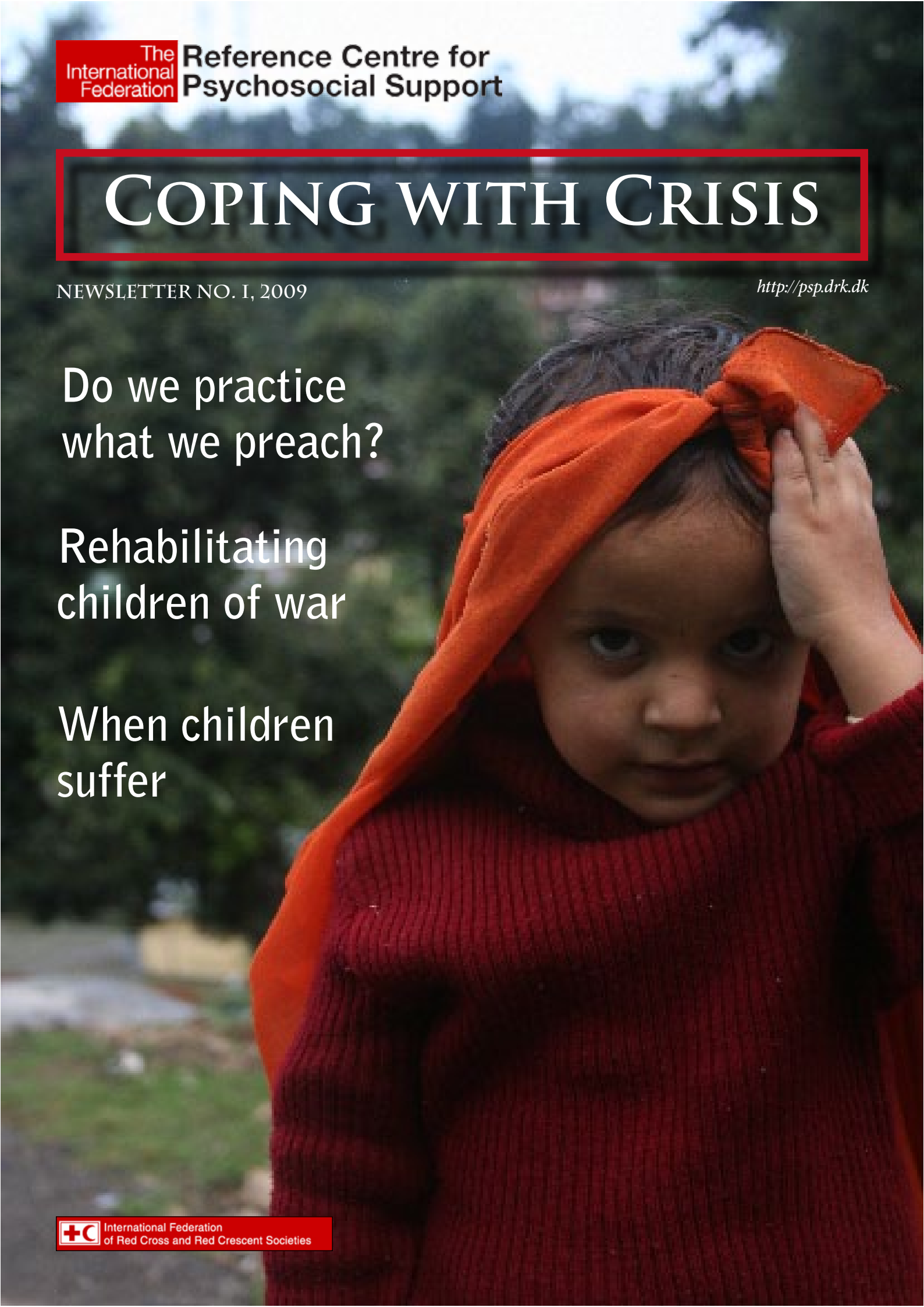
The International Federation Reference Centre for Psychosocial Support

Coping with Crisis

NEWSLETTER NO. 1, 2009

http://psp.drk.dk



Do we practice what we preach?

Rehabilitating children of war

When children suffer

International Federation of Red Cross and Red Crescent Societies

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Front page photo: Carina Sørensen/PS Centre (Dharamsala, India)

Editorial

On rebuilding and healing

2009 is only a few months old, but has already witnessed an array of crises across the globe. The fighting in Gaza and in Sri Lanka, bushfires in Australia, earthquake in Costa Rica and manslaughter in a Belgian kindergarten are only a few examples of current situations affecting people's psychological and social well-being, and where the Red Cross Red Crescent response involves different forms of psychosocial support. In Belgium, the Red Cross supports the victim's families, in Australia, it provides everything from first aid to practical assistance, and in Costa Rica Red Cross volunteers facilitate psychological support activities to children in shelters. Psychosocial support has also been initiated both in Sri Lanka and in Gaza, where the Red Cross Red Crescent is looking into supporting people in transit camps.

In Gaza, after three weeks of intensive fighting, infrastructure needs to be rebuilt and, physical and psychosocial wounds need healing. The consequences of the conflict are slowly appearing, and with it a strong realization of the need to restore daily life. As the French Red Cross psychosocial support delegate, Jérôme Grimaud, puts it, "...what is now at stake is to support a population to regain a sense of security and normality". The aim of the Palestinian Red Crescent Society psychosocial workers and their colleagues is to empower those affected to cope with the extremely difficult situation. Grimaud, in his article on events in Gaza, speaks of serious signs of trauma and a general feeling of fear which cannot be eased in a simple manner..

All too often, it is women and children who bear the brunt of conflict and disasters. The ICRC's theme for the International Women's day on the 8th of March was "Women in war need better access to health care", noting that health is not only physical but mental and social as well. And despite huge achievements in recent years, women are still one of the most vulnerable groups in emergencies.

Another vulnerable group is children. In this issue of Coping with Crisis in 2009, you can read how young children are disproportionally represented among the affected in emergencies. Their rights are being neglected, resulting in them being less able to cope, and affecting their psychosocial well-being. In her article, Hania Kamel calls for action against the invisibility of young children in the literature; stating that children are the ones most at risk and should be at the top of the humanitarian agenda. You can also read a story on the recovery of children, set in earthquake affected Sichuan in China. We get to know the children of the Minzhu Hongda Middle School, who confront their grief by telling a panda's story. A small twist in the narrative helps them recovering without revisiting their own loss and pain.

Yours sincerely,

Nana Wiedemann

Nana Wiedemann, Head, International Federation Reference Centre for Psychosocial Support

Staff changes at the PS Centre

Mette Fjalland takes up the new position of partnership advisor, and is responsible for strengthening strategic partnerships and resource mobilization. Mette holds a Bachelor Degree in Development Studies and a Masters Degree in Politics from Oxford University. She brings considerable experience in emergency response and crisis recovery. Over the past 12 years, Mette has worked for a number of international organizations such as the United Nations Development Programme, the European Union, with long-term field postings in Vietnam, Indonesia, New York and Brussels. She most recently served as the Head of the UN Resident Coordinator's Office in Vietnam. She is also well-versed in multi-stakeholder planning processes, programme coordination and management, organizational capacity strengthening, strategic partnership and resource mobilization among other areas.

