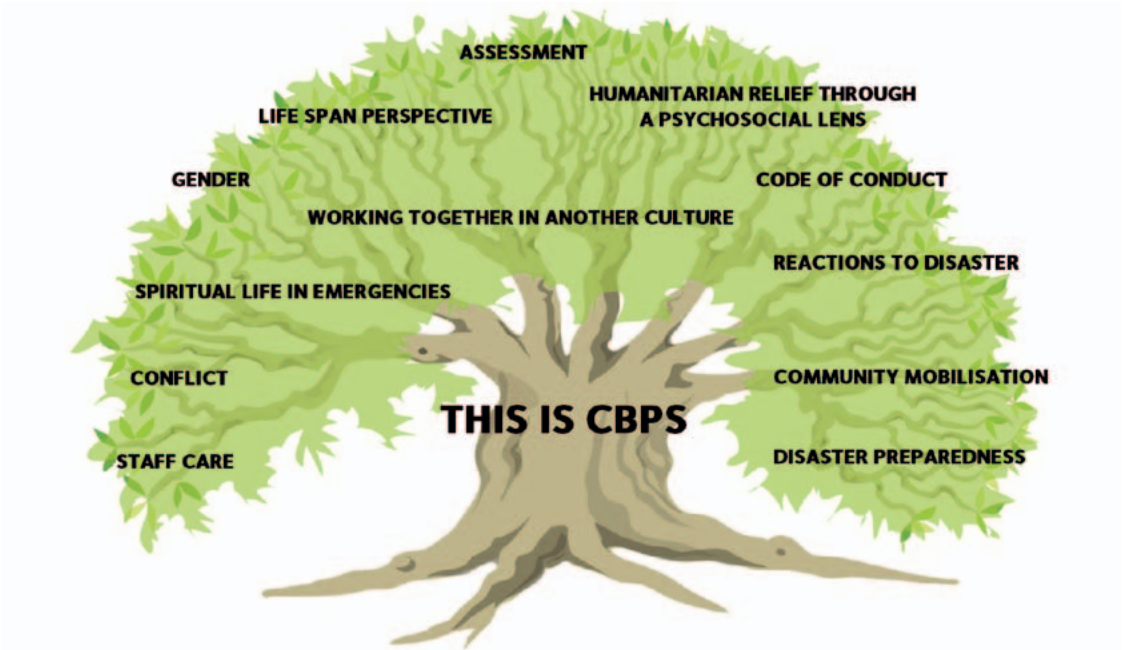
actalliance

Community-Based Psychosocial Support in Emergencies

Summary of the website

http://psychosocial.actalliance.org



Community-Based Psychosocial Support in Emergencies

1. Introduction

Any emergency response should be owned, controlled and guided by the affected population. It should make use of the existing support structures at the family, community, local, national and international levels. From the earliest phase of an emergency the affected people should be involved to the greatest extent possible in the assessment, design, implementation, monitoring and evaluation of any assistance.

Armed conflicts and natural disasters can cause significant psychological and social suffering. The psychological and social impacts of emergencies are usually acute in the short term, but they can also undermine the long-term mental health and well-being of the affected population. Meeting these needs is as important as fulfilling the obvious need for food, water, medical care, shelter and clothing.

The objectives of community-based psychosocial support include: helping affected people achieve a stable life and integrated functioning, and restoring hope, dignity, mental and social well-being and a sense of normality.[1]

2. "Psychosocial" means...?

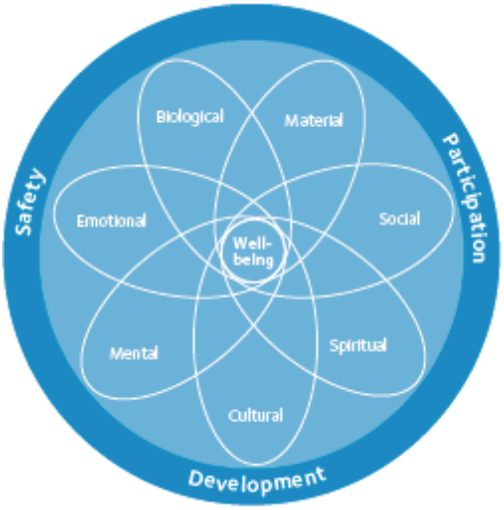
The term psychosocial underlines the close relationship between the psychological and social effects of an emergency. Psychological means those experiences that affect emotions, behaviour, thoughts, memory and learning, as well as how a situation may be perceived and understood. Social effects describe how the experience of an emergency alters people's relationships to one another. Emergencies create a wide range of problems at the individual, family, community and societal levels. At every level, emergencies erode normal support structures, increase the risks of a range of problems, and tend to amplify pre-existing issues of social justice and inequality.

1 Reference: http://psychosocial.actalliance.org/

3. Psychosocial well-being

How we are feeling internally affects how we relate to the environment around us. Similarly, our traditions, customs, and community affect how we feel. Well-being depends on many factors. The overlapping circles (see figure here below) suggest that individual and collective well-being depends on what happens in a variety of areas, that meeting at least some minimal level of need in each of these areas is necessary, and that these areas are to some extent interrelated.

The aim of all humanitarian response work, from a psychosocial perspective, is to provide an environment that will enable people and communities to heal after a traumatic event. This can only be done successfully by addressing all areas of well-being. An environment conducive to healing can only be built if the psychosocial perspective is integrated into all phases of humanitarian response, so that humanitarian workers from different sectors (such as water engineers) are aware of how they, too, contribute to an affected person's well-being.



