The Tiger is Our Guest[1]:
Helping children to grow up in times of war and afterwards

A Review of CARE's Psychosocial Programming in Emergency and Post-Emergency Contexts
(Kosovo & North Caucasus)
15th of April 2005

Prepared for CARE Austria
by Martha Bragin, PhD MSW

---

[1] statement made by a group of children in the EPT program in Kosovo

Contents

1. Psychosocial Review - Executive Summary

1.1. Introduction of the executive summary

The 21st century began with no abatement in the violent conflicts affecting children and adolescents around the world. CARE's long history of helping communities to help families to cope with their material needs is as widely appreciated today as it has been at any time in history.

However, recent research has also emphasized that the psychological, social and mental growth of children and adolescents requires even more than good nutrition, clean water and the prevention of dangerous diseases. As their bodies grow, children are engaged in a dynamic process of psychological and social development. This process of development is not a unitary process, but an interactive one, shaped by the interaction of multitude forces and affecting everything from cognitive capacity, (even the growth of actual brain cells), to the myriad factors that protect against emotional damage in times of trouble. This process doesn't hold still and wait for better times and more positive influences to shape outcomes.

So CARE Austria embarked on programs around the globe, some taking place in the midst of war and conflict, others in the immediate post conflict situation, aimed at utilizing its rights based, community empowerment approach, to help communities help families to support the (psychosocial) development of their children.

This report explicates the ways in which CARE's psychosocial approach in Kosovo and the Northern Caucasus represent examples of best practice. It provides extensive theoretical background as a basis to understand the benefits of the practices these programs embody. It recommends ways in which such programmes can be extended and made more comprehensive, allowing even deeper roots in the community and applicable to other problems around the world. Finally it provides resources for the assessment, design, monitoring and evaluation of such programs during and after emergencies, for adaptation to local conditions in any part of the world.

- CARE uses a comprehensive psychosocial approach, emphasizing and strengthening the capacity of the institutions and members of the community to support families to support the well being of children and adolescents. At the same time, because development is a dynamic process that doesn't wait, CARE has also initiated some immediate programmes for work with children, done by their teachers and caregivers, supported by the community at large.

- The hallmark of best practice in the psychosocial care of children and adolescents is attention to development. "Children and adolescents have age and stage related developmental needs, vulnerabilities, and capacities that must be addressed in order to minimise risks and prevent further harm, while reinforcing protective factors that enhance healthy development."[2]

- Further, education and recreation for children are fundamental rights, along with the right to be kept as far as possible with one's own parents and in one's own culture. All children are equally entitled to enjoy these rights, regardless of where they live.

---

[2] Loughry, M & Ager, A (Eds) (2001) The Refugee Experience: Psychosocial Training Module. Oxford: Refugee Studies Centre. "Understanding the Psychosocial Needs of Refugee Children and Adolescents".

Two interlocking controversies in the provision of psychosocial care to children and adolescents are addressed by CARE explicitly in this document and implicitly in the programmes themselves:

➢ **Trauma healing or psychosocial care**
Psychological approaches to healing and reconciliation are culturally constructed processes that may or may not fit a local culture and situation. Damage can be done through the imposition of foreign approaches and the marginalization of local ones. Foreign approaches are difficult to sustain due to the exigencies of funding that often comes and goes. Further, they can lead to a sense of disempowerment and helplessness on the part of parents and teachers. Therefore short term individual and group "trauma healing" methodologies, based on a North American tradition are not recommended here.

Instead, the strengthening of community coping mechanisms and the introduction of new ones are relied upon as a clear, measurable and sustainable way to insure that children and adolescents' wellbeing is sustained in their communities whether at home or in refuge.

➢ **Respect for traditions or a rights-based approach**
CARE's rights perspective raises critical concerns about the ways in which some traditional practices may not be in children's best interest, or even appear contradictory to their needs. It takes into account the concern that some practices may even appear to disempower young people to such a degree that they may feel compelled to join with fighting forces simply to escape an age based sense of oppression. In these situations, CARE's approach offers a creative way forward. By assisting communities with the means to transform their own coping mechanisms (as in Kosovo) or to create new ones (as in Northern Caucasus) CARE provides a respectful way to promote positive child and youth development, insuring that harmful practices are discussed and dealt with, not simply driven underground away from the view of observers.

1.2. Short presentation of the flagship programs under this review

The situation in each of the regions (Northern Caucasus and Kosovo) under this review presented unique opportunities and challenges at the outset. Because each had its own special needs and resources to bring to bear as well, each programme emphasized those aspects that were practical to do immediately, while developing a framework to fill in the gaps.

1) We selected for this review on the one hand our psychosocial program in the ongoing conflict situation in Northern Caucasus:

- Community Based Psychosocial Project (BPRM)
- Community Based Psychosocial Education Project for Vulnerable Youth (ECHO)

These two complementary programs worked together to provide a framework for children's development.
The first provided a forum for families to meet, discuss problems and issues relating to children's needs and development, as well as to insure their own psychological and social capacity to care for them.
The second actively involved young people themselves in addressing their own survival and mitigating the deleterious effects of exposure to violence through: educational activities that prepared them for future livelihoods; cultural and recreational activities that supported the development of secure identity; service activities that helped them to feel competent and

provide a peaceful means of empowerment utilization of all of these activities to help younger children and the community at large

2) On the other hand we selected for the review our psychosocial program in Kosovo, in a post conflict emergency to post-emergency situation:

- Support Programme for Traumatised Children in Kosovo, Kuebel Stiftung
- Psychosocial Training for Teachers Kosovo

Again the two complementary programmes worked together. Children, parents and their teachers participated in a short term program to help them with the more emergent difficulties imposed in the immediate post war period. Simultaneously, to make these gains sustainable and long lasting, teachers were trained to provide the most effective educational methods for mitigating the effects of conflict on children's development. Throughout the approach parents' involvement was encouraged and critical material and social support was given to the reconstruction of educational and social institutions, especially the schools.

1.3. Programme impact, monitoring and evaluation

All of these programmes were independently evaluated and their impact on the population was discussed in detail. Valuable lessons learnt are also included, as a helpful guide to those wishing to replicate the projects or any of their components in other parts of the world.

Because replication, learning and growth are so important, a special section (8.1.,8.2.) has been included in this document. This section explains in detail how a plan for monitoring and evaluation of psychosocial programmes can be implemented. It includes techniques for finding appropriate indicators to evaluate programs designed to support children's well being rather than simply measure the damage done.

Section (8.3.,8.4.) suggests ways in which parents and teachers can help children in time of war. It includes specific technical suggestions for teachers, as well as simple program designs for use with limited funds and security options.

Finally the report makes detailed recommendations for including effective programs that support communities to support families to support children's healthy growth and development in the context of emergency programmes around the world.

2. The context of this review

2.1. Introduction

The title of this review, "The Tiger is our guest", is based on a experience of the author of this document during her field visit.

> A visitor to a classroom in Kosovo, in a village highly affected by the war, asked a group of 10 year olds about their art work. The art work on display was the result of a psychosocial program instituted by CARE to assist teachers to work effectively with children in armed conflict. There was a very well drawn tiger in one of them, roaming in the mountains surrounding the village.
>
> "Are there tigers in these mountains?" the visitor asked, showing fear on her face and body….
> "Yes there is a tiger and he is quite ferocious too!" they said, very seriously.
> "Oh my!" the visitor responded, "Should I be frightened then?"
> "Please, do not be afraid, Madame…. you see, the tiger is our guest…."
>
> Indeed, the tiger had been their guest. Violence had come to live with them, and they had taken it in, learned to live with it, and even to nurture it. But since it was a guest, they also expected and looked forward to, the time when it would leave…

The capacity to live with the violence in one's surroundings, to make mental use of it, but yet to look forward to the day when things will change, and be able to change with them, is the hallmark of successful psychosocial work with children in armed conflict. It indicates that the children are able to play, learn and think in an age appropriate way despite the war. Mounting evidence shows that this is not an easy task, and that the psychological and social effects of war on children often leave them without the capacity to move forward in life, creating the conditions for a cycle of violence that is difficult to break.

> From the Middle East to Africa, from Asia to Latin America, as well as in Europe itself, the roots of continuing conflict can often be traced to the history of children affected by war during childhood, who were not helped to manage the impact of that conflict on their lives.

Graca Machel's chilling report to the Secretary General of the United Nations (1996), described the effects of armed conflict on children, and the need for communities to obtain culturally appropriate support for children's right to grow and develop.

This report will describe the approaches that CARE utilized in two flagship programs, to help communities to help families to care for their children, in the midst of war and afterwards.

The programmes reviewed here are:

Kosovo: post conflict emergency to post-emergency
- Support Programme for Traumatised Children in Kosovo, Kuebel Stiftung
- Psychosocial Training for Teachers Kosovo

Northern Caucasus: a situation of ongoing conflict.
- Community Based Psychosocial Project (BPRM)
- Community based Psychosocial Education Project for Vulnerable Youth (ECHO)

The report will discuss the methods used by each of these programs and recommend additional ones that might also be employed. It includes methods for monitoring and

evaluation and suggestions for a way forward, in order to support the continuation of this important work in varying conditions and cultures, wherever it is required in the world.

2.2. The context of CARE's psychosocial work in Kosovo

Fourteen months after international forces entered Kosovo to end the latest chapter in a long and complex struggle, CARE was invited to add a psychosocial component to its community programme. Hopes ran high in the population as a whole that this "liberation" would usher in a new era of peace, prosperity and respect for human rights. The programme was designed to strengthen the community's capacity to care for its children, while placing children in the centre of efforts to support positive functioning and a brighter tomorrow. The situation could be characterized as post emergency, as families had returned from refuge and were receiving assistance in all economic and social aspects of rebuilding their lives. European partners were eager to help Kosovars to overcome psychic and physical hardships, provide a strong education for their children, and therefore to be a stable presence in the region.

However, generalizations regarding this region, based on experiences elsewhere, would be inaccurate. On the one hand, there had been a period prior to the programme's inception of ever-increasing danger which created a climate of uncertainty and fear of annihilation. Some families had been exposed to murder and rape in addition to mob violence and destruction. Youth had been an important community resource during the crisis. However, following the official disbanding of the Kosovo Liberation Army, they were given few vehicles for active participation in the reconstruction of their country. There was evident danger of a return to ethnic violence or revenge killings. Thus while according to the international psychosocial needs assessment of September 1999, the situation was not one of "massive psychic trauma," the number of risk factors for the well being of children and adolescents was very high.

In this context, the international community placed an enormous emphasis on speedy implementation of projects in areas where there had been immediate war related violence and those to which refugees were returning. A short-term trauma and recovery model was urged by the international community eager to translate lessons learnt from other environments. In many ways, this post emergency/emergency atmosphere was a particularly difficult one in which to operate, as it combined high expectations of speedy success, with a rapidly changing physical situation, and an unclear future.

In order to make a difference that could be both immediate and sustainable, it was important to understand which community institutions were available to help children and families to cope and which needed strengthening. Part of the ethnic cleansing strategy that had been practiced in Kosovo had marginalized professionals in medicine, psychology, education and social work. Under the prior regime new practitioners could not be trained without leaving the country and trained practitioners were unable to work in the official system, nor had access to upgrades in training and education. Therefore, a cadre of Albanian speaking Kosovars was not available to provide psychosocial care on the scale that was required.

In this atmosphere, CARE selected a two pronged strategy that placed children and their needs at the centre. The interventions were designed to show quick impact to fill the early void and sense of expectation, whilst at the same time, focussing its attention on creating an effective partnership with newly developing government institutions to support local professionals, especially teachers, to take up their proper role assisting with psychosocial reintegration following war and into the future.

2.3. The context for CARE's psychosocial work in the Northern Caucasus

As the hostilities in Kosovo were halted by international force, another round began between Chechnya and the Russian Federation. This was not a surprise in the region, since the last Chechen war had ended in de facto autonomy, rather than a clearly agreed upon strategy for the future. Following the events of September 11, 2001, this war has raged on with impunity, as the Chechen insurgents have been categorized around the world as part of an international "terrorist" movement and there is little external pressure on the Russian Federation to attempt a negotiated settlement. Both sides have been accused of human rights violations including terror and kidnapping of civilians.

The region has seen episodic war and violence from imperial Russian times through the advent of the Soviet Union. Massive deportation during the 1940's destroyed not only health and property but all of the essential components of cultural life as well. However, just as the fall of Imperial Russia only increased the tensions in the region, the fall of the Soviet Union has brought two full scale wars, the second of which continues unabated as of this writing.

During the project period, full scale war raged on the one hand, and on the other forms of banditry and lawlessness thrived in the confusing climate of chaos and scarcity. With outsiders posing both a perceived threat and viewed as the historic enemy, and the inside traumatised through years of displacement and privation, the *creation of a transitional space* in which to operate for the benefit of children was difficult at best. In addition, safety and security of project workers could never be guaranteed.

> The difficulty was further compounded by the fact that the designated enemy of the secessionist territory is the state, and therefore, whilst it was necessary to work with state actors to obtain access to schools, medical and social institutions, such collaborations were held suspect by the population. Yet in another sense the same population wished that the state would function to provide infrastructure, services and social supports.

In this atmosphere, young people alternate between despair and the psychosocial necessity to move forward. When evaluating the emotional state of young people, contradictory trends emerged: on the one hand national rebirth, with young people eager to learn old customs and revive their traditional way of life; on the other hand the need to modernize in order to manage a modern society with all of the contemporary demands.[3] In this atmosphere, CARE decided to focus its energy on organizing the youth themselves to identify and solve their most pressing social and psychological problems, and organizing their parents to help their children through solving urgent problems in the home.

During the life of the project some beneficiaries were returned to their homes by the Russian government, despite chronic violence and insecurity. There they faced danger of violence and destruction all around. Project staff is under threat and cannot travel without bodyguards; however, nonetheless, the programme was portable enough to move along with the beneficiaries and now continues inside Chechnya.

2.4. CARE's psychosocial approach

> CARE, consistent with its rights based approach, uses a comprehensive psychosocial methodology that emphasizes strengthening the capacity of the institutions and members of the community to support families to support the well being of children and adolescents. In this way, the right of every child to a harmonious development can be attained within the

---

[3] Isaenko and Petschauer, (1999)

constraints imposed by emergency and post emergency contexts. At the same time, because developmental needs of children are urgent, CARE also initiates immediate activity programmes for children, implemented by their teachers and caregivers, supported by the community at large.

Because the situation in each of these regions has its own special needs and resources, each programme emphasized those aspects that were practical to do immediately, while developing a framework to fill the gaps.

This report will address and explicate the way in which CARE's psychosocial approach in Kosovo and the Northern Caucasus represents best practices in psychosocial programming. It will provide extensive theoretical background and justification for these practices. It will also recommend ways in which such programmes can be extended and made more comprehensive, allowing even deeper roots in the community and applicable to other problems around the world.

2.5. The objectives of this Review

This review was written with the following objectives:

- To outline CARE's work in the psychosocial sector in Kosovo and the Northern Caucasus and to detail the specific project approaches and potential impacts
- To present key elements and concepts relating to psychosocial programming in emergency/post emergency contexts
- To set out best practice approaches to psychosocial programming in emergency/post emergency contexts (focussing on addressing trauma in young children) and to suggest recommendations for future programming.

2.6. The methodology of this Review

This is primarily a desk review, including a review of all programme documents and with reference to the leading documents in the field, as well as a 5 day field visit to Kosovo in which the consultant interviewed key informants in Pristina, and key informants, staff and beneficiaries in Prizren.

It has to be recognised that this review has certain limitations that are due to three main factors:
- in Kosovo time limitations prevented visits to all of the project sites
- there was no field visit to Ingushetia due to current security situation
- the consultant/author of this review did not read or speak Albanian, Serbo-Croatian, Russian, or Chechen languages and therefore the review was limited to English and German language documents, which eliminated some important training documents, written in the language of the trainees

3. Psychosocial Programming in Emergency & Post-Emergency Contexts

3.1. What is psychosocial work?

Historical crises and humanitarian emergencies create situations that disrupt the fabric of social life, affecting both emotional and material circumstances. Children are engaged in a dynamic process of development. That process doesn't hold still and wait for better times and more positive influences to shape outcomes. Therefore, if we have any hope that children will survive emergency situations able to grow up well and promote peaceful and prosperous futures, communities must be assisted to create the most favourable possible conditions for development to move forward, acknowledging the gravity of the situation and assuring a place for grief, mourning and reflection on new realities.

Through the provision of emergency supplies, the restoration of order and social coping mechanisms, as well as the creation of whatever new structures the community finds necessary, parents, teachers and others responsible for children's upbringing can be supported in providing the best possible care to their children as quickly as possible.

Psychosocial work in conflict/post conflict situations has been defined as part of the 1997 "Capetown principles" that agreed upon best practices in work with child soldiers, and reinforced by the Oxford Refugee Study Centre's Psychosocial Training Module (copyright 1999).This definition is slightly modified here for clarity:

> ❖ The term "psycho-social" underlines the dynamic interrelationship between the psychological and social effects of armed conflict, with each continually influencing the other.
>
> ❖ "Psychological effects" refers to those experiences which affect emotions, behaviour, thoughts, memory and learning ability, as well as capacity to perceive and understand everyday situations.
>
> ❖ "Social effects" refers to how the diverse experiences of war alter people's relationships to each other, changes in the workings of the community as well as personal change, for example through death, separation, estrangement and other losses. "Social" may be extended to include an economic dimension, as many individuals and families become destitute through the material and economic devastation of war, thus losing their social status and place in their familiar social network.

The social influences the psychological and vice versa, as violent events affect many aspects of children's development, from the messages that their parents transmit to them to the way in which violence affects cognition, to disruptions of care-giving and loss of those they love. Conversely, the point of view of growing children and their families and their capacity to affect the world around them is influenced by their psychological development and its disruptions.

3.2. What do psychosocial programmes do?

First, children exposed to war and violence must have food, shelter and age appropriate care. Ensuring that basic needs are met is in itself psychosocial assistance. It lets children know that life will go on despite the terrible events that have occurred.

After ensuring that basic needs are being met, psychosocial programmes attempt to restore the structures and routines of everyday life, such as school, work, and play, so that children do not remain "stuck" in one moment of the developmental process. These measures should be accompanied by public campaigns that raise community awareness of the developmental needs of children. Support can then be provided to adults so that they are able to meet those needs. As many opportunities as possible must then be created so that children can continue to grow up normally.

Once the basic structures of life are re-established as much as possible, more explicit psychosocial programmes can be designed and put into place. These programmes can assist children in coping with the effects of the violence that they have experienced. Crucial in this regard is the restoration of culturally accepted means for the integration and symbolization of events. This integration and symbolization must be achieved not only by individual children and adolescents, but also by the community as a whole. As institutions and adults are able to manage this they can best assist their children.

The hallmark of best practice in psychosocial programming is the restoration of coping mechanism in the home, community and society that support families to raise their children well, and create new mechanisms where none can be found to address the situation at hand, or where old mechanisms are thought to be harmful. These measures are critical during and immediately following emergencies, as they insure the promotion of the protective factors necessary to building resilience.

CARE uses a comprehensive psychosocial approach that emphasizes strengthening the capacity of the institutions and members of the community to support families to support the well being of children and adolescents. At the same time, because children's development is a dynamic process that just can't wait, CARE initiates immediate activity programmes for children, implemented by their teachers and caregivers, supported by the community at large. The goals are enhanced and sustainable coping mechanisms to take the community forward into the future.

3.3. Definition of key terms related to Psychosocial Programming -most commonly used terms

Psychosocial Wellbeing
Psychosocial wellbeing is a state in which one is able to master life tasks of love and work, family and community, ascribe meaning to daily life so that one can raise the next generation in an atmosphere of hope. Every culture has its own more specific definition of psychosocial wellbeing and how it should be represented, maintained and acquired.

Stress
Stress can be defined as the process by which environmental events tax coping abilities or pose a threat to the organism.

Trauma
Trauma can be defined as an external event which causes severe sudden injury to the organism, either physical or psychic, which threatens survival. Because traumatic events rupture the outer barrier, whether physically or mentally, recovery requires the reconstruction of the damaged structure, externally and internally. Recovery from psychological trauma involves the rebuilding of hope and the sense of empowerment needed to gain or regain control of one's physical and mental life in the context of culture and community. Where these have been destroyed, a combination of re-construction and new construction must take place over time.

Psycho-social development
Psychosocial development is defined as the gradual psychological and social changes children make as they mature. Psycho-social development consists of the psychological elements of human development - the capacity to perceive/emote /analyze/learn/remember - and the social aspects of that development, that is, the ability to form and maintain social relationships, to follow the social codes and to live and function in the external world.