Hedinn Halldorsson is the PS Centre´s new communication advisor. He holds a Bachelor in Italian and History and a Masters degree in International Development from the University of Manchester, specializing in poverty, conflict and reconstruction. Hedinn has for several years worked as an assistant producer, a video journalist and a foreign correspondent for the Icelandic National Broadcasting Service, reporting on politics, development and current affairs. Among recent issues covered are HIV/Aids in Malawi and gender, security and international aid in Afghanistan. Hedinn is the author of a documentary, produced by ICEIDA (Icelandic International Development Agency), on development projects in Malawi. Hedinn´s focus will be on internal and external communication. He will be responsible for editing and publishing Coping with Crisis, the monthly e-news letter, as well as aiming at raising the centre´s profile and visibility.

Carina Sorensen is a new student assistant who will, besides acting as general support, work alongside Hedinn on communications-related tasks. She is currently studying for her Masters Degree in Communication and International Development Studies at Roskilde University. Carina is Danish but has lived in seven different countries. She has a bachelor of arts in Psychology and International Development Studies from McGill University in Canada, where she also held the position of photo editor for the McGill Daily. She is highly computer literate, primarily with skills in photo editing, graphic design, and layout. She has also written articles and been involved with text editing.

Åsta Ytre will be leaving the PS Centre. She joined the team one and a half years ago and since then contributed immensely to the work of the Centre through her creativity and strategic vision. All throughout she has been a dedicated and supportive staff member. She has an extensive history with the International Federation of the Red Cross and Red Crescent, starting out as a volunteer in Norwegian Red Cross, been deployed as a Youth Delegate to Jamaica and worked at the International Federation Secretariat focusing mainly on communication with, for and by youth in the Red Cross Red Crescent. We will be sad to see her go, but are also extremely happy for her as she will soon be having her first child.

Jérôme Grimaud / French Red Cross

Among the aims of the psychosocial workers of the Palestinian Red Crescent is to help the population to regain a sense of normality.

Gaza

Healing the psychological wounds of war

By Jérôme Grimaud
French Red Cross

In Gaza, three weeks of intense military offensive have left a devastated landscape. Thousands of houses, hospitals, stores and shops have been knocked down. However, everyone here knows that it is not only walls that will have to be rebuilt. The constant feeling of fear, the loss of beloved ones, and the atrocities seen or experienced during 22 days of conflict, haunt people's mind. For the psychosocial workers of the Palestinian Red Crescent Society (PRCS), what is now at stake is to help a population in shock to regain a sense of security and normality.

"Five or seven year old children tell us how they witnessed their parents killed in front of their eyes, as if they were speaking about a film or a video game." In the PRCS centre in Khan Yunis, the social worker Mustafa finds it hard to hide his worries. The cold and distant description of events and the absence of emotions constitute a well-known psychological defence mechanism of children, but this behaviour is also a potential sign of deep trauma.

Because of its duration and intensity, the conflict affected the whole population. 1,440 Palestinians, including 418 children, lost their life in the conflict, and more than 5,300 were wounded. According to PRCS at least 80 per cent are civilians. Many people lost a child, a parent, a relative, a friend. Those who lived in the 4000 houses which were entirely destroyed lost everything.

Jérôme Grimaud / French Red Cross

The intensity of the fighting and the impossibility of leaving Gaza has generated a permanent feeling of fear.

Three weeks after the fighting came to a halt, the signs of emotional and psychological distress in the population are widespread: insomnia, eating disorders, hyper activity, hyper sensitivity, irritability, isolation and physical pains. Among children the signs are night enuresis, sleep disorders and frequent nightmares. The PRCS social workers are also struck by the increase of behavioural disorders amongst the youngest: "Many are very agitated, nervous, and not able to concentrate. Some withdraw completely from a group. Others become extremely violent with their siblings and friends. We are overwhelmed."

A constant feeling of fear

"The number of victims and the scale of devastation varies from one geographical area to another", explains Antoine Grand, Head of the International Red Cross Committee sub delegation in Gaza. "But if there is one thing which has affected the whole population, it is fear".

The intensity of air strikes, the violence of ground operations and the impossibility of leaving Gaza has indeed generated a permanent feeling of fear in the population. The fear was reinforced by the fact that places considered as protected, including health centres and hospitals, schools and buildings of the United Nations and PRCS sometimes were directly targeted. For three weeks the whole population lived under the threat of an imminent death, fleeing from one house to another as troops were progressing, or sheltering for days without water, food or electricity.

The psychosocial effects of this fear are numerous. Out in the street, unexpected noise can cause panic attacks. "Parents are telling us that their children refuse to sleep alone in their bed", says Mustafa. "Others refuse to go to class because they are afraid not to find their house or parents when returning from school." The feeling of insecurity, still widespread among people, constitutes an obstacle to the return of being a stable and a well-functioning individual.

Strengthening resilience

For the majority of the population, the signs and the symptoms should diminish and disappear with time. It will take several months before it is possible to evaluate the extent of the psychosocial consequences of military operations. For the PRCS psychosocial workers, the real challenge is to strengthen, through appropriate activities and support, the individual and collective resilience of the population and its capacity to face this new crisis and to envision the future.

In this difficult context, where those who help and support have also suffered from the conflict, the PRCS psychosocial workers are already at work. In two tents located in the middle of Jabalia refugee camp, they support children by offering recreational activities as well as a space where they can talk and be listened to.

Confronted with the extent and the acuity of the needs, the PRCS, supported by several Red Cross Red Crescent Movement partners, will scale up its intervention in Gaza. The existing team will be reinforced in the coming weeks, and in two months no less than four centres will provide adapted psychosocial services to several thousands of Palestinians, men, women and children, whose challenge is to put their lives back together. ■

Jérôme Grimaud / French Red Cross

During the three weeks of fighting, places that had been considered to be protected, were sometimes directly targeted.

Reuters (Sudan)

Sudan - It is children who often bear the brunt of emergencies and are more often that not missing in the literature and the response to crisis.

When children suffer

Early childhood care and development (ECCD) in emergency settings

By Hania Kamel, Ph.D

This article discusses the impacts for young children of disasters, both natural and man-made, based on the available empirical data. It also explores the implications for adequate preparedness, response, and post-emergency transition. If adaptation to disasters fails to take account of the disproportionate risks for the youngest children, who comprise up to half of the population in some affected areas, they will be less effective in responding to the challenges[1].

The author is an early childhood care, development and protection specialist and works for several bodies involved in the care of children affected by complex emergencies. She is a member of the Consultative Group on ECCD's Working Group on ECCD in Emergencies, a core member of the ECD Working Group of the University of Columbia's Child Protection Network, and a member of the ECCD Task Team of the Interagency Education in Emergencies (INEE). She can be contacted at hshkamel@aol.com

Why very young children?

