

COPING WITH CRISIS

NEWSLETTER NO. II, 2009


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Psychosocial support and HIV and AIDS

**Human consequences
of the financial crisis**
A nation in shock

Australian bushfires
Relief to renewal

Earthquake in Italy
From victims
to survivors

 Reference Centre for
Psychosocial Support

 International Federation
of Red Cross and Red Crescent Societies



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Psychosocial support and CLIMATE CHANGE

We are currently gathering the content of our next issue of Coping with Crisis, with a special focus on climate change. Are you working within the field of climate change or are you aware of projects that you would like to share? Or are there burning issues you think we should cover? Perhaps you want to contribute with an article from the field? If so, we would like to hear from you! E-mail us at psychosocial.center@ifrc.org

Editorial board: Nana Wiedemann, Hedinn Halldorsson and Carina Sørensen
Front page photo: Yoshi Shimizu / IFRC. A Malawi Red Cross volunteer on a routine visit to provide home-based care.

Disclaimer: The opinions expressed are those of the contributors and not necessarily those of the International Federation Reference Centre for Psychosocial Support

New PS Publications! Our two news products are out – **A handbook on psychosocial interventions** and a **Training kit** on community-based psychosocial support. The handbook is the product of an extensive review of psychosocial interventions that focuses especially on the lessons learnt from the psychosocial response to the Indian Ocean tsunami of 2004. The Training kit, on the other hand, builds on experience that the Red Cross Red Crescent Movement has gathered over the last decade from psychosocial work all over the world. It consists of a Trainer's book, a Participant's book and a CD-ROM, PowerPoint slides and a template (for you to create your own slides). All products can be downloaded on our website www.ifrc.org/psychosocial or ordered in a hard copy by e-mailing us at: psychosocial.center@ifrc.org



Want to contribute? We welcome your ideas and articles, as well as photo essays. We would also like to receive your letters commenting upon the articles in this issue. Send us an e-mail to: psychosocial.center@ifrc.org

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Editorial

A strong need at all stages

A woman dying of AIDS once told me that it was not so much the disease, but the depression that she lived with that took its toll. She suffered enormously from the fear, isolation and the loss of a future, that can be companions of HIV and AIDS. I shall never forget her words, and they will always remind me why psychosocial support is so important.

While the whole world is focusing on earthquakes and conflicts we should not forget that the HIV pandemic is a global catastrophe claiming millions of lives and causing enormous social disruption. The need for psychosocial support for people living with HIV and AIDS is clear as it affects all spheres of life. Psychosocial support should always be an integrated part of care, anti-stigma and prevention; it mitigates the effects of the pandemic, both for individuals and their communities.

End-of-life care deserves equal attention, as do the volunteers who are often under enormous pressure. They also need support systems to avoid burnout. Unfortunately, stigma and discrimination is the harsh reality

for many that are HIV-positive, again amplifying the need for empathy and compassion. In short, there is a need for support from the initial stages of testing, to the final stages where death is imminent.

In her article, Bruun gives an overview of trends and facts and points out the imbalance between HIV and AIDS care in a European country as compared to an African one. Kedi Kale, a mother of two, tells us her story about being HIV-positive and working as a support group coordinator for the South African Red Cross. Along with Kedi's story, there are findings of a report on the psychosocial needs of community home-based carers in South Africa. Across the Indian Ocean, a French psychosocial team works together with HIV and AIDS-affected orphans in Cambodia, with the aim of empowering them, improving their access to treatment as well as improving their quality of life.

Besides the articles on HIV and AIDS, this issue also focuses on the bushfires that ravaged through Australia earlier this year, where both nature and hearts still await for

the ashes to settle, as well as Iceland,

where we look into the human consequences of an economic bankruptcy. A photo feature from the Italian Red Cross, gives insight into the aftermath of the earthquake in Italy where early psychosocial support was provided to thousands of earthquake victims.

Our next issue of *Coping with Crisis* will focus on a subject that affects us all, namely climate change and psychosocial support. How we can mitigate these natural disasters as well as how to cope in their aftermath is an imperative that we no longer can shy away from.

Yours sincerely,

Nana Wiedemann

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

Announcement / Correction from last issue of *Coping with Crisis*

It should be stressed that the article, "When children suffer", in *Coping with Crisis* 2009/1 is based on a work in progress - a collaborative process by an inter-agency partnership of actors, the Consultative Group on Early Childhood Care and Development's (CGECCD) working group on ECCD in Emergencies and the Task Team of the Inter-Agency Network for Education in Emergencies (INEE) which includes more than 100 organizations and individuals working in early childhood, emergencies, and other related fields. This also includes the Agency Learning Network on the Care and Protection of Children in Crisis-Affected Countries (CPC Learning Network). The final paper will include country and regional examples, programming principles and guidelines, a section on what to do in different phases of an emergency and stresses a call to action outlining challenges and opportunities as the ECCD in Emergencies agenda is moved forward. Please see www.ecdgroup.com/emergencies.asp for updates.

Staff changes at the PS Centre

Johanne Brix Jensen recently started in a new position at the PS Centre as a training advisor. Johanne's main tasks are to develop, monitor and evaluate training material, assess and organise trainings and ensure that cross-cutting themes are sufficiently incorporated in psychosocial training in National Societies and the IFRC. She has worked for the Danish Red Cross since 2002 as Head of the School Service, where she worked as a project coordinator and compiled teaching material, as well as mobilized volunteers. Johanne holds a Master's degree in Pedagogy and Communication from the University of Roskilde in Denmark.



The PS Centre would like to thank the following for their generosity and cooperation:



WeAllEdit.com has generously granted us permission to use their online software to translate *Coping with Crisis* fast and seamlessly.

The translation into French of *Coping with Crisis* has kindly been made possible by the Belgian and the French Red Cross.