> **The fundamental aim of psychosocial programmes is to improve children's well being by**
> ❖ Restoring the normal flow of development.
> ❖ Protecting children from the accumulation of stressful and harmful events
> ❖ Enhancing the capacity of families and communities to care for children.
> ❖ Enabling children to be active agents in rebuilding communities and in actualizing positive futures.

Risk factors
The unstable environment created by war, including displacement, loss of loved persons, the danger of death and dismemberment due to violence, landmines and unexploded ordinance, as well as illness and hunger are among the many risk factors that children in armed conflict face. Just as children face risks, with every death, displacement, and instability, the social fabric itself can be overstressed.

Protective factors and resilience
Certain factors help children, families and communities to endure in spite of traumatic events and multiple stressors. This endurance, and even favourable growth and development, under the worst of circumstances, are known as resilience.
A particular indicator of resilience is the way in which families are able to continue to undertake a careful upbringing of children despite hardship and disruption; to provide a constant caregiver in early life who considers feeding along with affection, who gradually imparts the rules of the community and a sense of right and wrong and who supports the gradual development of independence within culturally defined structures.

> **Key factors that protect children from overwhelming risk are:**
> ❖ A close nurturing connection to primary caregiver who provides consistent and competent care
> ❖ Connections to competent caring members of their own cultural group outside of the extended family
> ❖ Participation in familiar cultural practices and routines
> ❖ Access to community resources including effective educational and economic opportunities
> ❖ Connection to faith, or other belief based organizations
> The presence of these factors, along with biological strength and capacity, can mitigate the effects of multiple stressors (i.e. risk factors) during complex emergencies. [4]

Community coping mechanisms

The world is not perfect. All communities have mechanisms maintain stability and manage adversity. When these mechanisms are in place, children are buffered from many of the difficulties of life, and parents are assisted in helping their children overcome stress. Some of these mechanisms are simply the celebrations and rituals of family life that keep people in good spirits or allow for the release of tension in difficult times. In addition there are the special provisions that a society makes for more serious difficulties. Children are protected from developmental disruption in difficult times by these means. For instance, when faced with overwhelming problems, working class people in Argentine cities call on a psychoanalyst, the rural poor in Cambodia consult a kru khmer, and the zar is the specialist to see in Northern Sudan. To the extent that such mechanisms are in place, the psychosocial needs of children can be met, even in adversity. When these mechanisms are overstressed or have been abandoned, it may be important to assist the community in strengthening or restoring them in order to re-establish coping strategies for children.

In more developed countries, specific target groups become teachers, parents (not just mothers, but fathers too) and youth leaders. In less developed countries, particularly those where school going is a privilege for the elite, traditional healers and leaders along with parents may be the people who support children's upbringing. Artists and respected elders of the community have an important role to play, so do religious and community leaders.

> When children are targeted, it should be through activities led by their own teachers, traditional leaders, or other children: they should never be exposed to outsiders who swoop in, do something dramatic and swoop out again, leaving the children more bereft than before and decreasing their confidence in growing up in their own community. (Kos and Derviskadic-Jovanovic 1998, Monteiro 1996, Bragin 2001)

> These adults must be helped to deal with their own reactions to violence and loss, in order to help their children to feel hopeful again.

3.4. Exkurs Post Traumatic Stress Disorder and international critisism

Understanding Post Traumatic Stress Disorder (PTSD)

The diagnosis of Post-traumatic stress disorder (referred to as PTSD), formally entered the nomenclature in 1980 (Herman, 1992; van der Kolk, McFarlane, and Weisaeth, 1996). Concerned that the victims of violence not be blamed for their victimization led to the establishment of treatment protocols that emphasize the impact of external reality on

---

[4] Vanistendael, 1996, and Ressler, Tortorici and Marcelino, 1993.

survivors (Herman, 1992; van der Kolk Mc Farlane and Weisaeth, 1996).The contention that symptoms suffered by survivors vary not by the nature of the survivor's history, but rather by the severity of what they have suffered has been borne out by subsequent research (Bowman, 1996; Hovens, Falger, Op den Veld, and Shouten, 1992). It was originally the view most commonly held in the United States and in Western Europe. It allowed the study and understanding the effect of extremely violent experiences on the people who survived them.

Diagnostic criteria and nomenclature of PTSD

There are two different systems through which mental and behavioural disorders are classified:
I) the DSM IV TR developed by the American Psychiatric Association and used in the United States
II) the ICD-10 developed by the World Health Organization and used primarily in Europe and Both have a system for categorizing Post Traumatic Stress Disorder as an illness.

Ad I) Diagnostic criteria for 309.81 Posttraumatic Stress Disorder

A. The person has been exposed to a traumatic event in which both of the following were present:
(1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
(2) the person's response involved intense fear, helplessness, or horror. **In children, this may be expressed instead by disorganized or agitated behaviour**
B. The traumatic event is persistently re-experienced in one (or more) of the following ways:
(1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. **In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.**
(2) recurrent distressing dreams of the event. **In children, there may be frightening dreams without recognizable content.**
(3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated. **In young children, trauma-specific re-enactment may occur.**
(4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
(5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:
(1) efforts to avoid thoughts, feelings, or conversations associated with the trauma
(2) efforts to avoid activities, places, or people that arouse recollections of the trauma
(3) inability to recall an important aspect of the trauma
(4) markedly diminished interest or participation in significant activities
(5) feeling of detachment or estrangement from others
(6) restricted range of affect (e.g., unable to have loving feelings)
(7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)
D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:
(1) difficulty falling or staying asleep
(2) irritability or outbursts of anger
(3) difficulty concentrating
(4) hypervigilance
(5) exaggerated startle response

The above was taken from the Diagnostic and Statistical Manual of the American Psychiatric Association. [5]

Ad II) F43.1 Post-Traumatic Stress Disorder

This arises as a delayed and/or protracted response to a stressful event or situation (either short- or long-lasting) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone (e.g. natural or man-made disaster, combat, serious accident, witnessing the violent death of others, or being the victim of torture, terrorism, rape, or other crime).

Predisposing factors such as personality traits (e.g. compulsive, asthenic) or previous history of neurotic illness may lower the threshold for the development of the syndrome or aggravate its course, but they are neither necessary nor sufficient to explain its occurrence.

Typical symptoms include episodes of repeated reliving of the trauma in intrusive memories ("flashbacks") or dreams, occurring against the persisting background of a sense of "numbness" and emotional blunting, detachment from other people, unresponsiveness to surroundings, anhedonia, and avoidance of activities and situations reminiscent of the trauma. Commonly there is fear and avoidance of cues that remind the sufferer of the original trauma. Rarely, there may be dramatic, acute bursts of fear, panic or aggression, triggered by stimuli arousing a sudden recollection and/or re-enactment of the trauma or of the original reaction to it.

There is usually a state of autonomic hyper-arousal with hypervigilance, an enhanced startle reaction, and insomnia. Anxiety and depression are commonly associated with the above symptoms and signs, and suicidal ideation is not infrequent. Excessive use of alcohol or drugs may be a complicating factor.

The onset follows the trauma with a latency period which may range from a few weeks to months (but rarely exceeds 6 months). The course is fluctuating but recovery can be expected in the majority of cases. In a small proportion of patients the condition may show a chronic course over many years and a transition to an enduring personality change.

Diagnostic Guidelines

This disorder should not generally be diagnosed unless there is evidence that it arose within 6 months of a traumatic event of exceptional severity. A "probable" diagnosis might still be possible if the delay between the event and the onset was longer than 6 months, provided that the clinical manifestations are typical and no alternative identification of the disorder (e.g. as an anxiety or obsessive-compulsive disorder or depressive episode) is plausible. In addition to evidence of trauma, there must be a repetitive, intrusive recollection or re-enactment of the event in memories, daytime imagery, or dreams. Conspicuous emotional detachment, numbing of feeling, and avoidance of stimuli that might arouse recollection of the trauma are often present but are not essential for the diagnosis. The autonomic disturbances, mood disorder, and behavioural abnormalities all contribute to the diagnosis but are not of prime importance.

The late chronic sequelae of devastating stress, i.e. those manifest decades after the stressful experience, should be classified under F62.0.

The above was taken from the ICD-10 copyright © 1992 by World Health Organization.

What this diagnosis served to do was:
- Medicalise the fact that exposure to violent events can be damaging to those who live through them

---

- Codify the types of symptoms that many veterans and survivors of violence seemed to have in common.

What it did not do was:
- Explain the meaning and function of theses symptoms for those that had them
- Help understand why these symptoms might appear in context
- Help us to help societies to integrate after war.

Note: the ICD-10 diagnosis gives a better prognosis to PTSD, by providing a separate diagnostic category for those whose personality difficulties appear later and do not improve with time.[6]

International criticism of the concept of post traumatic stress disorder

However, in the rest of the world, the idea of a new diagnostic category to describe the response of people exposed to extreme violence was greeted with dismay. It was the view of many international clinicians and aid workers that PTSD pathologizes what is a normal human response to abnormal circumstances, and trivializes the kind of horrors that contemporary survivors have suffered. (Barton and Mutiti, 1998; Becker, 1995; Boyden and Webb, 1997; Dawes and Honwana, 1996; Puget, 1995; Kos and Derviskadic-Janovic, 1998; Lira, 1995; Machel, 1998; Monteiro, 1996; Nader, Dubrow, and Stamm, 1998; Ressler, Tortorici, and Marcelino, 1993).

Further, they worried about the technical merits of a medical, symptom-reduction approach to solving problems with serious, long term causes. Psychological symptoms are defences, armour, which the mind uses to keep something very painful away. Taking away a symptom then, does not solve the problem. It is better to solve the problem first, and allow the symptom to go away. That is what community based psychosocial programmes, of the type that CARE implements, are preferable in many ways to treatment aimed at symptom reduction. (Becker, 1995; Boyden and Webb, 1997; Dawes and Honwana, 1996; Puget, 1995; Kos and Derviskadic-Janovic, 1998; Kos and Derviskadic-Janovic, 1998; Lira, 1995; Machel, 1998; Monteiro, 1996; Ressler, Tortorici, and Marcelino, 1993).

Many international relief experts eschew the term "trauma," in this context. They consider the aftermath of extreme experience to be not primarily a passive response to actively inflicted horror, as PTSD suggests. Rather, they see it as an active and complex experience, deeply intertwined with cultural memories, social conditions, and the individual, family and communities' history. They believe that this interplay must be understood in order to restore to survivors a sense of themselves as full and potent human beings (Becker, 1995; Kos and Derviskadic-Janovic, 1998; Lira, 1995). The extreme experiences suffered cannot themselves be envisioned as separate from the life and history of the community in which the survivors live. Nor are they purely external, that is, independent of the use made of them by the individual survivor's mind (Barton and Mutiti, 1998; Becker, 1995; Boyden and Gibbs, 1997; Kos and Derviskadic-Janovic, 1998; Lira, 1995; Machel, 1996; Nikapota and Samarasinghe, 1990; Ressler, Tortorici, and Marcelino, 1993). Anica Mikus Kos and Sanja Derviskadic-Jovanovic emphasize these points as regards the Balkan experience.
Kos points out that while experts were asking how many children had PTSD symptoms and seeking quick and effective ways to remove them, they were not asking, "How many children are sad, depressed deceived, humiliated and scared?"(1998, p7)

All of these experts have encouraged practitioners to view the distress of children and adults after war in a communal and societal context. Practitioners in the developing world who have done this have brought to light some centuries-old traditional practices for relieving the suffering of those affected by violence in a communal context. They have pointed out the efficacy of these practices, and looked to them as part of the total process of rebuilding

---

[6] Inderbitzin and Levy (1998) and Titchener (1998) refer to this phenomenon as post traumatic decline.

ravaged communities (Barton and Mutiti, 1998; Boyden and Webb, 1997; Dawes and Honwana, 1996; Machel, 1996; Monteiro 1996; Nader, Dubrow, and Stamm, 1998; Ressler, Tortorici, and Marcelino, 1993). Kos (1998) and Papadopoulos (2000) and others have found that these ideas may have great resonance for the developed world as well.

3.5. Psychosocial approaches, the PTSD debate, and the context of Kosovo and the Caucasus

Both Kosovo and the Northern Caucasus are highly politicized situations. The wars that have been fought represent something beyond the mere victimization of the population, but also represent attempts by beleaguered societies to create an alternative vision and an atmosphere of hope against despair.

The conflicts have been bloody with atrocities committed by all sides. That has left all sides with residue of bitterness toward the other. Summerfield, Papadopoulos and others have pointed out that the trauma treatment approach has in fact been used to cover over a discussion of the nature of the conflict and people's real feelings about it. People have used trauma when they want to express anger and despair. This has been convenient for the international community, but it may create difficulties in helping to address the real and specific needs of the population to overcome very difficult emotions, leaving those very emotions out of control, and subject to re-igniting in a dissociated form.[7]

The efficacy of a broad psychosocial approach, rather than "trauma treatment" in the programmes under review has been noted in programme evaluation. Joanna Kotowski, writing in the BMZ report on the project monitoring mission in Kosovo in June 2001 pointed out, "From the present point of view, focusing on the empowerment of children in their day to day environment rather than on individual rehabilitation or therapy underlines the efforts toward tolerance and democracy."(p.12)

Authors focused on the psychosocial approach have found that by using a holistic and culturally specific methodology, it is possible to deal with even the worst levels of hate, terror and despair in a way that empowers the community to address these issues and help their children to find peaceful solutions and alternatives.

3.6. Special considerations when working in situations of ongoing conflict

In applying these understandings to children affected by ongoing conflict, we must be conscious of the particularities of their situation.

Normal reaction to abnormal circumstances

Because the conflict is ongoing, it would be "abnormal" or reflect an inability to appropriately assess and respond to their real situation if the children had no reaction at all to the violence in their surroundings. It is appropriate that they consider the ongoing violence as disruption, rather than simply routine. While some children may be so distressed as to require more specific intervention, we would see that distress is specific and treatable. The focus should not be to have the children adapt to constant warfare, but to cope up well in spite of it. (This is exemplified by CARE's programme in the Northern Caucasus.)

---

[7] Summerfield, Bracken and Papadoppoulos, respectively in International Organization on Migration. (2000) Psychosocial Response in War –Torn Societies: The case of Kosovo. Geneva.

> "We are not crazy! What we feel is not abnormal – the situation is crazy and abnormal. Our reactions are human and normal!" a rural child in Bosnia Herzegovina.
> "Our children are not disturbed. There is deep rooted sorrow for losses and anguish for native land in their souls." A Bosnian teacher in a refugee camp.
> Quoted by Anica Mikus Kos and Sanja Dreviskadic-Jovanovic (1998)

Contemporary ways of thinking about the effects of violence on children

Witnessing violent events affects all people, but it affects children differently depending on their age and stage of development. Exposure to violence affects children both cognitively and affectively. While not removing specific symptoms, psychosocial programmes during war help children to cope up by targeting education and activity within the society.

On the cognitive side

Most important for developing children is their capacity to symbolize: that is, to take material from the world around them and make it comprehensible. One of the worst things about exposure to extreme violence is that it takes events that should be in the realm of fantasy - movies, dreams, children's games - and acts them out in the real world. When that which should be imaginary becomes real, it breaks the boundary between fantasy and reality and with it the way in which children learn to use metaphors for thinking.

When events that are violent and beyond the normal happen children's capacity to make mental use of these events is strained. Exposure to extreme violence makes is hard for people to think. It makes it hard for teachers to teach, and it makes it hard for students to learn. This often affects grades and school performance.

One significant psychosocial result of the ongoing conflict then is the decrease in capacity for symbol formation and reflective function among children, with short term consequences of inattention and poor school performance, and longer term consequences of concrete thinking and poor ability to master difficult interpersonal situations.

When children have difficulty thinking they often behave badly at school, because they are angry and frustrated by their inability to understand their lessons, but also because they tend to act in ways that repeat aspects of the violent experience, when other types of thinking fail them.

On the affective side

In addition, exposure to violent events wakes up aggression in people who observe or are victims of it. All people are born with a certain amount of untamed aggression. Usually, among the important tasks of society is helping children to bring that aggression under control, moving it from something that they experience as babies, to something that they "play out" as young children, to something that they harness for energy to do other things later in life. Constant exposure to violent events continually stimulates their own aggression. They become excited by the events, and feel aggressive themselves. They find themselves feeling angry and unable to settle down. Unwelcome and violent thoughts come to mind. They feel badly and often also believe that they themselves are bad for having such terrible thoughts and feelings.

What to do to mitigate problems of concentration and aggression in situations of ongoing violence

These fears and preoccupations can affect children's ability to attend to lessons, sit still in class and get on with the business of learning. When these factors are combined with any of the personal and family problems that so many children experience, we can see that it is an overwhelming task to calm down and concentrate at school or at home.

Attempts to calm down and banish these violent and unwelcome feelings take up a great deal of "mental space." Trying not to think about the bad things often makes it hard for children to think about anything at all.

Feeling overly excited by the repeated dangerous and potentially violent situations that they are exposed to makes children feel bad about themselves. The opportunity to do something good, can make them feel better. This is called reparation. Even young children can do something that helps the community or family members.

In addition, one on one attention, individualized work plans and other classroom teaching techniques can go a long way to helping children to learn and to think. Specific ways that classroom teachers can help children in ongoing conflict to improve their capacity to learn and to think are found in Section 8.4. of this document. They are elaborations of learner centred instruction, utilized by CARE in Kosovo with very positive effects.[8]

3.7. Psychosocial Programming (in Emergency Contexts) and INGOs

Key International NGOs working with children in the psychosocial sector are:

Save the Children Alliance
The Save the Children Alliance has developed a number of books and papers that categorize their view of psychosocial work with children in emergency and post emergency contexts. They are widely seen as the key players in the field. Their programmes combine advocacy for children's rights and an integrated approach that links economic and social well being with culturally appropriate psychosocial interventions. Consulting with child caring specialists and parents in each cultural context, and insuring community ownership of intervention is the hallmark of the Save the Children Alliance best practice approach. Their psychosocial resources can be found on their website.

Christian Children's Fund (in Austria Kinderhilfswerk)
Christina Children's Fund is noted for its state of the art cross cultural approach that emphasizes community, family and sustainability.
Their expertise includes the development of community based child well being committees to oversee children's protection and development in the community, and the creation of child centred spaces, where children's activities can take place in a protected atmosphere. They emphasize the critical role of traditional leaders and healers in the maintenance of psychosocial wellbeing and healing after conflict. They integrate psychosocial programmes with livelihood development and income generation in order to rebuild hope.

The International Rescue Committee (IRC)
With Save the Children US, (part of the alliance) and Christian Children's Fund, they form part of the Psychosocial Consortium, who typically receive US government funding for assessment and sustainable measurable community based psychosocial programmes in emergency situations. IRC emphasizes the creation of formal and non formal education opportunities in refugee settings and in sites of return. They also support an integrated approach which includes community based economic empowerment schemes to make schools, teachers and livelihoods more sustainable.

The Oxford Refugee Study Centre
The Refugee Study Centre at Oxford does more than just study children. It provides onsite technical assistance with Programme monitoring and evaluation. It provides an online interactive training program that can be used by international workers around the world. It

---

[8] CARE also introduced these methods in a limited way in Ingushetia in a programme that that is not subject of this review. Supporting teachers can be a very effective way to intervene in time of war.

holds frequent colloquia and discussion gatherings to bring together practitioners from around the world to forge new alliances and strengthen learning.

Trans-cultural Psychosocial Organization
The Trans-cultural Psychosocial Organization focuses its attention on issues of psychosocial care but combines this with a medical approach toward finding appropriate measures to deal with the seriously and persistently mentally ill.

War Child
War Child is a Dutch organization that focuses exclusively on programmes to build capacity of local and international partners to provide effective psychosocial programmes for children affected by armed conflict.

Medecins Sans Frontiers (MSF)
MSF provides mental health training to medical staff as part of their services.

Medecins du Monde (MDM)
Medecins du Monde provide direct mental health services in many of their projects.

3.8. Psychosocial Programming – A Rights Perspective

A rights based approach is central to most psychosocial work done in emergency and post emergency contexts today.

3.8.1. Key documents elaborating and promoting the rights of children in humanitarian emergencies, armed conflict, refuge and post conflict situations

Convention on the Rights of the Child (CRC)

The Convention on the Rights of the Child is the most widely ratified human rights treaty in history. It was first drafted in 1979 - the International Year of the Child - by a working group established by the Commission on Human Rights. The Convention was unanimously adopted by the United Nations General Assembly on 20 November 1989. It was then opened for ratification by States in the following year. To date, it has been ratified by all States with the exception of only two; the United States of America and Somalia.
It is the first legally binding international instrument to incorporate the full range of human rights - children's civil and political rights as well as their economic, social and cultural rights - - thus giving all rights equal emphasis. The Convention defines as a child every human being under 18, unless national laws recognize the age of majority earlier. It sets minimum legal and moral standards for the protection of children's rights. States Parties to the Convention have a legal and moral obligation to advance the cause of child rights, through administrative, legislative, judicial and other measures in implementation of this Convention.