Safety *relates to physical security and fear of harm – need for protection.*

Participation *relates to the degree to which members of an affected population play an active role in securing and maintaining their own safety, well-being and development. Emphasis should be placed on building own capacities, instead of providing a one-way flow of assistance.*

Development *refers to processes at both the individual and community levels. On the community level, development refers to sustained socio-economic development. For individuals, development means that the seven elements of well-being change over time: they are not static.*[2]

Over time, members of a community may become dependent on aid, if being treated in that way. Family roles and relationships are undermined and community relationships are distorted. Self-respect, self-esteem and self-reliance are damaged or destroyed, which affects individual and community well-being. Well-being is comprised of elements from the different domains shown above. Few people ever achieve a complete sense of well-being – perfection is unattainable, and rarely are all of our needs met. It is human nature to want more or to push oneself further in some way, however most people reach an equilibrium where they are content and have reached a positive sense of well-being.

2 Williamson, John & Robinson, Malia., (2006) 'Psychosocial interventions, or integrated programming for well-being', Intervention: The International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict. Vol: 4 (1), pp4 - 25: http://www.interventionjournal.com/index3.html

4. Community based

A community provides the social and psychological foundation for an individual. The community 'space' is where individuals live, work, study and receive health care and other services. It should be a place where individuals feel safe.

The foundation of all community-based psychosocial work is the belief in the affected community's capacity for recovery and resilience. The challenge for the psychosocial worker is to assist the affected people and facilitate their efforts to regain a functional community by building on their strengths. This work must be gender, age and diversity sensitive, addressing the needs of all groups: women, men, boys and girls.

When a community is confronted with a disaster, we must listen and be attentive to what its members/inhabitants tell us. We have learned from experience that most affected people will recover their ability to function in their daily lives once their family and community is stable and functioning normally. When schools are open for boys and girls and marketplaces supply food, healing begins. Parents discuss their concerns at school, children become less symptomatic, information is communicated, grief is shared at the market and standards of expected behaviours begin to re-emerge.

5. Participation

Participation is a form of empowerment, which greatly facilitates an individual's recovery process. An individual being included in the recovery efforts grows more confident and hopeful and is also more active in the re-building of her/his own life and community.

In most emergency settings, a significant number of people are resilient enough to participate in relief and reconstruction efforts. Mental health and psychosocial support is often provided within the affected community, and not from outside agencies.

Affected communities include both displaced and host populations. These groups may compete with one another. Facilitating genuine community participation requires understanding the local power structures and patterns of community conflicts. It is important to work with different sub-groups, and avoid assigning privilege to particular groups.

6. Rights-based approach

There are two distinct approaches to providing help to those people in need: a rights-based approach and a needs-based approach. A rights-based approach starts from a different premise, namely that the rights of individuals in a population should drive the support effort. The traditional needs-based approach seeks to solve problems that exist on a practical level. A needs-based approach does not require downward accountability to beneficiaries and there is no moral or legal obligation on the state and/or other statutory bodies to protect or assist. While many rights develop from needs, a rights-based approach adds legal and moral obligations, and accountability.

In a rights-based approach, individuals and groups are encouraged and empowered to claim their rights; this is the true meaning of capacity building. Individuals are not seen as helpless victims or objects of charity (as often occurs in a needs-based approach), but rather as people claiming their legal entitlements. The concept uses international human rights law to analyse inequalities and injustices. It seeks to strengthen the capacities of rights-holders to make claims, and of duty-bearers to respond to these claims. Duty-bearers are found throughout a society, including in the family and community, national and international levels. Faced often with inequalities and discrimination, women's and girls' participation and empowerment are crucial to making real and sustainable improvements.

A rights-based approach, however, is not without problems. Imposing human rights and expecting cultures and communities to embrace 'universal' human rights, can create tensions between agencies and communities. These tensions can be very difficult to resolve and can lead communities to be wary of organisations, because they perceive us to be undermining local traditions and values.

7. Psychosocial support intervention triangle

The well-being of all people should be protected through the (re)establishment of security, adequate governance and services that address basic physical needs (food, shelter, water, basic healthcare, control of communicable diseases). In most emergencies, specialists in sectors such as food, health and shelter provide basic services.

A psychosocial response to the need for basic services and security (see first layer here above) may include: advocating that these services are put in place with responsible actors, and influencing humanitarian actors to deliver them in a way that promotes psychosocial well-being.

The second layer represents the emergency response for a smaller number of people who are able to maintain their psychosocial well-being if they receive help in accessing key community and family supports. In most emergencies, there are significant disruptions of family and community networks due to loss, displacement, family separation, community fears and distrust. Useful responses in this layer include family tracing and reunification, assisted mourning and communal healing ceremonies, mass communication on constructive coping methods, supportive parenting programmes, formal and non-formal educational activities, livelihood activities and the activation of social networks, such as through women's groups and youth clubs.

The third layer represents the supports necessary for a still smaller number of people who additionally require more focused, individual, family or group interventions by trained and supervised workers (but who may not have had years of training in specialised care). For example, survivors of gender-based violence, might need a mixture of emotional and livelihood support from community-workers. This layer, also includes, Psychological First Aid (P.F.A) and basic mental health care by primary health care workers.

The top layer of the pyramid represents the additional support required for the small percentage of the population whose suffering, despite the supports already mentioned, is intolerable and who may have significant difficulties in basic daily functioning. This assistance should include psychological or psychiatric supports for people with severe mental disorders, whenever their needs, exceed the capacities of existing primary/ general health services. Although specialised services are needed for only a small percentage of the population, in most large emergencies this group amounts to thousands of individuals.[3]

8. ACT CBPS Guiding Principles

Members of the ACT Alliance and the ACT secretariat (hereinafter referred to as 'ACT') have a common commitment to protect, without discrimination, the rights and dignity of the individuals with whom they work during their responses to emergencies and distressing events or long time stressful situations. In 2010, the ACT Alliance established a Psychosocial Support Working Group (PSWG) to promote and support the need for social and psychological considerations in all ACT sectors of work. The ACT PSWG has developed guiding principles to assist ACT staff, consultants and volunteers in providing community-based psychosocial support work with countries around the world. These guiding principles are meant to serve as a reference for psychosocial support initiatives held by the members of ACT Alliance. They are based on the principles of respect for human beings and their human rights, gender equality, understanding and enablement.