Young children (0-8 years) are disproportionately represented among affected populations in natural disasters and conflicts. Not only are they at risk of increased vulnerability and discrimination, but often in emergency situations their developmental rights are neglected, with consequences for their growth and survival.

Young children are less well equipped to deal with deprivation and stress[2]. If the window of opportunity in the early years is missed, it becomes increasingly difficult to create a successful life-course. In addition, high levels of stress affect not only the behavioural and psychological aspects of child development, but have been associated with permanent changes in the brain's development which can result in a lifetime of greater susceptibility to physical and mental health problems[3].

Why ECCD Programmes?

The central principle of ECCD programming is the application of a socio-ecological framework which gives primacy to repairing the destruction to the wider social fabric and protective mechanisms for young children as the most effective tool for interventions. This approach has shown to be beneficial in protecting children in emergencies from developmental risks and impediments whilst also preparing them for school.

The approach is founded on the understanding that the child's physical, cognitive, emotional, social and mental development is inextricably tied to the surrounding environment, including parents, older siblings, extended family members, community members and leaders, planners and policy makers, and outside agencies. The most effective way to ensure a child's continued healthy development during times of emergency situations is thus to provide as many individuals as possible with effective tools and understandings for immediate intervention.

However, during emergencies, humanitarian relief organizations tend to focus on food, water, and health, and ECCD is typically overlooked[4]. It is assumed that the care and well-being of children below school age is the responsibility of families. There is an urgent need for greater recognition that the most salient and long-lasting impacts on very young children's lives are caused by family disruption, loss of social fabric and the destruction of support and protective systems.

Impacts on young children

In emergency contexts children are often bereft of the elements of their everyday lives that underpin their resilience, such as i) at least one stable, affectionate, responsive caregiver with a long-term commitment to the child, ii) social and material support, as well as protection, for the child and caregiver provided by the family, neighbourhood, community and the State, and iii) participation by the child and caregiver in meaningful social and cultural practices and institutions[5]. In the absence of these 'bare necessities', children's lives, growth, and development are severely threatened.

Survival and health

The highest mortality rates in refugee and displaced populations are often in children below 5[6]. In 1991, the Kurdish refugees at the Turkey-Iraq border, aged zero to five, represented 63 percent of all deaths, but only 18 percent of the population[6].

Another more recent study showed that pre-school girls were five times more likely to die than adult men, and that the relative risk in poor households was more than six times that of high-income households. In the Indian Tsunami of 2004, mortality among children was three to four times that of young adults, and mortality for children under five was double that for adults over 50. Mortality for females of all ages was double that for males (Figure 1).

The most common causes of death in young children are diarrhoeal diseases, acute respiratory infections,

A **complex emergency,** as defined by the Inter-Agency Standing Committee (IASC), is "a humanitarian crisis in a country, region, or society where there is a total or considerable breakdown of authority resulting from internal or external conflict and which requires an international response that goes beyond the mandate or capacity of any single agency and/or the ongoing UN country programme."

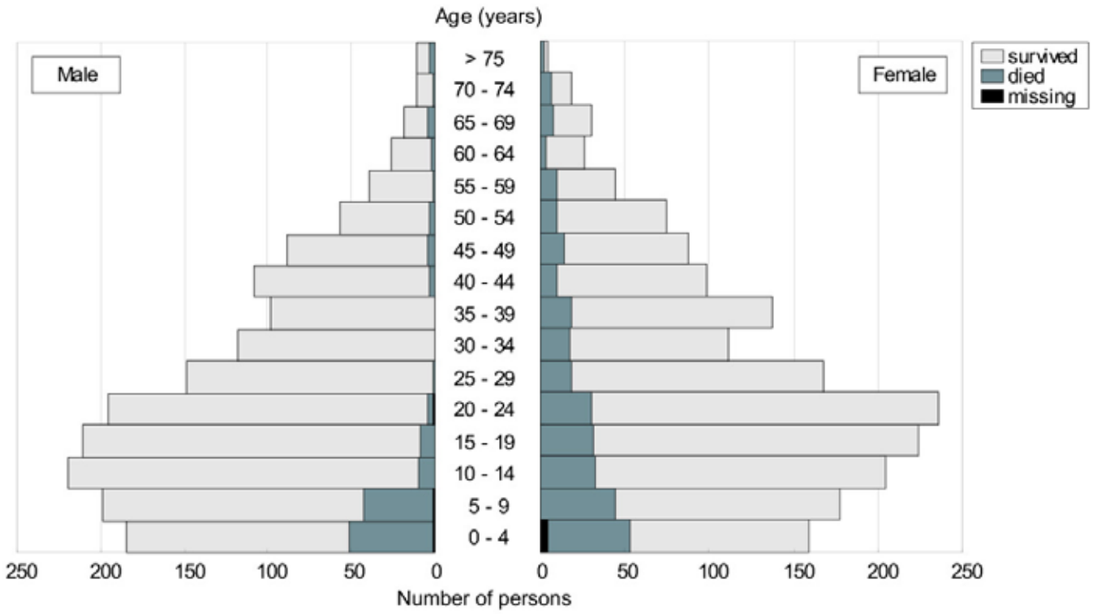

Figure 1: Age/sex pyramid of 3,533 internally displaced persons due to the 2004 Indian Ocean tsunami in Ampara district, Sri Lanka. The number of persons surviving, dead and missing by age group is shown for males and female separately.
From Nishikiori et al. *BMC Public Health* 2006 6:73 doi:10.1186/1471-2458-6-73

measles, malaria, and severe malnutrition[7]. Neonatal deaths contribute significantly to child mortality in emergencies and made up 38 percent of all child deaths in the developing world in 2000[8].

Particular risks to neonates include low birth-weight due to maternal anaemia or poor nutrition, hypothermia due to lack of shelter or blankets, and maternal stress from social disruption[9]. The vulnerability of neonates is closely tied to patterns of breastfeeding, which may be disrupted during an emergency. Infants who are not breastfed have a seven-fold and five-fold increased risk of death from diarrhoea and pneumonia, respectively, compared with infants who are exclusively breast-fed[10].

Malnutrition and micro-nutrient deficiencies also contribute to child mortality and morbidity in emergencies. Between 1988 and 1995, 11 surveys of acute malnutrition among children under 5 years in internally displaced and conflict-affected populations showed prevalence from 31 to 80 percent[11]. In another study, Zimbabwean children ages 12 to 24 months were found to have lost 1.5 to 2 centimetres of growth in the aftermath of a drought[12]. This loss was not made up during later stages of development and the consequences appeared long-lasting or permanent.

Education and learning

Emergencies restrict children's learning potential. For example, underweight and stunting by ages 2 or 3 are associated with later cognitive deficits, school achievement and drop out[13]. Lack of iron and iodine in the early years has been linked to permanent harm to cognitive functioning, and can cause mental retardation in the developing foetus. Even before a child is born, stressful events leading to maternal anxiety affect later cognitive development of unborn children. The more severe the exposure of pregnant mothers to stress, the lower their toddler's cognitive and language capacities at age two[14].

