

**Handbook on Psychosocial Assessment  
of Children and Communities  
in Emergencies**

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This research and publication was made possible thanks to funding from the Government of United Kingdom of Great Britain and Northern Ireland.

## Disclaimer

This guide is based on research conducted by the Regional Emergency Psychosocial Support Network and does not necessarily reflect the policy of UNICEF.

# PREFACE

In August 2001 UNICEF East Asia and the Pacific Regional Office (EAPRO) began locating non-government and community-based organizations and individuals in the region that use local approaches when providing psychosocial support services. The initiative aimed to link and maximize resources in responding to appeals from people affected by disasters and conflict for psychosocial support that is respectful of their local culture, beliefs, ceremonies and indigenous psychologies. As a result, the Regional Emergency Psychosocial Support Network (REPSN, for East Asia and the Pacific) was established.

The network promotes a psychosocial approach that recognizes and strengthens local resilience and capacities, in place of pathology- or “trauma”-based models of service delivery. Thus, it has developed a database of resources in the region that can be tapped during emergencies to provide support that is sensitive to local cultural ways – ideally within those organizations’ or individuals’ own countries or areas but, if needed, to other countries, cultures and contexts.

This handbook reflects that approach in emphasizing local strengths and resilience during emergencies. Developing such a handbook required several workshops and consultations with non-government organizations that work at the grassroots level and with UNICEF personnel who have provided support during various emergencies around the world. It was important from the outset to base the handbook on both positive and negative experiences in the field and that it be of practical use. Several consultative processes aimed to make the handbook useful to all potential users in actual field work.

The initial draft was given a test run with selected participants in 2004 in Pikit, Cotabato province in the southern Mindanao region of the Philippines, an area often affected by armed conflict and a place where people have shown remarkable resiliency. The testing was done during an actual assessment (during what is characterized as a chronic emergency situation) with the objectives of checking that the methodologies presented worked toward establishing rapport and useful networking procedures as well as providing sufficient guidelines for gathering data. From that experience, revisions were made to the handbook and it was then presented to a network of NGOs and UNICEF personnel from around the region for validation.

The tsunami disaster at the onset of 2005 amplified the urgent need for a handbook on psychosocial assessment and the draft version then moved more swiftly to being finalized. Now completed, this handbook is intended for a broad

audience – from NGOs and academics to UNICEF and other agency personnel – doing rehabilitation work with communities.

An assessment is typically followed with support, which may be conducted by a different team. While this handbook focuses on the initial assessment to be conducted immediately after a natural disaster strikes or a major event during an armed conflict, an assessment essentially is an ongoing process and needs to be conducted several times during an emergency situation.

Most importantly, an assessment is both a process and a tool to meet the emergency and longer-term needs of communities. Too often assessments are undertaken only to gather data and/or to meet the needs of donors who require information. Once the data has been collated and the assessment report has been written, the report typically is filed away. ***The importance of sharing information and using the assessment to meet emergency needs and plan appropriate psychosocial responses cannot be stressed enough.***

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# INTRODUCTION

People the world over live at risk of disasters – both natural occurrences, such as weather disturbances, volcanic eruptions, earthquakes and tsunamis, and industrial or transportation accidents. As well, war, armed conflict and terrorism also widely threaten communities around the globe. Emergencies are situations in which the lives and welfare of people are at such a risk that extraordinary action must be mobilized to ensure their survival, protection and well-being.<sup>1</sup>

The physical consequences of an emergency situation are quite evident: death, disabilities, displacement and much pain. However, the psychosocial consequences are less obvious. While victims' immediate emotional responses to complex and social emergencies may be detectable, it is much more difficult to know the long-term effects of such events.

Providing psychosocial support to communities and individuals helps them to cope with their emotions and restore well-being. There has been little argument that such support is critical in any society affected by a calamity, but there are concerns regarding its nature. Particularly where international organizations oversee the provision of services, the question often arises: "Are we seeking to impose general, clinical or bio-medical frameworks rather than paying attention to local ways of healing and restoring well-being?" The assessment of the situation before, during and after a disaster or eruption of conflict is crucial in identifying and promoting local or culturally appropriate psychosocial responses that address the needs of children and their families in affected communities.

The healing and rebuilding of individuals and families are necessary for the mending and reconstruction of the greater community. Given the noble task and the difficult challenge of addressing the psychosocial consequences of disasters, the essential principle is to encourage healing processes at all levels, fully involving the community in the assessment of a situation in affected areas and in the development of recommendations on psychosocial support empowers that whole community.

Psychosocial self-help and mutual help – as it relates to children and their families – are the cornerstones of this handbook. The fundamental assumption in the development and eventual use of this book is the importance of close collaboration with local or community-based organizations in the assessment of the psychosocial well-being. Depending on the situation, this collaboration entails spending a great amount of time and energy in the field – with the affected people.

<sup>1</sup> UNICEF, (2001) *Technical Notes: Special Consideration for Programming in Unstable Situations*

This is a guidebook for any agency, organization or academic doing rehabilitation work and focuses on the assessment to be conducted when an emergency first hits or just after a major event in an armed conflict. In these situations, typically a responding agency or group organizes an assessment team of five to eight people who go to the affected area to determine the needs of survivors. This handbook speaks to those assessment teams that focus on the psychosocial as well as physical needs of children, their families and the communities.

One of the more important points this handbook stresses is to avoid making children and communities run through the same assessment activities that different teams would hope to conduct. To respect this, coordination is needed among all groups seeking to make psychosocial assessments. If there is no leading response agency or body at first, groups concerned about psychosocial issues should as best as possible coordinate their efforts through a local partner in the affected community. This handbook does not spell out how to achieve that coordination but addresses the preparation needs of an assessment team and what an assessment should concentrate on, including sensitivities and issues to be aware of. This handbook also includes guiding principles and ethics to conducting a community- and child-centred psychosocial assessment.

In addition to providing resources, this handbook has the following objectives:

- To be used as a tool for the assessment of the psychosocial well-being of children and families in emergencies;
- To be used as a tool in developing recommendations and strategies that are based on the psychosocial well-being framework; and
- To promote the principles, ethics and techniques that uphold the participatory approach and that build on the resiliency of children, families and communities.

# GUIDING PRINCIPLES AND ETHICS<sup>2</sup>

Identifying a community's strengths and resilience in times of emergencies, particularly as it relates to protecting children, is a complex challenge. An assessment team needs to adhere to certain principles and ethics that will guide the way team members relate with children and a community in every phase of the process and ensuing actions. These principles and ethics are anchored in the Universal Declaration of Human Rights and the United Nations Convention on the Rights of the Child. Past experiences in conducting psychosocial needs assessment and programming underscore the importance of:

## **1. Integration of psychosocial approaches to peace and development efforts (holistic approach)**

The processes and actions in assessments and follow-up programming should have an integrated approach to psychosocial well-being. This means recognizing that psychosocial interventions don't operate in a vacuum and that they need to be linked to individual and social quests for truth and justice. The rebuilding of communities destroyed by a calamity and reconnecting people to their sources of livelihood cannot be separated from the psychosocial recovery and healing process. The eventual goal of the assessment process and succeeding actions is to contribute to the community's pursuit of peace, social justice and respect for human rights.

During the assessment process:

- ❑ Ask the community to identify potential areas or issues needing immediate attention.
- ❑ Ask for potential sources of conflict and tensions at the individual and social levels.
- ❑ Ask the community about support needed to pursue peace and development.

## **2. Respect for cultural traditions (contextual approach)**

The assessment team should seek to be informed about the cultural traditions and practices of an affected community. Respect and appreciation of the differences and identifying the similarities between team members' culture(s) and the culture(s) of the affected community are essential in establishing and maintaining a connection with them. The key words here are "context", "culture" and "perspective".

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<sup>2</sup> Some parts of this discussion were taken from UNICEF EAPRO, Children in Conflicts: *Assessing the Impact of Conflict on Children in East Asia and the Pacific*, Research Methods, April 2003.

During the assessment process:

- ❑ Be aware of the ways to ask questions politely.
- ❑ Social hierarchies should be respected whenever possible but should not override the need to protect the confidentiality and privacy of individual participants.
- ❑ Codes of dress and ways of eating, whenever possible, should be respected.

### **Examples of cultural sensitivities**

- Visitors to a Yakan house in the Philippines are permitted to advance from one setting to another, such as from the garden to the front porch and front porch to the house proper, only after an invitation by the host.
- Using the index finger to point at any person or object is considered rude in Malaysia and Indonesia; using the thumb is preferred.
- For the Lao, good table manners include replacing the cover of the rice container after a meal.
- In conservative Tamil areas and communities in Sri Lanka, physical contact in public between men and women is greatly frowned upon.

### **3. Equity and non-discrimination**

The assessment team must ensure that the selection of participants, be they adults or children, and the processes and methods in the assessment process “serve to correct, not reinforce, patterns of exclusion”.<sup>3</sup> This requires attention to socio-economic barriers, including gender and age discrimination, and to the ethnic and religious differences in a given area.

During the assessment process:

- ❑ Seek to achieve a gender balance in the selection of participants.
- ❑ Try to include members of different ethnic and religious groups in every phase and activity.

### **4. Protection of children’s best interests**

When gathering information on sensitive subjects, such as the effect of armed conflict or disasters on children, the assessment team must be aware of the potential harm it can do to the participants. The methods and activities, such as home visits and interviews, need to be carefully designed so as not to “re-activate emotional pain and grief and/or humiliate the participant in the eyes of others”.<sup>4</sup>

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<sup>3</sup> Ibid.

<sup>4</sup> UNICEF, *Guidelines for undertaking an assessment of the situation of children affected by armed conflict and unstable environment*, (Child Protection Section: New York, November 2000) Draft 02, p. 7.