3 Reference: http://www.who.int/hac/network/interagency/news/iasc_guidelines_mental_health_psychososial.pdf

ACT Community-Based Psychosocial Support Guiding Principles
Principle 1: Promote the basic rights and dignity of women, men, girls and boys, without discrimination, to overall wellbeing, avoiding unnecessary distress, fear, and pain (e.g. physical, emotional and spiritual)
Principle 2: Include social and psychological considerations in all ACT work sectors (e.g. water and sanitation, livelihoods, shelter, health and security)
Principle 3: Build on community-self help strategies, promoting community ownership and control over resources using participatory processes of engagement and decision-making
Principle 4: Promote the return to the optimal functioning of affected communities and individuals through their involvement in social activities and gatherings within local structures such as schools, community centres, churches, mosques, and local organisations
Principle 5: Recognise and encourage the community's belief in its own capacity to make change and to protect their overall wellbeing by building on their own resources
Principle 6: Promote positive communal healing practices, emphasising family and community support structures to address individual and collective needs
Principle 7: Address people's spiritual needs to maintain good mental health and a feeling of belonging or connectedness
Principle 8: Enhance a community's resilience and hope for long term recovery and sustainability by nurturing their capacity for growth

9. Basic introduction to the Subjects

The following listed "Subjects" constitute all together the base of CBPS. They are listed in order of importance. The selected subjects are important fields of knowledge for any person or organisation working in an emergency.

a. Code of conduct

During emergencies, many people depend on humanitarian aid to help them meet basic needs. This dependence, together with damaged protection systems (such as family networks), contributes to a power imbalance between those delivering services and those receiving them. To reduce harm, all humanitarian workers must adhere to international humanitarian principles and standards of conduct.

By helping organisations communicate more clearly to their staff about rules and responsibilities, Codes of Conduct will help relief aid groups improve management and training. These should guide the recruitment and activities of all humanitarian staff. Good programming, along with the adherence to humanitarian values, can help prevent the misuse of power. The most common – though not the only – misuse of power is when a humanitarian worker extracts sexual favours from an aid recipient.

Codes of Conduct are often perceived by aid workers as imposed by their superiors. Codes should however also be seen from the perspective of those we are trying to protect – the affected population. Communities have opinions and their own guiding principles on Codes of Conduct, and should be encouraged to understand the rules that guide our work and the motivations behind them.

Humanitarian work is deeply embedded in the political, economic and social realities of many societies. Organisations should not seek partnerships with international or local organisations that do not adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief.

The Codes of Conduct on "performance" and on "sexual exploitation" govern all work performed by anyone working for a member organisation of the ACT Alliance – whether national or international staff, interns, volunteers or consultants.

The Codes incorporate not only international humanitarian values but also legal rules that govern international humanitarian work. These rules are not negotiable, and should not be adjusted based on claims about local customs. Of course, the existence of rules on paper does not by itself prevent abuse or exploitation. All humanitarian staff must therefore be educated about the standards – and the importance of complying with them.

The Code of Conduct for ACT staff members
1. Respect and promote fundamental human rights without discrimination of any kind and regardless of social status, race, ethnicity, colour, religion, gender, sexual orientation, age, marital status, national origin, political affiliation or disability.
2. Treat all refugees, IDPs, beneficiaries, affected communities, target groups and other persons fairly and with respect, courtesy, dignity, and according to the respective national law, international (humanitarian, human rights and refugee) law and local customs.
3. Create and maintain an environment that prevents sexual exploitation, abuse of power and corruption, and promotes the implementation of the Code of Conduct. Managers at all levels must support and develop systems that maintain this environment.
4. Uphold the highest standards of accountability, efficiency, competence, integrity and transparency in the provision of goods and services.

5. Never commit any form of harassment that could result in physical, sexual or psychological harm or suffering to individuals, especially women and children.

6. Never exploit the vulnerability of any target group, especially women and children, or allow any person to be placed in a compromising situation.

7. Never engage in any sexual activity with persons under the age of 18, regardless of local law about the age of majority or of consent. Mistaken belief in the age of the child is not a defence.

8. Never engage in sexual exploitation or abuse of any target group (men, women, girls and boys). This constitutes acts of gross misconduct and is grounds for termination.

9. Never trade money, employment, goods or services for sex, including sexual favours. All forms of humiliating, degrading or exploitative behaviour are prohibited. This includes trading of assistance that is due to beneficiaries.

10. Never abuse their position to withhold humanitarian assistance, to give preferential treatment, or to solicit sexual favours, gifts, payments of any kind, or advantage. The employee should consciously avoid taking advantage of their position and may not accept gifts (except small tokens of appreciation) or bribes.

11. Do not engage in sexual relationships with beneficiaries. Such relationships are strongly discouraged since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of humanitarian aid work. This applies both during and after working hours.

12. Employees may not accept, solicit, or profit from, sexual services. This rule applies both within and outside of working hours.

13. Ensure that all confidential information, including reports of breaches of these standards by colleagues, obtained from beneficiaries or colleagues are handled correctly and with the utmost confidentiality.

14. Ensure that reports of breaches of these standards are immediately provided to senior management or the human resources manager (or through other established reporting mechanisms). Those receiving these reports are expected to investigate immediately.

15. Any breach of the Code of Conduct will result in disciplinary action in accordance with the respective conditions and guidelines of the individual agencies.

16. Any staff member purposely making false accusations on any action by another staff member will be subject to disciplinary action at the discretion of the employer.

b. Assessment

An assessment is an information gathering process. It should facilitate the community's appraisal of its needs, wants, problems, resources and values following a disaster or conflict. It should also help community members understand their situation so that they can make informed decisions in the short term and for the future.

The very nature of participatory assessments demands that an affected community is placed at the heart of humanitarian response work. Fostering community-based solutions to community problems ensures the design of effective humanitarian programmes.

