for materials, training and advice directly from National Societies in 2010 and the beginning of 2011. Entire regions are now engaged in master training of trainers, and numerous National Societies have included psychosocial support in their 5-10 year strategies, reflecting the three major aims of the global Strategy 2020.

The world map you see on the following two pages illustrates how widespread and integrated psychosocial support has become as a global Red Cross Red Crescent activity. It only highlights psychosocial interventions in relation to new appeals and on-going international operations, whereas activities carried out by numerous National Societies domestically are not included. If they were, the map would be even more colourful, i.e. the Japanese Red Cross' deployment of a psychosocial support team to New Zealand after the earthquake would have appeared, as well as New Zealand Red Cross' own support.

In this issue you can also read about the Czech Red Cross' ERU assisting after the floods, the psychosocial support to Pakistani



communities after the floods, and how Magan David Adom developed from a National Society where psychosocial support to staff and volunteers was considered unnecessary to today having realized the benefits and actually being able to assist internationally, like in Haiti after the earthquake.

Yours sincerely,

Nana Wiedemann

Nana Wiedemann,
Head of the International Federation Reference Centre for Psychosocial Support.

**For further information and other facts please refer to the following RCRC brochure which can be found on the IFRC website: http://www.ifrc.org/Docs/pubs/who/at_a_glance-en.pdf*



A story from Gaza

A mother asks what to say to a child when passing a dead body and the child keeps saying "I don't want you to die". A Red Crescent ambulance driver realizes he might need help, when he gets used to picking up injured people, and goes directly for coffee breaks after washing the blood of his hands. A deaf girl talks about the horror of seeing and feeling the shelling and everybody around her being scared but nobody telling her what was going on. Our new video "A story from Gaza" portrays the situation and some of the psychosocial support provided to the occupied area almost a year after the 22 days of military action in 2009. You can order the film from the PS Centre or watch it on the following URL - <http://psp.drk.dk/sw40692.asp>

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Highlights from the world on psychosocial support provided by National and sister Societies, based on the IFRC Appeals and Reports for 2010. Many other National Societies are continuously delivering and expanding their psychosocial support activities.

Australia: On 25 December 2010, tropical cyclone Tasha caused widespread rain and flooding. More than 200,000 people were affected. Ten evacuation centres were established to assist affected families, providing practical and psychosocial support. A variety of support materials including multimedia resources for young people, children's activity booklets and booklets on coping in the aftermath of a disasters were distributed to affected individuals, families and communities.

Cambodia & Thailand: Due to rising tension between the two countries an exchange of heavy artillery fire occurred on 7 February 2011. More than 25,000 people have been affected. The Thai Red Cross have identified psychosocial support for children as a priority while the Cambodian Red Cross is conducting a vulnerability and capacity assessment.

China: On 8 August 2010 a massive mudslide caused 1,481 casualties and affected another 47,000. Psychosocial support was first initiated in January 2011. Many of the affected families living in crowded transitional sites are dealing with trauma and emotional duress. 25 local volunteers were trained in psychosocial support, and carried out door-to-door activities, disseminating hygiene knowledge through posters and educational leaflets.

Egypt: Civil unrest broke out on 25 January 2011, with several casualties being reported. Egyptian Red Crescent staff and volunteers visited hospitals to provide care and psychosocial support to the injured and affected people.

Guatemala: On 29 May 2010, Guatemala was hit by tropical storm Agatha, only two days after the eruption of Pacaya Volcano. Persistent torrential rains throughout August and September, as well as tropical storms Alex and Mathew, added to the turmoil. Volunteers received training in community-based psychosocial support, providing assistance to affected families and volunteers themselves.

Haiti: On 12 January 2010, Haiti was struck by 7.0 magnitude earthquake, affecting 3 million people

and causing over 222,570 deaths. In Port-au-Prince, more than 1.5 million were rendered homeless. By the end of the year 122,149 people have been reached with psychosocial support. A psychosocial support programme was also launched as part of the emergency response to a subsequent cholera epidemic. All 102 psychosocial volunteers received training in hygiene promotion and cholera prevention. Initiatives included prevention campaigning, disseminating transmission information, community mediation and facilitating cholera treatment centres, addressing the fears and stigmatization surrounding the disease.

Kyrgyzstan: Civil unrest in the spring of 2010 caused over 400 casualties and a massive exodus of people. Psychosocial support was a large part of the National Society's operational response. PTSD and other mental health disorders were exacerbated by the violence, as was gender-based violence. The Swiss Red Cross deployed a psychosocial support delegate for two months. 3,399 beneficiaries were reached with psychosocial support activities including individual and group sessions, education, door-to-door visits, trainings, needs assessments, cultural activities, rehabilitation, children's activities and referrals.

Moldova: Due to heavy rain and flooding in July 2010, an estimated 12,000 people were directly affected. With the support of the Norwegian Red Cross, psychosocial support manuals such as 'Psychosocial Support in Emergencies' and 'Assessing Vulnerabilities in Emergencies,' were printed and distributed to the National Society branches in order to enhance capacity.

Namibia: Approximately 110,000 people were affected by flooding, and Namibian Red Cross volunteers and staff reached out to the most vulnerable. Apart from hygiene promotion activities, 64 volunteers received training of trainers in gender-based violence, while 116 beneficiaries were trained. 300 students have received volleyballs and netballs, and 100 women have been provided with knitting materials and tools in the relocation centres as part of the psychosocial support programme.

Moving on

It is not without bumps and challenges to move on after a disaster, despite the relief and psychosocial support provided by the Red Cross Red Crescent Societies and other agencies. Survivors – as well as staff and volunteers – face tough times and set-backs in the process. On the following pages you can read stories about some of the people affected by the terrible floods in Pakistan as well as the challenges faced by those trying to help. You can also read about the activities helping people to move on.

Text and photo by Majda Shabbir, IFRC Communication Officer in Pakistan

“The flood is coming, the flood is coming,” screams little Musaira in her sleep in the middle of the night. Her mother Gulnara takes her in her arms and tries to console her. It is six months after monsoon floods gushed through their village, and eight year old Musaira is still having nightmares.