Participants must be told that they can refuse to answer any question on any grounds without repercussion. In the event that a participant exhibits a negative emotional or psychological response to an interview or other type of assessment method, the assessment team has a duty to help find support for the participant.<sup>5</sup> Prior to initiating the assessment, the team members should identify available support services within or near the community.

The assessment team also has a duty to protect any child if they receive information of incidents likely to cause significant harm.<sup>6</sup>

During the assessment process:

- Identify resource persons in the community who may be able to assist a child or parent requiring special attention.
- Protect the safety and security of respondents and assessment team members.
- Do not cause distress; if it occurs, seek ways to address it.

## **5. Respect children and their views**

Most assessments of children's situations, problems and needs are done through interviews with adults rather than with children. But studies have shown that, following emergencies, parents, teachers and other adults do not understand children's reactions to adverse events. Children's perception and understanding of their experiences varies from what the adults perceive it to be. It is therefore imperative to hear from children about their experiences of a disaster or conflict. At the same time, however, "a child's input, like that of any other stakeholder, must be weighed as one perspective and interpreted in light of his/her experience, interests and evolving capacities".<sup>7</sup>

During the assessment process:

- Involve children at all phases.
- Respect the dignity and worth of children at all times.
- Do not talk down to a child.
- Allow a child to speak for himself/herself.
- Adopt assessment methods that allow children to express their views and describe their experiences.
- Trust in the capacity of a child to express his/her views and opinions. Recognize the validity of children's coping skills and their ideas of self-help and mutual-help approaches.

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<sup>5</sup> Ibid.

<sup>6</sup> National Children's Bureau, *Guidelines for Research*, [www.ncb.org.uk/resguide.htm](http://www.ncb.org.uk/resguide.htm).

<sup>7</sup> UNICEF Evaluation Office, *Children Participating in Research, Monitoring, and Evaluation (M&E) – Ethics and Your Responsibilities as a Manager*, Evaluation Technical Notes, No. 1 (UNICEF, April 2002) p. 5.

## **6. Respect a community's capacities and strengths**

Outsiders tend to view children and communities in situations of conflicts and disasters as passive, helpless, weak and vulnerable victims. Typically, the reality is more complex: Communities can be resourceful and resilient; they can find ways of protecting and helping themselves in the midst of adversity. Too often people, especially children, are characterized as "traumatized victims" rather than regarded as survivors who most likely have assumed responsibility for their self and possibly others. The challenge for the assessment team is to identify and respect a community's capacities and strengths and determine how they can be used to further help and protect children's interests. If need be, the team also may have to inform the community about children's rights and their ability to be strong, resourceful and resilient rather than passive victims, applying the principles presented in the previous bullet points.

During the assessment process:

- Involve the community, particularly religious leaders, teachers and primary care givers, at all phases.
- Trust in the capacity of the community and its ability to help children.
- Remind the community that children are not always traumatized victims and have valid coping skills.

## **7. Informed consent**

Consent from the community must be sought before embarking on an assessment mission. Where children are participants of an assessment process, the consent of the parent or adult guardian should be secured before any discussion begins with a child. The assessment team should first explain to the parent or adult guardian who they are, what the assessment is about, what information is being sought, what methods will be used, how the information collected will be used and the possible consequences of a child's participation. The adult must be allowed to ask any question he/she may have.

Children must then be given the same information in age-appropriate language to determine if they are willing to participate.

Where appropriate, the assessment team should then describe its objectives and purpose to the community or community leaders to ensure cooperation.

The assessment team must stress to all parties, particularly to children, that declining to participate in the assessment is an option at any point of the process and will have no negative repercussions. This is an especially important point in situations of dependency, such as where displaced persons rely on relief aid for their survival.

During the assessment process:

- ❑ When seeking the participation of a child, explain the nature and objectives of the assessment to the child's parent(s) or adult guardian and secure verbal permission to speak with the child.
- ❑ Explain the project to the child in a way he/she will understand.
- ❑ Secure verbal consent from the child participant.
- ❑ Inform the participant that he or she can agree or refuse to take part in the research without negative consequences.

## **8. Protection against exploitation**

The members of an assessment team are obliged to create and maintain an environment that prevents abuse and exploitation; and they have particular responsibilities to support, maintain and enforce this environment. Any form of exploitation and abuse by members of an assessment team constitutes gross misconduct and is grounds for termination of a contract or agreement. The exchange of money, employment, goods or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour, is prohibited. Sexual activity with children (persons younger than 18) is prohibited regardless of the local age of majority or age of consent.

During the assessment process:

- ❑ Do not reveal the identities of children who have participated in the assessment.
- ❑ Be careful of who is allowed to accompany any team member on assessment missions and be aware of their purpose.

## **9. Privacy and confidentiality**

Resist the urge to probe for information that a person does not wish to disclose. Be respectful of people's personal life and right to privacy.

Likewise, confidentiality is critical to the protection of participants' physical security, peace of mind and dignity. Particularly in conflict areas, people who provide sensitive information are at risk of retribution, such as from armed groups in conflict-torn communities. It is essential that the identity of anyone interviewed or contacted for the assessment remain confidential.

During the assessment process:

- ❑ Do not probe for information when it appears that a person would rather not give an answer.
- ❑ Do not ask intrusive questions.
- ❑ Do not take pictures of individuals or video without their informed consent.

- ❑ Do not record names. A child or adult, if he/she desires, may give the assessment team an alias for use in the report.
- ❑ Keep data in a secure place.
- ❑ In group exercises, require that participants respect one another's confidentiality.
- ❑ Do not talk to other participants about a specific interview. To do so shows that confidentiality is not being respected.
- ❑ Be aware of the background of all interpreters; try to find objective and trustworthy interpreters.

## 10. Ownership

Children and the community must be informed of the results of the assessment. Children will likely express themselves through drawings and diagrams and they should be given rights of ownership of that assessment "data". This means that they should have the right to say how materials they produce will be used.

During the assessment process:

- ❑ Ask for permission to use pictures or other assessment products and explain how they would be used.
- ❑ Ask if the child or adult participant would like to receive a copy of the final report and note down the way to send the report to him/her.

## 11. Clarification of expectations and results

Members of an affected community most likely will want to know how their participation in the assessment will benefit them. Simply put, don't promise anything that cannot be delivered and deliver that which has been promised. Many people living in conflict areas or in evacuation centres are surviving in difficult and desperate conditions. From the outset, an assessment team must ensure that children, parents, families and the community understand what they will get out of the assessment mission. Though the members of the assessment team may hear some awful stories and may genuinely wish to help, do not promise that the assessment will improve their situation. The recommendations of the assessment *might* lead to assistance or policy changes, but, in reality, they may have no immediate impact, meaning that the lives of children and communities affected by armed conflict or disaster might not change at all.

During the assessment process:

- ❑ Explain the objectives and purpose of the assessment, what it can achieve and what it cannot.
- ❑ Explain how the assessment will and will not benefit participants.
- ❑ Keep promises made to children, adults and communities.



## WHY CONDUCT AN ASSESSMENT?

An assessment is an information-gathering process. In the period immediately following a disaster or a major event in an ongoing conflict, information is needed on the *extent and magnitude of damage to lives, property and to the environment*. For instance, information is needed on the number of people (children, women and men) affected, the groups needing special protection and infrastructure damage. Knowing what children have experienced leads to the identifying and recommending of survival, protection and information measures that are needed.

An assessment seeks to know the impact of the experience of the disaster or conflict on the psychosocial well-being of children and their community. This includes looking at changes in and impact on the:

- Capacity of families and communities to protect children – Has the experience of a calamity diminished or enhanced the capacity of parents, health workers, teachers, police, social workers and others (who interact with children) to protect children?
- Children’s knowledge, life skills and participation – Is there accurate, adequate, appropriate and accessible information to enable children to find ways to help themselves and others in their community?
- Attitudes, traditions, customs, behaviour, relations and practices – Has the experience of conflict or disaster brought about attitudes or practices that facilitate recovery or bring more harm? For example, in responding to the disaster, were there practices that did not respect the community’s customs, such as in the identification, handling and disposal of bodies?
- Protective legislation and government commitment to enforcement – Are the measures enacted in response to an emergency designed to protect children and uphold their rights? Are there any preventive measures?
- Resources for recovery, reintegration and wellness – Has the disaster affected the resources of the community in its ability to recover? This includes assessing the impact on local coping and healing ways, mutual support groups in the community (such as women’s or church groups) and basic care and support practices and services.

An assessment is an enabling process. It should facilitate the community’s appraisal of its needs, wants and values following a disaster. It also should facilitate the community members’ understanding and interpretation of their situation so that they can make informed decisions for actions, in the short term and for the future. Hence, the assessment should be conducted in a participatory way. In other words, the assessment should:

- Be a collaborative exercise between adults (women and men) and children (girls and boys) in the community and between the community and external agencies, from planning to implementation stages and to the dissemination and utilization of assessment findings and results;
- Emphasize varying degrees of participation among different types of stakeholders, particularly children, depending on their capacity, availability and their desired quality and level of involvement;
- Be a process of individual and collective learning through which adults and children become aware of their strengths and weaknesses, of the wider social realities in relation to their specific conditions, and of the actions they could take to improve their situation;
- Be a flexible process that is continuously evolving, adaptive and responsive to the needs and circumstances of the emergency situation, the community and its people – as well as of the assessment team; and
- Be an empowering experience that leads children, families and communities to feel greater commitment and ownership of the assessment process and findings and any actions that result from it.

An assessment is for action. The key to doing an assessment is to create solutions and recommendations together. The community needs to find solutions to the problems that were identified and articulated during the assessment and to find ways to promote the psychosocial well-being of children and adults. It also needs to seek cooperation and coordination within the community and partnerships with external agencies.