Report of Graca Machel

The Report of Graca Machel, Expert of the Secretary General of the United Nations on the Impact of Armed Conflict on Children was completed in 1996. This report provides a comprehensive review of the situation of children affected by armed conflict. It provides best practice recommendations to insure that their rights to a harmonious development are insured. The findings and recommendations of this report constitute the "gold standard" for safeguarding the rights of children in armed conflict today.

The following comprise the recommendations of this report regarding psychosocial care for children during and following armed conflict:

- All phases of emergency and reconstruction assistance programmes should take psychosocial considerations into account, whilst avoiding the development of formal mental health programmes. They should give priority to preventing further traumatic experiences.
- Rather than focusing on a child's emotional wounds programmes should aim to support healing processes and re-establish a sense of normalcy.
- Programmes to support psychosocial well-being should include local perceptions of child development, and re-establish a sense of normalcy.
- Programmes to support psychosocial well-being should include local culture, perceptions of child development and an understanding of political and social realities and children's rights. They should mobilize the community care network around children.
- Governments donors and relief organizations should prevent institutionalization of children.

Capetown Principals

The Capetown Principals adopted by the participants in the Symposium on the Prevention of Recruitment of Children into the Armed Forces and Demobilization and Social Reintegration of Child Soldiers in Africa, organized by UNICEF in cooperation with the NGO Sub-group of the NGO Working Group on the Convention on the Rights of the Child, Cape Town, 30 April 1997 They define psychosocial work, and the parameters for intervention with children and their families associated with fighting forces.

Action for the Rights of Children (ARC)

Action for the Rights of Children (ARC) is a collaboration between the UNHCR and the International Save the Children Alliance. ARC's primary goal is to "increase the capacity of the UNHCR, government, and NGO field staff to protect and care for children and adolescents in emergency situations." Such situations include the protection and support of children and young adults involved in armed conflicts as soldiers. ARC provides participants with background information about International Legal Standards and Principles as well as policy and child development principles, combined with exploration of important issues, such as emergency education, land mine awareness, unaccompanied children, and adolescent health issues.

UNICEF

Following the almost universal ratification of the Convention on the Rights of the Child (CRC) in 1990 UNICEF began a campaign to support the rights of children in every country where it works. A rights based approach was taken to all of its Programmes from health and nutrition to psychosocial care. UNICEF argues for the realization of children's rights under the CRC even, perhaps especially in the midst of emergencies. Most other agencies have followed suit.

3.8.2. Is there a debate about a rights based approach?

Prior to the ratification of the CRC, and amongst most people in the world, children were thought of as having needs that should be met rather than rights that should be recognized. They were thought of as a vulnerable group among populations in emergencies, even though they constitute the majority of the world's refugees, and are increasingly the targets of recruitment and civilian casualty in time of war.

Children do have needs as well as rights. By virtue of their dependence on adults for their very survival, and their need for love, education, training and protection in order to grow up well, the most essential right of any child is to have those experiences necessary for physical

psychological and social development. Some of these needs change as children grow older and their dependence is less absolute. Therefore, some specialists contend that it is more important to insure children's protection and development than to argue for their rights as independent beings.

Also, childhood itself means different things in different parts of the world. Some critics of the Rights perspective feared that the Rights perspective would force what has been called the "globalisation" of childhood, eroding cultural norms and values.

This debate is usually resolved in practice by emphasizing children's rights to protection and development as appropriate to their age and ability, and by a pragmatic approach to advocating for those rights in social context. Child rights advocates also emphasize responsibilities along with rights. It is the right of children to receive protection and care, but it is the responsibility of donors and international advocates to ensure that the child's culture is respected.[9]

Rights and traditions: reconciling differences

Like most areas of international law, universal human rights and especially children's rights, are a modern achievement, new to all cultures. Each of us can point to ways in which old ways, and old practices as well as new ones in our own cultures, violate human rights principles that we both respect and advocate for in every corner of the world.

Many people today grew up in a time when advocating rights meant shedding such traditions as slavery, racism, and colonialism which had led us on a path of exploitation and genocide. And yet, radical attempts to throw off the chains of earlier times, without attention to what those trends represented, often led to a backlash both profound and bloody, from Afghanistan to Sub Saharan Africa. This was especially true when throwing off those chains was essentially the product of globalisation, or the imposition of the will of an outside power, announcing liberation with the help of tanks and guns. In many cases, the chains in question were perceived by the population as the myriad of small things that held culture together and represented resistance to colonial and neo colonial power.[10]

Further, when we talk of children's development, we talk about the most intimate part of human life: the century old ways through which human bonds are used to welcome a new generation of people into the world and give them the essential capacities necessary to live in it. Many advocates whose work is cited in this report worry that universal human rights can be intrusive and disruptive to the most essential protections that traditional societies afford to children.[11] Without these traditions, it is difficult to imagine that children's care and protection can be managed at all.

Further, the Convention on the Rights of the Child asserts that every child has the right to his or her culture, and Article 30 specifies the right of children to "enjoy their own culture, practice their own religion and use their own language."

However, the arguments presented in this paper for the central role of culture in the protection of children's rights worry some advocates for children's rights that we are asserting that traditional culture alone provides sufficient protection, and therefore universal rights are unnecessary. Some are fearful that by invoking cultural relativism, we may support some of the very practices that may have been at the root of the conflicts we seek to transform.

---

9 The Community Participatory Monitoring and Evaluation Tool, (referred to above and located in the appendix of this document) can be used to learn about child development norms when entering a new culture. Machel (1996) and Honwana (1998) are particularly clear that it is an actual abuse of rights to impose western ideas of child development on children in other parts of the world.
10 Achebe, C. (1958) Things Fall Apart. Anchor Books: New York
11 Boyden and Gibbs (1995), Honwana (1998), Machel (1996), Monteiro(1998), Wessels (1998)

The answers to these questions are not easy, and can only be resolved by constant attention to the dialectical tension between these two essential poles. Critical to a good solution is the view of culture, protection, and harmonious development as ALL human rights that must be protected. That view then leads us to develop programmes that strive create an appropriate balance.

> To begin to address this dilemma, we must understand, and include as part of each assessment, the ways in which the traditional culture protects the well-being of children. This understanding can then help us to illustrate the common foundation of human dignity on which human rights promotion stands. It will enable us to assert the relevance of universal rights to the culture and place in which we work. Recognition and appreciation of each particular cultural context then can serve to facilitate, rather than reduce, human rights respect and observance by all stakeholders in diverse cultural contexts. [12]

> By both respecting local culture and regarding the meeting of children's needs for protection and development as rights, we give greater assurance that these rights will be attended to, especially under the pressure of emergency and post emergency contexts.

3.9. What are the minimum external conditions necessary for psychosocial intervention?

Important characteristics of psychosocial interventions during an emergency or a prolonged war

The psychosocial approach discussed here is not so much an intervention per se, as it is action to support the right of children to a harmonious development. Such action is not only possible in an emergency, it can be critical for children caught up in the midst of conflict, or whose lives are disrupted by ongoing conflict.

> The most important characteristic of intervention during an emergency or a prolonged war is that the interventions
> ❖ do not further endanger the participants
> ❖ can be implemented by local participants in the event that outsiders are evacuated
> ❖ are portable so that they don't support continuing life in refuge,
> ❖ maintain family solidarity and prevent the separation of children from their caregivers.

Few very basic examples

Keeping families together

When families are on the move, fleeing from violence, the first and most important action to take is the prevention of separation. Simple acts like assigning literate people to tag young children's wrists, or bringing separated children to the front of a convoy, can help to insure that little ones don't lose their families forever.

Providing material aid in such a way that families are enabled to stay together avoiding the institutionalization of children in the hope of getting them fed, is another psychosocial intervention that is critical during emergencies. It simply requires that families are aided to help children, even separated ones and "orphanages" are not established where children can be fed.

---

[12] From: Ayton-Shenker, D. (19995) The challenge of human rights and cultural diversity. United Nations Background Note. UNDPI/1627/HR – March 1995.

Early childhood development and survival

In time of hunger, feeding centres are often the only way it is possible to keep vulnerable children and mothers alive. Training grandmothers, teenagers, or those who work at the centre to encourage mother's interaction with their babies is a cheap, helpful and portable intervention.

Involving adolescents from the start

Adolescents are full of energy. Involving them in every aspect of building and program development from the retains their hopefulness and feeling that they can be of use, as well as supporting reparation as described above.

Adolescents can and should build shelters, find lost children, haul sacks of food, and promote hygienic practices such as trash burning as community volunteers. This can be the basis of more sophisticated programmes held later.

Training of teachers and health workers

Training is portable. When situations are too dangerous to allow outsiders to enter, it is always possible to bring teachers and health workers to a central place where training materials can be made available to local partners. When its possible, bringing those workers outside from time to time may be possible and extremely helpful. This approach was attempted by CARE in Chechnya and should be supported. It has been used frequently to good effect in Northern Uganda, in the combat zones.

Start school and recreational activities as soon as possible

"Idleness is itself a disease" an Eritrean herder in an IDP (Internally Displaced People) camp told the author long ago. Setting up a tent for school, and helping children to play traditional games go a long way. Footballs and art supplies are not necessary although they are nice: children can and do make balls out of scraps and use sticks on a dirt floor to begin to write with. Older ones can teach younger ones under supervision in the absence of enough teachers.

4. Psychosocial Programming in the Context of CARE's Projects

4.1. KOSOVO: An example of post conflict/emergency to post-emergency

4.1.1. A brief description of the flagship programme under this review

Title:
Support Programme for Traumatised Children in Kosovo, Kuebel Stiftung

Content:
- All sectors of society (artists, intellectuals, business) work directly with children and families.
- Children, parents and teachers participate in a short term program to help them with emergent difficulties resulting from war.
- Children's rights education is disseminated broadly.
- Children, at the centre of the program, participate in every aspect illustrating the rights based approach.

Title:
Psychosocial Training for Teachers Kosovo
Content:
- Teachers are supported and trained to provide the most effective educational methods for mitigating the effects of conflict on children's development.
- Throughout the approach parent involvement is developed and maintained.
- Parents are supported in understanding and caring for their children.
- Critical material and social support is give to the reconstruction of all educational and social institution serving children.
- Emphasis is placed on building an enduring atmosphere for high quality education for children and adolescents.

Main target groups:
- Teachers, parents and children in mono-ethnic Albanian school-communities most directly affected by violence and war
- Ethnically mixed schools and areas primarily inhabited by ethnic minorities.

Description of main 'psychosocial' problems faced by school aged children in the project areas:
Whilst there was an initial period of immediate post emergency response, children and the adults who cared for them had to face the future and put a difficult past behind them.

The following difficulties were reported in children:
- aggressive behaviour in some children,
- silence and fearfulness in others
- a general difficulty in managing the school day, or feeling comfortable outside the family
- poor academic performance
- lack of concentration at school
- discrimination against and fearfulness of outsiders
- hopeless and powerless attitude toward the future
- psychosomatic difficulties
- increased incidence of nightmares

> **The purpose of the project was to support children's wellbeing by:**
>
> ❖ Providing programmes at school to help them enjoy life, think hopefully and interactively, and become more expressive and outgoing
> ❖ Restore children's capacity to play
> ❖ Help children learn to solve conflicts creatively without violence
> ❖ Support for teachers as the frontline in child development
> ❖ Train teachers to recognize signs of distress in children and respond appropriately
> ❖ Train teachers in utilizing child friendly methodologies at school
> ❖ Provide support to teachers regarding their own value and aspirations
> ❖ Involve parents in working together with the school to support their children's wellbeing
> ❖ Involve parents in creative and dynamic views of their children's development
> ❖ Involve the larger community in school programmes
> ❖ Sensitize children, teachers their families and communities as to children's rights and responsibilities
> ❖ Create a community strategy around building a peaceful and hopeful future for children

4.1.2. Outline of the Project's Strategic Approach

Children at the centre

CARE's work in Kosovo places latency aged children, from 7 to 15 years old at its centre, with support radiating outward toward those who influence their lives the most: parents, teachers and Ministry officials responsible for their well being.

Partnership with local professionals from the first

The CARE team accomplished this by involving the officials of government from the very beginning of the project start-up, then by bringing in local artists and then by utilizing local professionals in the psychosocial field to support teachers and parents to support their children, and finally by involving the local university in the evaluation process. The importance of this strategic partnership with the newly formed Ministry of Education for the training and advancement of teachers cannot be overemphasized.

Supporting community values for children

An additional important aspect of this strategy was to revive and strengthen community values regarding children's care and upbringing. This is critical as imported strategies for children's development are often embraced in the short term and rejected again over time. Emphasis on the local and historical cultural values for children can find a deep resonance that makes for sustainability.

By working with local partner NGO's, supported by important cultural and administrative leaders, local capacity for ongoing support for children was continuously strengthened throughout the life of the projects. The local artists' books for children were a critical contribution to the programmes success, as they will last long after the life of the programmes themselves.

4.1.3. Description of categories/types of partners with which the projects have worked

- initially, involvement of *local actors* - the Pedagogical Institute, now Directorate of Education under UNMIK, and the Department of Education, Municipality of Prizren, as well as the targeted schools - in design and implementation process

- then, psychosocial training provided by *international experts* (Slovenia, Bosnia, Croatia), later replaced by the local NGO "Association for Psychosocial Assistance to Children and Family" and a pool of mentors of the after-school activities composed of officials of education and local professional
- complementary involvement of *local NGOs* like "Close to Children" (creative workshops in schools), „Smile" (life skills activities during summer) and finally „Këndellja (follow-up of cases of traumatized children)
- the *Faculty of Philosophy, University* of Pristina became involved during the evaluation process*.*

4.2. NORTHERN CAUCASUS: A situation of ongoing conflict

4.2.1. A brief description of the flagship programme under this review

Title:
Community Based Psychosocial Project (BPRM)

Content:
This programme provided a forum for families in which activities took place progressively, each as a result of the other:
- meet, support one another and discuss problems and issues relating to children's needs and development
- to insure their own psychological, social and economic capacity to care for them
- to provide support for local teachers and others who care for children
- take action in behalf of their families

Title:
Community based Psychosocial Education Project for Vulnerable Youth (ECHO)

Content:
This programme actively involved young people themselves in addressing their own survival and mitigating the deleterious effects of exposure to violence through:
- educational activities that prepared them for future livelihoods
- cultural and recreational activities that supported the development of secure identity
- service activities that helped them to feel competent and provide a peaceful means of empowerment utilization of all of these activities to help younger children and the community at large

Description of main target groups

The beneficiaries of the Community Based Psychosocial Programme:
Mothers, fathers and teachers concerned to provide better quality care to their children and to improve family life and school atmosphere
Young people who self identified as adults and therefore did not want to be part of the Project for Vulnerable Youth were able to seek services here. This was especially critical for teen parents.

This programme was designed to serve as a model of assistance in the development of community self help in order to help families and communities provide better care for children and youth. The self help model fit well into a culture that was suspicious of professional mental health services. It also served as a practical way to fight depression by creating opportunities for families to feel effective. Finally it provided a peace oriented model of community self care, separate from all sides of the warring factions.

The psychosocial programmes started in Ingushetia. When one of the IDP camps closed, the programme services followed the families to Temporary Accommodation Centres in Grozny, Chechnya.

The beneficiaries of the Community Based Psychosocial Education Project for Vulnerable Youth:
Young people whose schooling had been interrupted, who had 6 to 9 years of schooling with one quarter having 5 years or less and 10% having almost completed high school.

These youngsters were targeted following an assessment of the situation of out-of-school youth, showing that schools in Chechnya itself were overcrowded and that those who went into refuge as a result of fighting frequently dropped out. The assessment showed that 40% of primary school children and 60% of secondary school children were no longer attending school.

Description of main 'psychosocial' problems of children and adolescents

o Interrupted education has fostered lack of employment opportunities leading to impoverishment and creating feelings of hopelessness
o Exposure to violent events provokes difficulty with playing, learning and thinking leading to anger
o IDP status has promoted lack of opportunity for pro-social adolescent activity, leading to frustration and dissatisfaction
o Community displacement has limited possibilities of community support
o Parents felt disempowered to provide meaningful guidance and support for young people outside of the context of armed struggle
o Teachers lacked support in providing care for students in difficulties

---

Description of the purpose and focus of project interventions

Involve parents in supportive activities so that they could return their role in supporting children's development
- Provide opportunities for out of school youth to engage in vocational training and adult education so that they could increase their employability
- Promote youth leadership and community participation through life skills education and structured social activities
- Provide outlets toward creative social expression for a broad range of youth
- Enable and empower community members to actively pursue psychosocial responsibilities
- Provide a bridge to mental health care when it was needed
- Train and empower community workers to provide ongoing activities in community development and social group work.
- Support the efforts of teachers to sustain their work in difficult circumstances and be aware of the effects of war on them and on their students

4.2.2. Outline of the Project's Strategic Approach

CARE's strategic approach in the Northern Caucasus was multilayered:

The focus of the interventions was to provide broad based psychosocial support through the creation of proactive strategies to restore a sense of competence in parents/families to care for children, and for youth to prepare effectively for the future. The project was designed to implement best psychosocial practices for youth defined by United Nations Agencies.

The programmes that were created in the communities aimed at education, recreation, and social activism. These programmes had the three fold purpose of supporting parents' and teachers' capacity for psychosocial care in the home and school; creating second chance education for the educationally disadvantaged and the development of social outlets that would promote youth and community leadership. The programmes had a strong cultural focus, critical to this population who expressed the need to impart values to young people who might be struggling with the difficulty of the collapse of the recent regime, and a sense of far distance from values of their forefathers. When this foundation was developed options were created for disenfranchised young people were provided opportunities to take leadership and to help others.

These developments created the option for young people to both experience normalizing activities to meet developmental norms for children their age, for the community to enhance its coping mechanisms and finally to create new coping mechanisms that could help children, young people and families to adapt positively to the long range difficulties of the situation.

4.2.3. Description of categories / types of partners with which the projects worked

All psychosocial programmes worked closely with UNICEF and UNHCR in doing everything possible to implement a rights based approach. One project also worked in partnership with MSF and MDM for the referral of specific cases, as well as other international and local NGOs.

The most critical partnership was that created with both the families and the youth who were empowered to develop self help and community mobilization strategies. Also critical were the training of community outreach workers in community development, supportive counselling and group work techniques.

5. Project Approaches / Strategies / Techniques

This section lists highlights some of the specific project strategies and techniques used in reference to the project objectives that were stated in the original proposals. It's aim is to help donors and field staff think together about creative ways that overall objectives can be met effectively in diverse situations.

5.1. Approaches in the Kosovo Psychosocial Programme

Life skills and leisure/recreation activities with children

Relevant project objectives:
This section relates to the overall project goal:
- ✓ The psychosocial well-being of children and families of selected villages in Kosovo is improved
- ✓ As well as the following objective:
- ✓ Local capacities and motivation to deal with the psychosocial well-being of the school children are developed and supported on the level of institutions, households and civil society.[13]

Background:
There was little available in the way of life-skills training or leisure and recreation activities for children in the region, leaving them vulnerable to the difficult feelings aroused by war and its consequences.
Neither teachers nor family members knew how to help the children. Life skills, recreation and leisure activities helped children to relax and respond through creativity and play.
Arts activities in the schools made the whole community feel less isolated and overwhelmed.
This approach gave everyone a chance to be helpful and address the problems immediately. Children and communities were very happy with this approach and incorporated it successfully in a number of ways.

Applied Approaches:
- o A summer series of life-skills activities was offered to children, first in Albanian communities, then in communities of other ethnicities, utilizing a specially designed curriculum.
- o Teachers, parents and other people from the selected villages jointly provided extracurricular activities to increase life skills, creativity and relaxation of primary school children during summer months and after school.
- o Implementation of "creative group activities" with children in school from grades 4 to 9.
- o Famous artists from "Close to Children" provided creative courses for children such as poetry painting acting and music during school time.
- o Classroom activities were implemented that included life-skills training for children, and recreational activities such as learning through games.

Formation of parent teacher discussion forums

Relevant project objectives:
- ✓ Local capacities and motivation to deal with the psychosocial well being of the school children are developed and supported on the level of institutions, households, and civil society

---

[13] Ibid.