Slowly but surely, they are becoming less frequent. Time has a way of easing wounds, but Musaira’s mother is also taking an active role in her recovery, ensuring she participates in psychosocial sessions being offered at a Red Cross Red Crescent camp for displaced persons in Charsadda, Khyber Pakhtunkhwa.

Washed away

“Musaira was a normal child before the floods shook her completely,” says Gulnara while combing and braiding her daughter’s hair. “The floodwaters started entering our house during morning prayer time.

When she saw the water coming in, she started screaming.”

The water continued to rise, completely surrounding their home, leaving them stranded. They didn’t want to leave but had no choice when the water rose to the point of drowning them.

The family’s mud house was completely washed away. Night after night, Gulnara and her family kept moving from one relative’s house to another. All were too full to accommodate them on a long term basis.

Fearful and anxious

Gulnara shares that she was very worried about Musaira who remained fearful and anxious. “We consulted several doctors for her treatment, borrowing money to pay the fee but that didn’t bring any improvement,” she says. Since the family moved to this camp two months ago, Musaira is better as she spends time at the child friendly space, set up especially for kids,

and run by the UN. A psychologist visits the camp at least three times a week, and works closely with the children, including Musaira, who are suffering psychosocial problems after living through the floods.

Better now

“I like going to the temporary school here,” says a shy Musaira. “They have many play activities but I enjoy painting and colouring in drawings the most.” Her mother Gulnara is also more optimistic. “Despite all the hardships we have gone through, I am very happy, as she is better now,” the mother says with a glimmer of hope in her eyes.

At the same time she admits that her daughter is not the fast learner she used to be before the disaster. The distressed mom hopes to rebuild her own house again and return her daughter to a life that is as normal as possible. ■



A tough time

By Yasir Qazi, Shahmeer Khan Chandio and Tanzila Qazi, psychosocial volunteers of the Pakistan Red Crescent Society.

We are psychosocial volunteers of the Pakistan Red Crescent Society, working in Sindh for the flood affected. We are part of a team of 18 volunteers in Dadu, one of the districts where houses, land, crops and cattle were destroyed by the high levels of water. Villagers here lost everything, have no safe water to drink and no food to eat, so they are desperate to get help.

We combine psychosocial support with community-based health first aid. Each day we go to the affected areas to offer psychosocial support to adults, to conduct play activities with the children and to demonstrate the use of water purification. Our team works in 13 villages as part of a Danish Red Cross project supported by ECHO.



PSP project incorporating hygiene promotion in Sindh province. Volunteer field officer Saba demonstrates how to purify water using the tablets the women will receive from the Red Cross the following day. This will enable them to make the contaminated water safe. Photo by Olivier Matthys / IFRC

30 minutes to leave

In the early days of our work, we and other Red Crescent volunteers were the first to reach Dhani Bux Bughyo, a village in Dadu, where we met disheartened, sad and upset villagers who had not eaten for many days.

We offered psychological first aid to as many as possible. Among them a man of about 50 years of age. He had lost his house, land and all his animals. He cried while recounting the deplorable moment when he was told that the water was coming. There were only 30 minutes to leave the village, and as he took his family of five to a

safe ground nearby, the water almost caught up with them. It was extremely scary for all. The immensity of the flooding made his family members urge him to shoot them, so they wouldn't have to face the devastation. We had tears in our eyes when he told us his story, and we thought that had we been in his shoes, we would have felt the same. The man felt comforted by sharing this experience with us.

Under open skies

Nearby another team of Pakistan Red Crescent volunteers were carrying out an assessment, while at the same time offering psychological first aid to those

in need. They had tears in their eyes too from listening to the story of villagers. Even though these are difficult times, we are happy to be part of a project providing some help and support to the affected.

This is a miserable time for many in Pakistan. Many of those affected by the floods have to live under open skies. They need help to rebuild their houses, and at the village level support is needed to rebuild medical facilities, schools, bridges and canals. In the process, it should not be forgotten that hearts and minds need mending as well, and that support and comfort can go a long way. ■

It is 11:15 in the morning at M. Ibrahim Channa village school, and a mass game of football has just broken out. There is no opposing teams, no clearly defined goals or positions, but there is what is most needed: one football, and a roar of exuberance as every child in the school chases it with urgent intent. The team sweeps across the playground, around the corner and back up to the wall. It doesn't matter where the goal is, it's a glorious game.

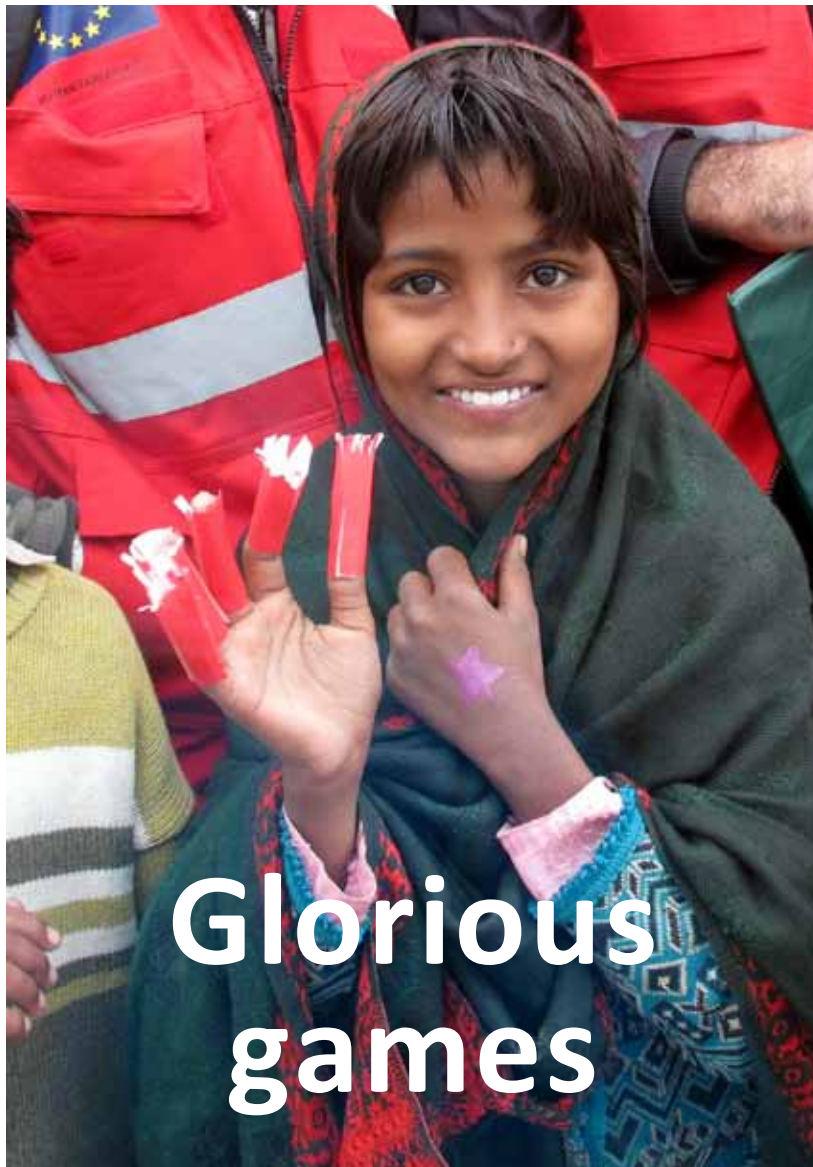
Next there is cricket, volleyball and games and exercises. In another area, a volunteer shows children how to make colourful butterflies from scraps of paper.