## WHO CONDUCTS THE ASSESSMENT?

In creating an assessment team, first check if there are persons or organizations from within the affected community to serve as a local partner. Then identify whether that group has the capabilities to lead a participatory assessment of the psychosocial well-being of children and communities in emergencies. Those local persons or organizations should be competent and have the confidence and trust of the community. They could be joined by individuals from the region or elsewhere in the country with experience of working in that particular affected community and/or knowledge of the affected community's history, culture and practices. In some instances, it may be necessary and beneficial to include international support in the assessment process.

In the beginning, identify the situation: Has the affected community requested help? Are there responding government agencies and non-government and international organizations? If so, identify what assessments are in place or being planned. If there is no psychosocial assessment already in place or planned, creating a team should cause no conflict. If one is in process, determine if there is need or room for collaboration or if a division of geography is possible, after which all results will be shared.

If there are no local groups capable of leading or participating in an assessment process, it is still crucial that an assessment team not from the area find an organization or someone who, at the least, can be a key informant, give valuable background detail and facilitate the entry of the assessment team into the area.

An assessment team should have five to eight people. The following are some practical pointers to consider when establishing a team (one person can fulfil more than one point):

- There should be at least one person with experience in assessing psychosocial support in emergencies, with a focus on wellness rather than on vulnerabilities.
- There should be at least one person with experience in participatory programming.
- There should be at least one person who speaks the local language(s).
- Attention should be paid to balance gender, age and ethnic equity and avoid any discrimination.
- Other support persons (e.g. local contacts from ethno-linguistic groups in the affected community, translator(s) and drivers) also should be considered as part of the assessment team.

Whoever is involved needs to understand their roles and responsibilities, agree on the specific objectives of the assessment and abide by the principles and ethics contained in this handbook. They should have the sensitivity, respect and capacity to relate exceptionally well with children and adults in any community.

An assessment is not a rapid process. Hence, an assessment team should be prepared to spend time with a community to gain its trust. Team members should be committed to conducting an assessment that impacts positively on children and a community's well-being.

Be prepared for the rare event in which an assessment team may be forced out of an area before the work is completed. It can happen: A team conducting an assessment in an armed conflict situation in the Philippines had to leave after only two days in the area. To prepare, have materials, such as the pocket action guide that accompanies this handbook available to leave behind and brief a back-up team on procedures and principles prior to initiating the actual assessment.

**[www.psychosocialnetwork.org](http://www.psychosocialnetwork.org)**

The **Regional Emergency Psychosocial Support Network (RESPN)** maintains a database of organizations and individuals (East Asia and the Pacific only) engaged in psychosocial support of children and communities in emergencies. Local communities and NGOs that may need external partners in conducting an assessment mission can search through the database and contact the RESPN secretariat for information.

## WHEN IS AN ASSESSMENT NEEDED?

An assessment of psychosocial well-being of children and communities in emergencies can be initiated immediately after a calamity or a major event in an ongoing conflict and updated as the situation changes. However, the focus and perspectives to apply throughout the assessment vary according to the phase of the emergency (see the “phase chart” on the following page).

Immediately after an emergency, an assessment focusing on survival, protection and information needs and responses may be most critical. As the situation stabilizes, information may be needed on ways to restore normalcy in the community members’ lives and environment. As the community recovers from its disaster experience, an assessment may be needed to inform the planning and provision of long-term social services.

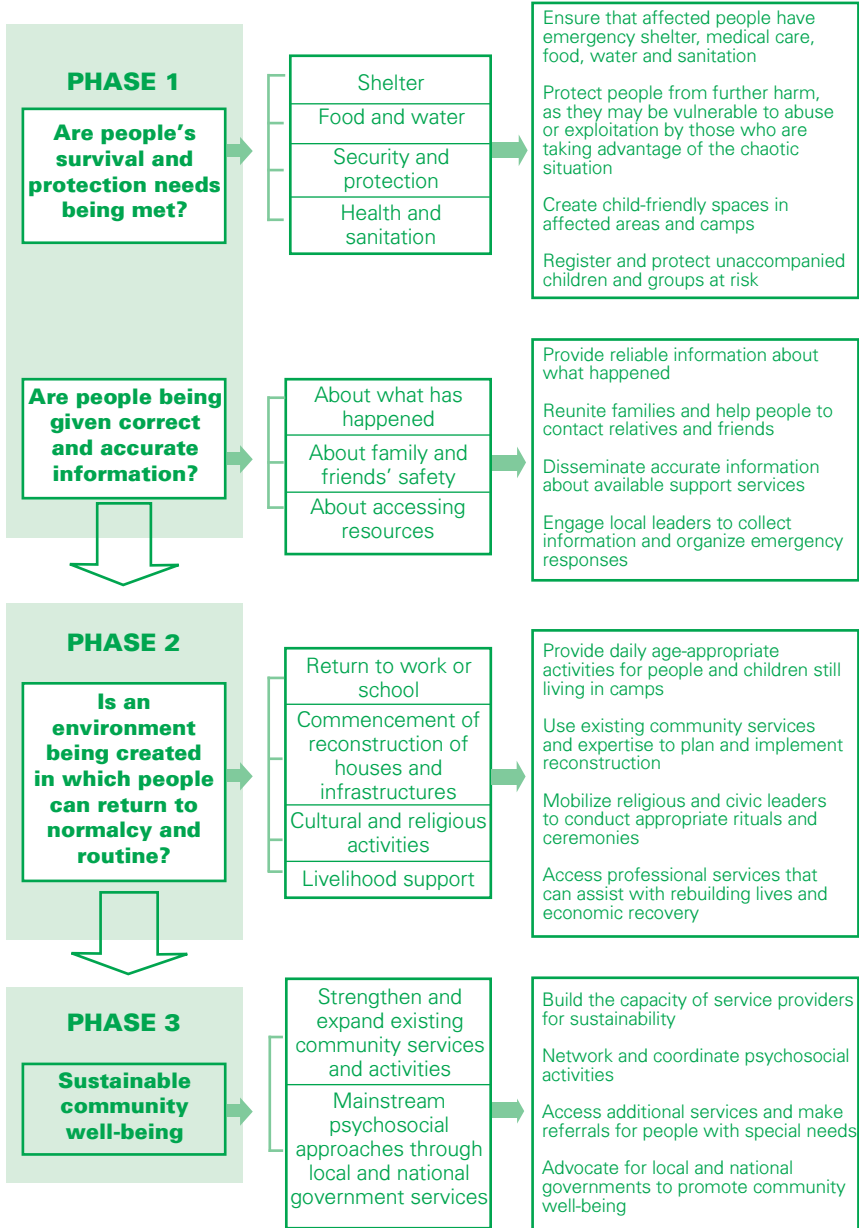
Although the phases spelled out in the phase chart are useful to guide ongoing assessment and programme planning, the reality is that various stages of assessment and psychosocial response frequently merge and interconnect. When assessing an emergency situation, it is important to plan for all phases to ensure that both immediate needs and long-term well-being are addressed.

Regardless of what phase the emergency situation is in, an assessment should be guided by the principles and ethics presented in this handbook and in careful consideration of the community’s situation and feelings. In all phases of psychosocial assessment and programme implementation, it is important to ensure that local practices are respected and promoted.

The following phase chart clearly indicates the extremely important aspect of emphasizing the strong link and coordination needed between relief and rehabilitation activities/projects and the psychosocial well-being of children and women. A badly planned and managed relief project for survival, including immediate psychosocial interventions, such as trauma counselling or de-briefings, may result in a negative impact on children and women. Sometimes, however, many good practices that can strengthen psychosocial well-being get sidelined in the rush to quickly implement relief and survival projects.

It is thus highly critical for those planning or implementing psychosocial support to avoid working in isolation of other relief-providing agencies and instead closely coordinate with them in various activities. Primarily this is to ensure that the relief/survival activities are properly planned and implemented and in close link with future or ongoing psychosocial support activities. Also, coordination maximizes the effects of both relief/survival activities and psychosocial support on the healing and ultimate well-being of children and women.

## Phases in Assessing and Supporting Psychosocial Well-Being in Emergencies<sup>8</sup>



<sup>8</sup> Adapted from the Framework of the Psychosocial Well-Being Working Group of the Consortium of Humanitarian Agencies in Sri Lanka

# WHAT AN ASSESSMENT SHOULD ASSESS

The following suggestions and questions can guide assessments in all three phases of an emergency psychosocial response. Note that the following list is not complete or exhaustive, as details and nuances from the general questions will spontaneously emerge during the course of the interviews, consultations and group activities and lead to other specific questions.

## **PHASE 1: Survival, Protection, Information**

### **Information about the context of the disaster**

- Describe the nature of the emergency.
- Describe the various contexts in which an emergency is taking place (the political and social environment).
- Briefly specify the geography and environment of the affected area – nature of the terrain and vegetation.
- What was life like before the emergency?
- What changes have occurred due to the emergency and with what effects on individual and collective wellness?
- What issues contribute to divisiveness in the emergency region? In the wider region? What, if any, are the anticipated developments in the emergency area?
- Has any population movement happened as a result of the emergency? Are any expected to happen? What effects are these movements or future movements having on well-being?
- What human rights have been and are being violated? What local actions are supporting human rights?
- What is the security situation? What types and what degree of violence are occurring, if any?

### **Basic survival needs**

- Gather information about morbidity and death rates and their causes (by age and gender).
- Are there health centres, hospitals or other medical facilities?
- Are there traditional healers and/or community health volunteers?
- Is there ready access for support (airports, ports, rivers, roads, tracks)? Detail the availability of transport, fuel, communication and other logistical necessities for wellness in the affected area.
- What impact has climate had on the affected people?
- What is the supply and quality of water?