Living with HIV – The West and the developing world

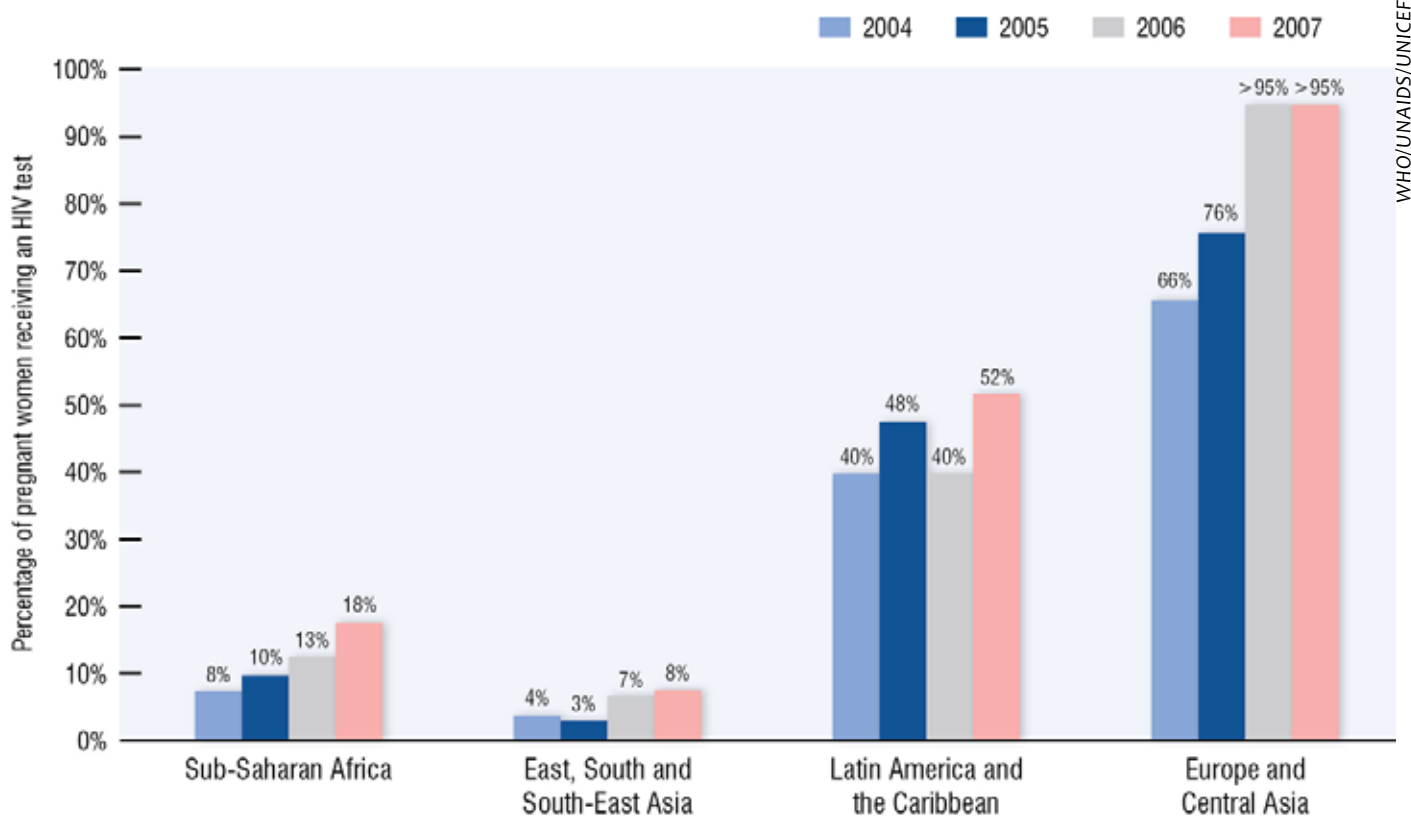
Examples from Europe and Africa

By Tina Bruun and Hedinn Halldorsson

AIDS will kill more people in this decade alone than all the wars and disasters in the past 50 years. Since the HIV pandemic began, 25 million people have died and 40 million are now living with HIV. How can access to medicine in different parts of the world be so unequal, why are people with HIV being criminalized, and is stigma perhaps on the rise? And how is living with HIV in a Western country such as Denmark different compared to Botswana in Sub-Saharan Africa? One thing those who are affected have in common, no matter in which continent of the world they live in, is that they share an urgent need for psychosocial support. It is a crucial component, be it at testing stage, or at the final stages when the disease is about to claim its toll, that mitigates suffering to all those involved. In it lies a huge challenge for the Red Cross Red Crescent Movement.