Haunted by sounds

The games are part of the Red Cross Red Crescent psychosocial support programme (PSP), which accompanies the distribution of aid in the KN Shah region of Sindh province.

"We plan to support 63,000 people in this region," says Dr Zeeshan Solangi, who is a consultant for the psychosocial support programme.

"When we came to assess the situation in this area, we did not only look at the physical needs of the people affect-



Glorious games

By Penny Sims, British Red Cross

ed in order to plan for aid, but also the psychological impact of the floods. People are telling us they have nightmares; they are haunted by the sounds of the floods coming in their dreams. It has affected the way people live, and how they recover", he explains.

German and Danish Red Cross Societies have entered into a partnership with the Pakistan Red Crescent Society. The German Red Cross looks after the distribution of aid, such as shelter kits, water purification tablets, and other items. The Danish Red Cross and Pakistan Red Crescent provide first aid training, hygiene promotion, counsel-

PSP project in Sindh province, run by the Danish Red Cross and PRCS. A young girl waves goodbye, showing her handiwork from the art class. The activities help children recover from the trauma of the floods. Photo by Penny Sims / IFRC

ling and toys to encourage children to play in the communities.

Scared to leave the house

"The floods affected people in different ways. Those haunted by nightmares and sounds react very strongly. In one case, a woman was so convinced the floods would return she would not allow anyone from her family out of the house," says Dr. Solangi and continues:

"We teach people relaxation techniques to help them cope. This can be simple things, like breathing exercises, and we teach ways to deal with their thoughts. It's also important to reassure people, to let them know it's normal to feel this way, but that it will eventually pass."

Art and toys

The volunteers of the psychosocial programme talk to those affected, and they arrange activities. They provide sports equipment to the local schools, and arrange with the teacher for the children to have regular playtimes. Another volunteer creates art with the children, showing them ways to make toys from simple things like paper, paint and sticks. ■

Rain and tears

Images of raging waters, flooded houses and boats evacuating people are still transfixed in our minds. So are the cloudy skies which preceded the “rain of tears” as our eyes watched the havoc caused by the floods. We must not forget another image, that of the professional and volunteer rescuers who help people to cope during the aftermath of a disaster. Among such dedicated people are the members of the Emergency Response Unit of the Czech Red Cross.

By Karel Konečný and Lucie Balarinová, Emergency Response Unit of the Czech Red Cross

Offering psychosocial first aid was and is one of the main emergency response activities of the Czech Red Cross. We understand it as an immediate response including meeting basic needs for survival, as well as access to practical information and securing contact with close relatives. Everything is done with the necessary respect, empathy and concern for those involved, and with reflection for how things could be improved. The Emergency Response Unit (ERU) of the Czech Red Cross, together with co-workers and other non-governmental organizations, provide help at critical places in cooperation with the Integrated Rescue System of the Czech Republic.

First experience

The first real experience for the ERU came with the floods in northern Moravia – Novojicinsko in 2009. Our people coordinated and provided medical and psychosocial first aid.

Teams of the Red Cross were going through the terrain, monitoring the needs of affected people, treating acute injuries and offering psychosocial first aid. At first, medical first aid appeared to be most valuable as it “opened the door” to following supportive interviews, often provided repeatedly. If necessary, a professional crisis intervention team was called in for the more acute cases.

Great emphasis was placed

on ensuring efficient logistics for covering critical areas, enabling the deployed forces to cover a large area in a short amount of time. Part of the efficiency was due to good pre-planning of routes, teams assigned to specific areas - no more than one team per area, the teams communicating amongst each other, lunch and other necessary items being provided for and pre-assigned roles for each team member to avoid duplication of efforts. Last but not least, much focus was put on good and constant communication.

Large scale floods

Last year we were hit by several large-scale flash floods in different parts of the country during a short three month period.

ERU-CRC members helped in two of these events, managing evacuation centers, distributing humanitarian assistance and managing provisional treatment places. Psychosocial support was conducted under the guidance of fire department psychologists, which helped us reflect on the effectiveness of the assistance provided.

Once interventions had finished, all the participating members underwent specialized supervisory care.

First learnings

Experiences from the first couple of years working with ERU and psychosocial reports were collected for volunteers, emergency coordi-

nators and team leaders. Here are some to the conclusions:

1. Volunteers

Volunteers must be self-sufficient and always responsible for their actions in every situation. They should only help if they feel capable of doing so and have a support base, in other words a strong circle of family and close friends.

Although volunteers should be able to rely on themselves, they must also be able to trust their colleagues in the team as much as possible and not feel that all the responsibility lies on their shoulders.