- Detail the security, nature, amount and continuity of the food supply; food sources and supplies; recent food distributions; and future food needs and availability.
- What is the availability and quality of shelter?
- What is the availability and quality of clothing and bedding?
- Assess the adequacy of sanitation.
- What is the vaccination coverage?
- Identify the presence or likelihood of infectious diseases.

### **Security and protection for at-risk groups**

- If possible, provide estimates of the affected population by age, gender and risk indicators within each of the following:
  - Refugees and/or internally displaced people
  - Single mothers/fathers
  - Orphans, unaccompanied minors and homeless children
  - Child/adolescent heads of household
  - Demobilized and escaped child soldiers, ex-soldiers, active soldiers, ex-“freedom fighters”
  - Widows/widowers
  - Physically disabled and developmentally delayed
  - Elderly
  - Chronically mentally ill: with families, in institutions or in other specified places
  - Females who have been raped and other survivors of sexual violence
  - Survivors of torture
  - Other at-risk groups that may be specific to the area.
- Provide a picture of the special needs groups needing psychosocial support, for example:
  - Orphans and unaccompanied children
  - People who are incapable of self-care
  - Females who have been raped
  - Escaped/demobilized child soldiers.
- Do children have a safe place in which to play?
- Are there people in the community who could provide regular activities for the children, such as non-formal education, play and recreation?

### **Provision of accurate information**

- Are any local leaders or organizations collecting data or disseminating information about what has happened?
- What communication systems are in place?
- How are the events being explained to children?
- Do children have access to correct information?
- Is there any up-to-date information about the security situation, human



- rights violations or other problems relating to safety and security?
- Are gathering points and guidelines agreed upon for unaccompanied children and other at-risk groups?
  - Are there contact points or procedures for reuniting families?
  - Are there information/communication systems for letting people know how they can access services?

## **PHASE 2: Return to Normalcy**

### **Return to family and community life**

- Are families living together?
- Do people living in displaced areas have sufficient privacy?
- What measures could be implemented to improve the living conditions of children and their families?
- What is the nature of hardship and stress that parents face that are affecting their well-being, as well as how they care for their children?
- Are there opportunities in place for parents to discuss and seek support for distressing difficulties that they and their children must deal with?
- How do the general living arrangements and social organization of the population affect the protection and care of children?
- What is being done to enable families to live in dignity and provide care and protection for their children? What more can be done?
- Are the special needs of unaccompanied children, long-stayers in camps and at-risk children being addressed?
- What are the community's normal mechanisms to respond to emergencies and promote well-being? How can they be strengthened and built upon?

### **Return to school and play**

- Are education and other activities provided so that children are able to participate in regular development-enhancing activities and re-establish a sense of routine?
- Specify any formal or informal educational activities that exist among:
  - Affected people
  - Refugees
  - Displaced communities
  - War-affected communities.
- If education is taking place, how adequate and appropriate is it?
- If no educational activities are happening, how can they be started?
- Are there teachers among the affected communities? If so, how can they assist to provide education and recreational activities for children?
- Is training and support being provided to teachers?

- Is the curriculum still appropriate to the needs of children after the disaster?
- How many schools need to be reconstructed or rehabilitated?
- What educational materials are needed?
- What recreational activities are available for children and youth?

### **Cultural practices and religious beliefs**

- What is(are) the religion(s) of the affected people and host communities?
- What are the roles of priests, traditional healers, kings and other community “authorities”?
- What traditions, rituals, social interactions or sanctions/taboo exist about specific topics – such as death, mourning, burial, acts of revenge, rape, justice, etc.?
- How do people respond to death, burial, bereavement and loss? How do they support their own wellness in these contexts?
- In the current context, are there any situations in which traditions and rituals cannot be practised? (For example: for children born as a result of rape, for people who are missing, for those who did not receive a traditional burial?) What, if anything, can be done about this?
- Describe the community’s characteristics before, during and after the emergency in respect to resilience, competencies, strengths and resources. Give a feel for the culture, lore, way of life, religion and social and political organization of the affected people and communities.
- What are the traditional ways of understanding the source of disasters (e.g. the will of God, fate, karma)?

### **Cultural aspects regarding support systems**

- Under what conditions is it socially appropriate to express emotions such as shame, guilt, fear and anger? How are various emotions described and expressed?
- Is revealing feelings to others socially appropriate? Does discussing feelings or practical problems in the presence of other family members raise any particular issues?
- What are the cultural expectations with regard to the use of metaphor, imagery, myth and storytelling in a helping relationship?
- What are people’s expectations regarding the use of traditional healers or rituals and regarding the role of “Western” approaches?
- How do people understand the concepts of health, wellness, distress and illness?

### **Rehabilitation and reconstruction of houses and infrastructure**

- What have community members done to rehabilitate or set up temporary

homes and infrastructure, such as schools, churches/mosques/temples, roads and bridges?

- Are there commitments yet to long-term plans for replacing buildings?
- Do people have accurate information about local and national rehabilitation and reconstruction services?
- What external resources are needed for rehabilitation and reconstruction?
- What coordination mechanisms prevail to ensure that all community members have equal access to rehabilitation and reconstruction services?

### **Economic recovery and livelihood support**

- What is the economic level of the affected population?
- Does everybody have the same economic needs?
- Is there unequal distribution of resources and benefits by ethnic, political or other kinds of groupings?
- What kinds of production and handling of resources are there at the family, community, district, temporary shelter and country regional levels? How may these be improved or re-constituted?
- What economic structures did the community have before the emergency? What do they have now?
- How has the emergency affected employment and income-generating activities? Did the emergency result in an increase in unemployment? Was the employment of young people affected?
- How may these matters be improved?
- If the affected population lives within a host community, what are the economic standards of the host community? Is the affected population impacting the economy of the host community, and if so, in which ways?

## **PHASE 3: Sustainable Community Well-Being**

### **Strengthening and expanding existing community services and activities**

- Have formal and informal social structures been restored? If not, how can family and community social structures be strengthened?
- Have community groups re-built their capacities to promote well-being?
- Are protection networks for children in place? Are there efforts to promote children's rights?
- Are systems in place to identify and assist children who need special services and support?
- Are activities that promote well-being available for all members of the community (i.e. are there age- and gender-specific services and activities?)

- Are women, youth and children actively participating in community life and activities?
- Are all youth and children participating in educational and recreational activities?
- Does the community have access to health services?
- Are referral mechanisms in place for people needing special services?

### **Mainstreaming psychosocial approaches through government services**

- Have the education, health and social welfare ministries incorporated local and traditional psychosocial approaches and well-being activities?
- Is there an effective juvenile justice system that protects children and promotes child rights?
- Are child protection and well-being concepts well embedded in traditional laws and local and national legislation?
- Have teachers, health workers, protection officers, etc. been trained to assess and promote well-being?

### **Creating a healthy habitat and environment<sup>9</sup>**

- What action is needed to restore wellness relating to habitat?
- What has been the effect of conflict or disaster on the social and natural environments?
- What action is needed to restore wellness relating to the environment?
- Has any action been taken to ensure environmental protection?
- If conflict is ongoing, are there “peace sanctuaries,” “humanitarian zones” or “windows of peace”? If they are not present, what scope is there for establishing them?
- Assess the solidarity and sources of friction and conflict within and between communities and ethnic groups:
- What ongoing ethnic, cultural, political and other tensions are there?
- Are there specific unresolved matters affecting various people and subgroups? How are these matters being resolved, or can they be resolved?
- Are there ongoing efforts at peace building and conflict resolution?

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<sup>9</sup> “Environment” refers to both the social and natural environment.

# HOW SHOULD AN ASSESSMENT BE CONDUCTED?

## 1. Coordination

In emergency situations it is critical for agencies and other groups to avoid conducting similar interviews of the affected adults and children. Thus, an assessment should be planned within a clear existing coordination mechanism that avoids several agencies duplicating the process.

Lack of coordination results not only in the duplication of activities but it can create conflicts within a community because of the competition between agencies, create a dependency among people in the community and, often, disregards existing local systems, resources and capacity.

The main issue in coordinating the efforts in assessment is who should take that responsibility?

As much as possible, efforts should be made to work under the coordination of the national government. The government is the most logical choice because of its resources, access and influence. This is especially important for large-scale emergencies where the government is in charge of relief and rehabilitation and the national coordination mechanisms have been set up, often in collaboration with lead agencies in the UN system.

Regarding medium- and small-scale emergencies that are mostly handled by local governments, the government may closely coordinate with NGOs or religious organizations that have the most access to the community and are generally trusted (although, in areas where the armed conflict is caused or aggravated by religious differences, the latter might not be the best option).

The national or local coordination body needs to be informed in advance of any plans to conduct an assessment. Then the findings should be shared with any agency or organization that also may be planning something similar. By doing this, duplication of the assessment in the same locations, in the same topics and scopes can be avoided.

### What not to do

In tsunami-affected Thailand, 19 different assessment teams went to the same hospital. This experience was also shared by the affected people of Sri Lanka who had to go through various assessments. The people said they were tired of answering questions and were antagonistic to assessment teams who came in air-conditioned cars and left as soon as their questions were answered, never to be seen again.

Having informed the lead agency or coordinating body, if there is one, the assessment team should gather information about any coordination efforts in the affected area and see if they can work with ongoing assessments.

If there is no coordinated assessment in the affected area, the team should make sure that they do not cause harm to the people and children by repeating what other organizations have done before them. It is best

to gather as much information as possible first from organizations in the area, secondary sources or key informants. This will not only save time but give a clearer picture of the situation. Collecting the existing information is also a way to contact organizations that are working in the affected area.

Local or community leaders could be approached to confirm data from secondary sources. The gaps from the secondary data then should be the focus of the participatory process involving community members.