Cognitive stimulation and learning opportunities significantly increases young children's cognitive and social-emotional competences[15]. Early childhood education activities are thus designed to prepare children to enter the primary grades of school successfully and to make sure schools are ready for children. These activities build children's confidence and reassure parents/caregivers that their youngsters will be on track once schools are open, or children are of school age.

Early learning activities which include organised play allow children to express themselves and also to work through traumatic events together. Play, as the medium of learning in early childhood, is an important psychosocial intervention strategy in crisis settings. Creative expression and problem solving in this context gives young children and their communities a much needed sense of hope and mastery over their environments, and hence promotes their resilience by allowing them to take an active part in their own recovery. A child's culture and community celebrations are typically reflected in activities such as dance, story telling, singing and drama. These can be powerful tools to enable children, their families and their communities to regain some sense of lost order and hope in their world[16].

Åsta Ytre / PS Centre

Georgia - Traumatic experiences in the first three years of life have a deep and lasting impact on children, their future and well-being.

However, early childhood programmes, along with formal schooling, are frequently interrupted after disasters. Schools and child care centres may be destroyed or damaged, or used as emergency shelters for long periods of time[17]. This has profound long term implications for the possibility of realizing the Education for All and Millennium Development Goals[18].

Coping and resilience

Infants and pre-school children exposed to violence document higher levels of psychosocial stress[19], aggression[20], attention problems and depression[21&22] than control groups. As the most active period of brain growth and development is during the first three years of life, the quality of the relationships a child has during those years has a deep and lasting impact on how the brain develops[23]. The negative effect of exposure to violence is likely to be increased when family cohesion or the mental health of primary caregivers is disrupted[24,25&26].

Maternal depression and exposure to violence lead to reduced levels of cognitive function and higher levels of behaviour problems in young children[27,28&29].

For young children during times of crisis, the most profound impact is often that their carers are unable to meet their needs for nurturing and support[30]. They may be missing, wounded or dead, or emotionally and physically exhausted and unable to call on the usual support networks available at times of family crisis[31]. Basic protective systems which characterize resilience are often damaged by war and natural disasters[32], and lacking protective factors, children became more vulnerable to the risks of violent disruption. Levels of vulnerability and resilience depend not only on children's health and internal strengths, but also on household dynamics, how adults cope, and on levels of social support[33].

The implications for intervention

Very young children's requirements cannot be an afterthought. To be addressed effectively, they must be integrated into policy, planning and implementation right from the start. A consideration of age needs to be a routine feature of all decision making, not a separate set of activities. Indeed, the add-on approach results in superficial band-aid solutions.

While many guidelines and standards have been developed, no single document specifically and holistically targets parameters of assistance for young children and their caregivers in emergencies. Early childhood care is generally subsumed under other guidelines. This means that when disasters strike, addressing the needs of very young children is a 'hit and miss'. What is required is not just adding early childhood programming onto aid efforts, but to actually re-think the ways that emergency response is carried out[34].

Phasing assistance is vital to ensuring the efficiency of intervention. Firstly, ECCD interventions must be set up before disasters strike through prevention, protection and preparation measures. This can be done through ensuring that preventative health and nutrition interventions target the youngest children; building age and gender-disaggregated child-impact assessments and safety nets to enhance household stability; and educating communities and service providers on basic survival skills, including measures to avoid family separation[35].

Secondly, ECCD interventions must be part of the immediate response, and, thirdly, incorporated in longer-term rebuilding, with an eye to the reduction of future risks and capacity building. Indeed, the transition and post-transition phases of a complex emergency provide ECCD programmes with a window of opportunity to engage with national and civil institutions to improve resource capacity by 'building it back better'. Gaps in programming can be avoided and gains achieved during the emergency response sustained through a more unified vision and approach, building on existing international commitments, among key stakeholders. Finally, it is vital that ECCD interventions are set up with active participation and partnership with the affected communities.

A call to action

The invisibility of very young children in the disaster literature has hampered the efficiency of relief agencies in safeguarding young children's health and well-being. There is a notable absence of a holistic, integrated framework that specifically focuses on the early childhood period and the fundamental role of social support frameworks in buffering the young child against extreme risks and threats to long-term development potential.

The lack of a commonly accepted policy and coordination framework contributes to the scarcity of funding for early childhood programmes in emergency contexts and to the often poor utilization of existing funds and other key opportunities. This imbalance is likely to continue without coordinated efforts to improve cost-effective interventions, advocacy, and concrete policy and programmatic frameworks for realising ECCD as a principal intervention in crisis settings.

The youngest children will remain the most at risk group in a crisis, and ultimately those most likely to die or suffer long term developmental loss. This has concomitant consequences for countries' ability to redress the loss of social capital and to engage in sustained long-term economic and social recovery and development. We need a call to action to engage governments, the international community and academic institutions to place ECCD at the top of the humanitarian agenda and beyond.

Key cross-cutting parameters[36&37] for interventions in all phases may be summarised as follows:

- Ensuring children's optimal health and nutrition
- Maintaining, restoring and enhancing children's daily routines and activities
- Strengthening families' capacity to cope
  - a) Integrated participatory programming
  - b) Incorporating a strong gender dimension[38]
- Paying particular attention to at risk and vulnerable children[39]

Note that the article has been considerably shortened for the purpose of this publication. For a full version, please contact the author directly: hshkamel@aol.com

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Myanmar - cyclone affected areas

Integrating psychosocial support activities within livelihood Cash-For-Work projects

By Christina Bitar
Former International Federation Psychosocial Delegate in Myanmar

Myanmar Red Cross Society

Repairing roads. The activities within the livelihood cash-for-work projects are meant to help the communities to get back on their feet. The reward is economic as well as psychosocial.

The Myanmar Red Cross Society (MRCS), supported by the International Federation of Red Cross and Red Crescent Societies, is implementing a cash-for-work programme targeting the population in the areas affected by Cyclone Nargis. The programme aims to restore the livelihoods of vulnerable people by facilitating the recovery of assets, the development of infrastructure, the revival of natural resources, and access to capital by generating employment opportunities while strengthening the social network.

The cash-for-work livelihoods programme is particularly targeting women, elderly, widows and widowers, as well as single-headed households in 11 affected areas in the Yangon and Ayeyarwady divisions. Currently 38 per cent of the beneficiaries are women. The projects cover the reparation of roads and river embankments, boat landing stations, bridges and houses, irrigation canals and cleaning of agriculture fields and village ponds.

The programme is divided into two areas, one that is implemented away from the village tracts, and the other within the villages. Psychosocial activities are being implemented in both areas by trained MRCS volunteers. In the case where projects are taking place away from the villages, appropriate locations accommodate various psychoso-

Striking the coconut, a traditional game, in the township of Bogale.