Volunteers must also be prepared for the fact that their assistance may at times be refused, and should not take that to heart. Respecting the rules of the organization is likewise important as they are representing the RCRC when on duty.

Furthermore, volunteers must remember to communicate, since good communication is key element to delivering effective aid, for example through coordination, but volunteers must also be able to listen to their own needs and body and be able to say STOP when necessary.

2. Coordinators

What was said of the volunteers, also applies to the coordi-



Clockwise from top left: (1) Floods at Jeseník 2009 – Jan Bozovsky, member of ERU checks remote parts of the small village Tomikovice, near Jeseník city. Photo by Dan Rother. (2) Floods at Troubky 2010 – ERU briefing with Karel Konecny (starting from the right), Lucie Balarinova, Marek Balicki, Roman Vana, and Jana Zapletalova in centre. Photo by Ladislav Bohac. (3) Floods at Liberecko 2010 – CRC Rescuer at Raspenava, one of the most damaged villages. Photo by Karel Konecny (4) Floods at Liberecko 2010 – the aftermath of the floods at Chrastava. Photo by Karel Konecny.

nators. Moreover, it is important for coordinators to create a good atmosphere for the team, paying attention to everyone’s psychological, physical and spiritual needs.

They are responsible for setting the schedule and holding regular meetings with relevant government agencies and NGOs (if possible once per day) for effective coordination and keeping updated.

Coordinators must also be able to delegate tasks and foster self-reliance and responsibility in staff and volunteers. Team-building and confidence can be boosted by encouraging interaction inside the team, reminding the team to respect themselves and others, as well as showing appreciation and giving praise. It is also important to maintain focus and understand the needs of those affected.

3. ERU team leaders

What applies to the volunteers and coordinators, likewise applies

to the ERU team leaders. They are spearheading the operations and should therefore be an inspiration for the team. They must prepare carefully and evaluate, collate and apply experiences learned for the next crisis event. This should be done in cooperation with relevant government agencies and NGOs.

The greatest capital

The understanding of an intervening professional embarking on a mission to help others will always be enriched with something intangible – the stories of affected people, the unique atmosphere of the scene and daily “little things” requiring a completely different type of attention.

Coping with the consequences of the floods has required, and will still require, a lot of financial resources and material aid. But the greatest capital will always be a willing human being that is equipped first and foremost

with empathy, selflessness and modesty. Secondly, they must be fortified with a professional ability to communicate and cooperate with people to stay focused and reach the same objectives.

We consider this a cornerstone for successful and effective help, but it would not be possible without the many staff and volunteers who have dedicated themselves to their tasks. Therefore, on this occasion, we would like to thank all participating CRC members, collaborating partners from NGOs and the government/IRS staff for their cooperation – they are our foundation. ■

Karel (konecny.karel@cervenykriz.eu) is Chief of the Emergency Rescue Unit of Czech Red Cross. Lucie (balarinova.lucie@cervenykriz.eu) works as the Project holder for Emergency Rescue Unit of Czech Red Cross.



Best practices in child protection

A recent study amongst leading international experts on child protection in emergencies has identified a number of core themes that are widely seen to define 'best practice' in programming. The study also indicated, however, some key areas where opinions remain divided, and that documents seen by some as defining best practice are unknown by many and not used by most.

By Alastair Ager, Professor at Columbia University, USA

There is increasing interest in the evidence base for effective interventions addressing the needs of children in emergency settings. Many agencies are interested in documenting 'what works', and there have been a number of recent initiatives to support more thorough research and evaluation work in the field, including new inter-agency endorsed guidelines on evaluation of psychosocial programming.

But what of the 'evidence' of the opinions of experienced practitioners, shaped by exposure to programming across diverse settings and circumstances? Many inter-agency processes seek to learn from such experience in negotiating guidelines and principles. But anyone

who has participated in group discussions knows how difficult it can be to negotiate real 'consensus' among experts. Individual personalities inevitably shape such discussions, and those responsible for note-taking and writing-up duties have particularly strong influence in final outcomes.

Finding consensus

In recent years a number of 'consensus methodologies' have emerged as tools to establish expert agreement on issues of practice, especially where evidence from formal research studies is inadequate and/or inappropriate to inform judgments.

Consensus methods respect

expert opinion as a product of diverse experience, and provide a formal structure for reflecting on that experience and considering areas of agreement and disagreement. In particular, consensus methods seek to control the effects that can often bias processes of expert discussion. Such effects include the potential for undue influence of those drafting conclusions, and the premature loss within discussions of 'minority' opinions.

One of the most powerful consensus methods is the 'Delphi' review process. This involves consulting a panel of experts over a number of phases of a review, during which expert opinions are

A young girl stands in the rain at a Red Cross Red Crescent camp in Charsadda, Pakistan. The camp houses 150 families left homeless by the monsoon floods in July 2010 and offers shelter, food, health care and a child friendly space.

“ We must establish a ‘culture of learning’ among agencies. ”

In enabling community mobilization, it is vital to identify and include different community sub-groups.

Programming should be inclusive and reach out to a range of affected children.

Effective reintegration programs support former children associated with fighting forces and also other vulnerable children.

Long-term strategies are required for youth who have missed education and who need to become economically active.

We need strict ethical protocols for collecting information from children.

We need to provide ‘girl friendly’ reproductive health and GBV services.

We need to develop an evidence-base of what constitutes effective child care and protection

We need to put strategies in place to prevent the separation of children.

There is a need for planned reintegration from a long-term perspective with recognition of ongoing needs.

Efforts to support children formerly associated with fighting forces are most effective and sustainable when based on their strengths and resources.

Child protection must be addressed and prioritized within military and peacekeeping operations.

Specific strategies need to be put in place to engage girls in education and training activities.

refined to produce consensus agreement across the panel. Our team at Columbia University recently reported on a Delphi review that we conducted with leading child protection experts working in the field of humanitarian support in emergencies. The study was conducted as part of the Program on Forced Migration & Health’s Care and Protection of Children in Crisis-Affected Countries (CPC) Initiative funded by USAID’s Displaced Children and Orphans Fund, the Oak Foundation and the United States Institute for Peace.