Once an assessment is conducted, the report should be shared with all relevant agencies, organizations and affected people and can be done through the coordination body so that other parties will not need to collect the information already obtained.

### **An ideal situation**

In early December 2004, flash floods and mud slides gravely affected three provinces in the eastern Luzon region of the Philippines, displacing thousands of residents. As the one of the responding agency, UNICEF Philippines was aware of many NGOs keen to embark on psychosocial assessments and support. UNICEF Philippines organized a meeting of all the groups and assigned each to a particular area. Upon completion of the assessments, the findings were presented to other responding agencies, which spared many communities from being overwhelmed by overlapping good intentions.

## **2. Orientation**

Before going to the affected area, an assessment team needs proper orientation, which should be done at the following levels:

### **a. Guiding principles and framework**

Whoever is involved in the assessment must have an understanding and appreciation of the guiding principles, the processes or steps involved in an assessment and the participatory methodologies that will be used. This extends not only to the persons/team that will be conducting the assessment but also to the local organization(s) and their staff/volunteers who will directly provide

support to the assessment team as interviewers, facilitators, guides, interpreters, etc. Thus, discussions on psychosocial approaches that reinforce community resilience and strengths need to be conducted before going to the field.

**If the assessment team is not from the affected area...**

The assessment team's entry and acceptance by the people and children of the affected communities are heavily influenced by the reputation of the local organization that the team chooses as a partner. An organization's legitimacy and acceptance by community members are influenced by political leanings, religious affiliations and the people's general sense of an organization's sincerity, objectives and quality of support that they provide. Thus, much care should be given in choosing the primary partner organization/agency in the assessment.

Team-building activities are recommended before the members embark on the assessment mission. A group that knows and accepts the other individual strengths and weaknesses works best together because they can plan and find ways to complement each other.

**b. Context and culture in affected areas**

Orientation on the affected area's culture and context is also very important. The assessment team members may be from the same country but this does not ensure that they are from the same context, area, ethnic background or religion. And if some or all of the team are foreigners, there is more likelihood that they have less in common with the affected communities.

This orientation should include:

- Emphasis on the use of language and actions that show respect to elders or hierarchy; it would be very helpful to use general respectful terms when talking with or calling the attention of people, as sometimes remembering new or "strange-sounding" names may prove difficult.
- Emphasis on social protocols, etiquette and restrictions or taboos; knowledge of these is helpful in approaching, talking to and dealing with people of varying ages, gender and social and ethno-linguistic backgrounds. Any effort by the team to observe such rules or practices would be appreciated and any disregard or unawareness for them would be quickly noticed. For instance, it is important to know the culturally appropriate way of introducing one's self or greeting others and the activities or habits that are allowed and those that are not, such as walking around alone, drinking alcohol, smoking, etc.

It would be very wise if the assessment team pays much attention to their actions and words so as not to offend any member of a community and to not take offence in the way they are treated in return. Preparation for living and integrating with the community means self-awareness of limitations and taking heed of them. Some habits of the community may prove to be irritating and some team members' habits may be just as displeasing to the locals. For example, a member of the assessment team might have a body odour that the people in the affected community find offensive; talking loudly might be interpreted as being rude and arrogant. It is important to accept and adapt to different communities' cultures and habits.

### **Preparing for an assessment mission**

The individual members of the team are key ingredients for the success of the assessment mission. It is important that the members have made adequate efforts to prepare themselves physically, psychologically and emotionally before embarking on an assessment mission in an emergency situation. The same preparation is needed even from members who are from the affected communities. Prior to and during the mission, each team member should:

- Be honest about apprehensions, reservations and motivations regarding the work (fears of the unknown, being forced to do the work because it is part of the job, seeking career opportunity, etc.). As well, be aware of personal limits and respect them.
- Be aware that fear is a normal reaction that others share, although they do not always speak about it.
- Be aware of the different reactions he or she could feel toward the disaster situation or the habits of the community.
- Take into account personal feelings toward the affected population and the disaster situation, be they positive or negative (such as feeling sorry or frustrated with the affected population).

The team members should have an initial plan of activities before going to the area, though it may be revised according to the context or situation in the field.

### **c. Administration and organization**

Before finally going to the affected area, the following points must be discussed with the partner organization:

- Considering the initial information gathered from secondary sources, what other possible activities for data gathering and feedback are needed or would be useful;



- Assignment of tasks in terms of who does what; and
- Planning for emergency “pull out” from the community in case circumstances dictate that the team must leave immediately. Consider pull-out plans for different scenarios, such as during the night, if the team is conducting activities among the locals, if the team is separated, etc.

#### **d. Orienting the people of the community**

It is also important to orient local NGOs, people’s organizations, religious leaders and the community about the goals of the assessment, its guiding principles and the methods that will be employed. This will help shape the community’s expectations right from the start and perhaps keep them from becoming unrealistic. When speaking with community members, do not use jargon or technical terms. When actually in the field, it is best to avoid using the words “psychosocial” or “trauma” because they typically cannot be translated to the local language and can thus be confusing or even frightening. It is better to use simply “well-being” or “problems and difficulties”

#### **A good practice**

The town of Dingalan, Aurora province in the Philippines, was affected by flash floods and mud slides in late 2004. The assessment team that went to the area sought to explain psychosocial impacts of the disaster by sharing with the people that there are “effects” that can be manifested in various “changes in behaviour”. When the people were asked if they noticed any changes in their children, parents generally shared that they were afraid of rain and that some had trouble sleeping.

Changes in behaviour, habits and routines affect thinking, emotions and relationships. The discussion in Dingalan went on into deeper detail, but the examples were always evoked from the experiences and observations of the adults and children and the word “trauma” was avoided.

### **3. Linkages**

#### **a. Linking with organizations and local leaders**

The importance of linking with local organizations and agencies cannot be stressed enough. Together with the partner organization, the assessment team should introduce themselves to the local non-government/government/people’s organizations present in the area, the governor or mayor, the traditional chief or religious leaders. The local leaders of organizations, religious institutions and

communities can be conduits to other organizations and agencies in the affected area – they can introduce the team to people who can help in the assessment of the situation. These local leaders also could introduce the assessment team to the adults and children in the communities. And they can help invite people to participate in the consultations.

**Guide points on what an assessment team should know about international, national and local organizations, government bodies and agencies working in the field and about the mass media before arriving in the affected area:**

- Person(s) in charge of operations for each organization/agency;
- Contact details and physical location of central and field offices;
- Nature or kind of service, support or assistance each provides;
- Objectives for those services and strategies;
- Capacity and limitations – operation, resources, security issues – each comes with or is experiencing;
- Linkages and coordination each has in place already;
- Referral systems in place; and
- Degree and quality of each organization’s/agency’s relationship with the affected communities.

**IMPORTANT:**  
**Ideally, the assessment team – if conditions permit – must spend more time with the affected community than with other organizations in the capital or regional centre. It is not wise to avoid the discomfort of the affected area and thus jeopardize obtaining a proper assessment of local needs.**

In addition, the following information should also be in hand prior to landing in the country or the affected areas:

- Condition or state of infrastructure of the affected areas to gauge which portions are accessible for services;
- Forms of media (radio, television, print) operating and coverage to date;
- Kinds of programmes and messages each media operation is known for; and
- Which operations among the media are government or privately owned, or in the case of areas with an insurgency – media facilities or systems operated by non-state actors.

Much of that data can be gathered before leaving for the affected area through the Internet or through other forms of correspondence with contacts while in the capital or a central base. Correspondence with these agencies prior to arrival in the country or the field area would help facilitate coordination. This gives the

contacts enough time to prepare any documents that the assessment team may require.

### **b. Linking with local nurturers**

Local nurturers are people in communities who have a natural desire and capacity to help others as they go about their everyday life. Typically, they have experience in using simple healing and nurturing ways. They are people whom adults and children turn to for guidance and help. These could be traditional healers, religious people (such as priests, pastors, Buddhist monks or an Imam), teachers or women and men in the community who are good in taking care of children, etc. Their insights on how local people cope, on the existing strengths that adults and children already have and on activities that could further promote the positive elements in their culture to help in their community's healing and recovery are very important in the assessment and for future psychosocial programming.

## **4. Gathering Data**

In conducting the assessment, the team needs to consider several factors: the specific needs, peculiarities and nuances in the physical and social environment, culture and history of the affected and host community. As such, all methodologies need to be gender-sensitive, culturally appropriate, child-focused and, where applicable, participatory. The assessment team does not need to do all the activities mentioned here and in some cases, such as home visits, it may be too dangerous. The team can choose what is appropriate to the context that they will be working in. If another organization is already doing an activity, then the team can determine if there is still a need for it and if it is acceptable to the affected people or even if it will make a big impact to the assessment.

The following are some methodologies and pointers that could prove to be useful in the assessment. (Please refer to references/resources for more detailed discussions on these methods.)

### ***Observation***

The assessment team is encouraged to employ participatory observation in gathering information for the assessment. Participatory observation entails an observer becoming a "part of" the everyday events in the area. The aim is to become, as far as possible, a familiar presence in the lives of the people.

The assessment team should find key locations in the affected areas – these are areas where people come together, conduct business, talk and hang around. Examples are marketplaces, small stores, barber shops or beauty

parlours, places where people wash their clothes, etc. These are venues to talk informally to people and for team members to get a “feel” for the local culture.

### ***Home visits***

Visiting families in the affected areas in their homes or evacuation centres helps establish rapport with the members of the community. It is a way to interact with all members of the family in an informal way.

If circumstances permit, staying with families during the length of the assessment will provide invaluable information about how the disaster or conflict affected their lives, how the family found resources and strengths to adapt and the kind of support needed to reinforce these strengths. Note that home visits need to be facilitated carefully by whatever local organizations or whomever the assessment team is working with. During the testing of the early draft of this handbook, the team members who were foreigners were paired with Filipinos from NGOs who could speak the local language and were familiar with the local culture.