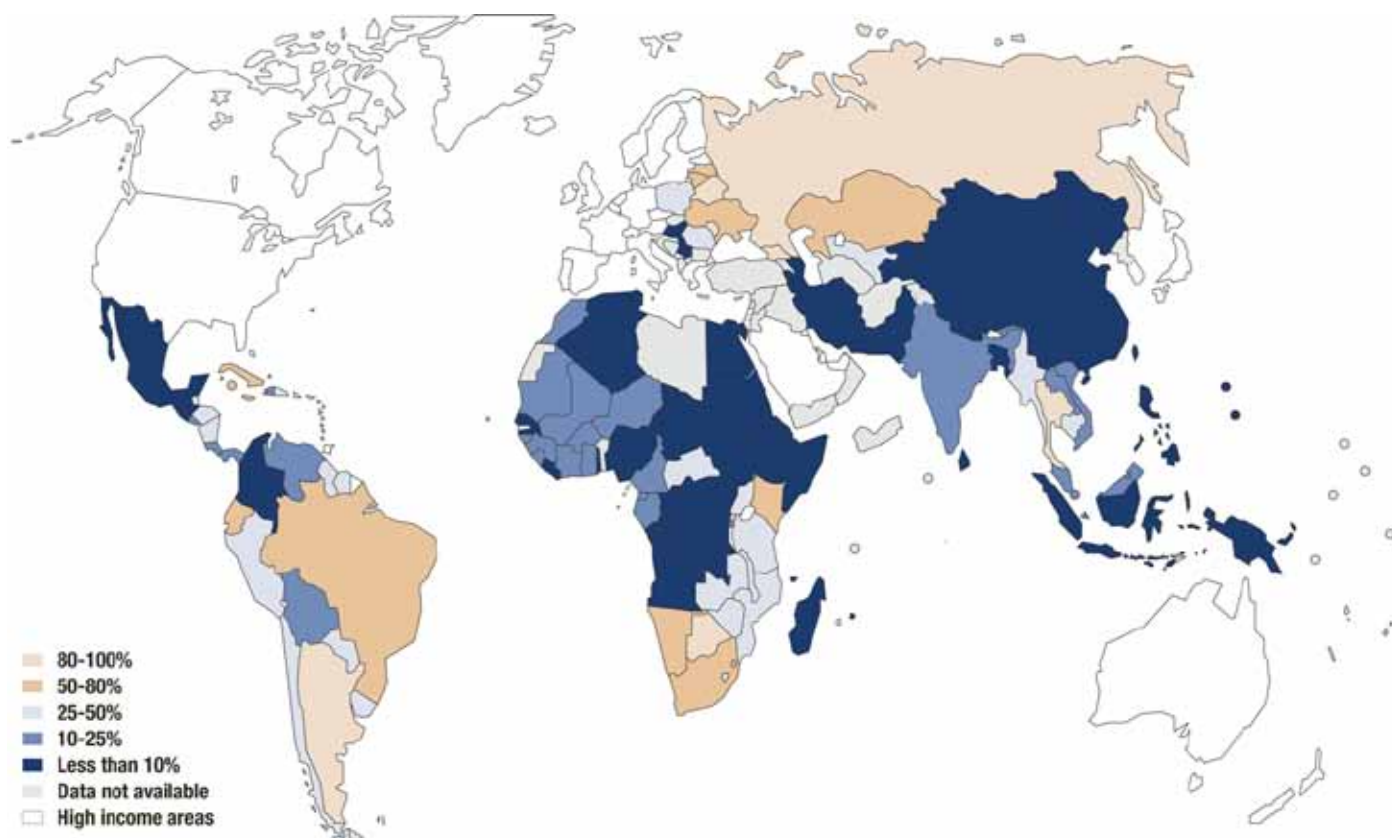
Access to medicine

In Denmark an HIV-positive man or woman can live a long life, nearly as long as someone not infected with HIV. Since 1996, not one of the Danish children born by HIV-positive women, is infected with HIV, due to the fact the mothers all had access to treatment and counselling. Of the 5000 HIV-positive people in Denmark, approximately 3/4 are receiving treatment. That is not the case in most other countries in the world. Only approximately 3 million people in low- and middle-income countries were receiving antiretroviral therapy at the end of 2007.



No data are available for the Middle East and North Africa.

Indicators from 2004-2007



Coverage of antiretrovirals to prevent mother-to-child transmission of HIV in low- and middle-income countries, 2007. Towards Universal Access – Scaling up priority HIV/AIDS interventions in the health sector.



The biggest challenges had previously been access and cost of medicine, but other problems have arisen such as lack of healthcare providers. In 2007, there was a need for an additional 600,000 nurses more on the African continent to meet the current demand. And it is not only lack of nurses that is the problem. There is also a serious need for trained doctors, counselors and homecare providers as well as proper information about treatment possibilities. That means that even with access to medicine, people have to wait months to get into the healthcare system to get proper treatment. The demand for treatment does not decrease, since infection rates are in fact increasing. For years to come, there will still be a huge demand for donors, medicine and personnel to meet the needs of those infected with HIV.

Criminalization of people with HIV

The only disease mentioned in the Danish penal code is HIV and AIDS. Danish legislation states that if you have HIV and practice unprotected sex without informing your partner, you can get convicted. Many other countries have or are in the process of introducing a similar law, and in some countries HIV-positive pregnant women also risk prosecution. Such a legal recourse is

based on the notion that HIV-positive women should not get pregnant given the high risk that they can pass on this deadly disease to their children. The World Health Organization advises against such a law. People may be reluctant to go for testing and counseling, if they know that a positive test can get them penalized. In several African countries the proportion of women getting tested is a lot bigger than the proportion of men. Take Botswana for

instance, where in 2006 about 80 % of pregnant women were tested for HIV, while only 5 % of their male partners did the same. The prevalence of pregnant women that have HIV in Botswana is about 35%. The risk with a law that could possibly indict them would be that pregnant women avoid getting tested, and therefore, if HIV-positive, do not get the treatment that can reduce the risk of infecting their unborn child. ■

UNAIDS estimates that about 40 million people worldwide are HIV-positive. If the world matched the Danish percentage of those getting treatment, about 30 million would be receiving antiretroviral drugs.

New HIV infections a day in 2007 6,800
More than 96% are in low and middle income countries

Adults and children estimated to be living with HIV, 2007
 Western and Central Europe 760,000
 Sub-Saharan Africa 22,5 million

Estimated adult and child deaths from AIDS, 2007
 Western and Central Europe 12,000
 Sub-Saharan Africa 1,6 million

People newly infected with HIV in 2007 2.5 million
AIDS deaths in 2007 2.1 million

Story of a caregiver

A personal story told by and written in Kedi Kale's own words

By Kedi Kale

My name is Kedi Kale. I am 35 years old and I live in Kimberley. Kimberley is a place in the Northern Cape Province of South Africa.

I am a mother of two children. The first born, a daughter, Kelebongile, is 17 years old, and the other, Nkagisang, is also a girl at 11 years old.

My friend and I were raped at the age of 7 by two men. They threatened that they would kill us if we told anyone.

My friend passed away at the age of 17. She died of AIDS. Only after she died did I tell my parents about the rape. By then I also started getting ill. It started with boils, and I was continuously going to the clinic to get treatment for illnesses.