- ✓ Teachers, parents and other people from the selected villages jointly provide extracurricular activities to increase life skills, creativity, and relaxation of primary school children.
- ✓ The quality of teaching in the classrooms has improved
- ✓ Parents have broadened their minds, increased their knowledge and are aware of their attitudes regarding parenting, childcare and children's rights.

Background:
Parents have been preoccupied by the material necessities of life, and have left children's education to the teachers. They have not had leisure and opportunities to think about children's developmental needs although these parents, like all parents have very clear ideas about these things.
The programme therefore made special efforts to bring parents and teachers together to support children's well being. This had the effect of also encouraging teachers and making them feel even more valuable.

Applied Approaches:
- o Parent teacher meetings were held in all participating schools on a monthly basis
- o Content of the meetings was at parents request but moved increasingly to areas of children's well being
- o Parents (along with teachers) were involved in project activities
- o Parents (along with teachers) received information on children's rights and needs
- o Parent teacher counsels developed in some areas
- o Parents and teachers participated together in the special day at school which brought artists respected by parents and teachers to the schools.

Public awareness campaigns

Relevant project objectives:
- ✓ Local capacities that enhance children's emotional abilities and self-healing potentials are developed and supported
- ✓ The village community has access to empowering information and is sensitised regarding children's needs and rights.
- ✓ Parents have broadened their minds, increased their knowledge and are aware of their attitudes regarding parenting, child care and children's rights.[14]

Background:
The rights based approach to viewing the care and protection of children was not well known in Kosovo, although those approaches in many ways, according to the consultant's conversations with local writer Abdullah Thatiq, were consistent with historic cultural trends in child rearing.
Therefore, children's rights dissemination, and sensitisation around the purpose of its activities through public awareness campaigns was built into all of CARE's psychosocial programmes in Kosovo.

Applied Approaches:
- o A two day Child Rights and Participatory Learning and Action workshop was held in two pilot schools including the whole school community
- o Children are supported in the production of a school magazine in targeted schools
- o "A Special Day at School" brings entire school communities together to learn about children's rights
- o CARE helps to initiate the Kosovo Childrens' Rights Forum
- o Community awareness-raising forums on children's rights brought members of different ethnic groups together.

---

[14] Support for traumatized children in Kosovo: report on the project monitoring mission. September 2001

- o 6 short video clips were filmed and prepared focussed on actual situations and conditions in Kosovo to disseminate in schools and for community members in order to encourage public discussion of human rights and children's rights.
- o A one day sensitisation activity was held in one of the selected schools to alert parents and children of upcoming arts related psychosocial group activities.

Provision of materials to schools

Relevant project objectives:
- ✓ Local capacities and motivation to deal with psychosocial well-being of school children are developed and supported on the level of institutions households and civil society
- ✓ To support teachers in transmitting their experience and knowledge to other colleagues[15]

Background:
When the use of Albanian language in schools was banned in 1989 and Kosovar teachers were fired this signalled the end of the formal production of school aids and materials. Under the "parallel system" teachers and families produced all school materials underground. These materials could not be "state of the art." With the Kosovo economy still in difficult straits new materials were not available of the quality and quantity required for teachers to meet the objectives of the Programme, particularly those that required the use of manipulative materials and arts activities in the classroom.

Applied Approach:
- o The project identified the equipment necessary for improving the implementation of appropriate teaching methods, and provided that equipment.
- o The project identified and translated professional literature and materials into Albanian language as well as provided useful books in Albanian.

The following approaches were peripheral to the Programme:
They were utilized under the overall project goal:"The psychosocial wellbeing of children and families of selected villages in Kosovo is improved."[16]

Counselling of teachers and parents

Relevant project objectives:
- ✓ This can be said to relate to the overall project goal: The quality of teaching in the classrooms has improved.
- ✓ Parents have broadened their minds increased their knowledge and are aware of their attitudes regarding parenting, childcare and children's rights.[17]

Background:
This was not the major approach used in this project. Due to the political misuse of psychiatric care in the region, and the specific lack of training of mental health professionals during the prior ten year period, discussed above, individual counselling techniques are not readily available in the region, and are not the most well regarded by the population. However, counselling of parents was made available on an as requested basis, and many parents did ask for it.

Applied Approach:
- o The applied approach involved providing counsel to parents who asked for it, following sensitisation to children's needs and possible difficulties. This number of parents increased as the sensitization process increased.

---

[15] Ibid.
[16] Support for traumatised children in Kosovo: Report of the project monitoring mission : June 2001
[17] Support for traumatised children in Kosovo: Report of the project monitoring mission : June 2001
German Development Cooperation with Kosovo

Formation of counselling support groups / peer groups for teachers, parents, health professionals

Background:
While this was not the MAIN psychosocial approach utilized by this Programme there were some peer groups formed as part of the Programme's outcome/success.

Applied Approach:
o According to the teacher trainer in interviews, as well as some of the teachers themselves, some teachers meet together on their own initiative following the trainings for mutual support and exchange of ideas.

Training of teachers / health professionals

Training approaches used by the projects

The trainings of trainers were conducted in workshops, held in special venues away from home and school so that the methodology could include experiential learning and participatory activities as well as didactic ones. There were lectures, followed by group work, role plays and other techniques. Project manuals, bibliography, and other materials were provided for al participants.

The first four modules were done by international trainers in Croatian, with certificates given in Albanian. In later trainings the modules were given by a national trainer from the "Association for Psychosocial Assistance to Children and Families." This made possible follow up activities including supervision and classroom observation throughout the life of the project.

In addition to the didactic content which will be listed below, the teachers were assisted to participate in an experiential process with the following aims:
"Empowerment, Self esteem, Confidence , Motivation, Critical Thinking"

Social activities, meals and leisure were built into the workshops.

Exkurs: The content of the psychosocial training in the Kosovo programme

The specific content areas were very rich. They are elaborated in four specially developed handbooks. Find a short description of the content below:

Manual 1: Psychosocial Handbook: Community Based Psychosocial Programme

Topic 1: How to face stress and trauma
Stress and ways to face stress
Trauma in adults
Loss and grief
Traumatic experiences and psychological trauma in adults
Role of school in eliminating war consequences
Health education as way to prevent psychological trauma in adolescence
The traumatized child and the family
Topic 2: How to face professional stress
Sources of professional stress and wear and tear of facilitators
Specific psychological burdens of educational workers
Topic 3: Behaviour disorders and difficulties among children
The hyperactive child
The child with specific learning disabilities
Failure at school

Behavioural disorders in children
Topic 4: School-family-community cooperation
School and Community
Cooperation between school and family
Types of parents (in educating children)
Teacher's help in facing stress and trauma in children
Teacher pupil relations
Topic 5: Work in a special school
Work in a special school for children with mild mental retardation
Topic 6: School – education communication and cooperation
Nature of the process of communication
Active listening and leading the conversation
Education –health cooperation
Teamwork, planning teamwork with children

Manual 2: Psychosocial Training for Teachers and Health Workers

Module1: Child development and mental health
Beginning of life and development of human being
Life stages and development
Stress and trauma
Aggressive child
Children with difficulties in learning and teaching process
Module 2: Progress and Evaluation toward Success in the Classroom
Interactive Methods in Declining Behavioural Disorders
Methods of modern valuation
Establishing positive relation teacher/child
Group work in the classroom as a necessary support
Methods for achieving better success in the classroom
Practical methods for stimulation of democracy in the classroom
Education of children with special demands
Module 3: Empowering Teachers
Support Groups
Incorporation of the community to design and address problems
Self-Burning Syndrome
Identification of problems in community and their effects in the classroom
Including teachers in composing educational programmes and classroom activities
Children with difficulties in educational programmes
Module 4: Dealing with community Problems in the Classroom
Violence against children
Reflection of Family Violence in the Classroom
Prevention of Child Abuse
Enlargement of Teaching Environment
Communication Skills
Advantages of volunteer work in the school
Health Education Programmes/ prevention of negative behaviours
History of School for Children with Special Needs in Pristina

Manual 3: Group Building and Life-skills

Specific training for facilitators of the Life-skills programme
Module 1:
Psychosocial assistance
The role of the school and teachers in protecting children's mental health
Stress, trauma and reactions
Losses and grief
Grief in children
Motivation (internal and external)
Traumatised Children
Individual differences and temperament
Relation pupil-teachers
Workshops on:
Stress reaction

Trauma reaction
Interactive socializing games
The case of a traumatized child in the class: how did we help him?
The way of dealing with losses
What inspires us to help
Cooperation teacher-pupils
Cooperation school-family
Cooperation school community
Application of psychosocial knowledge in our life and work

Module 2:
Communication
Importance and application of expressive and creative techniques in the school
Psychosocial importance of learning about tolerance, conflict resolution and peace
Constructive and creative ideas in problem solving
Cooperation –communication with family parents
Expressive and creative techniques
How can we fight the violence in the class
Role of the game in children's psychosocial development
Burn out
Children with specific difficulties in learning
Workshops on:
Development of communication skills
Changing the observation
Commendation
Story Listening
Bad listening
Rules of active listening
What does a good listener do?
Gossip
Concentric circle
Bibliotherapy: "its okay to be sad"
Kolas
What I do when I am angry
Role play
What is helpful and what makes heavy for me when I have difficulties

Module 3:
Psychosocial activities creative socialized groups
Social and communication skills in the group
The leading and colliding of group work
Conducting psychosocial group activities with children
Group treatment
Self esteem and empathy
Principles of group work
Workshops on:
Introductions
Empowering group cohesion
Cooperation (social skills, imagination and creativity)
Development of compassion, friendship and solidarity
Recognition of own needs and emotions (trauma, loss, etc)
Recognition and confrontation with emotions
Intolerance among pupils and teacher, pupils and family, pupils and pupils
Constructive solving conflicts (learning or responsibility)
Importance of peace and tolerance (human and children's rights)

The follow up workshops went from the general to the specific content:
The first workshop focussed on learner centred methodologies and group dynamics.

The main contents provided were:
Interpersonal communication skills
Stress, trauma, loss and bereavement in children
Group work with children

The second part provided all of the necessary skills to carry out 12 after school group work activities with children:
Forming the group, informing parents about the Programme
Introduction of children and group leaders, building group rules
Increasing group cohesion
Establishing trust/confidence, cooperation building, feeling expression
Self-respect increasing , recognition of one's own and other people's traits, respecting of other people's opinions, giving positive messages
Communications skill building, coping with interruptions
Self-respect increasing, recognizing of one's own and other people's traits, respecting of other people's opinions, giving positive messages
Developing cooperation, sympathy an friendship
Awareness of one's own and other people's needs, reflection, mediation
Coping with anger aggression and conflicts
Constructive conflict resolution, non-violent communication and building relationships
Awareness of peace importance, improving understanding of each other and building a non violent environment
Ending of the group work, summarizing experiences, closing up group work

Human Rights and the Convention on the Rights of the Child
Manual 4: "Teacher Training Facilitator Guide and Reference Material for Human Rights Education"

Part one:
Human Rights, a reference for Reconstruction
Concept and elements of a right
The major human rights instruments
The Convention on the Rights of the Child
Child Protection Issues
Part two:
Human Rights and the Role of the Teacher
Concept, contents and pedagogical principles
Part three:
Some Ways to Become Familiar with Human Children's Rights: Introducing and Using Human and Children's Rights in the Curriculum
Activities and exercises to facilitate the introduction of human and children's rights education in the classroom

Each of these parts is facilitated with suggested games, exercises and readings to help support child and community learning, understanding and application of the concepts.

5.2. Approaches in the North Caucasus psychosocial programme

<u>Counselling of teachers and parents</u>

Relevant project objectives:
✓ The psychosocial wellbeing/condition of children and families (IDP and residential) in Chechnya and Ingushetia is improved.[18]
✓ To provide a bridging psychosocial primary care service.[19]

Background:
Individual counselling has not been part of local culture except in serious situations. In those situations, a medical model had been favoured during soviet times, with an emphasis on institutional care and medication. Therefore, there has been a lack of highly trained and skilled

---

[18] Psychosocial Training Programme for Education Professionals in the North Caucasus, prepared by Matthias Themel December 2001
[19] From Project Evaluation: Community Based Psychosocial Project prepared by David Hutton, March 2003

counsellors able to deal with situational caused distress. This tradition combined with Vainakh culture to make this a poor choice of intervention.

Purpose
Therefore individual counselling served primarily as a bridging service to insure that highly isolated and vulnerable individuals were connected to the care that they needed, and in severe cases worked to get those individuals with serious and persistent mental illness access to appropriate care.

Applied Approaches
o A small number of men and women participated in supportive counselling for short term, after which they were able to join appropriate community based activities.
o Crisis intervention services were also provided for individuals with acute mental health crisis. This served as both a direct service and as a method to highlight community needs.
o In order to insure that such efforts would be sustainable and expand over time, one of the projects worked together with Medecins Sans Frontieres and Medecins du Monde to increase capacity to provide appropriate and sustainable mental health treatment through more training of health professionals.

Formation of counselling support groups for teachers and parents

Relevant project objective:
✓ Enable and empower community members to actively pursue psychosocial responsibilities appropriate to the requirements in their communities[20]

Background
The community based psychosocial project was designed specifically to create support groups, both counselling and psychosocial, in order, according to the project's stated goal "to facilitate community healing and peace building processes." This project was implemented alongside a similar and successful programme for out-of-school children and youth highlighted below.

Purpose
The groups were designed to facilitate community empowerment and broad based psychosocial support to families and to mitigate effects of ongoing violence and displacement in creating a sense of helplessness among members of a traditionally independent culture in which community support was common.

Applied Approaches
o The groups met two to three times weekly to discuss issues and problems identified by the participants. Parents utilized the group to define projects to improve their understanding of child rearing strategies for children in emergencies, and to support one another's parenting. Some groups began rudimentary community self help activities.
o In specific, the group helped focus anger appropriately and heal long time rifts among neighbours.
o One of the youth groups in this project formed an AIDS information organization that held education meetings and made and disseminated an informational video.

Formation of parent teacher discussion forums

Relevant project objective:
✓ Enable and empower community members to actively pursue psychosocial responsibilities appropriate to the requirements in their communities[21]

---

[20] From Project Evaluation: Community Based Psychosocial Project prepared by David Hutton, March 2003
[21] Ibid.

Background:
Parents have been preoccupied by the material necessities of life, and have left the children's education to the teachers. This combined with a regional culture of school belonging to the authorities and the home belonging to the family.
However, teachers in the IDP camps were experiencing the same difficulties as parents were. In fact, many were parents themselves. Therefore support groups for parents had to include support for teachers as well.
In these groups teachers expressed concern about their ability to help children with war related difficulties.

Purpose
This portion of the programme was designed to help teachers to foster an improved school atmosphere in the IDP camps, and to form effective partnerships with parents.

Applied Approaches
o CARE field staff provided weekly consultation with school staff in both MTF and Aki Yurt. The staff members provide support and advice relating to children's behaviours which teachers are unsure how best to address.[22]
o Community support group sessions also serve from time to time as discussion forums for parents and teachers in the IDP camps.

Life skills and leisure/recreation activities with children and youth

Relevant project objectives:
✓ Reducing feelings of dissatisfaction, hopelessness, frustration and anger among youth caused by the disruption of their psychological and social development.
✓ Enhance the capacity of youth to plan for more satisfying and productive futures in their society
✓ Promote youth leadership and community participation through life skills education and structured social activities[23]

Background
The programme was implemented in response to the high instance of older children and adolescents who were out of school as well as young adults who had already left the system due to war related poverty and displacement. An assessment had indicated that up to 40% of primary aged children and 60% of secondary aged children in the Internally Displaced population were not attending school.
Due to the exigencies of the ongoing conflict, the options for those who leave education are bleak. Further, their reasons for leaving may include war related difficulties in learning and paying attention, as well as the material difficulties their families face. They remain at high risk for depression, participation in family violence, drug and alcohol abuse and can become a target for recruitment into armed group.
While this population had been historically persecuted in many ways, vocational, technical and general high school education was prized in the community. There are few opportunities for uneducated youth.
Therefore the programme combined to provide catch up education for younger children and non formal education for older youth so that they could learn the skills needed to rejoin school or succeed in society.
The programme sought to address the psychosocial reason for dropping out in addition to the practical ones. The tradition of the community was not to utilize Western counselling services as these are seen as suspect, for the reasons above.
However there is a strong tradition of community values and ethics, including mutual aid and pro-social activism, as well as that of youth movements. Therefore these were the

---

[22] Project Evaluation: Community Based Psychosocial Project
[23] Project Evaluation: Community Based Psychosocial Education Project for Vulnerable Youth

mechanisms utilized to sustain the group. The young people were particularly concerned that the traditional Vaynakh values of their region be taught and emphasized in the Programme. Because of this emphasis, it did not rely heavily on outsiders, who could not be consistently available due to the ongoing nature of the conflict.

Purpose
This programme approach was designed to meet the above objectives through the provision of opportunities for young people to participate in the activities that should be normal for their age group in this culture, so that they could continue to grow up well, despite the hardships of war. Its goal was to connect them with concrete activities for both present past and future. The idea was not to help them to "relax," but to adapt to their circumstance and even to benefit from and despite it. Wherever possible, it utilized existing coping mechanisms. Where not possible, it helped the young people to create new ones.

<div style="border:1px solid black; padding:10px;">

Applied Approaches
o   Sports and recreation activities were arranged by and for the young people, including volleyball, bowling, chess, checkers, and weight-lifting. Clubs were established for wrestling and football matches.
o   Social and cultural activities included drama, music and poetry clubs. They young also organized community events in which they performed their work for the benefit of others.
o   Classes were given in traditional ethics and values.
o   Libraries and film clubs were also established
o   Pro-social activities included clubs to disseminate awareness about HIV/AIDS, alcoholism and drug abuse, and land mines.
o   Committees were formed to benefit orphans and the disabled, through volunteer activities and the utilization of cultural clubs to provide entertainment.
All of these activities were held in concert with educational opportunities that built skills and capacity to earn a living and contribute to the society at large.

</div>

Non-formal education

Relevant project objectives:
✓   Preventing the increasing risk of socio-economic and cultural impoverishment of youth through the provision of alternative education opportunities
✓   Provide opportunities for youth to resume or complete their education
✓   Increase the employability and self-sufficiency of youth who choose not to return to formal education
✓   Enhance the capacity of youth to plan for more satisfying and productive futures within their society.[24]

Background
This portion of the Community Based Psychosocial Education Project for Vulnerable Youth was created in response to the high number (40% of primary school children and 60% of secondary school-aged) IDP children and youth who had stopped attending school. Most dropped out due to frequent moves from place to place, or because the conflict situation made it difficult to get to school from the place of refuge. Many found it difficult to concentrate at school. Once they fell behind they were unable to catch up, and so became discouraged and left.

Purpose
The purpose of this programme was to invite those who had just left school into catch-up education so that they could return, and those who had completely dropped out to learn marketable skills so that they could hope to earn a living in the future. This in turn gave children hope and improved their sense of well-being.

---

[24] Project Evaluation: Community Based Psychosocial Education Project for Vulnerable Youth, December 2003

o Establishment of catch up education classes in IDP camps and Temporary Accommodation Centres so that children could attend
o Establish vocational training courses for older adolescents who did not want to return to school
o Establish adult learning courses for youth who have dropped out but wished to increase skills
o Insure that activities were accessible emotionally as well as physically through support and training to teachers

The following activities constituted only a minor part of the projects in the Northern Caucasus and are therefore described more briefly:

The relevant objective was:
✓ "The psychosocial wellbeing/condition of children and families in Chechnya is improved."[25]

Provision of materials to schools
Whilst provision of materials to schools was not part of the flagship programmes, because of its importance it is mentioned here. CARE distributed culturally relevant training tools and materials to 260 education and health workers in schools and health clinics again as part of The Psychosocial Training Programme for Education Professionals in the North Caucasus.

Public awareness campaigns

For this activity, the relevant objectives also included:
✓ "Enable and empower community members to actively pursue psychosocial responsibilities appropriate to the requirements of their communities."[26]
✓ "Reduce feelings of dissatisfaction, hopelessness, frustration, and anger among youth caused by the disruption of their psychological and social development." [27]

In order to recruit and involve parents and young people in the programmes it offered, CARE had to develop public awareness campaigns that informed people of the need for the programmes and their availability.

In addition, the youth groups (described above) sponsored public awareness campaigns on a variety of issues important to community well-being. These came about in two ways:
• As part of the Community Activities Programme of the Community Based Psychosocial Project, including such activities as AIDS awareness , Information about Psychosocial projects
• As part of the pro-social activities of the Community Based Psychosocial Project, including such activities as mine awareness, and participation of the disabled.