Communities should not, however, be viewed as homogenous groups where people all share the same values, needs and priorities. Often the more dominant members of any community tend to speak on behalf of others, who may be marginalised or overruled in group discussions. When undertaking assessments, it is important to seek out and listen to the views of the marginalised and most vulnerable members of a community.

In conflict-based emergencies, some communities may be influenced or forced to propagate the views of a rebel militia group, who may be threatening them and seeking supplies to further their own means. In such circumstances it may take time to identify legitimate community members and their needs. Follow-up assessments and monitoring of the relief response is of vital importance in conflict-based emergencies.

An assessment that is reviewed regularly and includes members of the affected community is the most effective approach. There are two types of assessments: rapid (usually undertaken within the first 7 days of an emergency) and detailed (undertaken within 2-4 weeks of an emergency). The results of both rapid and detailed assessments should be shared with other agencies and organisations working in the same area. The Office for the Co-ordination of Humanitarian Affairs (OCHA) is responsible for collating and disseminating data. However, it should be noted that sensitive assessment data, such as the details of individual human rights abuses and cases of sexual and gender based violence (GBV) should only be shared with organisations if the names of the survivors remain anonymous.

c. Reactions to traumatic events

When catastrophe strikes, the most obvious effects are physical. People are often gravely injured, infrastructure and basic services must be restored. But for individuals and a community, the emotional impact of a traumatic event is profound. Everyone responds in some way to stressful events. It is healthy to respond. Some people are active, organising, moving people out of danger and making

sure people are fed. Others become very quiet. Some turn to their faith, others turn away from their faith. Most people in a community will recover when their daily life returns to normal, with the support of their family and community. This support – from religious groups, ethnic groups, friends, neighbours, cultural groups – is very important. A small percentage of people will need extra support from trained professionals. Psychological first aid is a concept and measure used, when responding to the immediate needs of people following a sudden overwhelming event.

Trauma can be physical, such as a wound, or it can be emotional, such as grieving for a death or fearing acute danger. It is a situation that goes beyond ordinary experience. The situation is a threat towards physical or psychological integrity. Consequences of trauma may include: lack of self-worth and respect, distrust in others and a lack of continuity.

Traumatic experiences can cause painful reactions. People are always alert for the next wave or tremor or explosion (hyper-vigilant). People feel helpless or hopeless, or even disoriented. People avoid reminders, but the trauma continues to invade their thoughts (flashbacks). Emotions are intense and sometimes overwhelming.

Staff are the most important asset in any organisation, but they are not immune to the effects of a traumatic event. Unfortunately, many humanitarian workers suffer symptoms of secondary trauma as the result of working for too long in the field supporting survivors without a break. It is therefore important to know how to minimise the stress placed on staff working in emergency settings. Failure to support staff appropriately affects not only our own staff members but those we seek to help as well.

Coordination and cooperation by local actors on the ground, community members, humanitarian agencies and organisations are required to help communities rebuild after a traumatic event. Programmes and projects should seek to integrate the psychosocial approach into all aspects of the humanitarian response, so that the environment facilitates healing.

d. Community mobilisation

Community mobilisation is a process in which relief workers and organisations work together with a community to address the community's needs. Efforts of this type may be initiated by members of the local community or by outside groups, but in either case the objective is to support and strengthen the resources available within the community to encourage ownership and sustainability after the relief organisations have departed.

Including the affected community as an active and willing participant in the process is at the heart of community mobilisation. It is a partnership between those affected and those responding. The affected communities need to be in control of the direction of their recovery. When they have ownership and responsibility for the programmes, they will be better prepared to sustain changes beyond the recovery period.

The goal of community mobilisation is to assist the affected community in getting back on their feet. It means working side-by-side until the affected community is able to return to normalcy (or 'new normal') and independent functioning.

There are numerous benefits to community mobilisation. Perhaps the most important one is that there is a better response to community needs and concerns when the affected community is actively involved. The affected community knows what is needed and how to deliver it. They know the culture and are known by the local people. When they participate in identifying problems, programme planning, and other decision making, there will be increased ownership and responsibility for the programmes. Community partnership results in more culturally appropriate and acceptable solutions; consequently, change and sustainability are more likely. Community mobilisation increases access to information and services. It is also more cost effective when outside and local resources are coordinated and cooperative.

Community mobilisation faces many challenges. Perhaps one of the biggest challenges is the sharing of *control*. In today's globalised world, information travels quickly and easily. While this allows for a more effective response, it also means that there are more individuals, agencies, and organisations to coordinate. For communities to be truly mobilised, all of the organisations need to collaborate and coordinate their services and programmes.

Communication is also a challenge in emergencies. Phone service is often unavailable, and when people are displaced, their home phones are ineffective.

Another challenge of community mobilization is time. When several organisations share control, it may take longer to accomplish goals. Closely related to time is cost. The longer things take, the higher the cost. Coordination can prevent duplication and be more cost effective.

The capacity of the affected community to participate in the mobilisation effort may also be a challenge. They may be physically, emotionally, and mentally impaired or fatigued.

Depending on the emergency, security may be a challenge. It may be necessary to secure a safe environment before any projects can occur.

Cultural restrictions are another area to consider as a possible barrier. Women and men may not be permitted to meet together or it may be inappropriate for anyone other than a community leader to be involved in decision making.

It is important to be aware of language and literacy strengths and weaknesses of the community. If someone doesn't speak the common language, or is unable to read, they may feel intimidated by large groups.

Additionally, there may be a misunderstanding as to who is invited. There may be misperceptions on whether the focus will be on individuals needs or community needs.

e. Gender

Wars, natural disasters and other emergencies affect women, girls, boys and men in profoundly different ways. Members of each group face different risks and are thus victimised in different ways, necessitating targeted interventions to address the various needs of all groups.
The term 'gender' refers to the social differences between females and males that are learned throughout life. Gender roles vary widely within and between cultures, and depend on the particular social, economic and political context. To create truly inclusive and beneficial humanitarian interventions all people must be taken into account.