Our Delphi process

Potential expert participants were defined with respect to four criteria that ensured that we were consulting with senior people with experience across a range of crisis settings. They were either people holding the most senior position in child protection within a leading donor agency working in the field of child protection in a crisis; or those holding the most senior position within an international network/forum regarding child protection in crisis situations; or those holding the position of Senior Child Protection Adviser or equivalent or above within specialised children’s services within a leading inter-

governmental organization (IGO) or international non governmental organization (INGO) working in the field of child protection in a crisis; or, finally, were people who had been contracted by a leading IGO/INGO for technical/advisory work resulting in the production of five or more technical reports.

We defined ‘leading agencies’ as those posting positions and projects on the ReliefWeb and other

relevant websites. After extensive web-searches and telephone research we identified seventy-seven potential participants meeting these criteria. Of these, thirty-eight agreed to participate within the study, thirty of which completed all phases of the review.

Best practices

In Phase 1 of the review, participants independently stated

Table 1: Statements receiving 100% support from experts

Documents	Seen As Best Practice	Aware	Owned	Used
<i>Inter-agency Guiding Principles on Unaccompanied and Separated Children</i> , International Committee of the Red Cross, United Nations High Commissioner for Refugees, United Nations Children's Fund, International Rescue Committee, Save the Children/UK, World Vision International, Geneva, 2003.	60%	73%	67%	60%
<i>Refugee Children: Guidelines on Protection and Care</i> , UNHCR, Geneva, 1994.	47%	87%	53%	50%
<i>Action for the Rights of Children: A Training and Capacity Building Initiative on Behalf of Refugee Children and Adolescents</i> , UNHCR and the International Save the Children Alliance, Geneva, 2001.	43%	83%	63%	40%
<i>Interagency Network for Education in Emergencies (INEE), Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction.</i>	43%	73%	57%	30%
<i>The Role of Education in Protecting Children in Conflict</i> , Susan Nicholai and Carl Triplehorn, Humanitarian Practice Network Paper 42, ODI, London, 2003.	43%	70%	53%	33%
<i>Children, Not Soldiers. Guidelines for Working With Child Soldiers and Children Associated With Fighting Forces</i> , I. McConnan and S. Uppard, Save the Children UK, London, 2001.	40%	70%	53%	33%
<i>IASC Guidance on Mental Health and Psychosocial Support in Emergency Settings</i> , Geneva, 2006.	40%	70%	43%	20%
<i>Child Soldiers</i> , Mark Lorey, Save the Children US, Children in Crisis: Care and Protection of Children in Emergencies Field Guide Series, Westport, CT, and Washington DC, 2001.	17%	53%	33%	13%
<i>Raising the Standards: Quality Childcare Provision in East and Central Africa</i> , Save the Children UK, London, 2005.	13%	30%	17%	10%
<i>Gender-Based Violence</i> , Save the Children US, Children in Crisis: Care and Protection of Children in Emergencies Field Guide Series, Westport, CT, and Washington DC, 2004.	7%	50%	23%	10%

Table 2: Documents Suggested By Experts as Representing Best Practice (and percentage of experts who were aware, owned and used the document respectively)

what they considered principles of best practice in the field. A consolidated listing of 91 statements was compiled from responses received. In Phase 2 this listing was presented to all participants with the request to rate level of agreement with each statement. Participants were, additionally, requested to rate guidelines cited during Phase 1 responses as constituting existing statements of best practice.

The opportunity was provided to give a brief commentary regarding the rating of any item. In Phase 3 consensus ratings - and collated participant commentaries with respect to each statement - were shared with all participants, with the invitation to amend or affirm ratings

accordingly.

Key areas of agreement

The review produced a listing of 55 statements that 90% or more of our experts were in clear agreement with. The 13 statements that got 100% agreement are shown in Table 1, and give a flavor of the sorts of issues in this larger list. A number of statements reflect principles that have become established in guiding humanitarian efforts more widely, including those related to the 'do no harm' principle, agency coordination, staff codes of conduct and community participation. Others, however, reflect particular understandings of the particular needs of children. Participants saw

the well-being of children linked to a wide range of social, cultural and economic factors. Crises may directly expose children to trauma and loss, but the erosion of community resources also undermines well-being.

Promoting child well-being may, in the short-term be through direct service provision, but experts were clear in their focus on utilizing, and where necessary re-building, community capacities and institutions. Some forms of specific intervention are commended, including reproductive health services for girls, livelihoods programs for youth, documentation and tracing for separated children and demobilization, disarmament

and reintegration provision for war-affected youth. But the greatest emphasis is given to the manner in which interventions are planned and implemented. Active participation of children and youth and the wider community are considered crucial, and the inclusivity of programming is consistently emphasized.

Key areas of disagreement

Of equal interest are the statements reflecting what some experts suggested as clear best practice, but with which others actively disagreed. These are potentially key areas of debate in the development of the field of working with children in crisis. Three of these issues are considered here: vulnerability, right-based approaches and scale.

First, while some experts favoured interventions targeting the most vulnerable, others were concerned at the danger of stigma and community disruption when inclusion criteria for programs are based on specific needs or exposure to specific experiences. These concerns were expressed in such comments as “‘vulnerable’ is about the worst word to enter the

vocabulary of development” and “Vulnerability is a product of situations, not individuals”.

The adoption of a ‘rights-based approach’ also produced contrasting reactions. Some saw this as the foundation of best practice, while others suggested “Narrow definitions happen too often. It can inspire unbalanced approaches, and can undermine capacity-building” and “...only if done without imposing rights or taking a moralistic stance, demeaning local practices.”

A third issue producing widely differing views concerned the suggestion that ‘Interventions need to be scalable’.

“The fact that interventions can’t be applied beyond a small group should not necessarily preclude those interventions being carried out” argued some. However others - concerned at equity and efficiency - argued that “Great interventions that do not reach the vast majority cannot be considered effective practice”, drawing parallels with water & sanitation provision, food distribution and emergency health care where effective coverage is a key concern.