---

[25] Final Evaluation Report: Psychosocial Training Programme for Education Professionals in the North Caucasus. December 2001
[26] Project Evaluation: Community Based Psychosocial Project March 2002
[27] Project Evaluation: Community Based Psychosocial Education Project for Vulnerable Youth December 2003

6. Relevance of Project Approaches

6.1. KOSOVO

6.1.1. What applied approaches were particularly relevant within this project?

Provision of materials to schools
Public awareness campaigns
Formation of parent teacher discussion forums
Education, training and support for teachers
Life-skills programme for children
Learner centred instruction programme for children

The programmes listed above will be viewed and elaborated upon separately below. However, it is important to note the value of the unfolding of these activities as a whole, over time, in the community, which gave the programme its comprehensive quality. In Kosovo of 1999, there was a heady experience of "liberation" after years of oppression and the violence of war and ethnic cleansing. With liberation come the worries and fears, along with the hopes, that result from trying to rebuild a life that has not been shattered in one blow, but eroded in small ways over many years.[28]

CARE's approach to working with children, over an extended period of time, in a comprehensive way that included different facets, was particularly relevant to the situation and led to the positive results that were achieved with the children in the communities in which there was effective intervention. Each of the aspects of the programme discussed here framed the context for the others.

Provision of materials to schools
In conflict and post conflict situations, people are very concerned for survival. There is a lack of almost every material thing that people need. Psychologically, they often think more easily of things, than people or feelings, because that is an easy way to express a sense of loss and deprivation. Bringing presents is a cultural way to show solidarity.

Therefore, providing material support to the schools was especially relevant to this project:
- it showed solidarity to the school and community in ways people could see
- it helped those who said "I can't" when presented with new methods be eager to utilize new materials
- it let the newly forming local authorities know that CARE was available as a partner, to help with what they said they wanted, on their terms.

Public awareness campaigns
When new concepts are introduced to the community, it is important that public awareness campaigns bring these ideas to the community as a whole so that people become familiar with them.

While human rights was an important concept for Kosovo as a political entity, the concept of children's rights and responsibilities was not well known. Using popular artists, video and other popular methods, these campaigns supported broader information in this key area.

CARE utilized creative approaches that made the topics interesting and relevant to the community members. They helped pave the way for the high level of participation and interest by parents (both fathers and mothers) in the specific Programme activities.

Formation of parent teacher discussion forums

---

[28] From interviews with project participants and national specialists.

Prior to this programme, teachers reported that parents, particularly mothers, did not often come to school and did not see themselves as involved participants in the school community. They did not view teachers as partners in their children's education, whom they could ask about problems related to child rearing and care of their children. And they didn't think in a systematic way about how children should grow up and what they could do to support their children who may have suffered in one way or another through the hardships of the last years.

Through these programmes, strong partnerships were built between parents and teachers for children's well being. They became advocates together for more activities for children and worked together to insure that these activities took place.

Life-skills programme for children/Learner Centred Instruction

Most children in Kosovo had been adversely affected by the war, the ethnic cleansing, the period of political and economic oppression that preceded it, and their parents difficulties in coping with life under these circumstances. Before peace and tolerance can be built, children need attention to their own feelings and their own struggles.

Children distracted by such issues often have difficulty learning at school, especially when learning is didactic and top down. Disruptive children "get into trouble" while quiet ones "get lost," and the sense of hopelessness pervades the classroom and makes it an unpleasant place. Undemocratic attitudes at home and by teachers filter down to children's play and to their imaginations.

These two programmes addressed the children directly in complementary ways.

In the life-skills programme, school aged children experienced 12 sessions in which they could enjoy life, play, and become closer to participating teachers, while gaining the cognitive skills necessary to handle the memories of the past, and the difficulties of the post-war situation.

The life skills programme was:
- *developmentally appropriate*
children enjoyed every aspect of the programme because it was geared to their age and stage of development
- *fun*
the programme included games and activities that children enjoy so that they were not in any way stigmatized by it.
- *empowering*
in the disempowered environment of post conflict Kosovo, children were assisted to work on problems that they could solve and praised for solving them creatively
- *promoted democratic values*
telling children in oppressive environments to have democratic values is an abstraction. By promoting cooperation within the groups and a democratic structure children learn to live these ideals
- *effective*
children gained the skills to manage their fears, angers and worries and were able to be outgoing and positive in the classroom and at home. They learned to manage conflict, communicate effectively, and solve problems creatively.
- *enhanced self esteem*
as children learned these life skills and practiced them, they felt better about themselves, seeing themselves as effective creative participants at home, school and community

Through learner centred instruction, children use manipulative materials and creativity to learn at their own pace. Those who are more troubled can get personal attention, whilst those who need space from others can be on their own. Best of all, each child learns to respect the difference of others. Learner centred education continued the important lessons of the life-skills programme inside the classroom, positively influencing the process of learning itself.

The specific impacts of each of these programmes will be further addressed in section 6 below.

Support and training for teachers: special relevance in context
The education sector played a pivotal role in sustaining society during the 12 years between 1989 through 1998. In 1989, Kosovo was required to change its curriculum to that of the rest of Serbia, and to teach in Serbian. All Albanian teachers were fired. In that same year Kosovar teachers worked as volunteers, teaching in their own homes. In the 1990s when the "parallel system" was formed, the Albanian Teachers Association took responsibility for curriculum, training, etc. The teachers then did receive small stipends through family private school fees. Whilst teachers had full ownership of their schools, they were completely isolated from exchanges and professional literature and education.

In September 1999 schools reopened with catch-up classes to finish the previous year. Suddenly, from having been the real heroes of a difficult period, working at their own initiative and for limited pay, they became civil servants again, often criticized for methods that were below the standard of the internationals that came in to provide humanitarian support.[29]

Therefore, placing the retraining of teachers to state of the art performance, and support for them in doing their job well, (always a hallmark of good psychosocial practice in emergency situations) was of particular relevance in the Kosovo context.

6.1.2. How appropriate was the training for teachers / health professionals?

The training given to teachers was highly relevant. The topics, as mentioned above, were rich comprehensive and highly relevant to the tasks of the classroom. The following technical features should be highlighted. The training in all cases was:

- *Supportive*

This aspect had an important positive effect on the teachers' very real sense of disempowerment, and their own frustration and loss. Then it moved toward involving them in the creation of more successful strategies to address the needs of students

- *Experiential and participatory*

It modelled the ideal design for children by allowing the teachers to work in groups, problem solve, and to create their own solutions

- *Supported a rights based understandings*

The Programme supported the rights of teachers, and taught the rights of children in the classroom, placing them all in a global context. The participation of children is in the centre!

- *Relevance of training topics*

The highly applicable topics helped teachers to raise their standards after years of isolation and raised their knowledge base to the European standard. Of particular importance was child development information and training on learner centred instruction. Learner Centred Instruction is particularly helpful in assisting war affected children to improve concentration, feel happy and comfortable at school and to be active participants in the classroom, according to UNICEF literature on child friendly schools. Also important was the training in life skills education, which helped teachers to implement special programmes for children

---

[29] In Kosovo there are four lead agencies in the education sector: KEDP (Kosovo Educator Development Programme/ CIDA) is lead agency for teacher training, GTZ for vocational training, UNICEF for curriculum development and the Finnish Cooperation for children with special needs.

that improved their capacity to manage conflict, have better self image, cooperate with others and communicate effectively.

- *Empowering*

The method gave information on ways to interact more effectively with war affected children who might not be reached by other methods, thus empowering teachers to use their professionalism. This enabled the empowerment of children in the classroom

- *Effective*

The training was extraordinarily effective. Teachers were able to implement what they learned in the classroom on a daily basis, regardless of specific programme support, giving them an immediate experience of greater effectiveness in their teaching methods.

In addition, teachers were able to implement the training contents in after school activities with children to develop positive life skills (such as communication skills, self-confidence and positive self-image, non-violent conflict management skills, cooperation).

6.1.3. What other topics could have been included?

Training of teachers and parents on the need to normalize aggression
(This is less a training topic, than it is an approach to working with communities affected by armed conflict).

When children have lived through war and violence, or in fact are experiencing it currently, they are angry. Their parents are angry. And they are not angry in some abstract way. They are angry at the people who they see as having caused their troubles. Teachers often share these feelings.

Special measures may be helpful in order to handle the long term feelings of anger and frustration that occur after war, to mitigate the possibility that they erupt into violent action, or support for it.

In order to promote appropriate training for teachers on this topic the following activities are recommended:

- Teachers can be offered a special training module on this subject. They should first hear didactic material regarding the normalization of aggression in post war contexts. They should be helped to understand that aggression is a normal part of life, and that facing and managing it can be useful.
- Then they should be allowed to express their own aggression and how it impacts them. They should discuss how aggression was handled in their homes growing up, and connect political and personal situations and feelings. Then they should be allowed to think of constructive outlets for aggression, beyond that of anger or hopelessness.
- Parents should be brought together and allowed to ventilate their feelings. They should be helped to understand normative anger and aggression. They should discuss positive and negative outlets in their own lives and those of their children. They should be assisted in finding hopeful solutions for their communities and envisioning a world in which they are happy and in charge. Some times, anger is actually a defence against mourning for all that has been lost. Sometimes it is a result of frustration due to hopelessness. When teachers are aware of what is fuelling the anger in the community, they can be empowered to help to utilize aggression to manage anger in constructive ways.
- Small groups of children can then be permitted to talk about how they feel. They should then be allowed to do drawings and plays about their feelings. Then they should be helped to find creative ways to use aggression to build successful futures

("living well is the best revenge"). Such activities include sports, the building of playgrounds, the creation of memorials to the dead, and to the life they feel that they have lost. Other activities include creating ways to help others in the community. (See reparation in Chapter 3 of this document.)

- Teachers can then come together to discuss what they have learned about anger and aggression in the community. They can be given suggestions on how to address it through classroom activities.

By helping teachers to understand and manage the aggression that exists in the community there is less danger that it will go underground and emerge in violence, or be a force to support depression and a sense of helplessness. They can then help students to find creative ways to use their anger to build the future.

6.1.4. Were the training topics appropriate?

The training topics were highly appropriate!!
For further discussion regarding the utilization of concepts related to "trauma" please refer to section 3.3. of this document.

6.1.5. Was the project's overall timeframe appropriate given what the project was trying to achieve?

The timeframe was an excellent beginning. As the roots of conflict in Kosovo are deep and complex, its effects on children's development are deep as well. To address the intergenerational transmission of the roots of that conflict, a more long term approach will also be needed. While many children were helped enormously by the first 12 week sessions on life-skills, the continuation of these activities over time will be helpful reinforcement and for those whose distress comes not from the war itself, but from the effects that appear over time.

Therefore a strategy of advocacy with donors was developed. Donors were presented with effective pilot projects, which could then be replicated over time.

The pilot intervention developed into a follow-up project, the Education for Peace and Tolerance June 2002 - ongoing that proposes the expansion of the pilot project to ethnically mixed schools and minority-majority areas in Prizren region and strategic components. In a first step, the project focuses on the improvement of the psychosocial well-being of children and the community (teachers, families, other stakeholders) through school based and community interventions, i.e., psychosocial training of teachers and local professionals, life skills activities for children and community mobilizing activities.

In a second phase, project interventions link into the curriculum and classroom practices by promoting knowledge, values, attitudes and skills based on the respect of human dignity and democratic behaviour in a pluralistic society through training of teachers in learner centred instruction and human and children's rights education.

These are enduring changes that will continue long after the project and its funding are completed.

6.1.6. Other broad approaches that could have been utilized:

(Please see section 8.4. for a more elaborate discussion of this subject).

One can envision the following approaches, emerging from, the combination of highly relevant approaches noted above:
- Play groups for younger children at school (kindergarten through grade three)
- Adolescent activity groups and clubs, that include life-skills training and opportunities for pro-social activities
- Community activities for young parents and their children
- The development of community based child well-being committees

6.2. NORTHERN CAUCASUS

6.2.1. What applied approaches were particularly relevant to the project?

Life skills and leisure/recreation activities with children and youth
"Idleness is itself a disease" an IDP told me long ago. The value of this approach cannot be overstated. Both IDPs and young people in war zones who are not engaged in the fighting spend much time with nothing to do, as job opportunities are scarce violence makes play dangerous, and life becomes a dreary search for survival. This programme in the Northern Caucasus took the form of gathering youth together in youth centres for which they were responsible. They could choose what they wanted to participate in, so that the reach of the programme was widened. This programme gave youth the opportunity to gather together for activities that were enjoyable and used pent up energy. Some participated in sports, some community cultural events and some eventually got together to form pro-social youth clubs that were able to take action to help others. Helping others makes young people feel more hopeful about the world and their future as they come to believe that they are capable of being effective and of doing good things. Helping others solve their problems helps them be less burdened by their own.

Many felt separated from the Vainakh culture of their parents' generation, and were disillusioned with the hypocrisy that the soviet values had represented. That left them feeling at great spiritual loss. Learning their traditional culture: music, dance, ethics and values gave young people something to believe in once more.

Non-formal education
The provision of non-formal education begins to address the problems of young people who have left school. It helps children find a way to catch up and return, and it helps older adolescents and youth obtain the skills that they need to earn a living and solve problems in life. This is critical during war when a whole generation falls at risk of perpetuating violence through a lack of alternative opportunities.

Formation of community support groups
During time of war, isolation and despair often place people at risk. In the case of the Northern Caucasus, years of persecution and oppression, prior to the current violence, had separated many community members from the traditional coping mechanisms that had helped their grandmothers to survive. This led the way to serious family problems that became a shameful secret, affecting children's well-being. The community support group structure helped parents come together to discuss problems, building a new but fragile sense of solidarity.

In addition, each community support group developed its own Capacity Building Project. These projects served 3 purposes
- They provided actual needed skills to the participants
- They lifted depression by providing a method for participants to take action to meet their needs

- They improved the sense of self-efficacy on the part of the parents which in turn made them more able to cope with their children

If we emphasize the ability of community and family as the building blocks for supporting children's development, these support groups represent an ideal mechanism developing this capacity and having it grow!

6.2.2. Was the project's overall timeframe appropriate given what the project was trying to achieve?

- *The community based psychosocial education project for vulnerable youth*

This project, if funded for 36 months, would have the opportunity to build in true sustainability. That level of commitment is also necessary as is noted in the evaluation report, to establish programmes for catch-up education, so sorely needed in the region. Based on experiences in other war-torn countries in programmes for adolescents, after such time, the communities and youth themselves are able to continue them with less outside support.

- *The community based psychosocial project*

This programme's timeframe was appropriate as a pilot project to meet its main goals. However, in meeting those goals, new areas of need were identified, which will be addressed below. These needs can best be met with longer term funding to promote effectiveness and sustainability.

6.2.3. What other broad approaches could have been adopted to ensure that the psychosocial needs of children in the project area were addressed?

One can envision the following approaches, emerging from and actually extending the combination of highly relevant approaches noted above:
- Play groups for younger children at school (kindergarten through grade three)
- Clubs and activities at school to support retention
- Community activities for young parents and their children (part of the community support groups)
- The development of community based child well-being committees (again as an outgrowth of the community support groups)

CARE also undertook a training program for teachers throughout the region. This program was not included as a flagship program in this review. Although this project was funded for a brief period of time and appropriate follow up was not possible, such programmes, if they can be funded for an appropriate time period, can be invaluable for supporting children in time of war. In this region, many children, and their teachers, find themselves in areas that are not accessible to NGOs and others from the outside world. Bringing teachers out for periods of training, where they can also meet others from the region, on even a three times yearly basis, can do a great deal toward helping build the resilience of children and supporting the first line of defence in children's development. (See the suggestions for teacher training in section 8 below for more information.)

7. Documented Impact of the Projects

Information in this section is derived from the independent evaluations of each of the projects concerned.

7.1. KOSOVO[30]

Impact on the skills of teachers/parents to support war affected children

Impact on the skills and knowledge base of teachers and parents in terms of their ability to identify and address issues related to the needs of war affected children:

Teachers[31]
- An impressive change was noted in teachers' excitement and interest in the emotional state of their children.
- Teachers were keenly aware that their methods and attitudes affected children's ability to learn.
- Teachers commitment to children increased.
- Teachers identified children that they considered traumatised and followed their progress.
- Teachers who had received training requested more training.
- Teachers were able to discuss the special needs of war affected children and propose methods of assisting them based on their training.
- Teachers reported satisfaction with their jobs and motivation to continue.
- Teachers had a better understanding of children's problems and fears.

Parents
- Parents showed greater awareness of the importance of children's development and interest in learning how methods could help children.
- Parents asked for counselling regarding their children's problems at home.
- Parents expressed satisfaction with the activities offered.
- Parents discuss awareness of parenting and childcare.

Changes in practice of above target groups

Teachers[32]
- New teachers reported being profoundly influenced by the programme and utilizing the new methods and their new learning.
- Older teachers reported being influenced by the programme even when they disagree with some of the aspects of the newer methods.
- Teachers volunteered to continue activities with children.
- Almost all teachers introduced new teaching techniques, revising traditional methods.
- Parents expressed interest in educational meetings regarding children's development.
- Level of aggressivity of teachers toward pupils reduced.
- Teachers feel confident in their ability to teach successfully.
- Teachers have a positive view of their job and its importance.
- Teachers are highly invested in the success of their pupils.
- Teachers feel empowered to do a better job with war affected children.

---

[30] Information in this section is derived from: Report on the project monitoring mission: support for traumatised children in Kosovo September 2001/ Project Evaluation Report Education for Peace and Tolerance Project June 2003/ and interviews in the field April 2004
[31] Many observations concerning the impact of the psychosocial training programs on teachers, as described in the framework of the Kosovo psychosocial programs, were also made in the context of the North Caucasus.
[32] See footnote 31.

- Teachers feel confident to handle their own emotional responses.

Parents
- Parents participated in school meetings and advocated for their children's education.
- Children reported better communication with parents.
- Parents encouraged children's participation in summer and after school activities.
- Parents participated in activities at school.
- Parents participated in some of the summer activities.

The creation of networks, strategic alliances between different stakeholders

- There is a close collaboration between parents – teachers – community.
- Parents, teachers and community members participate together to create activities for children.
- Artists work with parents and teachers.
- NGOs collaborate together to advocate for children's rights.
- Children take part in task force group.
- Teachers report better relations among colleagues.

The impact on the children themselves

- Children in the programme appeared happier at school, better able to learn their subjects and able to solve problems quickly and cheerfully.
- Children participate actively in the classroom.
- Children attended school more regularly.
- Children developed self confidence and socializing skills (especially introverted ones).
- Level of aggressivity and school violence reduced among pupils.
- Children in the programmes were able to exhibit curiosity about others, and an ability to manage changes in the environment.
- Children reported being more hopeful about their future.
- Children exhibited optimism through success in collective future oriented problem solving exercises.

7.2. NORTHERN CAUCASUS[33]

Impact on the skills of teachers /parents to support war affected children
Impact on the skills and knowledge base of teachers and parents in terms of their ability to identify and address issues related to the needs of war affected children:

Parents
- Parents report awareness of psychosocial affects of war on children and possibility of psychosocial support.
- Parents attending support groups recognize effects of war stress on family functioning, especially how this affects children.
- Capacity building projects for parents made them more effective in meeting children's basic needs, and therefore more confident in meeting their emotional needs.
- Parents seek additional support programmes in the community, including kindergarten and early childhood activities.

The creation of networks, strategic alliances between different stakeholders
- Families form support groups and begin to solve problems together.

---

[33] Conclusions in this section are derived from project documents: Project Evaluation: Community Based Psychosocial Project February 2003, Project Evaluation: Community Based Psychosocial Education Project for Vulnerable Youth December 2003

- Young people work together to solve problems in the community and create new programmes.

The impact on children and adolescents themselves

- Children who had been overly aggressive in school had improved their behaviour.
- Children who had been withdrawn at school participated more in classroom activities.
- Children were better able to concentrate at school.
- Young people feel more secure as they learn traditional ethics and values from elders.
- Formerly isolated young people have made new friends in whom they can confide to help solve problems and difficulties.
- Young people participate in pro-social activities and indicate a sense of purpose and higher self esteem.
- Young people in the programmes report they have opportunities to solve community problems through peaceful means by coming together with peers.
- Formerly "drop out" youth participate in non formal education and express hope about their personal future.
- Formerly "drop out" youth improve their capacity to think rationally through development of community awareness programmes on prevention of risky behaviours.

8. Best Practice Programming/Recommendations for future programming

8.1. Assessment, Design, Monitoring and Evaluation

A coherent process of assessment, design monitoring and evaluation are essential to the success of any programme. When these activities operate as 4 distinct activities, linked together to create one programme, it is most likely that the programme will meet actual community needs effectively, have a high degree of community acceptance, and will address those issues most critical to children growing during or following emergencies.