In an effort to resist violence, survive, and support their dependents, women and men respond differently during a disaster. Gender roles are never static, even in 'normal circumstances'; they change over time. In many cultures, women are perceived as caregivers and expected to take a more passive role when it comes to decision-making, earning a wage, politics and religion. Men, in contrast, are seen as warriors, wage earners, decision-makers, and are more actively involved as ministers and politicians. In a more negative light, men are often seen as perpetrators of violence and women as passive victims or survivors.

In crisis situations, gender roles can undergo rapid change. Some males struggle to deal with their changed identity, loss of status as dominant wage earner and protector of the family. As a result, they may act out their frustration and resentment through violence directed toward their wife, partners or children. In a refugee or IDP camp, the tensions between the changing gender roles can increase the potential for gender-based violence (GBV), particularly in the consolidation phase of an emergency. The impact of this behaviour is generational; children who are exposed to it can, potentially, grow up to model it.

During a crisis, it is important that agencies are sensitive to these gender-based expectations. When roles change in a way that is foreign or unaccepted in certain cultures, individuals often respond in negative ways. It is easy for men and women to lose their dignity and self-worth when they are no longer able to contribute to society in the way they are accustomed. This is a time when agencies and organisations should step in to help empower these individuals to regain their dignity and access to human rights through capacity building initiatives.

To improve coordination on gender during emergencies, gender networks should be established at the local and national levels, with representation from all clusters and sectors (for example, health, food security and nutrition, water, sanitation and livelihoods etc.). The chair of this group should be an agency with strong gender expertise. A co-chairing arrangement is also a good option. The main purpose of this network is to facilitate dialogue, making sure that people are informed of key issues and developments in terms of the changing roles, needs and conditions of women, men, boys, girls and the elderly in the affected community.

f. Life span perspective – age matters

Emergencies happen at a particular time in the life of a person or a community. People are born before (or during!) the emergency and most will live after the emergency is over. The circumstances of our lives at the time of an emergency influence our experience of it – and its impact on our later life. A child born in a refugee camp, for example, will have a very different memory of the emergency than the mother of that child who was raped prior to arrival. The negative effects of disasters are obvious, such as loss of family members and destruction of homes and businesses. But there can be positive impacts as well. A family that has long lived in poverty may have new opportunities for a better life after resources flow in after a disaster. For an individual, the long-term effects are moderated most by the support of her/his family and community. Through these social networks, people both give and receive support, which contributes to healing and the restoration of a functional life. We need to support these restorative social networks. One of the most important skills one learns after an emergency is resilience – a skill vital to recovery from the current emergency, and to coping with future challenges.

Families, neighbourhoods and communities include people of all ages. Parents, babies, elders, teenagers, and grandparents all play a part in the network of relationships found in a community. This diversity of ages, interests, skills and relationships provides a rich toolkit. An older neighbour may know what to do when mice move into the family house – while a young child has plenty of energy to run to the store for grandma to acquire the items needed to carry out the plan. In any community, people have a variety of relationships that knit them together. They may be members of the same family, classmates, coworkers or just friends. When a disaster strikes, the network of support provided by these relationships is disrupted. Most pertinent to emergency situations is *displacement*.

Psychosocial support should be tailored to the circumstances. For families with infants, the loss might mean that the other parent will need to find work and rely more on day care. For families with older children, loss of income might make it difficult to pay for their school, require limits on teenage recreation or require a teenager to find after-school work. The best way to help is to assist the family in using its own resources effectively in their particular circumstances. Families are responsible for supporting all of their members, but they also require support during times of stress.

g. Working together with another community

All aid workers need to be attuned to working in another community and culture, whether we come with a passport or are national staff working in our home country. Social customs and forms of communication can vary within societies and across communities within the same country. Local staff and volunteers may be well acquainted with local cultures and traditions, but there can still be large sociocultural differences, such as those between urban and rural populations or between ethnic groups.

Respectful communication and active listening are vital to working together with partners, whether local or international, and with the societies we seek to support. As in all social life, being a guest – in this case, in another community – demands better behaviour than is required at home. Relationship skills are also essential tools for facilitating psychosocial care. For relief work to be successful and earn the respect of the local community, we must learn and adapt to local customs.

The only exception is when local cultural practices amount to human rights violations.

A good way of learning about people from another culture is to use your local colleagues as cultural interpreters. Outsiders cannot be aware of all the cultural pitfalls within a community and cultural interpreters are thus an invaluable aid. Be aware of gender norms. Try to strengthen good traditions. When you find discrimination, you should find ways of highlighting what you see – and helping the community engage in critical, inward reflection. This is a process and it often takes time.

Don't assume that because members of a society follow a custom, they all support it. This caution applies especially to marginalised and vulnerable groups within the society. Silence is not always a form of acceptance.

In some communities it may be difficult for women to participate in projects because custom dictates they need to be accompanied by a male relative. Try reaching out to these women, and more importantly their families. Use mediation to explain why you value women's participation and the type of work the women can do.

Boundaries are the limits of one person's territory, space, or responsibility. In emergencies, well-intentioned people sometimes invade the responsibilities or space of others in a genuine desire to be useful. This has many unfortunate consequences, including anger and opposition from the very people we hoped to help. Respect a local person's dignity by always allowing them to speak first. Use clear language and short words to ensure understanding. Try not to embarrass them by using technical terms or jargon. And remember always to 'do no harm'.

h. Conflict

Conflict is an inevitable part of human relationships. Depending on how it is approached and managed, conflict can be either constructive or destructive. Conflicts occur on a daily basis, sometimes as small disputes, sometimes as violent battles. When aid workers address major emergencies, we find ourselves working with people from other places. Two people may speak the same language, but when a disagreement arises, one may discover the other responds to the same situation very differently. To resolve a conflict, we must understand our own role and how we are seen by others. The most common forms of conflict resolution are negotiation, mediation, community conferencing, conflict transformation and peer mediation. Which approach is best depends on the nature of the conflict and the parties. Conflicts occur for many reasons. Most of these conflicts are resolved without outside help. In some cases, however, an outsider is called in for help, to act either as a facilitator or as a mediator.

