Community Based Psychosocial Support
Training Manual

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Introduction

Psychosocial Training Manual
Introduction and User's Guide

Background

Psychosocial interventions have become increasingly recognized as a valued and important dimension of immediate and long-term disaster response. As Community Based Psychosocial Approach adds a mental and social dimension to traditional humanitarian aid, it has assumed considerable significance as a focus for relief efforts along with material support such as food, water and shelter.

The foundation of all community based psychosocial work is the belief in the affected community's capacity for recovery and resilience as all communities and individuals have resources and strategies for dealing with difficulties, illness and distress.

Action by Churches Together (ACT) is a global alliance of organisations committed to responding to humanitarian needs in emergencies, development and advocacy. ACT partners have been working together since the mid 90s to develop methods and material for effective and adequate disaster response.

ACT members' strong local roots enable the alliance to provide locally based knowledge, analysis and understanding of emergencies and disasters. ACT recognises that, as important as identifying vulnerabilities and providing for people's immediate needs are when crises occur, a vital component of its response is recognising the valuable gifts communities in crisis contribute: coping mechanisms and strategies for survival, skills and strengths, wisdom and knowledge, and resilience and courage. Strengthening local capacity lies at the heart of our responses to emergencies. The ACT Alliance coordinates its global responses to humanitarian crises through the ACT Coordinating Office (CO), which is based in the Ecumenical Centre, Geneva, Switzerland, where it is registered as a legal entity.

As actors in humanitarian assistance (and in development work), ACT operates in different arenas and the people we interact with (beneficiaries/affected populations and operational partners) are found beyond the churches'

"It is the supreme art of the teacher to awaken joy in creative expression and knowledge."
Albert Einstein

constituencies. In humanitarian assistance, we abide by the rules and standards set up by that arena (IHL, the Principles of the Code of Conduct for International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, Sphere standards, and IASC guidelines) to meet the rights and demands of people exposed to natural disasters and complex emergencies.

Church of Sweden (CoS) was, as a result of the experiences from the Balkans in the late 1990´s, asked to take a special responsibility for psychosocial support within ACT as an organisation with specialised services and to be focal point for psychosocial issues. As a first step a material was developed to be used as a facilitators guide, "Community Based Psychosocial Services – a Facilitators' Guide". This guide was developed together with two other member agencies in the alliance, Norwegian Church Aid (NCA) and Presbyterian Disaster Assistance (PDA), and a close collaboration on psychosocial issues is still maintained between the three organisations to best serve the ACT Alliance.

In 2005 CoS was asked by the Lutheran World Federation/Department for World Service (LWF/DWS) to build regional capacity and understanding within the ACT network in community based psychosocial support and to contribute to a common understanding of the concept. Ten regional workshops took place during the time span of three years 2006 - 2008.

This Psychosocial Training Manual is produced as a result of widespread demand, both from field as well as head office level, for further trainings on Community Based Psychosocial Support and the need for tools and techniques to spread the concept.

Aim and Target Group

This Training Manual is meant to be used foremost by trainers within the ACT-network who have attended a Training of Psychosocial Trainers workshop. The aim of the training manual is to serve as a resource for field workers to develop,

facilitate and conduct their own psychosocial workshops within their specific work or regional context. It is not a comprehensive source of information about psychosocial issues. It is a trainer's guide for developing locally appropriate training.

View on Learning

Learning is a life-long activity. Everyone comes to the learning situation with a lifetime of experience, regardless of age. Adults learn throughout their lifetime and they use their personal experience for learning. Involvement and participation is fundamental, as well as treating each participant as a competent person.

How to Use the Training Manual

This training manual is meant to be a helping tool for the trainer to develop his or her own curriculum and sessions for a psychosocial training. It is meant to give ideas, inspiration, basic facts and central concepts when preparing a basic introduction to Community-based Psychosocial Support.