In 1996 nurses at the clinic took blood tests to screen for HIV. When the results came back, I was told that I was HIV-positive. They also told me that I was going to die. I was offered no counselling and I was very scared to tell my family. I cried everyday, especially when I was alone in my room.

Sister Suzan at the clinic arranged for me to meet Gladys, Joel and Dux who were also living with HIV. When seeing them, I could not believe that they were also HIV-positive – they looked so well!

Sister Suzan also arranged for me to see a social worker by the name of Makhwaya, and she helped me a lot. Every step I took, they were there for me.

In 1997, I fell pregnant with my second child and again had an HIV test. When I received the results, I was still HIV-positive. Maybe I wished that it had gone away. With the help of Gladys, Joel and Dux, we then started a support group. It was not easy. We were so scared of what people would say. We met twice a week at the station park. Then someone told us about NAPWA – an organisation properly called National Association of People living with HIV

and AIDS. We arranged a meeting with them and met with Mr. Doro who gave us information about HIV and AIDS. He also taught us how to live our lives healthily and how to disclose our condition to people. We also learnt that Mr. Doro was HIV-positive. It was very inspiring that someone could become so strong and still be able to help others despite being afflicted with a terminal illness.

Then someone from the Department of Health came to us and asked us if we could work with them by becoming role models to others. We agreed to do this. I started working for the Department of Health in 2003 and we started support groups at voluntary counselling and testing clinics. During this time I became very ill and Red Cross caregivers came to visit and take care of me. I slowly began to get better and thought that I would like to, one day, work for the Red Cross too.

This is when I was introduced to the South African Red Cross staff in Kimberley. There I met the late Tamkisho Boikanyo who worked with home-based care, and Dr. Kantani who was in charge of the branch. Later on, I met the branch coordinator, Ronelle Kumalo and the rest of the Red Cross staff. They became a very big source of support to me. I started volunteering for the Red Cross as a caregiver in 2003. I enjoyed the work that I did in the Red Cross. Assisting other people in my community as a Red Cross home-based volunteer carer helped me to become stronger, for others as well as for myself. It became easier to manage my own HIV status.

I enjoyed my volunteer job so much that in 2004, the Red Cross offered me a contract as a facilitator. In this job, I would supervise and guide volunteers. I also continued to run support groups.

I am still with the Red Cross. I now work as a Support Group Coordinator as well as a facilitator.

I am responsible for running 10 support groups, each with 25 people. We started using the support groups as a means for income generation as well. Sometimes we have been very busy making products for businesses. We make candles, do beadwork and sew curtains.

We face many challenges in these support groups as people are very poor. We do not always have a suitable



A community home-based care volunteer leaving home at da

ble venue to meet regularly and we also do not have food to offer support group members. It is very important to offer a basic meal since members often stay all day to work on items to sell and to talk and give each other support. Most of the members are HIV-positive and on treatment.

I am very thankful to the people at the Red Cross who supported me when I really needed assistance. They

also still support my family – both my two brothers and two sisters, and my youngest child are HIV-positive.

My life has become better though – I get so much strength from my work. When I am trying to heal others, I feel like I am healing myself. This year, I started anti-retroviral treatment as my CD4 count was 26. I still live a positive lifestyle, and I live a full life. I met a wonderful man in

2006 and we got engaged in 2007, on Valentine’s Day! He is HIV-negative.

I want my voice to be heard by those who are living with and affected by HIV and AIDS as well as all those who are involved in working with HIV and AIDS issues.

Storytelling assisted and submitted by Janine Clayton, National Project Manager, in August 2008



David Chancellor / IFRC

Psychosocial needs of community home-based carers

Fact sheet - Evaluation of psychosocial needs

Compiled by Alicia Davids

From a yet to be published report by G. Setswe, A.E. Davids, M. Majaja, & N. Lewa, Y. Naidoo

As more individuals and households in South Africa become affected by HIV and AIDS, there is a growing need for assistance with care and support. The dire shortage of professional health practitioners in South Africa means that a greater burden of care for orphan and vulnerable children and people living with HIV and AIDS lies with informal community home-based carers.

The World Health Organisation defines home-based care as “the provision of health services by formal and informal caregivers in the patient’s home in order to promote, restore and maintain a person’s maximum level of comfort, function and health, including care towards a dignified death”. This is in-line with the South African Red Cross (SARCS) definition that says that home-based care is done at community level and includes the provision of care and support activities at a client’s home.

Reducing vulnerability

The community home-based care project is an initiative of SARCS to increase community care and support to people infected and affected by HIV and AIDS as well as provide support to orphans and vulnerable children in their psychosocial, economic and educational needs. Care and support activities include the provision of home-based care, psychosocial and economic support and strengthening of the care network. The project contributes to reducing the vulnerability of these communities to HIV and AIDS and related diseases by improving access to health care and treatment, improving the knowledge of HIV and AIDS, reducing

This article is a summary of a forthcoming report on psychosocial support needs of caregivers in South Africa.

We wish to thank fieldworkers who assisted with data collection in all the provinces as well as the community home-based carers who participated in the survey and focus group discussions, and all stakeholders from organizations such as the Nelson Mandela Children’s Fund, Department of Social Development, South African Red Cross Society, and those who accepted to be interviewed for this study.

Last, but not least, we would like to gratefully acknowledge the European Union and the Finnish Red Cross for their financial support.

Compiled by Alicia Davids on the 19 March 2009. [Source: Setswe, G., Davids, A.E., Majaja, M., & Lewa, N., Naidoo, Y. (2009). Evaluation of psychosocial support needs of Community home-based carers working with Orphans and Vulnerable Children and PLWHA in South Africa: Report. Unpublished report, Cape Town]

stigma, improving the psychosocial and economic circumstances, and increasing capacity-building in these communities.

Therefore, SARCS commissioned the Human Sciences Research Council in 2008 to evaluate the psychosocial support needs of volunteer community home-based carers (CHBC) working with orphans and vulnerable children as well as people living with HIV and AIDS in South Africa.