The logical flow is as follows:
The following ethical principles apply to all 4 parts of the process:
• They must be participatory
• They must be carried out with the informed consent of the participants
• They must be culturally sensitive
• They must not endanger populations by betraying sensitive information
• They must not create unrealistic expectations of benefit on the part of the participants
• They must attend to any urgent need uncovered in the process

Assessment
Assessment is carried out prior to the development of a project proposal and should determine the nature of the problem to be addressed and the strategy used to address it. A good assessment or situation analysis is the key to effective programming.

The objects of an assessment in the area of child protection are:
• To uncover the root cause or causes of existing protection problems
• to identify the resources that exist in the community to address these problems
• to identify existing structures that could effectively address these problems
• to understand why intervention is needed now
• to support existing structures to support vulnerable children
• to identify and provide special protection to, groups excluded from or marginalized by existing structures
• to obtain the baseline data against which programme effects can be measured

The methodology for a good assessment includes:
• Reading critical situation analyses from at least 2 viewpoints.
• Interviewing key informants, observation on the ground.
• Meetings with community leaders.
• Focus group discussions with members of the community including, teachers, health workers, elders, religious leaders, mothers and fathers, girls and boys.
• Visual verification of data information whenever possible.

Community discussion should be done by means of semi-structured interviews, which allow for a full range of qualitative data. One should be careful of being too focused in the assessment phase as one can miss information for which one was not originally prepared. *(The CBPET in appendix one can provide a useful discussion guide.)*

It is important to inform the discussants and leaders that one is part of a learning exercise and is interested to hear their views, but that there may be no programmatic response at all. This allows for more free ranging discussion.

It is important to be aware of girls, the disabled, ethnic minorities and other socially marginalized groups. Others will speak for them and make assumptions about them, but they are rarely included as a target group. One must make special efforts to include them, physically, in assessments and any follow up plan of action.

The plan of action should only be put in place following the completion of the assessment. This plan of action should take into account such constraints as weather conditions and a precarious security situation, so that they are not used as reasons why activities of the programme could not take place.

Pre-Project Assessment / Situation Analysis

Why it is important to take this issue into account
Since we understand psychosocial as referring to the dynamic interaction between psychological and social effects of events that happen in the outside world, it is critical that we understand what the situation means to the people who experience it, and how the population may have coped or not with these or other difficulties in the past.

Situation analysis necessary prior to beginning the assessment process
Practical factors must be taken into account and planned for; prior to beginning a community based psychosocial assessment. These factors may determine whether a project will be undertaken at all, or under what constraints it will operate.

In emergencies, this information can be obtained prior to arrival on the scene or in the first day of a contiguous assessment. However, without this information, the assessment cannot go forward.
- What are the physical conditions of the environment and how might they effect implementation (impassable mountains, roads, regular floods etc)
- What is the current state of hostilities, and who are the warring parties to be taken into account (widely referred to as a security assessment).
- Is there an atmosphere of lawlessness, looting or banditry, and if so, how ingrained is it in the operating environment?
- What are the living conditions like? Is there access to water, electricity, food etc?
- Who are the actors in the situation and how do they react to the prospect of child development programmes?
- What are the constraints on including those people normally involved with the care and education of children in the assessment?(mothers, teachers, caregivers)
- With which authorities will it be necessary to interact? How difficult is registration, the getting of operating permits etc?
- Are there skilled people available to do the work? Who are they? What skills do they have? (They may be western style professionals but may be initiators, vaccinators, holy people, tribal leaders etc)

Goals of initial assessment
In order to create an effective community based psychosocial programme in an emergency or post emergency environment it is necessary to gain:

- A clear understanding of the causes of the emergency, its historical roots and the meaning ascribed to the conflict and its current status by all potential actors.
- A clear understanding of the common views regarding proper child development in good circumstances and how the past and present situation has been seen as affecting that development.
- A clear understanding of the community coping mechanisms that have been utilized in the past, or that are currently utilized to cope with children's difficulties
- A clear understanding of how the community copes with violence, death, loss and mourning. If there are conflicting understandings by different community groups, it is

> critical to take all of the existing views and their various adherents into account before acting.

This all speaks to the imposition of "western" concepts of trauma, loss and recovery in any community, including western but not exclusively western ones. It is important to build on language and understanding of key stakeholders, but also to utilize methods that are appropriate to the restoration, or maintenance of community capacity to care for children well under the circumstances, whether they be ongoing war and crisis or a dynamic post conflict situation. Bracken and Petty, writing for Save the Children Alliance in Re-thinking the Trauma of War (1998) examine emerging concerns about the export of trauma experts and counsellors to war-torn areas of the world. They warn against this method as detrimental. Anica Mikus Kos agrees (1998) and takes a scathing look at importing models from other regions to help some few children in a way that is unsustainable, rather than building the capacity of the community to support families to help all children at home.

What are the best-practice approaches?

Review relevant documents that give a history of the crisis, and outline existing interventions
- A security review that includes an understanding of which actors play a psychosocial role in those areas considered unsafe or inaccessible to outsiders, so that a realistic plan can be made. (Critical importance: do not begin a programme in an insecure area unless it can be run, monitored and evaluated by people living in that area.)
- Seek out some examples of artistic expression from the affected cultures
- Work with local colleagues in the psychosocial field. If such colleagues are not available, teachers or health professionals with an inclination will do.
- Involve teachers and health care workers as well as traditional religious healers or leaders and local officials in the assessment from the beginning so that they can "own" the process.
- Involve parents, children, young people and other ordinary members of the affected community in the assessment process, and in constructing the measurement tools to be used to evaluated the programme so that their concerns and points of view will be taken into account.
- Utilize the CBPET (appendix 1) or other locally available means to find out how children should grow up normally and what coping mechanisms are used to assist children in need of service. (These can range from formal psychotherapy, to visits to traditional healers, to reliance on political or religious beliefs.)
- Insure that the most negative factors (hatred, scapegoating, even drug abuse) are taken into account from the very beginning so that they can be addressed in an open way, and will not rise up after the project is over to confound its success.

Project Design

The pre-project team: involving key stakeholders in other aspects of project design

A pre-project team should comprise:
- an international specialist in psychosocial programmes,
- an international expert in emergency education, and
- a specialist in development.

Sometimes, it is necessary to propose a programme in order to obtain funds. If there are no funds for a proposed programme, the international team should propose a design based on the assessment.

When funds become available the following local team should be assembled:
- The programme officer in charge, or the agency's designee,
- A representative of the local administrative body (ministry or committee of non state entity) in charge of children's development,

- A local university based expert if possible
- Community based direct care specialists (teachers, mental health professionals - from psychiatrists to traditional healers – appropriate categories should have been identified in the assessments) health care workers, should work on the programme design.
- Related specialists such as agronomists, microfinance specialists, water and sanitation engineers
- If the programme is interdisciplinary a small technical team should develop and complete the project proposal.

Programme design:
The programme is a strategy of intervention designed to affect if not to impact upon (see definitions in evaluation section below) the root causes of risks to children's well being defined in the assessment. They should:
- create conditions leading to local authorities resuming (or assuming) their role in protecting children's right to healthy development
- support adults responsible for child care in fulfilling their roles
- restore the community's coping mechanisms/ create new coping mechanisms where old ones are harmful or insufficient

In so doing, they should address the specific sequelae of children affected by armed conflict including:
- aggression
- mourning , grief and loss
- guilt and reparation
- restoration of hopefulness
- Where conflict and violence are ongoing, they should specifically address effects of the overwhelming excitement and anxiety aroused by violent events on ability to play, learn and think as evidenced by having fun and successful school performance.

There are some general principles and designs that are often favoured in such programmes. However, it is critical that special risk factors in specific situations be addressed directly.

The paradox of history: allowing communities to change
While most authorities today emphasize the role of traditional healing and community coping mechanisms, along with traditional values as the hallmarks of resilience, there are some important considerations, as pointed out by the Refugee Study Centre, it is important for communities to differentiate good traditions from those that perpetuate poor child development or perpetuate the roots of the conflict.

Exit Strategy / Sustainability

Why it is important to take this issue into account
In the beginning of an emergency, resources may often be made available for start-up when world attention is high, either because a conflict has just ended, because a particular set of atrocities have recently come to light, or because the needs of a particular population (for example, underage soldiers, sexually exploited children) have been brought to public attention. However, funding for such programmes is usually time limited and often will not last as long as needs do.

Therefore, the intervention must not only address needs that may be longitudinal, but also make provision for the programme's continuation or transformation following the exit of the international agencies.

Sometimes, it is hoped that the refugee situation in which people find themselves will be short term and temporary. Then the creation of know how, and the formation of committees that can be transferred and continued following return are critical. In that way, people who hope for a quick transition for peace can also become involved stakeholders. Further, when

migration is forced as it was in Ingushetia most recently, the community is prepared to transfer its child well being skills to a new and perhaps more frightening situation.

What are the best-practice approaches
Work closely with those bodies in charge of care for children (either government ministries, designated committees of non-state actors, or other responsible groups) to:
- ❖ Where appropriate and desirable, insure that they have the capacity to raise funds or secure tax levy income in the coming period
- ❖ Insure that they are included in all aspects of assessment design monitoring and evaluation of the programme so that they can be prepared to take charge
- ❖ Assist the appropriate authorities wherever possible to obtain training in all aspects of fiscal management necessary to taking over the project

Wherever possible, support the local university departments of psychology, social work or education, as well as other relevant institutions to develop a psychosocial training programme appropriate to the local conditions
- ❖ Include the training of advanced level professionals and provision of books and training materials in the original project proposal or seek additional funds for this purpose.
- ❖ Hold a conference/ day long institute that apprises the university departments and all other relevant actors of the methodology being used in the programme and brings practitioners together for training

Work with the donor community and public from the start to raise their awareness about the importance of child development programmes, and the need for a longitudinal investment in children's well being

Monitoring

Monitoring is the process by which one learns whether what one says has actually happened. Monitoring of programmes insures a relationship of trust, so that beneficiaries know that words and deeds are matched, a critical aspect of psychosocial programmes.

Monitoring verifies that material aid that has been sent has reached the community whether the aid is being used properly, and whether implementing partners are doing their job.

We monitor to see whether our programme plan of action has been followed and if not, what have been the constraints. Again, constraints should have been predicted by the assessment, and plans should acknowledge them. The activities we monitor should have been deemed possible, and our expectation on monitoring is that they will have taken place. Where that does not happen, the assessment and action plan may have to be reviewed.

Monitoring helps those who are involved in trying to set up a difficult programme feel that their efforts are appreciated, that someone cares whether or not they do difficult work day after day, whether it matters to anyone. It discourages stealing, lying and misuse of resources, because everyone in the community knows that there will be follow-up.

Another role of monitoring is to insure that no group of beneficiaries has been marginalized from the process, and that an adequate number of people are benefiting.

The monitoring process should be supportive. However, success at the year's end should be the precondition for renewed funding. If a programme has not delivered the product it was designed to deliver, it should not be renewed, and a new programme designed to address the needs more effectively.

Evaluation

Evaluation tells us whether what those inputs that we have so carefully monitored had any effect on the population. It lets us know if our goals and objectives have been met through the strategy that we have selected. It teaches us what we are doing right, and what has to be

changed about our work. We will want to measure whether some of our goals have been accomplished and whether our interventions had anything to do with that fact.

The evaluation of psychosocial programmes is a new field with few models. The work includes global, national and programme level indicator development. All over the world, social scientists have been meeting to address this problem. The psychosocial working group, the Oxford Refugee Study Centre, Tulane University and Columbia University International Programme on Refugee Trauma are among those writing about this issue. The difficulties of effective evaluation and indicator development were highlighted by the evaluation of the CARE Kosovo Programme by Joanna Kotowski (pp 11, 12 and17)

Recent documents from UNICEF and UNHCR (Kothari, 2000, Kaiser, 2000, Picartz, 2000), have recommended that participatory techniques be used in the evaluation of community based programmes. Again, such an evaluation is a psychosocial technique in itself, because it helps participants to think about community goals and their progress toward achieving them - it maintains them as subjects of their own lives. Such evaluation are generally based on qualitative research methods.

In the evaluation phase, we review the baselines that we established during the assessment. We look at where our programme decided to intervene. Did we attempt to restore community coping mechanisms? Did we attempt to restore school aged children to normative development? Did we have a few differing goals?

Indicators

Indicators must be established to determine if the interventions that have been monitored have had the effect that was desired in the programme goals.

The overall goals of the programme must be broken down into "smart" objectives. A smart objective is: specific, measurable, appropriate, realistic and time bound. These should be developed based on the original assessment. There are two general types of indicators, outcome and impact.

Outcome indicators tell us whether or not the outcome that we wished for has been achieved. Example, children learned better at school as indicated by a larger percentage passing their examinations.
That tells us that an objective "students learning better at school" was achieved. What it doesn't tell us is whether it was specifically our intervention that caused the improvement, or whether other factors were also important. Most emergency projects require reliance on outcome indicators, since impact indicators may be difficult to arrive at when we are looking at children's well being in a holistic way.

Impact indicators tell us whether or not the outcome that we wished for comes as specifically attributable result of our interventions. Impact evaluations have specific scientific value and meaning and require statistical power analysis to achieve their goals. This is a complex process and is often done by a specialist team hired for this purpose from a university.

This information was compiled from a variety of sources, based on the work of the "psychosocial working group," a consortium of NGOs and with university partners.[34]

---

[34] To learn more about impact evaluation in psychosocial programmes please refer to Loughery, M & Ager, A (Eds)(2001) The Refugee Experience: Psychosocial Training Module. Oxford: Refugee Studies Centre, in London.

8.2. Establishing Indicators to Evaluate Psychosocial Programmes for Children and Adolescents

Background review

Psychosocial programmes provide care, support nurturance and guidance to children and adolescents through supportive relationships. They also coordinate the array of services to meet well being needs of children.

Psychosocial work is interwoven with all other programmes and services that promote children's healthy development and shore up children's resilience in the face of adversity.

For those children in difficulty, psychosocial programmes insure that the communities' coping mechanisms are in place to help, and that where those mechanism are absent or ineffective, to help to establish new ones (Snider 2003, Loughry and Ager 2001, Bragin 2001).

Indicators to evaluate psychosocial programmes for children and adolescents establish that the programme has enhanced children's well being and supported the capacity of the community to assist those children in need of specialised care, through the restoration of community coping mechanisms or the establishment of new ones.

Domains of Children's Well-Being
- General physical health
- Cognitive capacity
- Behaviour (including risk behaviour)
- Functioning for age, stage of development in relevant roles
- Perception of future options (hopefulness)
- Perception of ability to manage life demands (including poverty, grief and anger)
- Sense of connectedness to at least one other person

Proxy Indicators
(These are indicators based in general information that can be used to stand for well being.)
- general health (number of children often ill? Is there access to medicine, immunization, etc?/ percent of children with access to medical care and immunization)
- nutritional status (percent of children having anemia or diseases related to malnutrion)
- access to clothing (if worn)
- living conditions (per cent of children with access to water, cleanliness, shelter)
- school attendance and performance (Is there a school? Can the child get there? Do the teachers come to school? What are the learning conditions? If these conditions are in place, does the child perform well by local measures?)
- Is the environment safe, and if not, are there adults available to protect the child as much as possible?
- Are there consistent trusted adults available to care for the child?
- If it's a child headed household, is there at least one trusted adult who visits regularly?

Taking culture, gender and class into account
Most of the domains listed above are specific to culture, gender and class.
We would not expect a 7 year old boy from an elite family in Kinshasa to be identical to a 10 year old girl from a rural family outside of Prizren!

Establishing indicators of child well being in context

Getting started:

Because children's well being is culture bound, crisp indicators must be developed on site at the time of the assessment, as part of the assessment process.

Before we get to the indicators, an appropriate arrangement needs to be made with all relevant authorities. Where possible, obtain background data on proxy indicators above, to start.

The steps taken below accompany the Community Based Participatory Evaluation Tool - CBPET (Bragin 2001) which has been used successfully in many countries around the world, both in cities and in the countryside in developed and developing contexts, both during and after war and violence.

The CBPET is located in Appendix one of this document. Step by step instructions for its use in developing indicators follow below.

Step by step:
- Meet with community opinion leaders and officials to discuss child protection and development issues and the purpose of the monitoring and evaluation tools.
- Obtain information regarding proxy measures (health, education, water, nutrition)
- Get a random sample of participants for the focus groups (see guide attached to the instrument)
- Take a baseline of community norms for children's development/ both pre and during the emergency
- Take a baseline of community coping mechanism/ both pre and during the emergency
- Post test number 1: have the community coping mechanisms been restored?
- Have new mechanisms been added?
- Run the programme utilizing the community coping mechanisms
- Post test number 2: are children beginning to meet pre-war developmental milestones? (play, or work, or animal, family care activities?)
- Post test number 3: Are children and young people taking action according to the matrix?

> Because community norms and values vary based on class, ethnicity and life circumstance, it is critical that the same questions be put to representative groups from a variety of backgrounds.

An example of a problem /solution approach to children's well being in an IDP camp in rural Africa, illustrating the indicators for well being

Seven year old girls in one IDP camp were expected to help care for the youngest babies. After a few months, several were seen hitting the babies when they cried instead of soothing them. Previously, a coping mechanism for young girls was time spent playing at the water point, but now the water point was considered too dangerous to go to, so the boys went instead, missing school. In the short term, a local NGO established a child centred space in which playing groups were led by older children in a supervised tent. While one group of girls played, another tended the babies under supervision of a grandmother, when they had finished the groups reversed. Over time, UNICEF helped the community to establish a water point and a tent school in the centre of the IDP camp so that children could attend school and go about their other normal activities more safely.

The indicators for this situation are:
- Number of community coping mechanisms in place
- Number of new coping mechanisms established
- Number of children who attend the child friendly space
- Number of children who do their chores properly
- Number of children able to attend school

An example from a CARE's Programme in the Northern Caucasus, showing how some of the extant indicators were derived

In the Northern Caucasus, 60% of adolescents drop out of school. Secondary or technical education is the norm in this region, and drop outs have few opportunities to earn a living. They are also bored, with nothing to do, and don't feel that they are useful, lowering their self esteem. A pre-project assessment looked at this problem. In the past, youth had participated in youth clubs or centres, they were a community coping mechanism. Such official centres were no longer relevant. The Programme established education Programmes in which youth could get together and encouraged them to form new youth centres. CARE established a programme to address the adverse conditions. The indicators of success for this programme reflected the local situation.

Indicators of success in this programme included:
- Attendance in vocational training classes
- Attendance in life skills classes
- Per cent of youth able to find employment
- Number of youth participating in youth committees
- Number of youth centres established
- Number of youth participating in recreational and cultural activities sponsored by the centres.
- Percent of youth active in pro-social community activities and other cooperative endeavours

8.3. Approaches to Building the Capacity and Know-How (Capacity Building) for Teachers, Parents and Health Professionals

The training manuals and techniques for supporting teachers used by CARE Kosovo should be adapted to the culture of other countries in crisis so that teachers can benefit from best practice in teacher training.

Why it is important to take this issue into account:

Supporting parents and teacher to do their job well is the most important psychosocial intervention that can take place in emergency situations. The most important factor in psychosocial well being of children as they grow up, is the capacity of the adults that they see everyday to take care of them. Specialists are sometimes helpful in a post war environment, but children are most affected by the care given to them by the people that matter to them.

Parents and teachers, like everyone else in the community, have been affected by the violence that they have experienced. Further, despite the critical nature of their relationship to growing children, mothers and teachers get little credit and honour for their work. They need assistance to understand and absorb the terrible events that have happened to them before they can assist the children in their care. And they need recognition and appreciation for the critical role that they play. CARE Kosovo's local partners emphasize this point very strongly.

Parents can be supported through community activities and discussions groups as they are in the Northern Caucasus project, or through the creation of child well being committees that assist parents to cope with hardships.

Parents of young children (pre-school aged) are in particular need of support as these children rarely receive other care, and mothers of young children are the primary line of defence against the ill effects of war.

Teachers, like parents, need psychosocial support and recognition. Ideally they need to receive this intervention over time, as they did in the CARE Kosovo programme.

In addition, learning effective methods for teaching war affected children in the classroom empowers them and contributes to their own wellbeing. Training in these methods, coupled with psychosocial support and the receipt of a certificate of recognition for their training helps them to feel valued and be effective. That in turn, helps children to enjoy school and to concentrate on learning again. When school children concentrate on learning, they feel that they are growing up well, and this helps them to have confidence in the future.