Myanmar Red Cross Society

cial services, such as child friendly secure places where women and men can leave their children supervised by trained psychosocial support volunteers, thus allowing a greater participation of women and single fathers. These places are also being used to spread stress management techniques during lunch breaks and rest times as the psychosocial support locations also provide shade away from the sun and the midday heat. As for the projects that take place within the villages, a communal place such as schoolyards and monastery rooms are being used for psychosocial activities, in which case teachers, students, and monks are invited to engage in ongoing psychosocial initiatives such as playing games that enhance social relations and well-being.

In addition, brochures and posters with psychosocial messages are being distributed to the affected population. Information about how to deal with anxiety and flashbacks, as well as guidelines on how to sleep well are included in the *Sleep well* brochure in addition to simple and easy to apply instructions on meditation and relaxation techniques for adults and children. The *Children affected by disasters* brochure contains practical information about how children bereave, how to recognize the acute signs of distress and how to deal with children affected by crisis.

The posters that are being distributed contain tips on how to cope with stress, with emphasis placed upon the importance of sleeping, relaxing, exercising and spending time with loved ones. Also emphasized is how peers can provide support through active listening and respect for confidentiality.

Psychosocial awareness sessions are also being facilitated during payment days when people involved in the cash-for-work projects gather to receive their wages (every five days). About 15 minutes are allocated to psychosocial activities before the payment is done. During this time, stress and coping mechanisms as well as health related messages on topics such as alcohol and domestic violence are disseminated. The communities strongly appreciate these initiatives, as made evident in the latest health Knowledge Attitude Practices (KAP) survey conducted in 2009 in 13 townships in Ayeyarwady and Yangon division, covering 56 village tracts and 780 families. Alarming stress symptoms were reported by the adult population, as 70.2 per cent still experience anxiety and nervousness, 45.4 per cent have recurrent episodes of appetite loss and 68.6 per cent experience insomnia and sleeping problems. Moreover, 73.2 per cent reported lack of psychosocial activities and were eager to see such activities starting in their communities.

Even six month after cyclone Nargis, caregivers have reported disturbing information about the impact of the disaster on children. Nearly 30 per cent reported children in their households as displaying symptoms of anxiety and nervousness, and about the same amount reported that children under their care experienced flashbacks and clinging behaviours.

The MRCS psychosocial support volunteers report exciting activities being conducted with the people involved in cash-for-work projects as well as their children and even communities as a whole. Children are very enthusiastic and enjoy the games and toys immensely. In particular, many singing and dancing activities are being organized since music is one of the main means of coping within Myanmar communities. Other activities reported are related to sports and exercise, as well as social activities meant to reinforce the social network through food, drinks and various sweets for everyone to enjoy.

The cash-for-work and psychosocial activities are strongly supporting the Nargis-affected communities to get back on their feet through mobilising their own resources, and spreading a message of hope through the psychosocial activities and information dissemination. But although smiles are returning to people's faces and hope to their eyes, the KAP results show that the communities still struggle with the emotional repercussions of the disaster. Fortunately, they do not have to struggle alone, as they are backed by the enormous support and energy of the young MRCS volunteers. ■

Stress symptoms experienced by children in targeted households

	No.	%
Angry outbursts	113	14.4
Spells of crying or sadness	234	29.8
Anxiety/ nervousness	217	27.7
Loosing appetite	104	13.3
Eating more than usual	82	10.5
Insomnia/ not being able to sleep	118	15.1
Nightmares	128	16.3
Flashbacks/ seeing pictures in your mind of the crisis	194	24.7
Wanting to stay close to care givers at all time	259	33.0
Reproduce the Narigs crises in their play repetitively	81	10.3
Staying by themselves	76	9.7
Not wanting to play	80	10.2
Not wanting to go to school	65	8.3
Others	7	0.9

Stress symptoms experienced by adults in the last month

	No.	%
Angry outbursts	316	40.3
Spells of crying or sadness	453	57.8
Anxiety/ nervousness	550	70.2
Loosing appetite	356	45.4
Eating more than usual	117	14.9
Insomnia/ not being able to sleep	538	68.6
Nightmares	234	29.8
Flashbacks/ seeing pictures in your mind of the crisis	605	77.2
Difficulties in caring for children	218	27.8
Difficulties in doing daily activities	323	41.2
Other changes	13	1.7

One in three children in Myanmar feel insecure and feel the need to stay closer to their care givers than before, after the cyclone Nargis hit 2 May 2008.

Myanmar Red Cross Society

Pandas and psychosocial support in Sichuan

By Francis Markus
International Federation East Asia Communications Delegate, in Shifang Sichuan

The urgent noise of a pair of chopsticks drumming on the enamel of a large food basin stops and a teenage girl, muffled up against the winter chill in a yellow anorak, stands up. Holding the furry toy panda in her hands, she begins the narrative session.

"After his parents died in the earthquake, Qiuqiu (the panda's name) wandered around for a while, before deciding to rebuild the family's house with his own two hands," she says.

Then it is time for the next student, here at Minzhu Hongda Middle School – in the heart of Sichuan's earthquake zone, to take up the narrative of Qiuqiu.

The name Qiuqiu means Little Ball, "which is significant in itself, giving the idea of rolling on with life," says International Federation health and psychosocial support delegate Dr. Jeya Kulasingam, who is in charge of the activity. Also "the panda is an animal with which the community here identifies, especially as pandas were themselves caught up in the disaster – they're survivors too."

Even though the devastating earthquake, which killed more than 80,000 people, took place well over half a year ago, this method of second party story telling can still play a useful role in allowing the children to move forward with life through their narratives without having to revisit their pain and grief. "It's all about their recovery process; how they recovered from the pain and grief," says Dr. Jeya, a veteran of seven post-earthquake relief and recovery operations.

It's interesting to observe that the children hold the panda in very different ways, some very tight, some upside down, some looking at it as they talk – giving a window into different psychological states. A couple of them appear completely choked up and unable to continue at certain points.

"It is not unusual to see this [choking up] in an exercise of this kind after a disaster, but what is unusual is for this to happen at such an early stage," says Dr. Jeya. "Normally you would see that at a later stage, while at the beginning, it [the narrative] would be pandas riding around on bicycles and other fun, lightweight things like that, but not here." Dr Jeya explains that, while children participating in this type of activity normally would need time to build up a comfort zone within the group, in this case they were so overcome by their emotions that they could not invent other stories. This is why they needed to start sharing their memories and experiences right away.

For her part, teacher Luo Yumei, who has participated in several psychosocial trainings including some from the Red Cross Society of China programme, Sunshine in Your Heart, it is clear that the children's state of mind has greatly improved in the last few months.

Ms. Luo says the students' state of mind has made steady progress since the last time we visited the school in early November. "We had just had a terrible thunderstorm and the students were really frightened, but now if we have bad weather and the sky turns dark or something, they are much calmer."

> **"We had just had a terrible thunderstorm and the students were really frightened, but now if we have bad weather and the sky turns dark or something, they are much calmer."**

Less than an hour's drive away, in the hills outside the town of Shifang, is the middle school in the township of Yinghua. This is where Sunshine in Your Heart conducted a three-day psychosocial training for teachers and children in November 2008.