### ***Interviews***

Seek out conversations with key informants, such as government officials, community leaders and organization officials present in the affected area. Informal or unstructured interviews also are appropriate with parents, local nurturers and enablers, children, teachers, etc. It is extremely important to make sure there are an equal number of female and male key informants. Although government officials and community leaders often are male, seek out women as they generally are more aware of the needs of children.

### ***Group activities, discussions and consultations***

These are very useful in obtaining information and feedback from a larger array of adults and children. Note that in activities for children, creative methodologies must consider people’s capacities, gender and culture. The activities should focus more on identifying the strengths and resilience of children and their families. For example, a month after a flooding disaster in the province of Quezon in the Philippines, the assessment team conducted activities with children that focused on whom they considered to be their “heroes”. This brought about stories of the disaster and how parents and siblings rescued others who were trapped by the water and mud without regard for their own safety.

Facilitating these discussions needs to be done in partnership with a local NGO or local people, especially if the assessment team is not familiar with the area, culture and language. In conducting group discussions, take time to

introduce each team member, explain what the purpose of the activity is and its relevance to the whole programme.

### **People who could help in the gathering of information and assisting with activities**

**Community:** Children and youth, teachers, religious leaders, elder persons regarded as wise, families, social workers, medical or paramedical personnel, spiritual persons (such as shamans), village heads, community organizations, etc. Anyone in a community is a potential resource person, including masseuses, hairdressers, barbers, bar keepers, store owners, vendors, etc.

**District/province:** Head of mass organizations (the leader of the women's union, youth union, labour unions, etc.), persons employed in national or international organizations working in the area, political heads of the district and/or the province. Persons who grew up in the affected area and who now have a responsible function in an organization or in the local government at the provincial level. If applicable: persons in charge of coordinating relief and aid work at that level.

**National:** Government representatives and the national organizations having projects in the area or who are willing to offer help. Ministry and organization officials or other persons in charge of coordinating aid relief at the national level.

### **General guide points to consider while data gathering:**

- Make individual contact or meetings with representatives of different organizations.
- Follow a degree of formality, restrictions and protocols or courtesies in meeting with local people.
- Consider time management and the location of meetings or interviews.
- Network and use personal connections to help arrange or facilitate meetings.
- Arrange for accurate and reliable translation if needed.
- Remember to be sensitive toward the experiences of contact persons.
- Remember to be sensitive toward the attitudes of contact persons and the community in general on the use of cameras and tape recorders.
- Consider the availability and source of required information – official or unofficial.
- Be aware of confidentiality issues.
- Think of the assessment as an ongoing activity and keep it adaptive to any changes in the situation in the area.

- Keep in mind that in emergency situations the media and modern communications systems may face serious limitation in operations or may simply not exist – look for indigenous ways of communication or alternatives.
- Adhere to any minimum standards in respecting the rights of children and adults.

### **Focus on groups at risk**

Generally, psychosocial aid is offered to the entire community of survivors of violence or natural disasters. However, there often is a need for special care for vulnerable groups, such as children, adolescents, women, people with a disability, elderly people, victims of torture or (sexual) violence, persons including children who lost adult family members.

Identifying groups at risk must be done in consultation with key local representatives and organizations and in collaboration with other national and international aid organizations. It is not realistic to expect that an outsider is able to evaluate quickly who are the adults/children in need. The contextual, religious, cultural and ethnic backgrounds are too important in such cases.

In situations where refugees are housed within a host community, the host community must be provided with adequate information. Key persons from the host community must be involved in the planning of the self- and mutual-aid activities. If there is more than one organization concentrating on a particular group, these organizations must work in cooperation and consultation with each other.

## **5. General Guide on Making Field Notes**

Team members conducting an assessment are encouraged to write field notes, which should contain the following:

- An initial assessment of the data;
- Reflections on the processes, methodologies and issues encountered; and
- Impressions of the contact people.

Team members should consider the following issues when writing field notes:

- The wellness of the affected people, their definition of wellness, their rights and knowledge and way of upholding them.
- Perceptions and life stories as well as objective data, such as demographics.

- Biases, personal history, emotional condition, mental state and level of coherence of contacts.
- Privately held stereotyping (personal or cultural), prejudices and expectations.
- Vested interests of contacts or groups.
- Facts versus opinions, which are subject to interpretation, understatement or exaggeration
- The need for cross-checking information gathered from various sources and soliciting comments from the community about the collected data.
- The quality, degree and amount of information available.
- Reasons for the absence of, discrepancies or irregularities in needed data.

## **6. Getting Feedback on the Assessment Process, Methodologies and Other Approaches Used by the Assessment Team**

Feedback is important to improve or ensure that the processes and methodologies used in the assessment were indeed appropriate, logical and culturally and gender-sensitive and if they actually helped in fulfilling the assessment objectives. Feedback is also important to enhance the processes and methodologies from the lessons learned by the assessment team, the experiences of the people and children and the partner agencies during the assessment.

Feedback sessions should be conducted with the following:

- The participants of any activity conducted;
- Significant people in the community, such as social, political and religious leaders, representatives of women’s organizations, local nurturers, teachers, etc. and young people;
- The partner organization(s) whom the responding team worked with; and
- Members of the assessment team.

Feedback sessions could ask about the following:

- The process and methodologies used by the assessment team;
- The partnership with local organizations and agencies; and
- The interaction of the team with the children and adults in the community. This concerns informal interactions, meaning those that are not structured. This includes telling or sharing stories with adults and children in the community, playing with children, being involved in everyday activities with people and asking them how they would describe and characterize their interactions? Did these activities facilitate or hinder relations with the people and children? Were there problems or issues that came up?

How were these handled? What were the positive experiences in which lessons could be learned?

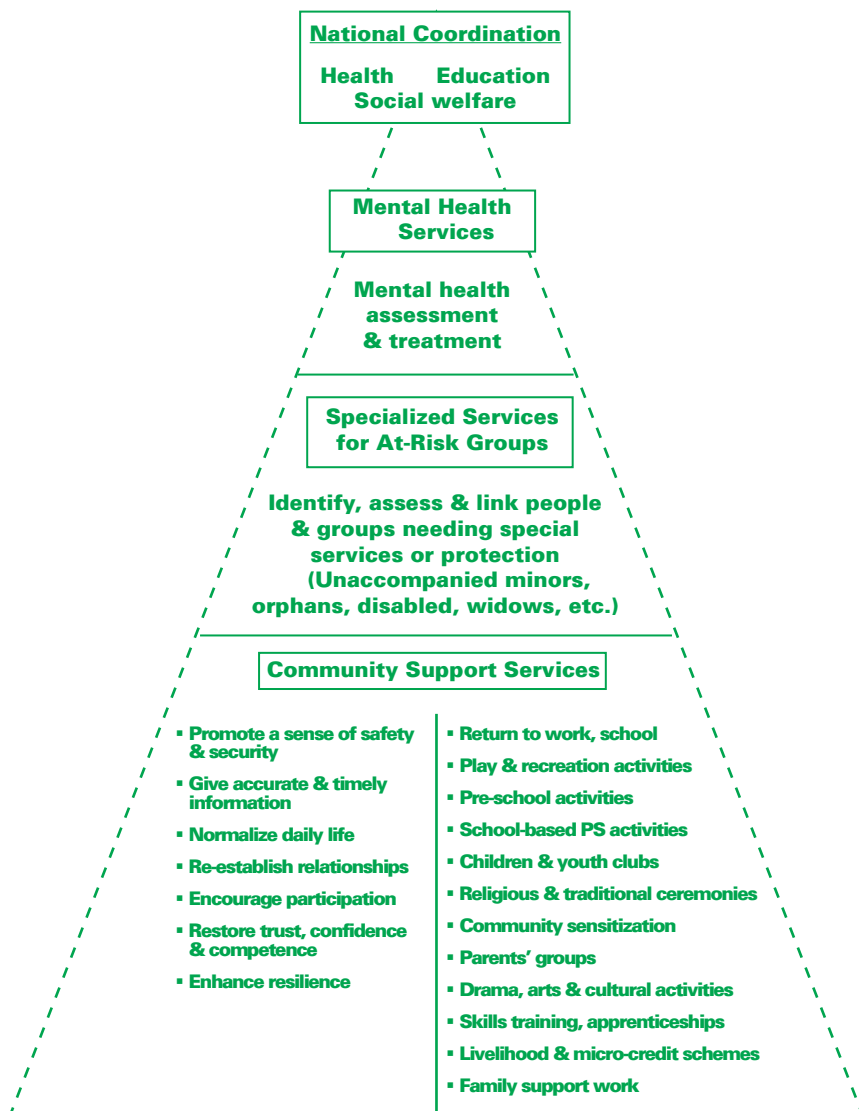
The following are some guidelines regarding feedback sessions:

- Local partners should be actively involved in the design, implementation and formulation of the evaluation.
- The appropriateness of the methods and approaches used during data gathering for the assessment should be carefully deliberated. The following are some points that need to be discussed:
  - Cultural and gender appropriateness of process and methods;
  - Child-friendly methodologies;
  - The venues used for children, men and women to share their experiences and opinions; and
  - The impressions of the community regarding the assessment team (try to encourage both positive and negative comments).
- Possible negative effects of the assessment should be acknowledged.
- The lessons learned by the team, the organizations that they worked with, the children and adults of the community.



# PSYCHOSOCIAL WELL-BEING FRAMEWORK<sup>10</sup>

Within the psychosocial support framework, children and families are regarded as part of the larger social and community context.