Who are the community home-based carers?

In the national evaluation conducted by the Human Sciences Research Council, an overwhelming majority of CHBCs were below 50 years of age (82.9%), while 94.2% were females, along with 71% that were single or never married and 93.1% who were Christians.

More than two-thirds of CHBCs (78.4%) said they were getting help with care tasks for people with chronic illnesses, including HIV and AIDS, while 73% said they were getting instruction or education with

regards to care for people’s medical conditions, care needs, treatment and medication. It is encouraging that so many CHBC are getting the necessary help and instruction on how to provide optimal care to beneficiaries.

With regard to quality of life issues, about 83% of respondents said they had freedom to interact with friends and family on a social level, 81.5% said they were able to have peace of mind (described as freedom from excessive anxiety about the people they cared for), and 80.3% said they had received information on emergency telephone numbers for ambulance, hospital and other services where they can refer their patients. Furthermore, 79.5% said they had positive morale, emotional and mental health and 77.6% said they were able to maintain physical health, fitness and well-being.

Community home-based carers generally feel they are receiving a high level of recognition and support for their care-giving role. About 75.7% said they are being valued and respected as individuals and the same proportion said they have a sense of

Home-based carers in South Africa



Brendan Bannon / IFRC

A Kenyan home based-care volunteer with a patient.

shared responsibility, both practically and emotionally, with services including emergency access to help. 74.5% said they have a sense of satisfaction or achievement in providing care to others, while 73% said they were informed, prepared, confident, skilled, equipped, or trained for the caring task and 68.3% said their care-giving needs and expertise were being recognized. These results are extremely positive and bode well for the SARCS project.

In general, there was a low level of psychosocial distress among the CHBCs during the time of this study. Only about 19.3% said they were mostly bothered by things that usually don't bother them during the past week.

Feeling of hope

The views of the CHBCs about their psychosocial wellbeing are not entirely encouraging, however. Only

49.4% said they often felt hopeful about the future during the past week and the same proportion said they have enjoyed life during the past week. This is in line with the fact that 49.8% said they felt they were happy during the past week and 48.3% said they felt that they were just as good as other people during the past week.

From the findings of the survey and qualitative studies, the following recommendations were made to improve psychosocial issues that were raised by carers and stakeholders:

- Provide transport to CHBCs who stay far from clients;
- Standardize the stipend for all CHBCs to at least R1,000 per month;
- Provide structured and consistent training and re-fresher courses to all new and existing CHBCs;

- Offer psychosocial support through professional counsellors who do not necessarily work in the same organization;

- Protect CHBCs against exposure to infectious diseases.

Although there were some issues related to transport, stipend and training which needed to be attended to, it could be concluded that in general, the psychosocial needs of CHBCs working for SARCS had been met.

For more information, please contact: Professor Geoffrey Setswe, Director: SAHA programme Human Sciences Research Council, gsetswe@hsrc.ac.za or Ms Janine Clayton, National Psychosocial Support Project Manager: South African Red Cross Society, jclayton@redcross.org.za

Children of Cambodia

Making the child an actor in its treatment

By Maureen Mooney

Jamie, 5 years old, is HIV-positive. He has 2 brothers who are sero-negative for the HIV antibodies. His mother died 2 years ago of illness. Jamie is not sure what she died of. No-one in the family have talked about it since. Jamie is not registered in his country and has no identity papers. His father has had an erratic working life. For several months he has been out of work and is still unemployed. Jamie came to the CHIC (Child Health Improvement Clinic) last year and has been seen by the health-care team.

ing Jamie. They will provide him with support and care throughout his illness and also work closely with the orphanage, as well as attempt to reconnect him with his brothers.

Children living with HIV & AIDS

Life for children living with HIV/AIDS is often very difficult. Not only do they have a chronic and fatal disease, they are often also one of society's most vulnerable populations. Multiple losses, discrimination, illness and economic

hardship are part of their daily lives. Their families, often several of them afflicted with the disease, are one of the poorest economic groups in a community. Sometimes, as with Jamie, these children are placed in orphanages

when their families are no longer able to support them or when they lose one or both of their parents.

The French Red Cross currently supports 15 daily treatment centres in Africa and Asia. One of them is in Cambodia where the French Red Cross, in collaboration with the Ministry of Health and the Cambodian Red Cross, has worked on HIV and AIDS programmes since 2004, both in Sihanouk Ville and within the National Paediatric Hospital and the CHIC in Phnom Penh. The aim of the programme in Phnom Penh is to improve the quality and length of the child's or adolescent's life. Over 1110 children regularly come to these centres.

Medical and psychosocial side by side

A multidisciplinary approach to children and adolescents living with HIV and AIDS is now implemented in the clinic: working alongside the medical team, the psychosocial team accompanies the patient and the family. Doctors, nurses, counsellors and guardians co-ordinate together to aid the young patient, where the objective is to understand the child and his family as dynamic actors in an effort to holistically administer treatment. In other words, it is an approach that entails working with the people concerned and not just for them.

In the following year the French Red Cross will collaborate with the Cambodian Red Cross, as well as with around 10 orphanages, to expand this approach. It is important not only to maximise easy access to medical care but also to work with the child and his or her family or caregivers, so that there is psychological support and ongoing social aid. This may be helping the child to reconnect to family members while orphanage staff receive training in child development and children's needs. Furthermore, it also entails providing tutoring to children, who may miss schooling due to illness or lack of economic funds. It may mean support in obtaining identity papers for a child so as to minimise the possibility of exploitation through human trafficking. It is also about reducing stigmatisation through working with the family during home visits or within the schools. At the heart of this programme is empowering the child and the family to cope with a difficult situation and to manage in the best way possible, to improve not only access to early treatment and a longer life but also the quality of life. ■

Note:

Jamie is a fictional character but his story is a reminder of the millions of children that find themselves in his footsteps.