The first sight which greets us is a lively game of ping-pong in progress as the students wait to collect their end of term reports and head home for the Chinese New Year holiday. What's striking about this game is that one of the two boys playing is among the several children who have lost legs as a result of their earthquake injuries. His crutches are propped up against the ping-pong table. Not only is he able to hold his own in the game, but also shows great agility in hopping off to retrieve the ball each time it is hit off the table.

As I chat with a group of girls who are waiting for their teacher, I ask what they think their reports will be like. "Really bad," says one. The others agree. "My brain is not smart," or "the time has passed so quickly," are among their explanations. "My parents will scold me," says another girl.

Late in 2008, teachers here were reporting that parents were no longer pushing their children to study hard, because the only thing important to them was their children's safety and their health. This was a worry to the teachers at the time.

Once we find a classroom and get underway with the panda narrative, it's noticeable that although this community would appear to have been more severely impacted, the children's psychological reactions show a greater degree of recovery. When we ask them halfway through the session to address Qiuqiu the panda and introduce themselves and their families' hopes for them, they become more serious and sombre, in contrast with the rest of the session, when they are expressing themselves through the intermediary of the panda. But there is no choking up.

As the session ends and the students make their way to greet waiting family members for the journey home to celebrate the Chinese New Year together, it is hard to draw firm conclusions. It is clear that a return to normalcy is well under way, but it appears patchy.

Dr. Wang Wenzhong, director of the Crisis Intervention Center in Sichuan, who was one of the psychologists conducting the November training, confirms that "there are very big differences in the ways various commu-

"Kids are a good indicator of what's going on in a whole community," says Dr. Jeya Kulasingam, IFRC Health and psychosocial support delegate. Students at the Mingzhu Hongda Middle School.

Francis Markus / International Federation

Francis Markus / International Federation

The affected communities identify with the panda, which is a survivor as well.

nities are affected." This is something that we have noticed even in the different responses of the children between the two schools we visit. Children may not at this stage necessarily be those worst impacted, he says, "but they are very easily influenced by the adults," who shoulder the burden of worrying about the family's economic losses.

"Kids are a good indicator of what's going on in a whole community," says Dr. Jeya, "and with people restricted to having only one or sometimes two children, the kids' welfare and development becomes the communities' main concern, so we need to use this to continue and broaden our work."

Seeing clear evidence in the kids' behaviour of the activity's therapeutic value, he plans to develop a toolkit of narrative methods for teachers, including Qiuqiu and other techniques using puppets and further materials adapted from those used by the International Federation Reference Centre for Psychosocial Support (PS Centre).

As part of the International Federation of Red Cross and Red Crescent's plan for psychosocial assistance after the Sichuan earthquake, the Federation also plans to offer help with training psychosocial support volunteers and funding for a dedicated psychosocial professional in the disaster area.

That work will form a part of the International Federation's integrated programming in support of the Red Cross Society of China. As well as reconstructing more than 17,000 homes in three badly affected townships in Sichuan, the focus will also be on health, livelihood support and community-based disaster prevention.

As Lene Christensen, Technical Advisor at the PS Centre who visited Sichuan late last year, puts it: "We want to help the communities get back to where they were, or to wherever it is they want to get to." ■

The Yinghua middle school. The ping-pong player on the left is one of many students who was badly injured and lost a limb as a result.

Francis Markus / International Federation

Rehabilitating children of war

How children in northern Uganda are benefitting from psychosocial support

By Louise Kryger
PS Centre

Through the Ugandan Red Cross psychsocial programme, this little girl was able to return to school.

Louise Kryger / PS Centre

The number of children affected by armed conflicts today is staggering and these conflicts scar the surviving children for the rest of their lives.

Over the past 35 years Uganda has undergone one conflict after another. In the south of Uganda the war settled in 1985, but has continued in northern Uganda for another 20 years. Due to the fighting between the Lords Resistant Army (LRA) and the government troops, the civilian population of northern Uganda has been living in constant fear. Thousands of people have been killed, and more than 1.6 million people have been forced to leave their homes and stay in camps for internally displaced people. Up to 25,000 children have been abducted and turned into child soldiers or sex slaves, and an even bigger number of children have been affected emotionally by growing up in camps and/or loosing one or both parents. The UN describes the situation in Uganda as one of the most overseen humanitarian catastrophes.

Evelyn Akao, 16, is one of the affected children. After having her parents killed she was abducted by the LRA in 2003 from her village in Aloi Sub County, Lira district. From the 13 people abducted from her village, Evelyn and her brother are the only two living today. She was withdrawn and would hardly speak to anyone when she returned to her village in 2004. When approached by someone she would run away.

In 2006 the government and the Lord's Resistance Army started to work towards a peace agreement. Today there is relative peace in northern Uganda and people have started to move back to their respective villages, but there is still a long way to go to rebuild the communities. The conflict has brought forth a wide range of psychosocial consequences; trust has been broken, social norms and family structures have become weak and many children are abolished, isolated and marginalised in their respective communities. Feelings such as insecurity, confusion, hopelessness, lack of trust, disbelief, self-blame and shame are common amongst the population in northern Uganda. An assessment carried out by the Ugandan Red Cross Society (URCS) has shown that many children, like Evelyn, have various psychological problems, do not value life, are antisocial and aggressive.

As a response to the psychosocial needs in northern Uganda, the URCS, with funding from the Finnish Red Cross, has implemented a psychosocial rehabilitation program in the districts of Lira and Gulu branch to empower the worst affected children and their families with skills and capacities to address the psychosocial challenges. The program targets children between 5-17 years old and is implemented with support from trainers of trainers and community volunteer counsellors to facilitate community healing. This is done with

Louise Kryger / PS Centre (Uganda)

Ugandan Red Cross staff reach out to the children that have been worst affected by the war in northern Uganda.

activities such as trauma counselling, child recreation, home visits and family group formation and support. Through these activities the URCS aims to rebuild the children's relationships, re-establish trust and confidence in the community and a sense of belonging, and feelings of being cared for and loved.

Today Evelyn stays with a guardian and feels that she can freely narrate her story as a result of the URCS psychosocial project. Through the counselling she is receiving from URCS' community volunteers, Evelyn has learnt to socialise and interact with other children. "I participate in all the music and drama activities and I also play netball. I now freely interact with people because the Red Cross has counselled me," Evelyn says. Asked how she thinks her future will be, Evelyn teared-up saying that she thinks she has no future because she is not in school. She, however, hastens to add that she is happy to be back home.

A training of trainers was carried out in the end of November 2008 by trainers from the International Federation Reference Centre for Psychosocial Support (PS Centre). This was done with the aim to increase the knowledge of designing, initiating and managing a psychosocial programme at the community level among key staff and volunteers.