<sup>10</sup> Adapted from UNICEF Sri Lanka *Psychosocial Framework*, 2005

The aim is to promote psychosocial well-being by building on the skills and knowledge already available in communities and by developing the capacity of professional workers to respond to children and families needing specialized services and protection. As well, this approach identifies resources and knowledge possessed by the community that can meet both emergency and long-term psychosocial needs.

The framework advocates for an approach in which agencies do not “impose” their interventions but take time to thoroughly assess the challenges people face in each situation. NGOs, people’s organizations and local leaders representing the people in the community should take the lead in programme planning and implementation; agencies and organizations should facilitate their access to resources and play a supportive role.

### ***Community support services***

International agencies and governments should provide direct support to community-based organizations and professional workers and local and international NGOs to develop emergency and long-term psychosocial support programmes for children, their families and the community.

Activities include: play and recreational activities; school-based training for teachers and school advisors; youth clubs and youth resource centres; pre-school day centres; community recovery and assessment through drama, arts and cultural activities; promotion of traditional and religious ceremonies; parent groups, family support work and livelihood programmes.

### ***Specialized services for at-risk groups***

International agencies, governments and NGOs can provide training and funding for government services and to NGOs offering direct services, counselling and protection to especially vulnerable groups, such as orphans, people with disabilities, widows/widowers and victims of sexual abuse. Key groups, such as youth and preschoolers, also are targets for special services.

### ***Direct support for mental health services***

A small percentage of the population will need psychological or psychiatric assessment and treatment to recover from traumatic events, life crises or psychiatric disorders. The framework points out the need for support from government mental health services through training and funding for community-based, holistic mental health interventions.

# USING AN ASSESSMENT TO DEVELOP RECOMMENDATIONS FOR PSYCHOSOCIAL SUPPORT IN EMERGENCIES

An assessment is a tool to be used in responding to emergency psychosocial needs and in planning appropriate longer-term interventions. The psychosocial well-being framework on page 33 will serve as a guide both to developing recommendations and programme planning.

Developing recommendations for psychosocial support is part of the assessment process and should be done in consultation with the community. These recommendations are intended to be used as the basis for programming and planning for long-term psychosocial support and should be in line with the psychosocial support framework. However, the following are only pointers and not meant to be a comprehensive guide.

## 1. Pointers for Developing Recommendations

### ***Promote a sense of safety and security***

Make sure children are physically safe from harm and are out of dangerous and exploitative situations. However, children and their families must not only “be safe” but “feel safe”. There is a need to ensure both their physical safety and their psychological well-being. Thus, child-friendly spaces are necessary to give children the possibility for play and the freedom to be themselves, unafraid and confident that nothing will happen to them. If applicable or appropriate to the context and if possible, this also means providing the community with security measures, such as police presence or other law enforcement officials, so they can feel some sense of safety in their lives.

### ***Establish trust***

Under extremely stressful situations, children and their families experience a lot of pain and suffering, along with various emotions such as fear, anxiety, helplessness and hopelessness. In some cases, these situations destroy people’s trust in themselves, other people and the immediate environment. The events and circumstances in their environment have changed so rapidly that they do not feel they are able to handle the situation well.

Establishing trust requires strategies that will bring back their confidence in themselves and in others. For example, it is critical that there are trusting and

caring adults whom the children respect, can rely on and feel comfortable with. The atmosphere in the immediate environment also should be conducive for the conduct of play and other structured or routine activities that will give a sense of normalcy to their lives.

### ***Strengthen relationships***

Children are part of a network of relationships, starting with the family. As they grow, they participate in other networks such as their peer groups, their neighbourhood, school, religious groups and community. They build new relationships and strengthen existing ones. The connections between people and their environment also are affected by the changes in context (economic, political and social). Thus, strong family and community ties become protective factors that promote a sense of security, safety and trust.

This is important to children's sense of identity and belonging. In extreme cases, fear overwhelms the lives of children and their own identities are shattered. This causes children to withdraw from relationships, to not assume their roles and responsibilities and to stop caring for others. Recommended strategies must address these "broken" connections – to the self, the family, friends, community and the environment while, at the same time, recognizing that crisis situations may open up new beginnings and renew meaningful relationships.

### ***Enhance resilience***

Even in the midst of very stressful situations, every individual has the capacity to cope or to engage in "self-help" and "mutual help" efforts. This is known as resilience and refers to the individual's capacity to adapt and remain strong in the face of adversity. It depends on positive elements in the children's environment, often described as protective factors or processes. It is generally understood that the interaction of risks and resilience factors plays an important role in the development and well-being of children. A psychosocial support programme for children in emergencies should aim to reduce risks and increase resilience in children and their families.

### ***Increase awareness***

Rebuilding the lives of children, their families and communities requires strategies that will generate a new understanding of psychosocial support and protection and promote healing and wellness. Strategies should identify key issues and concerns that will be raised at the level of policy- and decision-making. Advocacy efforts should be integral to the recommendations.

### ***Ensure sustainability***

Sustainability means that strategies should stress continuity and the follow-up of plans and programmes. This also means that support within the community should

be guaranteed so that they are not totally dependent on outside help. In this way, communities are empowered to help themselves and sustain programmes in the long term.

Thus, it is imperative to have provisions for feedback and follow up in order to strengthen the capacities and improve on the participation of children, families and communities.

## **2. Strategies for Psychosocial Well-Being<sup>11</sup>**

### **a. Re-establish a stable family life**

The role of the family is integral in promoting a child's sense of well-being. Furthermore, the family's ability to provide for children's emotional and physical needs is indispensable in emergency and post-emergency situations when children's psychosocial recovery is a priority.

Security and safety of people affected by emergencies must be a priority. Adequate emergency shelters or evacuation centres, as well as basic needs such as food and clothing, must be provided.

However, disruptions caused by an emergency may leave parents unable to meet their children's basic needs. Thus, as children may require time to learn to trust adults again, regain confidence in themselves and rise above feelings of abandonment, they should be surrounded by parents or adults who can protect them. Some actions to support re-establishing the family unit may include the following:

#### ***Promote family reunification***

Being unaccompanied or involuntarily separated from both family and even community protective systems leads to distress for a child. It also increases a child's risk of exposure to violence, abuse and exploitation. Thus, tracing family members and reuniting them should be a priority for children separated from their families. Alternative long-term care arrangements, such as a nurturing foster family, also should be provided, whenever needed and possible.

#### ***Promote parental well-being***

Parents who have been dealing with their own emotions can at times fail to respond to the needs of their children. Because children's psychosocial

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<sup>11</sup> Some parts of the discussion have been adapted from *Protecting Psychosocial Development*, UNICEF Technical Notes: Special Considerations for Programming in Unstable Situations, Chapter 14.

healing and well-being is largely dependent upon their parents' safety and assistance, helping parents deal with their own grief and emotions while re-establishing their capacity for good parenting is vital to their own psychological healing and to that of their children. Providing a safe group setting to share feelings with others with similar experiences has proven effective for widows, families of missing persons, parents who lost children and so forth.

It is also crucial to promote parents' and adults' awareness of psychosocial needs. Generally, parents lack accurate information on simple techniques and ways to deal with their emotions, as well as helping their children cope with fears and memories. Research<sup>12</sup> indicates that providing culturally appropriate suggestions for talking with children about their feelings and experiences and to stimulate and play with withdrawn children are significant in facilitating their recovery. For instance, Balik Kalipay, an organization in southern Philippines doing psychosocial work with displaced persons, adopted a comprehensive approach to post-war rehabilitation by utilizing daycare centres and family- and community-based psychosocial interventions. They sought out youth, parents and key people in community to support the interventions and thus help to safeguard the survival, protection, participation and development rights of children in their barangays (villages). In the daycare centres, trained workers utilized culturally appropriate play therapy modules to address children's psychosocial needs.

### ***Promote family self-sufficiency***

After an emergency, particularly when basic needs have been met, family members start thinking about rebuilding their lives. Worrying over what will happen when external assistance, specifically when relief goods stop coming in, is a common source of concern and stress. Providing income-generating opportunities helps family members to develop a sense of self-sufficiency, self-worth and control over their lives. Skills training, loan schemes and cooperative projects for both parents and youth have been successful in other emergency situations and are worth replicating.

The provision of psychosocial intervention and related services also means preparing and empowering the community to become responsive and active partners toward change. Training activities can build their skills in conflict resolution and in community-based psychosocial service systems. Psychosocial rehabilitation programmes have come to include livelihood support. Even allowing them to take charge of food distribution can promote self-sufficiency – provided they receive support in capacity building to handle the task. It is also important to allow local people to choose from among options, such as in livelihood trainings, or to be offered first any jobs created

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<sup>12</sup> By the Center for Integrative and Development Studies at the University of the Philippines

for the reconstruction process. As much as possible, provide the support they might need. As well, send supplies or decisions that need to be made directly to local people rather than coursing them first through the government and then through agencies, which tend to make many decisions on behalf of beneficiaries and then present them with handouts.

## **b. Re-establishing a sense of normalcy**

Familiar routines create a sense of security, purpose and meaning and they also allow children to start functioning again as fully as possible. In addition to reinforcing and reuniting families, the following actions also can be done:

### ***Re-establish schooling***

Schooling is one of the most important means of restoring a sense of normalcy to the lives of children. Aside from reinstating schedules or activities that can promote a child's sense of trust, it also provides opportunities to form healthy peer relationships, acquire key life skills and knowledge and build self-esteem. Regular formal and informal schooling should be a priority from the earliest stages of an emergency response, even in the absence of proper facilities or equipment.