Documenting best practice

The findings regarding ratings of existing practice guidelines make sobering reading for those involved in dissemination of documentation within the humanitarian sector. Although the documents listed in Table 2 do not include materials produced since 2006 (which was the year when elicitation phase of the Delphi review began), two key facts identify the challenge of knowledge sharing in the field. Firstly, even senior practitioners were unaware of many documents cited by others as representing best practice, pointing to the importance of more active and effective dissemination of such materials. Secondly, a minority of participants made active use of such documentation in their work, suggesting that in developing materials greater attention should be made to facilitating utilization.

■
Alastair Ager is Professor of Clinical Population & Family Health with the Program on Forced Migration and Health and Executive Director of the Global Health Initiative, Mailman School of Public Health, Columbia University, USA.



Valentina is a volunteer for the Red Cross in Belarus. Here she taking care of children from a children's home. Photo by Jakob Dall / Danish Red Cross



Let the old help the young

Can our children handle tomorrow's emergencies? That is a question the French Red Cross, the Belgian Red Cross, the Bulgarian Red Cross, the Finnish Red Cross and the University of Paris (referred to as the "University of Paris 5") have been trying to answer through a project funded by the European Commission.

By Emmanuelle Babaud, psychologist, French Red Cross

Children's preparedness is one of the topics which the European Commission has special focus on. So during the Second Civil Protection Forum the question was not only if children can handle future emergencies but also who do they first and foremost rely on and how can they be assisted?

In order to find the answers, one has to take into account the cognitive and emotional development of children, so not to place too heavy a burden of responsibility on the children themselves. Some risk education programs target children hoping they will

educate their parents afterwards. This kind of process produces a role inversion, which is not necessarily in the children's best interest – or in the best interests of the parents for that matter.

A different approach

This project's approach is a different one and aims to reinforce confidence in children as well as in adults by enhancing their capacity to protect their children. The protection adults can offer during emergencies is indeed important for several reasons. From an emotional point of view, children can easily be overwhelmed facing

emergencies, so factors like social support, trust and some kind of parenting seem to be essential in order to reinforce children's coping capacities and resilience.

Supporting parents

So how does one help adults to strengthen their capacity to protect their children? Risk preparedness is sometimes considered an issue exclusive for specialists, such as fire-fighters or rescue workers. This project, on the contrary, enables parents, grandparents and teachers to link appropriate questions with risk preparedness.

The project's objective is to

*Two generations of a family,
in the Abu Monaiser Area
of Abu Ghraib district 30
kilometres west of Baghdad.
November 2002.*

develop pedagogical resources for risk education, for both children and adults. The aim is to reinforce communication and interactions within a community and particularly to enable caregivers and educators to talk to children and address the issue of risk. The intergenerational dimension is important, considering that elderly people represent a community's collective memory. Those sharing their experiences may reinforce the feeling of belonging, for all community members.

The right messages

Educating children about risks and preparedness are not easy subjects to deal with. In fact, many adults are not sure how to address them at all. They may consider whether they in fact frighten the children unnecessarily.

The pedagogical resources developed in the project support the educational practices of adults. With regards to how to communicate about risks, some researchers have shown that the use of distressing images can reinforce people's belief that disasters are too catastrophic for personal action to make a difference. Such communication may even inhibit the motivation to prepare and plan ahead, if an overwhelming sense of hopelessness takes over.

This project is aimed at trying to make people change their behaviour about risk issues through reinforcing positive messages, like the possibility of helping each other and strengthening trust within the community.

How do we perceive risks?

In this context, we decided to carry out a study to try to answer the following questions: How do

children and adults perceive risks? What are the educational practices of the adults concerning risks? And thirdly, what beliefs are related to education? Our objectives were to understand how to support adults' educational practices and to discover which interactions should be reinforced between different community members in order for risk preparedness to be more

and children.

Who plays a role?

The results of the study, analysed by the "University of Paris 5", showed that those questioned had a very high risk perception, involving numerous dangers. Even situations where risks seemed to be fewer or less serious were perceived as risky.



Daniel is a four-year-old boy who is HIV-positive. His mother died of AIDS and his father is missing. Grandmother Agnes and grandfather Samuel care for the little boy. Photo by Brendan Bannon / IFRC.

efficient.

The study was carried out in Belgium, Bulgaria and France. Questionnaires were developed for children between the ages of 8 to 11, their parents, grandparents and their teachers. The dimensions analysed for all categories of participants were risk perception and practical knowledge related to risks, links between different members of a given community and beliefs regarding education

The practical knowledge of grandparents with regards to risks turned out to be underestimated in all three countries. This shone through in all categories of participants: children, parents and teachers. Only grandparents had actually considered that they could play a role in risk situations.

It is noteworthy that one's practical knowledge about risks seems to be less valuable to

“Grandparents, who often believe that they have some practical knowledge that could be shared, are not always recognized as having valuable input. Their role within children’s supervision is not clear, and this is an area where clarity can and should be developed.”

respondents than their possibility of calling for help, and this applies to children in particular. Participants, regardless of country, did not have the feeling of being in control when faced with risks and were more likely to call for help, rather than knowing how to react and deal with it.

Who is trustworthy?

Regarding links between different members of the community, the study showed that in all three countries, grandparents, parents and neighbours are considered to be more trustworthy than teachers and rescue workers. Teachers do not share this point of view and express the opposite, that teachers and rescue workers are in fact more trustworthy.

Most children questioned are of the same opinion as the teachers; a teacher is better able to help a child confronted with a risk than a grandparent is. In Bulgaria, parents seem to be more trusting regarding teachers, even if teachers seem to be less so with parents.

Children’s needs of being supervised in their daily activities were confirmed by the study. In all three countries, children expressed the view that they could not always help each other and that the help of an adult was often necessary. The role of grandparents when it comes to supervising children does not seem to be clearly

defined, and this is particularly so in France and Bulgaria.

The need to be reassured

Regarding people’s beliefs about education, the study showed in all three countries that children have the need for supervision, in other words: to have someone listening to them and to be reassured when needed. These results are based on both the adults’ and children’s answers.