Conflicts about power: Power is exercised in decision-making: when should a community receive what kind of aid? Power is wielded in distributing resources: who should receive which materials and in what order? Power does not exist in a vacuum, as an object or quantity. Power comes from relationships: parent to child, government to governed, citizen to fellow citizen, landowner to peasant, factory manager to worker. In emergencies, those who control aid resources have great power.

Conflicts between institutions: In emergencies, aid workers are often caught in the middle of disagreements between different organisations working within the same area. There may be institutional conflicts among non-governmental organizations (NGOs), the UN and the government. At times, there is competition to work in as many locations as possible, again to raise funds for their work.

Conflicts within the project: Bringing together people to form a project team can be a challenging but hugely beneficial process. People on the team may differ in their experience, education, personality, work styles, culture and gender. In a short space of time, a diverse collection of individuals must become an efficient group, able to accomplish complex tasks under difficult circumstances. Expect conflicts to occur. They are only natural in such high-pressure circumstances, and the vast majority of problems can be overcome by working through them together.

Conflicts among stakeholders: The rapidly-changing context of an emergency often leads to frustrations, anger, fear and despair. People may voice negative emotions openly, which can fuel conflict. Open fighting – even rioting – can occur at the site of aid distribution.

Often disputes arise because of how a statement or action is perceived. A well-intentioned message, for example, can be received very differently. This type of conflict can easily arise between an affected community and an organisation being on the ground in order to assist.

That is why informing and involving the community in the work must take place before starting the project.

Conflicts caused by abuse or sexual exploitation: It is an unfortunate reality that the powerful will sometimes exploit the vulnerability of marginalised people. People may offer sexual favours or other forms of payment in the hope they will receive aid, favourable support, security or protection. Very often, the survivor is pressured to keep quiet about the injustice done to them, because the perpetrator is perceived to hold more power, legitimacy and authority. This can further increase the possibility that the survivor(-s) will suffer from clinical symptoms of distress.

Domestic conflicts: It is very common, and natural, for people to lash out at those closest to them. Adults fight, parents argue, parents can hit children, children can become violent and disruptive, sex can become abusive and harsh words may be said that can leave deep wounds. People who have been combatants and are returning to civilian life often have difficulties leaving the power – and the memories of violence – behind. In most cases, people do not really want to hurt the people they love. They simply do not realise that alternative mechanisms exist. Aid workers should help families and communities find nonviolent alternatives for resolving conflict and, at a minimum, undertake some form of psycho-education for both parties.

i. Humanitarian relief through a psychosocial lens

Psychosocial well-being depends on many aspects of a person's life. To achieve happiness and a sense of well-being, people rely on social interaction; mental stimulation (thoughts, ideas and an interest in learning); physical security and safety; and ideological beliefs (religion, spirituality). Their material and biological needs must be met – food, water, shelter, sanitation, physical and mental health. They also need economic stability – the ability to provide for one's family. Difficulty getting food, constraints on generating income or lack of proper shelter or space in a camp can undermine well-being. Therefore, community-based psychosocial support programming needs to take a holistic approach. The core humanitarian response areas mentioned above all have psychosocial components that play an important role in helping people heal after a traumatic event and minimize the impact of any humanitarian aid related problems.

During emergencies there is often a gap between mental health and psychosocial support, and general healthcare. The manner in which healthcare is provided often affects the psychosocial well-being of people living through an emergency. The Treatment and support of people with severe mental disorders typically requires a combination of biological, social and psychological interventions. Both under-treating and over-medicating can be avoided through staff training and supervision. Typically, people suffering from disaster-induced, sub-clinical (normal) distress should not receive medication – they will respond well to psychological first aid and social support. Additionally, some mental disorders can be effectively treated by practical psychological interventions alone, and medication should not be used unless such interventions have failed.

HIV and AIDS: The mainstreaming of HIV and AIDS prevention is the process of adopting policies and procedures to reduce the susceptibility to HIV infection and its vulnerability to the impacts of it. There are two types of mainstreaming: *internal and external* mainstreaming.

Internal mainstreaming means adopting policy and practice in our organisations and agencies to limit the vulnerability of its members to the impacts of HIV.
External mainstreaming means adapting the activities and work of a programme to reduce the susceptibility of individuals and communities to HIV infection.

Humanitarian, development and emergency programmes can inadvertently contribute to the spread of HIV by facilitating situations with insecurity and risk while pursuing well-intentioned objectives. Mainstreaming can prevent this. When all sectors of the work force integrate an HIV prevention programme, it may improve the impact of our work as well as help reduce the burden of HIV and prevent HIV transmission in organisations and in the communities we serve.

In order to carry out mainstreaming of HIV prevention in humanitarian work, it is essential that both national and international staff, partners and volunteers have the necessary support, skills and attitudes to do so. Key activities to ensure that all staff are prepared include among others:

- Designing a code of conduct and ensuring that members of staff are aware of it and other related policies, and that these policies are followed.

- Training for staff and partner organisations on HIV awareness and prevention, including assessment of knowledge and attitudes relating to HIV among staff and volunteers, tackling of issues such as stigma and discrimination, provision of information on the relationships between HIV and humanitarian work and guidance on how to mainstream HIV prevention.