Support for parents and teachers should be ongoing in time of crisis, so that children can experience life as "normal" again, or for the very first time. Teachers groups should be formed and supported with trainers, with international support. Over time, this responsibility should be taken over by whatever local authority is operative, with local organizations doing the work.

In ongoing conflict, where the officials may be party to hostilities, international organizations may have to fund the project a bit longer, even as local NGOs are doing the day-to–day work.

Health professionals are often the front line of meeting with people in severe psychosocial distress in time of war. People tend to somatise, that is experience their problems in their bodies. Identification of stress related symptoms, and referral to participation in psychosocial programmes are the current best practice recommendation. War related distress should not be confused with serious and persistent mental illness which continues to appear and need treatment, in war and in peace. Health based programmes have a complex relationship to psychosocial programmes and recommendations in this regard would actually require a dedicated report.

Approaches to training

The training sessions that CARE implemented in Kosovo followed best practices principles. Lead by a talented local child psychologist, they sought first and foremost to support the teachers, recognize their achievements and hear their concerns.

It also began the important process of assisting with symbol formation in that it helped the teachers themselves, experientially to move from the concrete to the symbolic.

> At the first instance, teachers in Prizren complained about the good food and nice location of the training and asked why the budget for the training could not have been divided among them to augment their salaries. They were allowed to ventilate all of their frustrations, put them into context, and then to think about their own pride in their profession and in their history of service to the community. At the end, they felt empowered by the new topics that they had learned and were excited to plan future sessions and utilize their training with other teachers.
> (Summarized from Programme Reports, CARE Kosovo

Ongoing support programmes for trainers, where those in charge of TOT (Training for Trainers) can meet and compare notes are essential.

Also important are the formation of sustainable on going parent teacher associations or child well being committees at which parents and teachers can discuss their experiences and ways in which they can help their students.

Ownership of the project by community committees and key players is critical in IDP and refugee situations so that the support for teachers can continue when communities return home.

Post-training follow-up / mentoring

In post-war situations like that of Kosovo, mentoring over time is not easy to arrange, but possible. The method used by CARE, of Training of Trainers is critical to this approach. The first set of trainers who are trained, can be mentored by the experts who have trained them. When they feel confident, they can replicate the training in their own schools, and provide regular mentoring to fellow teachers.

In some countries, a model that worked was training of the school inspectors to be the trainers. That way, mentoring, and not inspecting, became a regular part of their job. They also had the respect of the staff, and the ability to take time away to do this part of their job. In others, it was more important to train popular teachers who were part of the staff.

In ongoing war situations, like that of Northern Caucasus, the situation can be very difficult to manage. Teacher training and training of trainers is valuable, but needs reinforcement.

One way that has worked is for the trainers to have regular meetings outside of the war zones to refresh their work, and exchange ideas. If University specialists from the war zone can also be trained to support the trainers, that can work even better.

Then the all-important mentoring can be carried out in the midst of war, and the training seminars can be used as rest and review time for the trainers, and a support for the university partners to strengthen their skills. These methods have been used in Northern Uganda and Northeastern Afghanistan most recently.

8.4. Content of training /best-practice approaches

Best practice in work with teachers of children in armed conflict dictates that the overall psychosocial effect of improved teaching for children in violent environments has to do with the process of teaching, not the content. Rather than teaching teachers to identify war affected children, it assumes that all children in violent environments are war affected to some degree and will need effective teaching techniques that engage them personally, throughout and for some years following the crisis.

Of ten in these situations, classrooms are large and unfriendly, and distracted children, overwhelmed by the anxieties of war, have little hope of understanding what they hear or being able to hold it in memory. Therefore, an emphasis on the following list of techniques may re-enforce opportunities for effective teaching in adverse circumstances:

Special educational techniques that assist war affected children

War affected children can be helped with these problems through specific educational interventions. Many of these interventions incorporate best practices for participatory education that are already being piloted in Kosovo, but not in Chechnya. They are:

<u>Setting up a decentralized classroom</u>
In this model, students are placed in small groups, with the teacher teaching a formal lesson to one group of no more than 20 students. The other students are placed in groups doing practice for the lesson, or other activities, lead by a senior student or an assistant teacher. This is most important during ongoing conflict as in Chechnya, or in IDP situations as in Ingushetia.

<u>Direct, one to one attention</u>
Research on treating the effects of violence on children has shown that the effects should be mediated through work with a consistent person, who is available to endure the child's expressions of "badness" and even angry feelings over time, without becoming angry or

being destroyed. That person can be an elder from the community, or a well trained volunteer, or a teacher. However, the attention has to be focussed on the child in a small enough group for that child's own ideas to be heard.

At the same time, one to one attention helps the child to focus attention on the subject at hand. It calls the child out of his or her day dreams or blank state by calling the name directly, speaking to him or her clearly and looking directly at the child.

Permission to express unwanted thoughts
Children should have a special time for expressive activities where all thoughts are acceptable. They can simply say them out loud without being questioned or attacked, and encouraged to refocus attention on the subject at hand. Many local training manuals are available to help teachers and caregivers to know how to respond. An example is, "Schpetim, I know that you have been really feeling badly since your brother was taken away. Anyone might have those feelings. Can you join us for the lesson now or do you want to go to do an art project until you have calmed down?"

All of the children are angry. Many of the children have heard angry thoughts expressed at home, including talk of revenge and murder. This too, sadly is normal.
When such feelings are driven underground, they tend to grow and fester.
When we include them in the classroom and acknowledge them as normal, we can help to bring them under control. One way to do this is to make small group talk time during class for a review of the history of the conflict and the feelings people carry about it. Aggressive feelings can be expressed, and then students and teachers can attempt to resolve these feelings by transforming them into aggressive but non-violent expressions of self empowerment.

As anger is normalized, and alternative effective strategies are increased, the actual feelings of rage begin to become smaller.

Symbolic activities (art, drama, play)
Symbolic activities like art drama and dance help children learn to take the stark world in which they live mentally and turn it to symbols. They may start by drawing everyday things and only after time will start to draw or write about their feelings, as they come to know them. Having a trained art assistant in the classroom to meet with the children regularly, for two periods a week, in small groups is very helpful.

Remember: never press a child to discuss his or her feelings or experience. Let the child choose what they express, and how they express it as long as they respect the rules of the classroom and don't harm themselves or others.

Problem solving
Helping children to think of solutions to practical life problems, as well as the kind of problems that are utilized in maths are helpful in helping children to begin to think and reflect. Problem solving activities should encourage age appropriate thinking patterns to be established and re-enforced. In the appendix there is a discussion of Vygotsky and Piaget's ideas about cognitive development, which can be helpful.

Utilizing manipulatives and movement in the classroom
Children who are having trouble managing to sort out difficult thoughts and ideas are helped by doing practical things. Locally available learning materials can be used for children to do remedial and practical work so that they understand their lessons better.
By having children stand up and move to another learning area at the end of the lesson, it also gives a chance for them to "wake up" and to refocus attention.

Life-skills discussions and HIV/AIDS awareness and prevention

When children have been over-stimulated by violence, they often have difficulty concentrating on abstract subjects. HIV/AIDS materials are body based. They encourage children to talk about their own bodies, the bodies of others and realities of their lives. These techniques have been very effective in helping children to concentrate and participate successfully at school. Once they have done this, they are often better able to turn to more abstract lessons. Conversely, many abstract subjects can be taught in the context of the "practical" and body- based instruction.

Bringing local knowledge and culture into school
When schools utilize local knowledge and honour respected elders and leaders, they help children to experience continuity from the past to the present. This helps them to remember that they are more than the terrible things that they have experienced - they are part of a valuable tradition that has existed for a long time before them, and will continue somehow into the future. A shining example of this work was the "special day at school" in Kosovo. Ideally, less famous individuals would be willing to come more regularly to school, creating a bridge to talk about the special culture of the community and how it is affected by the real world.

Other Approaches to address Psychosocial Needs of Children

Approaches to improving the psychosocial well being of children, by supporting families and restoring community coping mechanisms, can be as varied as the communities themselves.

Finding out how communities insure the well being of their children is the critical base to build upon. Then, community creativity can take over and support the building of effective programmes.

The following are some possibilities that could be added to or included in CARE's future work, where it seems appropriate.

Community Child Well-being Committees

Problem to be addressed:
Empowering communities to define and support the needs and rights of children and adolescents

Often during and after armed conflict, people have difficulty coming together as they struggle to survive. An atmosphere of helplessness pervades. However, experience tells us that they will come together for the sake of their children, whose well being, in their own terms, represents every family and society's hope for the future. One way to do this is through the organization of community child well being committees to oversee monitor and evaluate progress.

Discussion:
Putting together a body of people that includes adults, adolescents and children themselves to determine, monitor and evaluate priorities and progress for children can have a galvanizing effect. This also dedicates a group of people, who may report to political authorities but be separate from them, who can insure that benefits for children are equitably and fairly distributed.

Steps toward intervention:
Steps toward intervention are highly dependant on the context. For instance, in countries where a tribal council rules village life, having this group report to or be organized by the council is critical to its success. In more developed countries, the form is likely to be more like a rudimentary parent-teacher-student association.
What is important is that this group has the respect of the community, and is broadly representative of the different ethnic and class groups in the community.

Once members are identified, they also receive step by step training on children's protection and development rights, and how to create activities in the community. I have found it helpful if this group is involved with doing assessment and developing indicators of child well being (see above).

<u>Activities:</u>
Child well being committees have done a variety of things, often at the request of their own children:
- cleaning up marginalized neighbourhoods to prevent disease from spreading,
- organizing non-formal education and other activities for girls who are unable to leave home due to danger, the practice of seclusion, or both
- organizing children's theatre, musical productions, and the construction of playgrounds
- child participants organizing activities for other children, including sports and games.
- Insuring the well being of orphans fostered in the community to prevent institutional care.

<u>Where this approach has been piloted:</u>
This approach was piloted in Angola, and subsequently used with great success in such varied environments as East Timor, Afghanistan, Iraq, Sierra Leone and Liberia. It's not been tried in more developed countries yet.

Child Centred Spaces

<u>Problem to be addressed:</u>
Meeting the needs of young children and their parents, both zero to three and early childhood periods.

The critical nature of early childhood development cannot be overemphasized. Children's brains develop 18 fold in the first years of life. At that age children learn everything from values and love to what the world is made of through the mediation of their caregivers. These children can be at high risk, or the best hope of the future

<u>Discussion:</u>
Supporting young parents is a difficult task during war, with so much sadness and stress all around. Yet programmes for young parents and children are easy and inexpensive to start. You don't need anything fancy. In developed countries, inviting young parents to a video night, with activities for toddlers included, has met with great success. In developing countries, story time for young girls with babies, led by grandmothers, who also teach traditional songs and games can be a hit.

Where kindergartens exist, activities with little children that help them talk about fears sorrows and hopes, and to feel listened to and heard, are very helpful. These can be run by kindergarten teachers, or by interested youth.

UNICEF had child friendly spaces in the refugee camps for Kosovar children that met with mixed reviews from a sophisticated population. However, in refugee and IDP camps where little children have few safe places to play, having grandmothers stationed in such places, can be very helpful.

<u>Activities:</u>
- literacy programmes for young mothers and dads that take place while grandma and youth promoters play with small children.
- Group activities for babies and young parents
- Group activities for young children, including drawing singing, games and story telling
- Older children teaching traditional games to younger children

<u>Countries where these activities have been piloted</u>

Programmes for young children and their parents have been successfully piloted in West Bank and Gaza, Afghanistan, Iraq, Mozambique, Sierra Leone, Rwanda, Turkey, Eritrea, Ethiopia, among others.

Community Youth Promoters

Problem to be addressed:
Young people who feel badly because of their own anger and aggression will feel better if they have direct opportunities to identify community needs and participate in the reconstruction of their communities.

Adolescents are often eager to take action and change their lives. We notice them when they have been recruited to a violent cause, or when they drop out of school and have children prematurely. They are full of strength and energy that can be harnessed to improve society, if we provide them with opportunities. (Untapped Potential: Adolescents Affected by Armed Conflict, A Review of Programmes and Policies. Women's Commission for Refugee Women and Children).

Discussion
In CARE's programme in the Northern Caucasus they call themselves the "non-problem youth." CARE found that by providing youth centres, and organizing committees of young people to decide what to do with them, the young people themselves formed into groups that provided pro-social activities in the community.
It's a small step to the formal creation of youth promoters, whose participation is formally incorporated as part of the project as a whole.

In some programmes, adolescents are organized in this fashion from the start, and play a pivotal role.

Activities
• Promoting behaviour change messages
• Providing education and recreation activities for young children
• Working on health campaigns
• Supporting reconstruction activities, such as community hygiene campaigns

Countries where this approach has been piloted:
This approach has been used very widely, especially during ongoing conflict. Guatemala, Colombia, Southern Sudan, Eritrea, West Bank and Gaza, Vietnam, Angola are among the countries that have utilized this approach.

Community Mourning Ceremonies

Problem to be addressed:
Addressing the sense of loss and need to grieve among all of the sectors of the community, including those who have been at odds with one another.

Everyone has lost someone or something during war: home, loved ones, limbs, childhood, opportunities. These losses, un-mourned, tend to lead to aggressive solutions, including the domestic violence and the perpetuation of conflict. All parties to the conflict can participate without regard for previous affiliation.

Discussion
Mourning is the process by which people metabolise grief and loss, experience it, and become ready to leave it behind. International literature shows that mourning is essential to resolving aggressive impulses which otherwise accumulates in the population as a result of war stress. Local mechanisms to cope with and overcome the sense of loss should be re-established and/or encouraged. This mourning could be for all members of the community regardless of affiliation.

- Discussion of mourning is raised on the community
- Training of trainers among youth leaders, women's leaders, and religious leaders to address this issue
- Awareness raising on radio, through the various religious institutions
- Communities decide on projects for community mourning

Where this approach has been piloted:
These programmes were piloted in El Salvador by widows and veterans committees from both sides of the conflict. They were extremely inexpensive and were reported to be quite successful. Following the peace accords, they have travelled to Angola and Mozambique and some parts of Afghanistan.

Combining Projects for Economic Development with those for Children's Wellbeing

Problem to be addressed:
One of the main worries during conflict and post conflict situations is livelihood. When economic prospects are grim it is difficult for people to focus on anything else.

Often parents and young people will say that they cannot think about psychosocial well being when they have no prospects for their economic future. And yet it is well known that such projects require problem solving skills and initiative that are difficult to manage when people are depressed, and come to ruin if there is too much strife within the community. The solution to this conundrum: combine conscious psychosocial components into economic development plans.

Discussion:
Activities:
- Training adolescents and parents groups to do livelihood surveys is an important first step
- Participation in livelihood surveys help young people understand how they can actually earn money in their community and lead to realistic training choices
- Community de-mining programmes may make it possible to farm again, while providing an opportunity for altruism and activism
- Once community needs have been determined, teachers can be recruited and ministries consulted to provide apprenticeships or formal skills training
- Older people can be involved with younger ones to revive old skills that may now be marketable, such as the making of natural dies, or dairy products.
- Solidarity groups, made up of families with children who must guarantee one another's loans help reconnect community members in real projects that can lead to better lives

Where this approach has been piloted:
Angola, Afghanistan, Cambodia, El Salvador, Eritrea, Guatemala, Iraq among others.

9. Summary of Key Recommendations

The recommendations below are meant to support expand and systematize CARE's existing approach to psychosocial programming for children and adolescents.

Community based approach supports children's right to protection development and well being
- CARE's community based approach, supporting communities to support families to support children is the most enduring way to promote children's resilience in time of war and afterwards. This approach can be maximized through conscious community building activities such as those pioneered in the Northern Caucasus, though the inclusion of artists and cultural leaders as was done in Kosovo.
- Involving community members in the project from the assessment phase onward can be extremely helpful to ensuring the project's success.

Institution building ensures sustainability
- In post-conflict situations, it is possible and desirable to work with existing institutions, following the model used in Kosovo, in order to strengthen their capacity. This creates sustainable structures which are the key to exit strategy.
- Also important can be support for local universities and pedagogical institutes, including exchange of faculty, curriculum development and support for libraries, laboratories and materials.

Establish a baseline for child well being
- Establishing a community baseline for children's well being, the mechanisms that families use to cope with their difficulties, helps make programmes both measurable and sustainable
- Telling people that they and their children are traumatized may not give families a way forward in helping themselves and their children
- By determining the ingredients for children's well being, and which of these are lacking, community members can "own" the development of programmes that promote resilience.
- This also helps to establish local indicators for programme success.
- CARE's approach of working with local culture and tradition is key to the success of such programmes.

Understand and acknowledge aggression from the very start
- To build peace it is critical to understand the aggressive impulses waked up by war
- By acknowledging aggression and discussing community attitudes and values
- And by allowing that it exists
- Children can be helped to name and manage violent and even vengeful feelings
- The opportunity to participate in doing good things helps children feel better and manage their aggression.

Adolescent and child participation supports both rights and development
- Adolescents are often an untapped resource in time of war or in refugee situations.
- CARE's experience in the Northern Caucasus shows that adolescents, given even a small
- Young people exposed to violence, who may have fantasies of revenge or recurring dreams of sex and violence, can feel very badly about themselves, often leading to anti social behaviour
- These same youngsters can be helped to feel good about themselves by helping with activities for the good of the community.

Symbolizing activities should take place over time
- Play is children's work. Through play, children learn to manage fears, worries and excitement.
- When children have been exposed to violence, they may engage in repetitive play that simply repeats the most troubling experiences over and over. Older children may act them out in unacceptable behaviour.
- Supervised and guided arts activities, such as painting, drama, and story telling, can help children to manage these experiences and turn them into something that they can use.
- Such activities need time to be effective. Children will respond positively to a few weeks or even one day. However, for real change to be internalized, these activities should be provided over a period of one to three years, supervised by parents, teachers, or older children who volunteer.

Sports and recreation activities help children relax and teach conflict resolution skills
- Sports and recreation are fun for children and in wartime, children need to have fun. Often, one of the biggest problems for children in refugee and ongoing war situations is the lack of safe places to play.
- They also provide opportunities for learning to resolve conflict peacefully and learn to manage disappointment, anger and prejudice
- These activities are always valuable, but have greatest effect if they are a permanent part of children's lives
- Young people can coach younger children, and parents can form play cooperatives. Teaching children to resolve conflict and manage aggression helps the teachers as well as the children.

Support for parents
- Just as teachers need support for normalizing activities to be truly normal, so do parents
- Parents who are able to manage their own emotions and draw support from the community, are able to transmit more positive messages to their children
- Research shows that young children are significantly more resilient when their parents are able to feel calm and retain hope during wartime.
- To do this, parents can be organized in problem solving groups such as those in Northern Caucasus, in school based organizations, such as those in Kosovo, or in income generating activity groups which leave time for group discussion of family problems.
- Some communities do this through mixed age group arts activity groups.
- Other ways to support parents are listed under early childhood

Include activities for young children
- Early childhood activity is critical to children's development
- Children can have times for supervised play in the care of grandmothers or older children who may enjoy it as much as the little ones.
- Teachers in early grades can include activities such as arts and music which help children change the quality of their play.
- The creation of child centred spaces can provide a safe haven for children too young to attend school, or to set up informal kindergartens.
- Young parents can be supported to play with their children through structured activities designed for them, especially cultural activities taught by elders.

Teacher support and training helps teachers to be more effective in war
- Support and training of teachers is part of the critical process of normalizing life for children and allowing development to go forward in spite of obstacles.

- Special techniques for helping children to play learn and think when they have been or are continually exposed to violence, captured in learner centred education are critical to this task.
- The teacher training manuals, supportive methodology and learner centred instruction used in Kosovo should be shared, translated, and adapted to the context of other war torn countries.

Non-formal education and accelerated or "second chance" education builds hope in the future
- In many war-torn countries, education has not been available to the poor, or public education has been stopped by the violence. It may not be reasonable for older children to participate in formal education activities. In these circumstances non-formal education should be made available, as quickly as possible for those who have left school. Access to education provides hope to young people, who can see this as an opportunity to advance themselves.
- Non formal education should include literacy, numeracy, business skills as well as vocational education and training.
- Second chance education or "catch-up" school is important for younger children who are older than school beginners but young enough to hope to join or rejoin the formal school system and go on to more advanced education.

Livelihood surveys and market research should precede efforts vocational training so that youngsters can learn skill that will help them develop sustainable livelihoods.
- Young people who learn a skill must be able to use it to earn a living.
- In order to insure that this happens they should be involved in livelihood surveys that indicate which skills will be marketable without "flooding the market."
- Learning about how money is made and income generated helps adolescents feel more hopeful about their future.
- Involve specialists in this field in programme development

10. References

American Psychiatric Association.(2000) *Diagnostic and Statistical Manual.* Fourth Edition.