Adults consider that children need to be supervised and the children themselves are not convinced that they can only rely on themselves or each other. Adult responders, in general, did not think of fear as a good underlying principle for facilitating education. Indeed, they thought that fear itself would not make people understand the dangers nor make them change their behaviour. More children rather than adults think that fear can make people act differently.

The need to recreate trust

The findings confirm the need to recreate trust between different members of a community: between children and parents, parents and grandparents, and parents and teachers. If they do not trust each other, who is left for children to trust in a risk situation? Grandparents, who often believe that they have some practical knowledge that could be shared, are not always

recognized as having valuable input. Their role within children’s supervision is not clear, and this is an area where clarity can and should be developed. The study certainly shows that the grandparents’ role is underestimated and not as valued as it could be. Furthermore, it also shows that if people perceive risks, they generally do not believe they can control them. It is precisely such perceptions that must be changed, because there are steps individuals and communities can take to safeguard their safety, as well as responses that can drastically mitigate the impacts of threatening events.

From old to young

Self-protection is defined as the behaviour that each citizen, family or community chooses to adopt to prevent, be prepared for, respond to and recover effectively from emergencies. A key element in good self-protection is that trans-generational bonds between the young and the old are actively supported, through good communication, the handing down of knowledge through the different generations, and the role to be played by the adults in education – all so that effective prevention and preparation can be accomplished. ■

Visit the project’s website at: www.autoprotectionducitoyen.eu/enfants



Volunteers help children be children

By Katherine Roux, IFRC communication delegate in Tunisia

Sitting quietly under the shade of a tree, two volunteers from the Tunisian Red Crescent play games with a family recently arrived from the Libyan town of Zawiya.

Of the thousands of people fleeing the violence and arriving in Tunisia, this family is particularly special because they have three children: Hannah, age eight, Houyim, age seven, and three-year-old Abderahman.

With the escalating violence in Libya, their father, Ali, was afraid he would be forced to fight. In order to protect his wife and children, he fled with the family to Tunisia. They have now arrived safely in the camp run by the local authorities, the IFRC,

the Tunisian Red Crescent and UNHCR.

While his wife, Mariam, sits solemnly on a chair nearby, her children enjoy the attention of two Red Crescent volunteers, who show them how to do some puzzles. They tickle Abderahman, and talk about Houyim's love of books about princesses, or amira as it is known in Arabic.

Stripped at checkpoint

Almost every person fleeing Libya – Mariam and Ali included – has the same story to tell: they leave because of the violence and at the checkpoint, before crossing the border into Tunisia, all their money, mobile phones, and sometimes even the clothes and

shoes they are wearing, are taken off them. The adversity that these people have had to overcome can be read in their faces.

Yet despite the trauma this family has endured on the journey into Tunisia, the psychosocial support provided by the Tunisian Red Crescent creates a semblance of peace. The volunteers help the children maintain a sense of normality and remember that they are children, which is crucial in moments of uncertainty and stress.

"It makes them feel better here, just to see someone smile," explains Mohamed Driss Chalouah, a volunteer with the Tunisian Red Crescent, as he points to his heart. ■

The Hugging Train

After the earthquake that hit Haiti in January of 2010, the Magen David Adom were one of many National Societies to deploy delegates to provide medical and paramedic support to the victims and survivors. Being able to attend to the physical needs was an extremely important task, but something far less visible yet just as tantamount to the success of the team was the ability to provide emotional care, not only for the survivors, but also for themselves and their team members. What were the secret ingredients behind their strength?

By Carina Sorensen, IFRC Psychosocial Centre

Pedestrians walked languidly about in the sweltering heat in the bustling city, their skin glistening in the sun and shadows trailing behind like long veils extending their stature. By the coast, barely clad children, men and women reveled blissfully in the undulating waves.

As I approached the main business district, suits and ties flashed past, while others sat on steps, with the occasional smoke ring rising into the sky. A group of energetic youth chatted cheerfully amongst each other, one giving a friendly push to the other, and

were completely unperturbed by the impatient traffic and honks that pierced the air, as they zig-zagged between the cars to get to the other side.

I couldn't help but think that this could have been like any other coastal metropolis, perhaps Los Angeles, Miami, or Sydney but this city was above and beyond unique for various reasons. The unavoidable sights of guns and uniforms certainly stuck out. The teenage girls and boys who only a few years earlier had been playing with toys, were now carrying far more serious and lethal equipment. Even in

civilian clothing, a backward cap and kaki jeans were accessorized with a rifle strewn across the back – not an ordinary sight in an OECD country, of which Israel became a member state last year.

“MDA in Australia”

The intense security situation is known to the world but my quest was not to fall prey to partisan politics – rather, I wanted to get to the heart of something far more universal.

After several twists and turns, a dead end, and misguided directions from well-intentioned

pedestrians, I finally managed to find my way to the headquarters of Magen David Adom (MDA), the National Society of Israel, located in Tel Aviv. I sensed I had been heading the right direction,



Red Cross medical teams from Norway, Canada, Israel and Haiti are in action at a polyclinic, sergical rooms and specially trained volunteers attending to both patients as well as hospital personells psychological needs after the earthquake. Photo by Olav A. Saltbones / Norwegian Red Cross



In a mobile surgical hospital in Port au Prince, Asaf Chen of Magen David Adom, Israel's equivalent of the Red Cross, prepares Mitch Leanord for surgery to amputate his leg. Leanord lost his three children and his wife to the quake. Photo by Talia Frenkel / American Red Cross

as I noticed several ambulances in the vicinity, carrying MDA emblems. I also took note that each ambulance had, for example, “Magen David Adom in Australia” or “...in United Kingdom” written across each side. I wondered why, but I was actually more curious as to the existence of these ambulances in the first place.

Volunteer paramedics

In my home country of Denmark, Red Cross ambulances do not exist. I was later to find out that this was an integral component to why the MDA is so well suited to deliver psychosocial support as part of any emergency response intervention.

Unlike most other National Societies, one of the most important functions of the volunteers of MDA is to assist and act as paramedics when medical emergencies arise. I had met one such volunteer, who informed me that he had received full training and had often attended to wounds, injuries and the

bereaved in emergencies.