Jérémie Sibeoni

However, he has missed appointments and not taken treatment regularly, but is now back on medication. Unfortunately, he has become symptomatic and has therefore been put on tri-therapy. When seen by one of the practitioners in the psychosocial team, it was discovered that Jamie is effectively an orphan "because his father can no longer take care of him" and must live in an orphanage.

He doesn't know what his diagnosis is, but thinks he may have the same illness as his mother had and many of the children in the orphanage also have. The orphanage is under-staffed and there is not much in the way of food or 'emotional nourishment' for the children. The psychosocial team is now follow-



All photos by Rodney Dekker / Australian Red Cross

Australian bushfires - Relief to renewal

A journey to recovery

By Karina Coates
Australian Red Cross

Vibrant green foliage wraps scorched tree trunks, fern fronds sprout atop blackened stumps and flowers burst from baked earth. Just three months after bushfires devastated large parts of the Australian state of Victoria, signs of rejuvenation are everywhere. But while nature is intent on disguising its wounds, recovery for the thousands of people who experienced the fires goes beyond the physical.

Australia's worst natural disaster

One hundred and seventy-three people died and hundreds more were injured as a result of bushfires that began on 29 January 2009 and continued to burn throughout the following month, with the highest death toll on 7 February. This unprecedented tragedy claimed the homes of more than 2,000 families, left more than 7,000 people homeless, and destroyed hundreds

of thousands of hectares of land. It traumatised and scattered communities.

During the response, more than 1,000 Australian Red Cross volunteers and staff worked together to reconnect family and friends and to support thousands of people who had evacuated their homes. At the peak of the fires, hundreds of volunteers worked around the clock in 20 relief centres across the state. As well as providing first aid and catering, they registered the details of people who were safe. They also gave emotional and practical help to people who were extremely distressed and provided information and referrals to specialist services where needed.

Immediate support

Red Cross' National Manager of Emergency Services Andrew Coghlan explains that this emotional and practical assistance that are the pillars of the psychosocial approach is what

Australian Red Cross refers to as personal support. "The approach is based on evidence that when personal support is provided immediately after an emergency, it accelerates the rate of recovery of individuals and communities and enables people to better cope with longer term impacts," says Coghlan. People who may require personal support include survivors of an emergency or people who have witnessed one, people bereaved as a result of an emergency and people who have helped others. People distressed after hearing about an emergency, as well as those who felt at risk or have experienced previous traumas, may also need personal support.

While Red Cross has dedicated personal support volunteers, the same sort of support and reassurance is given by all of the organisation's emergency volunteers, particularly those registering people's details at relief centres and taking phone calls

Phyllis Reid's story

Janine Gray

Australian Red Cross

Phyllis lost her home in Kinglake and spent two nights in a car before she arrived at the relief centre in Whittlesea. "The support here has been absolutely wonderful. As soon as we walked through the door there was someone there for us. And, of course, we were feeling pretty miserable after coming down the mountain and seeing all that devastation.

They registered us, and we had a cup of tea and sandwiches put in front of us. It's been absolutely wonderful. The Red Cross volunteer offered to go to the chemist shop to get my prescription for me. Everyone has been so kind. It's the kindness.

During the last fire at Kinglake, we were evacuated to this relief centre as well. After I registered, a Red Cross volunteer gave me what they call a trauma teddy – a little knitted doll. Mine was blue and purple and I still have it."



at the National Inquiry Centre. During the fires, 20,000 people registered with Red Cross by phone, email or in person. This meant that if relatives and friends phoned the inquiry centre, searching for news of their loved ones, Red Cross volunteers could let them know they were safe. Over the same period, inquiry centre volunteers took 21,000 phone calls from people worried about family and friends.

This registration process is part of the National Registration and Inquiry System, designed to reunite families and friends separated by emergencies

and provide news of their whereabouts and safety to concerned enquirers. During significant emergencies, Red Cross establishes an inquiry centre to accommodate the burgeoning enquiries from the public. As was the case during this emergency, the system is a critical tool for the police in victim identification.

Responding to enquiries

During the fires that began on 7 February, registration volunteers were collecting information that would allow inquiry centre volunteers like Bruce Smith to reconnect families and friends. Smith was called in at midnight that day, when little information was known about people who had evacuated. "The phones were going berserk," he recalls. "People had received calls from family and friends to the effect of: 'The fires are at the back door and we're getting out. Goodbye and I hope to see you again,' or 'My daughter was getting into the car and heading up the road and I haven't heard from her since'."

"All we could do was take the caller's details and the details of their relatives and hopefully when the relative registered at a relief centre, we would contact the caller with good news," he says.

Smith spent the following four weeks working three to four six-hour

shifts a week in the centre. The most rewarding moments were those when he was able to convey good news – such as when a grandfather enquired on behalf of his nine-year-old grandson. "Despite losing his own home, the boy was extremely worried about the safety of one of his friends. There was such joy and relief in his voice when I passed on the news that his friend was safe and well," Bruce remembers.

Lending an ear

The work of Red Cross personal support volunteers goes beyond immediate relief. Volunteers accompanied residents returning to devastated towns and they attended the memorial service held in Melbourne on the national day of mourning in February. Smith was one of many volunteers who attended 26 community consultation sessions held in preparation for the Victorian Bushfires Royal Commission inquiry. The volunteers continue to attend events and support activities in communities hit by the bushfires, as well as work with other agencies to reach people on their properties who may be finding it difficult to access help. Sometimes it's simply a matter of lending an ear while people share whatever is on their mind.

"You don't have to say much – they just start talking. We try to make sure they are looking after themselves and not just worrying about the shed that needs building," says Smith. He also feels humbled by people's warm welcomes and their appreciation of Red Cross volunteers. "I came away with bruises from all the hugs," he says of one visit.