Ayton-Shenker,D.(1995) The Challenge of Human Rights and Cultural Diversity. United Nations Department of Public Information DPI/1627/HR

Barton, T., & Mutiti, A. (1998). *Northern Uganda psycho-social needs assessment report.* Kampala: UNICEF.

Becker. C. ed.(2000). *Psychosocial and Trauma Response in War Torn Societies: The case of Kosovo.* Geneva: International Organization for Migration.

Becker, D. (1995). The deficiency of the concept of posttraumatic stress disorder when dealing with victims of human rights violations. In R. Kleber, C. Figley, & B.Gersons (Eds.), *Beyond trauma: Societal and cultural dynamics* (pp. 99–114). New York and London: Plenum Press.

Boyden, J., & Gibbs, S. (1997). *Children of war: Responses to psychosocial distress in Cambodia.* Geneva: The United Nations Research Institute for Social Development.

Bracken, P., & Petty, C. (1998). *Rethinking the trauma of war.* London: Free Association Books.

Bragin, M. (2004) The uses of aggression: healing the wounds of war and violence in a community context. In B.Sklarew, S.Twemlow and S.Wilkinson, eds. (2004). *Analysts in the Trenches: Streets, Schools, War Zones.* Mahwah: Analytic Press.

Bragin, M.(2003) Mothers and others: learning from women and girls about community resilience in time of war. *Mind and Human Interaction.*vol.13 number 2

Bragin, M. (2001) Evaluating psychosocial programmes for children affected by armed conflict: a community based approach. *Mind and Human Interaction* vol.12 number 4

Dawes, A., & Honwana, A. (1996). Children, culture and mental health: Intervention in conditions of war. Keynote address at Rebuilding Hope: Congress on Children, War, and Persecution, Maputo, Mozambique

Dunlop, J. (1998) *Russia confronts Chechnya: roots of a separatist conflict.* Cambridge UK: Cambridge University Press.

Herman, J. (1992). *Trauma and recovery.* New York: Basic Books.

Honwana, A. (1998) "Discussion Guide 4: non western concepts of mental health." In UNHCR: *Refugee Children: Guidelines on Protection and Care.* Geneva: UNHCR

Honwana, A. (1998). Okusiakala ondalo yokalye: Let us light a new fire: Local Knowledge in the Post-War Healing and Reintegration of War-Affected Children in Angola. Research Project conducted by the CCF Team in Angola. Christian Children's Fund

Horowitz, M. (l996). *Stress response syndromes.* Northvale, NJ: Jason Aronson.

Hovens, J., Falger, P., Op den Veld, W., & Shouten, E. (l992). Occurrence of current post traumatic stress disorder among Dutch World War II Resistance veterans according to the SCID. Journal of Anxiety Disorder, 6, 147-157.

Isaenko,A. and Petschauer, P. (1995) The long arm of the dead: traumas and conflicts in the Caucasus. *Mind and Human Interaction vol.6.number 3*

Isaenko, A. and Petschauer, P. (1999) Tradtional Civilizaton in the North Caucasus: insiders and outsiders. In K.Nader, N.Dubrow, & H. Stamm,(Eds.), (1998). *Honoring differences: Cultural issues in the treatment of trauma and loss.*(pp.150 -177) Philadelphia: Brunner/Mazel

Kaiser, T. (2000). Participatory and beneficiary-based approaches to the evaluation of humanitarian programmes. Prepared for the UNHCR Evaluation and Policy Analysis Unit.

Kleber, R., Figley, C., & Gersons, B. (Eds.). (1995). *Beyond trauma: Societal and cultural dynamics*. New York and London: Plenum Press.

Kos, Anica M. and Dervishadic-Jovanovic,S, (1998) What can we do to support children who have been through war? Refugee Studies Programme and the Global IDP Survey: Forced Migration Review. Number 3. December 1998

Kothari, U. (2000). Developing guidelines for assessing achievement in the eight focal areas of social development work and for assessing outcomes: Assessment procedures. London: Social Development Department, Department for International Development.

Laub, D., & Auerhahn, N. (1993). *Knowing and not knowing in massive psychic trauma: forms of traumatic memory*. International Journal of Psychoanalysis, 74, 297-302.

Lira, E. (1995). "The development of treatment approaches for victims of human rights violations in Chile." In R. Kleber, C. Figley, & B. Gersons, (Eds.), *Beyond trauma: Societal and cultural dynamics (pp. 115–133)*. New York and London: Plenum Press. 1995.

Loughry, M & Ager, A (Eds) (2001) *The Refugee Experience: Psychosocial Training Module*. Oxford: Refugee Studies Centre http://www.qeh.ox.ac.uk/rsc

Loughry, M. Eyber C., Editors, *Roundtable on the Demography of Forced Migration*, National Research Council, Programme on Forced Migration and Health at the Mailman School of Public Health, Columbia University

Macksoud, M. (l993). *Helping children cope with the stresses of war.* New York: UNICEF.

Machel, G. (1996). *The impact of armed conflict on children.* New York: UNICEF/UNDPI.

Nader, K., Dubrow, N., & Stamm, H. (Eds.), (1998). Honoring differences: Cultural issues in the treatment of trauma and loss. Philadelphia: Brunner/Mazel.

Nikapota, A., & Samarasinghe, D. (l990*). Training manual for helping children in armed conflict*. New York: UNICEF.

Papadopoulos, R. ed. (2002) *Therapeutic Care for Refugees: no place like home.* London: Karnac Books

Peddle, N., Monteiro, C., Guluma, V., & Macaulay, T. (1998). Trauma, loss and resilience in Africa: A psychosocial community-based approach to culturally sensitive healing. In K. Nader, N. Dubrow, & H. Stamm (Eds.), *Honoring differences: Cultural issues in the treatment of trauma and loss.* (pp. 121–147) Philadelphia: Brunner/Mazel.

Ressler, E., Tortorici, J., & Marcelino, A. (1990) *Children in war: a guide to the provision of services*. New York: UNICEF.

Snider, L. (2003) Indicators for Psychosocial Programmes: Tulane University. sara.aed.org/ovc-tc/documents/emotional-wellbeing/

van der Kolk, B., & McFarlane, A. (1996). Trauma and its challenge to society. In B. van der Kolk, A. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: the effects of overwhelming experience on mind, body, and society.* New York: Guilford Press, pp. 24-45.

van der Kolk, B., McFarlane, A., & Weisaeth, L. (Eds.). (1996). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York: Guilford Press.

Vanistendael, S. (1996). *Growth in the muddle of life: resilience: building on people's strength.* Geneva: International Catholic Child Bureau.

Wessels, M. (1998). *Culture, power, and community: Intercultural approaches to psychosocial assistance and healing.* In K. Nader, N. Dubrow, & H. Stamm (Eds.), Honoring differences: Cultural issues in the treatment of trauma and loss (pp. 99–121). Philadelphia: Brunner/Mazel.

Women's Commission for Refugee Women and Children. (2000) *Untapped Potential: Adolescents Affected by Armed Conflict, A Review of Programmes and Policies.* New York: Women's Commission

Wilson, J., Harel, Z., & Kahana, B. (Eds.). (1998). *Human adaptation to extreme stress: From the Holocaust to Vietnam*. New York: Plenum Press.

ANNEX 1: DOCUMENTS REVIEWED

CARE: KOSOVO

Strategy
CARE International Kosovo and Macedonia. Programme Strategy 2002 ---2004. March 2003.

Teacher training manuals
Community Based Psychosocial Programme: Psychosocial Handbook. English Version. Plan International. November 2001

Community Based Psychosocial Programme: Teacher Training Manual. English Version. Plan International November 2001

Education for Peace and Tolerance Project: Teacher Training Facilitator Guide and Reference Material: Human Rights Education. Kosovo May 2003

Monitoring and Evaluation
German Development Cooperation with Kosovo. (BMZ). Support for traumatised children in Kosovo. Report on the project monitoring mission in June 2001. on behalf of CARE Germany and Karl Kubel Stiftung by Joanna Kotowski. September 2001.

Education for Peace and Tolerance in Kosovo. A Project Proposal: Education for Peace and Tolerance in Kosovo: A follow-up project of the pilot "Support Programme for Traumatized Children in Kosovo. February 2002.

Education for Peace and Tolerance Project. Progress Report. June 2002 to February 2003.

Education for Peace and Tolerance Project. Final Project Report. Phase 1. June – May 2003. (including "Results of individual interviews with children per ethnic group; and Results of group interviews with children, teachers, and parents.)

Education for Peace and Tolerance Project. Project Evaluation Report. Kosovo June 2003.

Reports on Community Sensitization, Outreach and Advocacy
One Day Activity in the School in Pirana.

Support Programme for Traumatized Children in Kosovo. Sedat Gushila , Project Assistance. May 2002

Education for Peace and Tolerance Project. Report on Community Sensitization Workshop on Children's Rights and School Self Assessment. Kujtim Kito and Sigrid Maurer. March 2003

Mobilization of Parents and Community on the Importance of Schooling in a Child Friendly Environment

Care International Kosovo. Advocacy Initiatives: Kosovo Children's Rights Forum.

Reports on Teacher Training
Psychosocial Training Programme for Teachers. Report on first training module.
Prizren October 3 – 8 2000 Matthias Themel.

Psychosocial Training Programme for Teachers. Report on first training module.
Prizren/Gjakova 13 – 19 November 2000 Matthias Themel and Valmira Haxhaj

Psychosocial Training Programme for Teachers. Report on first training module.
Prizren/Gjakova 22 – 28 January 2001 Matthias Themel and Valmira Haxhaj

Psychosocial Training Programme for Teachers. Report on first training module.
Prizren 12 – 18 March 2001 Valmira Haxhaj and Matthias Themel

Report on the Training of Teachers on Group Building and Life Skills. Gjakova 7 -9, 21 – 23 September 2001. Valmira Haxhaj, APM.

Report on the Second Training of Teachers on Group Building and Life Skills. Prizren November – December 2001. Valmira Haxhaj, APM.

Report on the Teacher Training on Education for Tolerance. Prizren March 2002. Valmira Haxhaj, APM

Report on Summer Courses: Summer Institute for Educators. Prizren and Dragash August 2003.

Reports on Activities with Children

A "special day at school" in Lubeqeve and Lugishte e Hasit 17 and 18 April, 2001.

A "special day at school" in Randobrave and Gjonaj 13 and 14 February 2001

Education for Peace and Tolerance Project. Report on the Creative Group Activities with Children September 2002 – April 2003. Shpresa Malazogu. July 2003.

Education for Peace and Tolerance Project. Content of Group Activities

CARE: NORTHERN CAUCASUS

Training for teachers and health workers
Psychosocial Training Programme for Education Professionals in the North Caucasus. Project Proposal. February 2001.

Psychosocial Training Programme for Education Professionals in the North Caucasus. Part II. Progress Report #1. Nazran Ingushetia May 2001.

Psychosocial Training Programme for Education Professionals in the North Caucasus: Final Narrative Report for the period February – December 2001. February 2002.

Psychosocial Training Programme for Education Professionals in the North Caucasus: Final Evaluation Report. (Including additional materials: compiled interviews and annex 8) Matthias Themel December 2001.

Out of School Youth
Assessment of Out of School Chechen Children and Youth. Prepared for CARE International. David Hutton. M.Ed. PhD April 2002.
.
Community Based Psychosocial Education Project for Vulnerable Youth. Narrative Interim Report. 25 July 2003.

Project Evaluation: Community Based Psychosocial Education Project for Vulnerable Youth. David Hutton M.Ed. PhD.

Community Based Psychosocial Project
Project Evaluation: Community Based Psychosocial Project. David Hutton M.Ed. Ph.D. February 2003.

ANNEX 2: LIST OF ACRONYMS

ARD	Association for Relief and Development
BMZ	German Development Cooperation (Bundesministerium fur wirtschaftliche Zusammenarbeit und Entwicklung)
BPRM	Bureau of Population and Refugee Migration (US Department of State)
CBPP	Community Based Psychosocial Programme
ECHO	European Commission Humanitarian Organization
EPT	Education for Peace and Tolerance
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IOM	International Organisation for Migration
INGOs	International Non Governmental Organisations
IRC	International Rescue Committee
NGOs	Non Governmental Organisations
MDM	Medecins Du Monde
MSF	Medecins Sans Frontieres
PINF	People in Need Foundation
TAC	Transitional Accomodation Centre (Chechnya)
TOT	Training of Trainers

ANNEX 3: COMMUNITY BASED PARTICIPATORY EVALUATION TOOL

Community Based Participatory Evaluation Tool[35]
This participatory assessment tool can be utilized as a mechanism to assess local perceptions, needs, and resources in a community and to facilitate the beginning of a community-based response action cycle designed to build coping/support mechanisms. It can also be used to facilitate a participatory process to assess changes in the behaviours and attitudes of children and youth as a result of the community coping/support mechanisms.

FOCUS GROUPS
Number
Limit the number of adults or teens to 7 to 15. For children 6-11 years of age, 10 children should be the maximum number in a focus group.

Participant Selection
Partner NGOs should select individuals and groups from communities in which they work.

Separate focus groups should be organized for: mothers; fathers and community elders; female adolescents; male adolescents; girls; and boys.

If relevant, groups can be further disaggregated into more/less educated, rural/urban, ethnicity, and/or by those from areas more/less affected by the conflict. Do not separate orphaned or disabled children but include them in the appropriate age and gender group.

Time allocation
Children's groups take about 45 minutes; youth and men about 1½ hours; and mothers about 2 hours.

INTERVIEW GUIDE with Mothers/Primary Care-Takers and others who are intimately involved with children's growth and development

CHILDREN'S DEVELOPMENT

Instruction: Think about a time when life was good, when there was no war and you were at home, with food to eat, and water to drink and your family around you.
- What is the first thing that happens when a new baby is born?
- How are infants cared for and by whom? What is the most important thing for a child to learn in the first months of life?
- At what age does a child walk? What changes at that time?
- At what age can a child walk unaccompanied?
- At what age does a child first talk? Say "no-no?"
- At what age can one begin to teach a child right from wrong? How?
- At what age does a child know that he is a boy (like father), or a girl (like mother)?
- What is a child like from 3 to 6 years old?
- At what age can a child begin to help the parent?
- Which parent and with what chores?
- At what age can a child begin to learn the important rules of the community?
- How are children taught these things and by whom?
- At what age can a child begin school or work? What makes this a good age?
- What is a child like from 7 to 12 years old?

Instruction: Do we all agree that children [below adolescence] [whose bodies are not yet developed] see the world normally as their parents and teachers describe it?
- At what age does a child begin to see the world differently from what is told to him/her? (Think back on your own childhood)
- At what age can a person speak of these opinions to the family? In the community? Participate in community councils or meetings?

---

[35] This instrument was first published in the journal Mind and Human Interaction vol.12 number 4

- At what age should a youngster carry a weapon? Defend the family?
  At what age is a person considered to be a proper adult in this community
- List the characteristics that make a respected man or woman in this community? How do boys and girls learn these things? Are there special ceremonies associated with the acquisition of this knowledge? At what age is one expected to behave in this way?
- Are there any special danger signs that indicate that things are not going well in this regard? (For girls? For boys?) What do you do and with whom do you consult if things are not going well?
- At what age can a person get married? Who makes that decision?

Has anything changed? What is different under current conditions?
- What is the first thing that happens when a new baby is born? Any special parties or celebrations?
- How are infants cared for and by whom? Are children learning the most important things in their first months of life?
- At what age are children walking? What changes happen here when they walk?
- At what age does a child walk unaccompanied?
- At what age does a child first talk? Say "no-no?"
- At what age can you begin to teach a child right from wrong? How?
- At what age does a child know that he is a boy (like father), or a girl (like mother)?
- What are children like from 3 to 6 years old?
- At what age do children begin helping their parents?
- Which parent and with what chores?
- At what age do children begin to learn the important rules of the community?
- How are children taught these things and by whom?
- At what age do children begin school or work? Why this age?
- What are children like from 7 to 12 years old?
- At what age does a child begin to see the world differently from what is told to him/her?
- At what age can a person speak of these opinions to the family? In the community? Participate in community councils or meetings?
- At what age should a youngster carry a weapon? Defend the family?
- What is necessary for a person to be considered a proper man or woman in this community?
- Are there any special danger signs that indicate that things are not going well in this regard? (For girls? For boys?) What do you do and who do you consult if things are not going well?

- At what age are people getting married? Who makes that decision?

COMMUNITY COPING MECHANISMS
This material can be recorded on a chart: what is in place/ what needs strengthening/ what is no longer in place. It should then be rechecked following the project to determine improvement.
- What were the celebrations and festivals in the community? Who participated? What were these celebrations like in good times?
- What did you do if you had a moment free from household work? Did you have occasion to socialize with other women during the course of the workday? Where and how?
- Were there women's organizations or lending groups that women participated in?
- When your children were sick or had difficulties, what did you do, who did you consult?
- What was the custom when someone died?
- What was the custom when there was a natural disaster or other community problem?
- If someone's child did not behave properly or was not growing up properly, what did you do? Who did you consult on these occasions?
- If a mother was under stress or having difficulty caring for her children, who would help her? Was there some way she could feel better?

Has anything changed? What is different under current conditions? What is/is not in place now?
- What celebrations and festivals do you do here? Who participates? What is different about these celebrations here/now?
- What do you do if you have a moment free from household work? Do you have occasions to socialize with other women during the course of the workday? Where and how?
- Are there women's organizations or lending groups that women participate in?
- When your children are sick or have difficulties, what do you do, who do you consult?

☐   What is the custom when someone dies? Is this different from before? In what way?

☐   What is the custom when there is a natural disaster or other community problem?

☐   If someone's child does not behave properly or is not growing up properly, what do you do? Who do you consult on these occasions?

☐   If a mother is under stress or having difficulty caring for her children, who should help her? Is there some way she could feel better

INTERVIEW GUIDE with Fathers/Community Elders

DEVELOPMENTAL & BEHAVIORAL NORMS

Instruction: Think about how it was before the violence. How were children raised in the community?

☐ ☐   What do you believe is most important for a father to teach his children?

☐ ☐   At what age might a person first have independent thoughts?

☐ ☐   At what age might a person be permitted to express such thoughts?

☐ ☐   How and at what age are people taught right from wrong? What of a young person who has difficulty learning these differences?

☐ ☐   What is/was your view of the most important, necessary things to learn and accomplish in becoming a good man? A good woman?

☐ ☐   At what age should a young man marry? A young woman?

☐ ☐   At what age should a young person carry a weapon?

☐ ☐   How were decisions made in the community?

☐ ☐   How were disputes resolved in the community?

☐ ☐   Were there special ceremonies for the return of soldiers following war?

☐ ☐   Were there any methods by which a person who had acted wrongly could make restitution or be restored to the community? Were they different for children and adults?

☐ ☐   What were the customs of the community regarding births and marriages?

☐ ☐   What were the customs of the community regarding famine, loss of income, violence, or another major difficulty?

Has anything changed? What is different under current conditions? What is/is not in place now?
(go through above list of questions again – check 2ⁿᵈ box to track progress through questions)

INTERVIEW GUIDE with Children/Youth

☐   Describe the place that you come from.

☐   What is it like there? (Talk about animals, weather, school, religious institutions, traffic if any, other descriptive factors.)

☐   What did a girl do all day from morning until night?

☐   What did a boy do all day from morning to night?

☐   *(Be sure to probe for the following: Do they ever help their parents with chores or work? Which chores, when? When they go to sleep at night, does anyone tell them a story? Do they have dreams?)*
     How does a kid have fun here in this place?

☐   What are the celebrations and festivals in the community? Are they the same as before? If not, how are they different?

☐   Who participates in them?

☐   What are these celebrations like? Are they the same as before? How are they different?

☐   Did young people participate in any group activities? (Formal youth organizations? Sports Clubs? Other?)

☐   What is the best thing about this place?

☐   Is there anything that you don't like? Is there anything dangerous or frightening for kids here?

☐   What is the worst thing about this place?

☐   What are the necessary qualities of being a grown man? Woman?

□   Are there necessary things that a person must do to gain that status?

Close your eyes --- while your eyes are closed, you will grow big and bigger until you are an adult of ? years (have children give age of adulthood)

□   Tell me about your life. (What do you do for a living? Family? Etc?) How will you have prepared for this?

I will clap my hands, you will return to your own age.

□   Do you have all the conditions necessary to grow up to accomplish these things? If not, why not? What is needed?

MATRIX
(For children over 7 years old)

Name the 5 biggest problems affecting your community.
Who should solve them?
How should they be solved?
What can you do as a child in this community?