Ready for Haiti

MDA delegates in Haiti were therefore particularly well-equipped to address both the physical and emotional needs of the victims of the earthquake. The fact that the MDA is unique in this regard, is a reminder that the decentralized organizational structure of the Red Cross Red Crescent movement means that each National Society can exercise considerable flexibility in how staff and volunteers should be trained. A cookie-cutter approach is not feasible, given that countries and peoples experience unique circumstances. Thus, National Society staff and volunteers decide for themselves what the most pressing concerns are and how they can best deliver upon those needs.

Emotional assets

Chaim, the psychosocial coordinator of MDA, ushered me into his office. A jolly and cheerful man, he epitomized hospitality and kindness, but above all the human-

itarian spirit. He informed me of MDA’s activities, and in particular about the latest developments with MDA’s psychosocial portfolio. I was later able to discern that Chaim’s infectious smile and heartfelt laugh were extraordinary assets during times of crisis, giving him the tools to remain resilient and to pass on his resilience to others. He recounted how important it was to keep up the spirit in times of extreme hardship, and how this had helped him during his tough experiences as a paramedic in Haiti, shortly after the earthquake, where he was one of five Israelis to participate in the IFRC’s disaster response.

Loudest bunch

With a cheeky twinkle in his eyes, he proudly confessed that the MDA team was the loudest and most rambunctious bunch of the lot, laughing so loud that some delegates asked them to move their tent as far away as possible. Despite the seriousness of the extremely desperate situation and being amidst one of the



Ron Rosenthal is one of the MDAs volunteer ambulance-drivers that are usually some of the first to help at the scene of an accident. Photo by Jakob Dall / Danish Red Cross

world's most devastating disasters, the team was able to maintain emotional strength and a sense of camaraderie. The support they provided to each other alleviated the emotional turmoil of witnessing the despair and anguish the Haitians were going through.

having to inform the boy about her death. The drawing the little boy had created contained a depiction of his mother without a leg, himself on one side and an MDA team-member with a very prominent heart on his chest. This was just one of the many devastating moments the delegates were faced with on a daily basis.

aid first became clear during the suicide bombings that started in the 1980's. Back then, this kind of psychosocial support was regarded primarily as a service provided to survivors and the bereaved, not as part of a more holistic approach in which staff and volunteers are also included as a target group.

It was deemed that if staff and volunteers could not cope, then they should not engage themselves with such work. Their emotional needs were not discussed. One reason for this, Chaim conjectured, was the fact that the former director-general of MDA had a military background.



Chaim Rafalowski in his office. Chaim is EU projects and Disaster Management Coordinator for MDA. Photo by Carina Sorensen / PS Centre.

Old society - new activity

The MDA is one of the world's oldest National Societies, having been around even before the creation of the state of Israel itself. Established in 1930, it is the primary and only public ambulance service in the country, while the ICRC heads the operation in the occupied territories.

Despite MDA's longevity, psychosocial support was only formally introduced in the latter part of 2006, subsequent to the second Lebanese war, when the IFRC Reference Centre for Psychosocial Support in Copenhagen was approached for assistance to help create a psychosocial programme.

After suicide bombings

The need for psychological first

Skeptic staff

Times have changed and now all 1,500 staff and 10,000 volunteers receive training in psychological first aid, while a peer support system and crises intervention team are still in their initial stages. One of the most significant obstacles to incorporate and expand psychosocial support was the skepticism of the staff, since many initially felt that it could undermine their profession.

As Chaim cited, "I chose to become a paramedic, not a social worker". What started out as being imbued with contention eventually became known and accepted as the "hugging train" as MDA staff and volunteers began to realize the value of building upon their own resilience and supporting each other to the utmost. ■

Devastating drawing

Chaim recounted how a woman had to have her leg amputated. Meanwhile her young son had to be kept occupied, so they provided paper and pencil for him to draw. Shortly after the mother died. Chaim recalled the heartache of

Postgraduate

study at the University of East London



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Dr Sarah Davidson

Programme Leader
International Humanitarian
Psychosocial Consultation
University of East London
Romford Road, Stratford
London E15 4LZ

s.davidson@uel.ac.uk

Tel. 0208 223 4564

Psychosocial Centre

 International Federation
of Red Cross and Red Crescent Societies

The **IFRC Psychosocial Centre** was established in 1993 and is a delegated function of the International Federation of Red Cross and Red Crescent Societies, hosted by Danish Red Cross and situated in Copenhagen, Denmark. Its primary function as a "Centre of Excellence" is to develop strategically important knowledge and best practice which will inform future operations of the Federation and National Societies.

The centre was established to promote, guide and enhance psychosocial support initiatives carried out by Red Cross and Red Crescent National Societies globally. The International Federation Psychological Support Policy Paper, adopted May 2003, established the basis of Red Cross and Red Crescent intervention both in emergency response operations and in the implementation of long-term development programmes. Within this policy, the mandate of the Psychosocial Centre is to mainstream psychosocial support in all National Societies. As stated in the consultation on National Society centres and networks commissioned by the Governing Board of the International Federation in March 2007, the centre provides a potentially flexible and creative structure to develop and disseminate expertise.

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The Psychosocial Centre of the International Federation of Red Cross Red Crescent Societies

c/o Danish Red Cross
Blegdamsvej 27
PO. BOX 2600
2100 Østerbro
Copenhagen
DENMARK

Tel: +45 3525 9200
E-mail: psychosocial.centre@ifrc.org
Internet: <http://www.ifrc.org/psychosocial>



The Seven Fundamental Principles

Proclaimed in Vienna in 1965, the seven Fundamental Principles bond together the National Red Cross and Red Crescent Societies, The International Committee of the Red Cross and the International Federation of the Red Cross and Red Crescent Societies. They guarantee the continuity of the Red Cross Red Crescent Movement and its humanitarian work.

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 continue 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. Read more about the principle of Neutrality.

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. Read more about the principle of Voluntary service.

Unity

There can be only one Red Cross or one 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 world-wide.