Tools for recovery

During his outreach work, Smith offers Red Cross booklets developed to help people cope after an emergency. Coping with a major personal crisis provides an insight into how adults and children can react after an emergency and outlines ways to facilitate healing. After the emergency, a new activity booklet for primary school children, was developed with child psychologists to encourage children to be aware of their feelings after an emergency and seek help and support. It also provides advice for parents, guardians, carers and teachers on how they can use the booklet to enable children to discuss



"The phones were going berserk". Volunteers in Red Cross Relief Centres bore the brunt of incoming inquiries, their aim being tracing and connecting people with their missing relatives.



The work of Red Cross personal support volunteers goes beyond immediate relief. Recovery is the next step when the relief phase is over.

how they may be feeling.

Andrew Coghlan says that after a traumatic event, children can experience a range of emotions and display unusual behaviour. “Primary school teachers have described how, early on, some children were lashing out physically at their classmates. Now some children are spontaneously bursting into tears and experiencing graphic visual flashbacks of their experiences. We’re glad that this booklet provides another tool to help children recover.”

Coghlan says the advantage of both booklets is that they are not emergency specific and can be used in all types and scale of emergencies. “While we were distributing them during the bushfires, they were also being used after extensive flooding in Queensland,” he says. The booklets are available on the Red Cross website and are being distributed during personal support visits, at community events, to families through government case managers and in local schools.

Constant support

While personal support volunteers continue to visit homes to ensure people have access to services and support, two Red Cross recovery project staff, appointed through philanthropic funding, are working with communities to assess needs and gaps in service provision and deter-

mine how Red Cross may be able to assist. They are also monitoring the process to ensure that the people, who volunteers connected with during the fires, remain supported throughout their recovery.

Relief centres have now been replaced by recovery centres and community service hubs. Red Cross continues to have a strong presence at these centres, contributing to the ongoing support of communities.

Andrew Coghlan sees the continuing presence of Red Cross, during a time when so much has altered in people’s lives, as critical to their wellbeing. “As survivors deal with practical and emotional challenges on their journey to recovery, our volunteers provide constancy and comfort. The relationships that Red Cross volunteers established with communities through our relief and registration work are developing as we continue to care for people throughout their recovery. It’s an important part of our long term commitment to these communities,” he says.

Smith agrees. “While nature has begun to regrow, renewal for families affected by the fires will take much longer,” he says. “Over the past three months, I’ve seen some amazing people and organisations providing wonderful comfort and support. But it’s important that we recognise that these

families will have ongoing needs, and that we continue to support them in the months and years ahead.” ■



Both booklets can be accessed here:
http://www.redcross.org.au/ourservices_acrossaustralia_emergencyservices_resources.htm

Human consequences of the f

A nation in shock

By Sólveig Ólafsdóttir
Director of Communications
Icelandic Red Cross

Icelanders enjoyed growth and wealth in the past decade, and were proud of their achievements at home and abroad. Voices of international criticism were brushed off as voices of envy, and Icelandic authorities swept under the carpet any warnings of potential threats to the national financial system.

Then, Iceland was the first to be hit by the global financial crisis and its banking system came crumbling down in a matter of weeks. All the reassurances of ministers and officials proved to be wrong, while monitoring bodies, whose role was to control the economic structure, seemed to have slept on the ward. Iceland was on the verge of bankruptcy and the Icelandic nation was up to pay for the bill.

“The nation went through a state of shock. The basic foundations of society had failed, so a strong feeling of insecurity as well as doubt and disbelief became a natural state of mind,” explains Jóhann Thoroddsen, head of the Icelandic Red Cross psychosocial programme. “On top of that, people felt that the authorities were hiding facts from them so there was also a strong feeling of deception amongst the public. Lack of information leads to fear and nourishes suspicion.”

Widely felt effects

The economical crash has had serious effects on almost every family in Iceland. Unemployment rate has increased by some 500 per cent in just 6 months. Some 10 per cent of

the workforce is now unemployed, compared to a 0.7 per cent unemployment rate in August 2008. Companies have not only resorted to laying off people, but many have also reduced working hours causing employees to suffer steep salary cuts. The local currency's worth is about half of what it was a year ago.

“A great number of people feel that they are no longer in charge of their own life and destiny, a feeling that makes them unable to cope with day-to-day activities,” says Thoroddsen.

Disasters generate fear, vulnerability and insecurity. This is the reality that Icelanders went through with the financial crash, and the reality they still face today.

“People's self-esteem has been



Financial crisis

affected by the situation, especially for those who have lost their job or a considerable amount of money – as well as those who now face bankruptcy due to debt,” explains Thoroddsen. “The financial crash has also seriously dented the self-image of Icelanders as a nation.”

Response of the Icelandic Red Cross

The economic crisis triggered the Icelandic Red Cross into emergency response mode already in October. Based on experience from other Nordic sister societies that suffered sharp financial crisis in the early 90’s, the Icelandic Red Cross decided to immediately scale up its psychosocial programmes in order to tend to the psychological needs of those affected as soon as possible.

A sharp increase in phone calls

The services of the Icelandic Red Cross 24 hour Helpline was strengthened by advertising its services and recruiting more volunteers. Incoming calls have increased by more than 40 per cent since October – most of which are linked to people’s changed circumstances due to the ongoing crisis. The Red Cross also prepared a series of video messages on how to cope with the situation that were broadcasted on national television in the beginning of March, 2009.

“We wanted to put the message across that it was normal to feel angry, helpless and hopeless. But we also wanted to give people constructive advice on how to tackle the situation and help parents to minimize the effect their worries could have on their children,” says Thoroddsen.

Branches throughout the country stepped up their psychosocial programmes as well, and many have offered a variety of educational

seminars and recreational workshops free of charge. By mid March, the Icelandic Red Cross opened a service centre called The Red Cross House, where individuals and families can seek support and counselling for free – or use their own strength to help others by becoming volunteers.

Moving on

The Red Cross House is a venue for diverse social activities. Professional psychosocial support is offered by a specially trained Red Cross crisis management team. Trained volunteers welcome people and help them to find appropriate solutions to their needs. Guests have access to computers, a coffee corner with magazines and books, and a nice playground for children. An exciting programme is introduced every week and people are encouraged to join or host a variety of workshops and seminars. The service in the Red Cross House is available for everyone throughout the country.