An important aspect of mainstreaming HIV prevention is the formation of relationships with other partners and organisations. For organisations and NGOs, particularly those that are reticent about mainstreaming since they are not HIV experts, links with HIV specialists can help start the mainstreaming process by providing assistance with general HIV training and offering support.

j. Disaster preparedness

Emergency or disaster preparedness is a programme of long-term activities whose goals are to strengthen the overall capacity and capability of a country or a community to efficiently manage all types of emergencies, and bring about an orderly transition from relief through recovery, back to sustained development. The goal of disaster preparedness is to reduce the loss of lives and suffering and to minimise the effects of a disaster. Much effort has been made to determine how agencies can cooperate to provide effective aid to those who have experienced disaster. Recently, the focus has begun to include disaster preparedness. Instead of waiting for a disaster to occur, communities are exploring how they could be prepared in advance. High risk areas are most in need of preparedness efforts.

Disaster preparedness means having an emergency plan for responding to, and recovering from, emergencies. It is about protecting life, property and the environment. The development of an emergency plan should take into account existing plans at other administrative levels, plans that operate at the same level, as well as plans developed for specific hazards. The planning process includes several stages that can be applied to all levels and sectors:

- project definition (aims, objectives and scope of an emergency plan);
- planning group (representative of sectors, ethnic groups, gender);
- data analysis (analyze the problems, examine vulnerabilities and risks);
- resource analysis (identify resources for implementing the strategies);
- roles and responsibilities;
- programme management;
- documentation.

The best form of disaster preparedness is developing adequate and well-functioning psychosocial support within each community. Empowering the community to be the first responder builds their coping skills and resilience. Disaster preparedness planning should include participation by different

groups in the local community. The plans should enhance community development for the well-being of the entire community. Local systems, such as schools, churches, agencies, and organisations must work together and support one another.

Disaster management teams are responsible for facilitating the disaster preparedness plans during times of emergency. The role of the disaster management team is to assist community members to

- protect themselves and their belongings from future disasters;
- acquire the awareness and skills to help mitigate the consequences of disasters;
- protect and safeguard their community from further harm; and
- begin the recovery process and create a (new) normalcy as soon as possible
- In order to prepare before a disaster, it is important to know how individuals will react physically and psychologically. Several factors determine the degree and type of impact that a disaster will have on individuals and a community collectively. These include
- prior experience with a similar, or other, disaster;
- faith in a higher power or political cause;
- individual understanding of the event;
- the physical, mental and emotional strength of the individual;
- the degree, duration and intensity of the event; and
- the amount of danger and threat related to the event.

k. Spiritual life in disasters

When disaster strikes, the thousands of threads that together make the fabric of our community and the tapestry of our culture are at risk. Not all are torn, but there will be rips in the cloth. Underlying that fabric is the spiritual life of the community: the practices, beliefs and rituals that provide meaning to life and support for all those connections. People react very differently to disaster, even in their spiritual lives. Some will be overwhelmed by events and have traumatic stress reactions – some of which will affect their spiritual lives. Others, incongruously, can be energised. For organisations that seek to encourage psychosocial well-being, attentiveness to spiritual life is essential. Apart from the personal spiritual crises that people may go through, routines are disrupted, preventing people from practicing their normal religious disciplines. Some may feel their beliefs have failed and their understanding has been mistaken. These crises of faith and disruption of spiritual practice can have effects as acute as the physical disaster itself. It is important that people be given the opportunity to resume practice of their own faith or discipline. Evangelising and proselytising during an emergency is inappropriate and cannot be permitted.

We subscribe to the International Code of Conduct, which mandates that humanitarian assistance is provided unconditionally and without any intention of influencing people's religious affiliation.

The faith practices of the community should be treated with respect by the humanitarian worker. Referring to religious leaders or rituals by slang or derogatory terms cannot be permitted. As guests in another's house of faith it is important to come with curiosity and appreciation.

Spiritual care can be any service or act that helps an individual, family or community to draw on a spiritual perspective as a source of strength and healing. In disaster, anything that nurtures the human spirit in coping with the crisis is spiritual care.
Community faith leaders are usually best able to offer spiritual care in times of trouble. Spiritual care following an emergency can be quite different than in normal times. Faith leaders may themselves be hit hard by the disaster and need support and care as much as their followers. So faith leaders should be offered support services, even though they may say they are fine.

In some cultures, spiritual matters pervade virtually every area of life. In some Islamic communities, for example, there is a requirement that men and women remain separate and that women dress modestly in garments such as the burka. In addition, water is important not only for drinking but for washing (ritual purification) prior to worship. From a strictly utilitarian point of view these may seem impractical, but for a Muslim's spiritual life they are extremely important and not to be dismissed. Thus, spiritual care can be a practical task such as ensuring that water is available for religious rituals – a form of help that may be more welcome than the provision of traditional pastoral care. Even with the support of the local faith leadership, there may be times when the need for direct consolation of a survivor is not only appropriate, but unavoidable. The key in those circumstances is to be respectful.

Spiritual care is not therapy. In the therapeutic model the patient has a disease. Those who experience spiritual stress following a disaster are not sick; they have experienced an overwhelming event that may naturally challenge their spirituality. The goal is to provide support that allows the survivor to reestablish their own sense of spiritual wellbeing in keeping with their culture.

l. Staff care

Much attention has been devoted to the negative psychological effects of violence, war, famine, natural disasters, epidemics and or torture on refugees and internally displaced persons (IDPs). Less attention has been focused on possible psychological difficulties encountered by relief workers, who actually have the same reactions to traumatic events as the people they are trying to help. Like survivors, they are armoured in varying ways and will respond on an individual basis. Staff members, though, are often better equipped to face traumatic events than affected populations. That is, based on their training and experience, they have the capacity to analyse the situation and handle it in a way that makes sense.

Staff care is not just about the physical and mental health and well-being of staff. It extends to line managers and the systems that organisations have in place to manage the stresses placed on staff – both those inherent in disaster relief and those imposed by the organisation. The effectiveness

and reputation of any organisation lies with how it treats its most precious asset: its staff members, interns and volunteers.