Furthermore, the training was expected to increase knowledge and skills in the URCS in general to undertake, manage and sustain more psychosocial programmes. The training was built on the seven modules of the PS Centre's Psychosocial Training Kit with a special focus on community-based interventions for children to meet the needs of the URCS. At the end of the training there was a wish to expand the psychosocial field within the URCS, but also a hope for URCS to be the leading Red Cross Society in psychosocial programming in East Africa.

The need for psychosocial programs, like the one implemented by the URCS, is strong across East Africa, a region that has faced several disasters, man-made as well as natural, during the last decade. One of the participants at the psychosocial training workshop, Mr. Albino Odongo, Branch Field Coordinator of the Lira Branch, emphasises that it is not possible to rehabilitate a child in isolation and therefore, the parents or guardians need to be brought onboard as part of a holistic approach in community-based psychosocial programs.

We cannot remove the painful memories from children, like Evelyn, that have gone through traumatic experiences, but through psychosocial programs we can help these children and their significant others to heal and empower themselves to live meaningful and fulfilling lives. ■

Do we practice what we preach?

Care for the human resources within the Social Intervention Service of Belgian Red Cross

By Koen Van Praet
ENPS Steering Committee & Psychologist
Belgian Red Cross (Flanders)

The main topic at the European Network of Psychosocial Support (ENPS) Annual Forum 2009 in Dubrovnik, on October 16th-18th will be an exercise in self-reflection. That is, we will be asking ourselves if we do indeed practice, within our own Red Cross societies, what we expect from the outside world when it comes to care for human resources.

This article introduces you to the case of the Belgian Red Cross –Social Intervention Service (SIS). It aims to function as a food for thought, and the author hopes the same exercise will be carried out elsewhere, by other national societies or services. The article offers you an outline of the implicit and explicit protective measures that are a part of our working structure in the Belgian Red Cross (Flanders) Social Intervention Service.

Belgian Red Cross (Flanders)– Social Intervention Service

The Belgian Red Cross Social Intervention Service (SIS) offers psychosocial assistance in the immediate phase of an emergency. We offer psychosocial assistance whenever the normal psychosocial services are not enough. In January 2009, for instance, after a madman's attack on a child nursery that left a staff member and two babies dead as well as a dozen injured, we organised a reception centre, a helpline, psychological debriefings and individual guidance to those who lost family members.

Our interventions generally starts within less than two hours following the accident and usually does not last longer than 12 hours. In major cases we take on additional tasks, such as individual or family support or psychological debriefings. It must be emphasized that the interventions by the Social Intervention team are limited in time (up to several weeks) and mainly focus on groups and communities. The aim of each intervention is to stimulate resilience on individual and community level. From the very start we work towards the transfer of psychosocial efforts to the local key

Frank Toussaint / Belgian Red Cross (Flanders)

The Social Intervention Service of the Belgian Red Cross (Flanders) counts on highly skilled and well trained volunteers.

Frank Toussaint / Belgian Red Cross (Flanders)

Defusing, or psychological debriefing, is a crucial factor in the process.

players and organisations. In the case of a bus accident in Egypt on 3 October in 2008 involving a number of Belgians, our commitment lasted until the reunion of all those involved, one month after the incident. After that, other organisations took over.

Care of the Red Cross SIS-volunteers

What we have learned, during the 29 years the SIS has existed, is that we have to look after our own volunteers. This may be obvious and even common knowledge but it is only honest to admit that we have learned from our mistakes. Some protective measures have been in place for decades which is why we tend to forget that they are necessary in order to protect our human resources. Writing this very article was an exercise in rediscovering the importance of measures and rules within our work. There are several factors that contribute to the caring of volunteers starting with selection and recruitment, and ending with an evaluation.

Recruitment and training

To start with, potential SIS volunteers who hold a degree in the social field, typically social workers, psychologists or social nurses, are first invited to an information meeting. They then receive a six day basic training and have to pass an exam and an interview, in order to be recruited. The fact that a degree in social studies is required has been questioned by critics who think of it as discriminating. The reason for the requirement is that people with a social degree and experience in the field are more aware of concepts such as personal involvement; they can take a professional stance and monitor their own emotional reactions. One should not underestimate the tendency to be emotional when confronted with people in adversity. However, keeping a professional stance does not mean that one isn´t affected by the events; it simply means that one is not overwhelmed by emotions. This is the only way to gain trust and be able to offer a feeling of safety to those affected.

Information evening and Basic Training Course

During the information meeting we also stress the negative aspects of being an SIS volunteer. We expect a high degree of commitment and availability, and we point out the possibility of not being called on duty for a long period of time. The “Basic Training Course” (BTC), a six day training, mainly teaches the participants about their position within the emergency response; that is what their tasks and limitations are. The participants learn to be *team players* and to function in a *clear operational structure*. During operations they must be aware that each question and each decision outside their authority has to go through the SIS coordinator.

The better prepared the volunteers are, the higher their resilience in hectic or demanding situations. This is a very important part of our operational structure and we come back to it every time we meet with the people affected when they ask how our volunteers can stay so calm. The explanation is simple, they know what they are doing, and can always seek advice from their coordinator.

Exam and motivation talk

Potential team members have to pass an exam and an interview conducted by the provincial staff they will be supervised by during interventions. The purpose of the exam is to make sure the candidates understand their position and tasks. Local volunteers with leadership responsibilities interview the candidates to evaluate their personality and motivation. The verdict of the local volunteers can be painful, as they do have the power to turn down a candidate. Luckily that only happens in four per cent of all cases. The two main reasons for a refusal are that one of the staff feels that a candidate has not overcome a loss in his private life or that the candidate has said he will not stick to his tasks because they seem to limited or rigid.

Continuous and additional training

Every volunteer joins a provincial group that is led by volunteers that have taken on extra responsibility and training. The provincial group meets ten times a year for meetings, training and exercises. Some of the gatherings are focused on group cohesion; a new year’s drink for example, a barbeque or visits to the headquarters of the Civil Protection. Additionally, the volunteers participate in exercises and can specialise by taking further training courses on topics such as individual care, psychological debriefing, missions abroad.

During and after interventions

SIS volunteers are expected to be ready to act 24/7. When alarmed, the only thing they know for sure is that their shift lasts maximum eight hours. They go to a meeting point where they receive a structured briefing by the coordinator, who is also a volunteer. The volunteers learn about their task, the situation, the objectives etc. Each volunteer is supposed to be able to take care of 20 people. The coordinator then points out the tasks, responsibilities and limitations of his team. During the intervention the volunteers can always rely on the coordinator and their colleagues.

At the end of the intervention the coordinator calls his team together for a short defusing. Within days the provincial staff calls its volunteers to check how they are doing. Within a couple of weeks an evaluation meeting is organised. If necessary this meeting will be a psychological debriefing.

During interventions the role of the SIS coordinator cannot be underestimated. A well trained coordinator, who can give a clear briefing to start with and eventually defuse the crisis, is of major importance for volunteers from the very start.

Does it work?