### ***Create recreational activities***

Organized non-violent play, sports and other forms of recreation is essential in raising children's self-esteem and reinstating a sense of normalcy. Moreover, establishing child-friendly spaces or play areas and providing opportunities for learning new skills, such as art and theatre, is an effective way for the community to express themselves and share experiences. For children, it is a venue to learn about and explore realities; it facilitates cognitive, emotional and social development; and it helps the participants and the viewers deal with their grief and loss.

### ***Resume cultural activities and traditions***

Rediscovering traditions and religious practices rooted in the culture helps the entire community's recovery by introducing a semblance of normalcy. Forms of celebrations also help people in coping with the situation and appreciating good values. Healing rituals or rituals for burial and grief, strength, guidance and solidarity can help individuals and strengthen relationships among family members and the community.

Particularly for displaced communities, rituals and religious practices represent familiar and reassuring anchors in what would otherwise seem an unusual and threatening environment.

### ***Promote simple and individual ways of relieving stress.***

Every individual has his or her own way of coping with stress and dealing with emotions. In some cultures, meditation and chanting brings calm and concentration to one's self. Others opt to engage in simple activities such as gardening, cooking or art-related forms of relaxation, like painting.

## **c. Providing opportunities for expression and participation**

### ***Sharing one's experiences with a group of children with similar experiences***

Giving opportunities and vehicles for children to tell their stories and to be heard is a critical part of the healing process. Activities such as storytelling, singing and dancing also help children find and learn lessons from their experiences. This could be done in groups, individually or with families. Assuring children that they are not alone in their fears and experiences encourages them to express and acknowledge their emotions in ways appropriate to their culture and spiritual beliefs.

As has been proven in several cultures, youth groups can be mobilized to provide assistance to other children. Child-to-child approaches, such as with peace camps or through support groups, promote the self-esteem of all.

However, those working with or caring for affected children should not force them to relate or disclose more than they are able or ready to at any given time. A child will need to control the timing of such information and should never be pressured or coaxed to say more than she or he is able to at one time.

Specific cultural concerns and beliefs, likewise, should be considered in providing factual information to a child – of what happened, what is happening and what will happen. If appropriate to the area, direct and simple language should be used for the child to understand his or her experience.

### ***Children and youth participation in planning, feedback and advocacy matters***

Children have the right to information on what to do during emergencies, whom to ask for help and where to go. They need to have all pertinent information so that they can make informed choices. To empower them to cope with the psychosocial effects of conflict and disaster, adults should not dictate what children should do and where they can participate. Instead, discussing the reconstruction planning process with them will help them develop this life skill. They can be involved in planning activities, such as drawing up a daily "to-do list" or a schedule for what they will do during the weekend.



Psychosocial support and assistance cannot be separated from efforts to raise the awareness of their importance among community and decision-makers. Thus, advocacy efforts, all leading to the psychosocial well-being of children and their families, should involve children and young people.

Children should be consulted in planning, feedback and advocacy matters because:

- They have a right to be involved.
- Their involvement adds authenticity to advocacy.
- They can be persuasive with audiences of parents and policy-makers.
- Involvement is an important part of personal development and confidence-building for them.
- They can provide valuable feedback on whether action was appropriate and effective.

### ***Group and community activities***

Structured activities in group settings are often therapeutic, particularly for school-age or adolescent children. Groups offer children security and a safe place to learn and express themselves. However, the formation of groups must be dependent upon existing circumstances in the context. For instance, there may be situations where forming a group poses security risks or carries a social stigma.

Interactions with adults and other children through structured group activities likewise provides children with creative, intellectual and emotional stimuli. More importantly, these activities allow opportunities for them to connect with people in their environment, as well as with their own bodies, emotions, experiences and beliefs.

At the community level, re-vitalizing existing community-based group activities helps restore a sense of normalcy within the community. Community-based groups can include a women's club, youth club, cooperative groups, sports or cultural clubs.

## **3. Mobilizing a Child's Existing Care System**

A child's care system encompasses all the caregivers he or she comes into contact with, including parents, teachers, community health workers, social workers, youth leaders, religious leaders or traditional healers. Because of their significant role in promoting children's psychological healing, they can facilitate a child's recovery when enabled with appropriate knowledge and skills. Also, they are in the better position to build on existing cultural traditions for dealing with distress.

Provided there is no conflict between the ethnic or political background of the caregivers, local organizations and individuals can respond to the psychosocial needs of children when equipped with an understanding of the normal reactions of individuals under severe stress and how this appears in the behaviour of children.

The following are suggestions for what an assessment team can do or advocate for:

### ***Teacher training***

Particularly in the school setting or when an informal schooling is organized in an evacuation centre, it is ideal to empower teachers in organizing classroom and recreational activities that create a safe environment and avoid further stressful events in the classroom.

### ***Support or training for health personnel***

Although often not equipped or trained to handle psychosocial problems in an emergency, health personnel are frequently faced with distress and grief. Training, special programmes and technical support therefore are often required by health personnel to equip them to respond to certain psychosocial difficulties.

### ***Specialized training and assistance for relief personnel and other support-givers***

Training programmes tailored to various categories of individuals in a child's care system are useful for enabling teachers, social workers, relief personnel, local healers, parents and other support-givers in preschools or nurseries and informal education centres. These should address topics such as listening skills, common reactions to emergency situations, needs created by distress and ways to facilitate psychosocial healing. Also, it is significant to realize the need for specialized services for at-risk groups. Training for special services and protection issues of unaccompanied minors, orphans, people with disabilities and widows also need to be provided.

As well, special programmes and measures are necessary for social workers and relief personnel to deal with and counteract work pressures. As their behaviour has a direct effect on the well-being of distressed individuals, oftentimes they are unable to deal with their own distressing experiences, which can affect their efforts to constantly provide support or even sympathy to survivors. To prevent "burn-out", special assistance and programmes should be available to relief personnel, ensuring their wellness and, consequently, the well-being of the individuals they support.

### ***Networking and referral systems***

Collaborative referral systems can be developed that link members of a child's care system. When the needs of children cannot be answered by the resources and the skills of an organization, it is important for teachers, health personnel or youth leaders to fill the gaps. They are adults who are often in contact with children and they could be tapped in offering support and help to children. Local support also can include parents, community workers, health workers, religious teachers or traditional healers.

### ***Raising awareness on what has been identified as an issue or concern during the assessment process through mobilization activities***

Advocacy efforts by local people, organizations and others involved can aim to cover many issues and concerns, a few of which include:

- Informing relief workers and officials of the importance of providing adequate, accurate and non-contradictory information to affected communities.
- Educating relief officials on the importance of keeping services coordinated.
- Asking for logistical support in the execution of recommended activities pertinent to recovery at the community level.
- Advocating for the early reconstruction of important infrastructure (health centre, school, community house, etc.)
- Advocating for micro-credit projects.

## **4. Preparedness and Prevention Measures**

During the early stages of an emergency when there is risk of further major damage, it is imperative to establish preparatory actions at the family and community levels to lessen both physical damage and the psychosocial impact. Equally important, preparation for any type of future emergency should be considered after an emergency. In both situations, families and teachers can prepare children by discussing the situation and possible outcomes (such as evacuation) with them. Families, religious groups and local authorities can organize their own efforts to anticipate outcomes while taking measures to protect and minimize the potential suffering of children:

### ***Preparedness planning at the family level***

In areas highly likely to an emergency scenario, families should be encouraged to discuss how they can be prepared and what to do immediately after a calamity, especially if a calamity occurred in the daytime of a week day when all family members may not be in the same place, such as children at school, farther at work, mother at the market. Having had such discussions may enhance family

solidarity and may reduce the risk of family separation or accelerate family reunion using their own strategies.

### ***Preparedness planning at the community level***

Communities, including key religious actors and local government workers, can prepare for highly likely emergencies with preparedness planning combined with communication activities to raise awareness about the nature of the emergencies, what to prepare before and what to do at the onset of such emergencies. Various communication means, such as posters, mass media, meetings, theatre play, could be utilized for this purpose. Simple and low-cost community-level early warning mechanisms for a certain natural disaster, such as tsunami or typhoon, could be developed as part of preparedness in close coordination with local and national early warning systems. Community preparedness enhances its mutual-support system and increases its resilience to emergencies.

## **5. Environmental Protection**

Natural disasters are closely linked with the natural environment in three primary ways: First, a damaged natural ecosystem can become a cause of natural disasters. Second, and on the other hand, the natural environment can mitigate the impact of natural disasters. For instance, more houses would have been destroyed by the tsunami if there were no mangrove trees in the coastline in some small islands in Thailand. As well, the prevention of deforestation in the mountains can lessen the probability of serious landslides or floods.

Third, the natural environment could be damaged as a result of natural disasters as well as people's displacement. Emergencies can trigger the uprooting of communities and cause internally displaced persons to seek temporary camp shelter. In those camp settings, people may cut trees and bush in surrounding areas as firewood. Months later, the environment around the camps may turn into an arid and deserted ground. Many such cases have happened with refugee camps in Africa.

The natural environment – landscapes, rivers, forests, trees, plants and wild animals – has been the source of people's protection, beliefs and healing. Thus, not only do natural disasters destroy infrastructure but the destruction of the natural environment affects people emotionally and psychologically. As part of a strategy to re-establish a sense of normalcy and resilience, environmental protection activities should be promoted.

For example, planting indigenous trees, flowers and plants can be promoted at schools and within communities. This simple activity is highly effective for

children and adults to recognize the importance of environmental protection and to express their appreciation of the indigenous natural environment that has been protecting people for many centuries. Planting can be regarded as a symbolic healing action to nurture a new life after the destruction.

In terms of the work of an assessment team, understanding the impacts on the natural environment is important in describing the context of the disaster situation. The physical environment has a direct effect on the well-being of adults and children, and it also has a big impact on the resources available to people and to their physical health. Therefore, in an assessment and in the plans for recovery and reconstruction, care for the environment is vital.