In the rush to provide humanitarian aid in a grave emergency, it can seem like a luxury to focus on the psychological well-being of staff. But if staff needs are not addressed, their effectiveness in delivering humanitarian assistance may suffer. Everyone who has witnessed or responded to an emergency will be influenced by the stressful situation, even if some aid workers keep an attitude of indifference. Staff should not feel guilty if they are unable at times to manage the stresses of their work.

Often, the problems that lead to staff stress and ultimately burnout flow from a multitude of factors. Stressors to be aware of are:

- Physically exhausting work (long work shifts and irregular eating and drinking);
- Organisational factors (failure of coordinating work with other organisations, new leadership, antagonism between experienced and inexperienced staff or between different professions)

Providing staff with recreational downtime actually increases productivity. Staff with adequate time to rest and recuperate have a positive sense of well-being and are more productive and efficient at work. A culture of good leadership through appreciation and recognition leads to happier staff and better results.

Personal stressors related to work in an unknown culture or community are among others:

- Loss of routines, social network and relationships;
- New culture, habits and customs;
- Witnessing poverty and unjust treatment of people without being able to intervene;
- Ethical issues; having food and safety while others do not;
- Group pressure and difficult relations with workmates and leaders (role stressors);
- Norms and habits in the team that collide with personal values and convictions;
- Organisational obstacles, relations with NGOs, UN agencies or governments;
- Problems with bureaucracy, politics or corruption.

There will always be more to do than we are able to do. We are called to help and serve others in distress. We are not called to do everything and be everything to everyone. We all have limits and what you may have found possible five years ago may not be possible now. Energy levels will change as you get older and across contexts, and it's important to know your own limits. Staff care begins with you and your own work-life balance. Aid workers are just as vulnerable to traumatising events as anybody else. Sufficient rest and recuperation time should also be incorporated into any aid worker's contract, in addition to the right to see a doctor, counsellor or other medical professional on their return. Neglecting staff care is not acceptable to our own workers and is harmful to the very populations we are trying to help. The above points could be used as a basis for team discussion before deployment to the field. More broadly, extensive screening, training, support and de-briefing should be provided to all humanitarian field personnel.

10. Further reading and resources

IASC Guidelines on Mental Health and Psychosocial support in Emergency settings

The Inter-agency standing committee (IASC) issues these Guidelines to enable humanitarian actors to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people's mental health and psychosocial well-being in the midst of an emergency. Populations affected by emergencies frequently experience enormous suffering. Humanitarian actors are increasingly active to protect and improve people's mental health and psychosocial well-being during and after emergencies. The Guidelines offer essential advice on how to facilitate an integrated approach to address the most urgent mental health and psychosocial issues in emergency situations.

http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

---

The Mental Health & Psychosocial Network

The MHPSS Network is a growing global platform for connecting people, networks and organisations, for sharing resources and for building knowledge related to mental health and psychosocial support both in emergency settings and in situations of adversity. It aims to build up good practice in support of people affected by difficult events or circumstances. Membership is free and open to the wide range of people and organisations engaged with mental health and psychosocial support. The online platform provides a way for members to share resources, join groups and interact with others, based on their work and interests. Recognizing that technology alone is not always sufficient to enable exchange or grow communities of practice, the network also has a team of global hosts who support members in using the site, and in making connections across the network. A Stewarding Group, representing some of the diversity of the broad MHPSS field, is tasked with the responsibility for governance of the Network and sustaining its vision and ethos.

www.mhpss.net

Community Based Psychosocial Support in Emergencies (by the ACT Alliance)

ACT Alliance is composed of more than 125 member organisations working in long-term development, humanitarian assistance and advocacy. Its members work in 140 countries and employ around 30,000 staff and volunteers. The Alliance is supported by an international Secretariat based in Geneva, Switzerland.

The website on Community Based Psychsocial Support is an online based guide/manual aimed to assist humanitarian practitioners working in emergency zones. It is written for experienced aid

workers focusing on psychosocial support, as well as for any kind of staff involved in the provision of humanitarian assistance. The guide touches upon subjects being relevant to core humanitarian domains, including human rights, protection, general healthcare, education, food security, nutrition, shelter, camp management, community development and IEC (information, education and communication) materials, and water, sanitation, and hygiene (WASH).

http://psychosocial.actalliance.org/

ACT PSWG CBPS Guiding Principles

The members of the ACT Alliance recognises its responsibility to protect affected populations and to recognize and strengthen local capacities. An underlying priority in emergencies is to protect and improve people's mental health and psychosocial well-being, and to recognize their capacity for recovery and resilience. The guiding principles developed by ACT (see more information under Chapter 8) uphold the standard of quality of psychosocial work and represent best practices in this area.

http://www.actalliance.org/resources/policies-and-guidelines/psychosocial/FINAL_ACT_CBPSGuidingPrinciples_apprDec2011.pdf/view

IFRC & NGO Code of Conduct

The Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, was developed and agreed upon by eight of the world's largest disaster response agencies in the summer of 1994.

The Code of Conduct, like most professional codes, is a voluntary one. It lays down ten points of principle which all humanitarian actors should adhere to in their disaster response work, and goes on to describe the relationships that agencies working in disasters should seek with donor governments, host governments and the UN system.

The code is self-policing. There is as yet no international association for disaster-response NGOs which possesses any authority to sanction its members. The Code of Conduct continues to be used by the International Federation to monitor its own standards of relief delivery and to encourage other agencies to set similar standards.

http://www.ifrc.org/en/publications-and-reports/code-of-conduct/

actalliance

Guide on community based psychosocial support

150 route de Ferney,
P.O. Box 2100,
1211 Geneva 2,
Switzerland

www.actalliance.org

This material supports the Inter-Agency Standing Committes's publication on Mental Health and Psychosocial Support in Emergencies (www.humanitarianinfo.org/iasc), underlining the view of improving mental health and psychosocial well-being in emergencies through coordinated action.