With volunteers having a degree in the social field, going trough training, passing the exam and an interview, attending monthly meetings and regular exercises, the Belgian Red Cross can count on a very well trained group of people. When you add to this a clear operational structure and the limited time of interventions, neatly followed by a defusing, a phone call and an evaluation or debriefing afterwards, it would be surprising if the Social Intervention Service did not work.

In fact the purpose of each measure becomes clear when one of the measures is neglected or forgotten. It has occurred in the past that we accepted people we thought had a big potential but eventually turned out not to be team-players. And it did happen that we failed to organise a psychological debriefing. In every single case we paid a price, and were reminded of the importance of the process. Selection and training of volunteers is of utomost importance to our work - as is continuous volunteer care and support. ■

Psychosocial support component for the Health Emergency Response Unit (ERU)

By Lene Christensen
PS Centre technical advisor

Background

Among humanitarian actors it is recognized that armed conflicts and natural disasters cause significant psychological and social suffering to affected populations. Emergencies erode protective supports that are normally available, increase the risks of diverse problems and tend to amplify pre-existing problems. The psychological and social impacts of emergencies may be acute in the short term and can undermine the long-term mental health and psychosocial well-being of the affected population, threaten peace, human rights and development. Previous ERU deployments have shown high numbers of patients presenting multiple somatic complaints; this group of patients places a heavy burden on the available health care delivery system.[1]

The International Federation has wished to address this issue through the establishment of an optional and additional component to the health ERU. The term 'component' encompasses all psychosocial support activities that take place within the context of the ERU and is used to describe the kits and materials contained within the kits, the location and activities carried out and all interventions enacted by the psychosocial delegate. This was developed in 2008 by the International Federation's Reference Centre for Psychosocial Support with the support of Norwegian Red Cross. After the first joint delegate training (held February 2009 in Oslo) with Norwegian, French, Spanish, Canadian and Danish Red Crosses, the ERU psychosocial support component will initially be piloted through deployment with Norwegian Red Cross Health ERUs (Basic Health Care Unit or Referral Hospital). All materials available in the ERU psychosocial support component aim to facilitate support that meet the psychosocial needs of disaster-affected populations, and raise awareness among staff and volunteers about the benefits of providing such assistance as part of emergency response.

The main functions of the Health ERU psychosocial support component

The main activities to be carried out in the ERU psychosocial support component include:

1. Play and recreational activities for children

Two play kits, containing toys, play and sports items for children at the age of 0 to 6 years and 6 to 18 years respectively, enable the establishment of a child-friendly space in the immediate vicinity of the Health ERU. Child-friendly spaces create a sense of normalcy and provide a safe place for children to play, learn and socialize. Activities have a strong psychosocial support component as they provide a caring and normalising environment to mitigate the impact of the crisis on the children while their parents or guardians may be otherwise occupied. Activities are offered regularly and include indoor and outdoor activities for older and younger children; games, drama, art activities, non-formal educational activities and sports.

2. Informational and supportive activities for adults, individuals or groups

Adults who are either transferred from triage in the health ERU or seek assistance directly from the ERU psychosocial support component are given practical help. This includes provision of information about the emergency or assistance to link up to missing family members, as well as emotional and social support including psychological first aid. Interaction with adults is facilitated through volunteers who have been trained to provide this type of support. A set of information, education and communication (IEC) materials is available in the kit to facilitate the transfer of information.

3. Reaching out into communities

The ERU psychosocial support component is potentially a hub for reaching out into the surrounding communities. If feasible, outreach activities in the communities surrounding the ERU may be organised. It could very well be carried out in collaboration with local resource organisations as local health authorities, the Operating National Society, NGOs or other existing entities, that have been identified during the initial assessment and mapping procedures.

What is psychosocial support?
Psychosocial support is defined as any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent mental disorder. Within the International Federation, psychosocial support is seen as a process of facilitating resilience within individuals, families and communities. This is done by implementing relevant and culturally appropriate activities that respect the independence, dignity and coping mechanisms of individuals and communities. In this way psychosocial support promotes the restoration of social cohesion and infrastructure within communities that have lived through disasters or crisis situations.

[1] Inter-Agency Guidelines for Mental Health and Psychosocial Support in Emergency Settings (IASC MHPSS). Geneva 2007; A. Sumathipula et al: Management of Patients with Medically Unexplained Symptoms – a Practical Guide (2006); van Ommeren et al: Mental Health and Psychosocial Health during and after acute emergencies: emerging consensus?

Carina Sørensen / PS Centre

Lene Christensen happily surrounded by the many toys made available through the psychosocial support component

The psychosocial support delegate

The overall task of psychosocial delegate is to plan and support basic psychosocial activities as part of the work of the ERU, together with the Operating National Society and/or local health authorities. A key feature in this work is to identify, train and supervise a group of volunteers who will be the primary points of contact and interaction with the community members looking for assistance. Some other core duties for the delegate include: assessing existing mental health and psychosocial resources; interacting with the Operating National Society to identify volunteers to assist in running psychosocial activities; facilitating training of volunteers; launching psychosocial activities within or outside the ERU; liaising with local health authorities, WHO, UNICEF and others regarding psychosocial interventions; monitoring and reporting of psychosocial aspects of ERU work, and sensitizing ERU delegates to psychological and social dimensions of the disaster.

What the ERU psychosocial support component does NOT do

In the context of the ERU, psychosocial activities and care do not include treatment of psychiatric disorders, i.e. depression, post-traumatic stress disorder and related conditions. Assistance to people with severe mental disorders requires medical diagnosis and treatment and will be provided by alerting appropriate ERU medical staff to the issues. Often the treatment of such cases requires referral to specialised services, and the decision on appropriate action will be taken by the ERU medical staff.

Want to know more?

The ERU psychosocial support component has been developed to enhance the ability of the International Federation to address the distress experienced by individuals and communities following disasters or crisis events. It is anticipated that the component will be used by National Societies involved in implementing psychosocial activities. The concept is open to non-ERU National Societies as well. If you wish to know more about the ERU psychosocial support component, please contact Lene Christensen in the PS Centre lec@drk.dk or Toril Parelius in Norwegian Red Cross Toril.Parelius@redcross.no. ■

Psychological first aid
Addressing psychosocial needs in the context of the ERU is based on the principle that most acute stress problems during emergencies are best managed without medication, following the principles of psychological first aid. This involves non-intrusive emotional support, coverage of basic needs, protection from further harm, and organisation of social support and networks.

The International Federation Reference Centre for Psychosocial Support

The Reference Centre for Psychosocial Support (PS 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 PS 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.

Research partners:

University of Copenhagen

The University of South Dakota. Disaster Mental Health Institute

Nottinghamshire Healthcare NHS Trust / The University of Nottingham

Hosted and supported by:

Danish Red Cross

And supported by:

Canadian Red Cross

Norwegian Red Cross

RödaKorset

Finnish Red Cross

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the power of humanity

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 battle-field, 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. Read more about the principle of Humanity.

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. Read more about the principle of Impartiality.

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. Read more about the principle of Independence.

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. Read more about the principle of Unity.

Universality
The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide. Read more about the principle of Universality.