“We are now serving new groups of beneficiaries who have never sought help from the Red Cross before,” says Gunnhildur Sveinsdóttir, in charge of the Red Cross House. “We are also recruiting a whole new genre of volunteers – both to respond to the rising needs but also as means for people to continue contributing to society even though they have lost their jobs.”



Different needs had to be met when the crisis struck and the country’s economy collapsed in the matter of a few days, early October 2008. The number of people dependant on food distribution by charities rose sharply.



From the Red Cross House. Among social activities that calmed some of the crisis struck Icelanders was knitting.

A successful project

Sveinsdóttir points out that people find it important that this service is provided by a neutral, independent organization. The options offered by The Red Cross House have proven to be a great success – with the number of visitors increasing from day to day. At the same time, many people have flourished in their work and regained their self confidence.

“In fact, we are now facing a strange dilemma. Once we have trained our volunteers, they seem to find it easier to get a new job. After they have worked with us for a few weeks or months, they tend to quit,” Sveinsdóttir says with a grin. ■

Psychosocial work done in Abruzzo can be divided into three stages. In the first few hours and days after the earthquake hit, the attention was focused on those who had lost family members and the search in the ruins was still ongoing. Funerals of victims and the day when the last four lifeless bodies were found in the ruins, marked the end of the first phase. Second phase consisted mostly of assistance to the homeless survivors, living in camps run by the Italian Red Cross.



From

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Text by
Head of

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More than 8,000 people lived in the camps of the Italian Red Cross. A third phase of the psychosocial intervention consisted of psychosocial assistance in the camps, particularly psychological counseling to those most in need. A meeting point was set up where people could exchange and receive news. Those waiting for news about the fate of their loved ones were provided with care, especially after having identified the bodies of relatives that had lost their lives.



The destruction was large-scale - around 1,000 were injured and 48,000 rendered homeless. The medieval city of L'Aquila was seriously damaged.



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From victims to survivors

Feature: Psychosocial support in 2009 L'Aquila earthquake

Dr. Antonio Zuliani, Italian Red Cross
psychosocial support teams in Abruzzo

Photos by Italian Red Cross

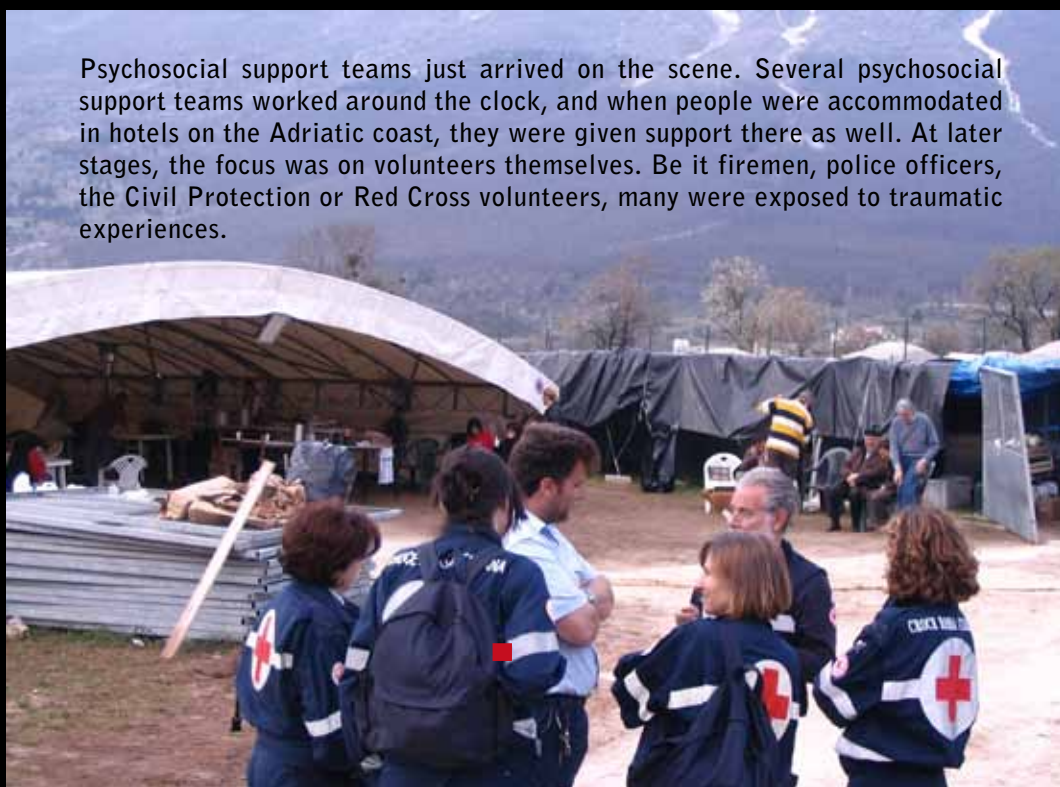


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The psychological emergency teams of the Italian Red Cross rely completely on professional volunteers with psychological backgrounds. Their aim in Abruzzo was two-fold, to give psychological support to volunteers and to assist the victims.

The 6.3 magnitude earthquake that hit central Italy in the region of Abruzzo on 6 April 2009, brought death and destruction. At least 294 people are known to have died in the deadliest earthquake to hit the country for nearly three decades. Psychosocial support was provided from the very start. Although several hindrances were in the way, an overarching aim was to change the state of mind of the affected from being passive victims to active survivors.



Psychosocial support teams just arrived on the scene. Several psychosocial support teams worked around the clock, and when people were accommodated in hotels on the Adriatic coast, they were given support there as well. At later stages, the focus was on volunteers themselves. Be it firemen, police officers, the Civil Protection or Red Cross volunteers, many were exposed to traumatic experiences.

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.

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. 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.

Research partners:



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