This manual does not provide the trainer with ready made training modules, but expects each trainer to develop his or her curriculum and session plan according to the specific context and training situation. However, there are examples given for different kind of sessions.

Structure of the Training Manual

The first chapter, **Choose Your Training Approach**, provides the trainer with some basic components for building up his or her own workshop. It gives facts on the learning process, helps clarify goals and understand the learning process, and tips on how to actively involve the participants in the training.

The following three chapters: **Developing Psychosocial Support in Emergencies; First Steps in an Emergency: and Help the Community Mobilise in an Emergency** contain compiled material that would be relevant for an introduction to the concept Community Based Psychosocial Support in an emergency setting. Chapter 2 gives some examples on how a session can be built up from the material.

In your specific psychosocial training and according to your context, other topics might need to be included. The last chapter, **Resources**, lists some Manuals, Websites, Books and Articles that will help you find material for your training.

There is an **Appendix** with examples of templates that can be used for evaluation etc.

Acknowledgements

The compilation of the Training Manual is the result of a joint effort by CoS and PDA. **Anna Arnborg** was contracted by CoS to write the manual, supported by Else Berglund, psychosocial specialist at CoS and Kathy Angi, psychosocial specialist at PDA.

Most of the material in this manual is derived from *Community Based Psychosocial Services in Humanitarian Assistance – a facilitators' guide (ACT 2005)* and *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (IASC 2007)*. Other important sources the two manuals on active participatory training techniques *On the Road to Peace of Mind Guidebook* by Nancy Baron (2008) and (in Swedish) *Aktiva Metoder – en handbok i att leda lärande* by Sanna Ingelstam-Duregård (Sida 2009). Other sources and valuable resources are mentioned in the last chapter.

Chapter 1

Choose Your Training Approach

In this chapter you will find out about how to build a successful workshop

- by asking WHO – focusing participants and get an orientation on adult learning.
- by asking WHAT – clarifying goals and understand the planning process.
- by asking HOW – the training approach and participatory training methods.

Understanding the Learning Process

Participants are central

The participants are the session's most precious resource. There are often participants with important and valuable experiences who can contribute to everyone's learning. It is a good thing to try to make use of these experiences. Using the word "we" when speaking about what is planned for the session is an easy way to get the participants to feel involved.

It is important to be aware of the participants' motives as well as their expectations and apprehensions. By familiarising oneself with the participants in advance it is easier to adjust the level and the methods to the target group.

Participants' worries regarding attending the workshop might be about…
- The level being too high or too low.
- The content not being relevant or meaningful to them.
- Having to challenge their preconceptions and alter their knowledge, values and actions.
- A fear of not feeling comfortable with the methods used.

It is usually most successful to make the participants active early in the session, for example, by exploring their expectations and apprehensions and/or their experiences and existing knowledge. The more you know about the participants the better. This information can be collected in advance or early in the session. In advance this can be done through application forms, learning

contracts, a mail (electronic or paper) survey of registered participants, or a brief telephone interview if the number of participants is small. Instructors can also ask participants to list the skills, experience, and positive characteristics they bring to the learning environment. This information can be used for curriculum development.

Try to find out about the participants: age, gender, professional positions, religion, culture, traditions, values, level of education, motives to participate, expectations and needs, previous exposure to and depth of knowledge about the subject to be discussed

Create a Safe Learning Environment

We can learn and interact if we feel comfortable and safe. The most important task for the trainer is to create a safe environment where participants feel relaxed and free to contribute. It is crucial to have the participants focused by involving them in activities and discussions. Making eye contact (if culturally applicable) and using their names helps to make participants feel more comfortable. Asking questions can be daunting for some participants. Note the body language of the participants and if they have a disinterested look ask them if they have understood.

Agreeing on common rules: Are there any rules for learning? Reflection is often done in discussions. Therefore it can be useful to establish some common ground rules that everyone can agree to in the beginning of a learning activity, session or course. Here are some examples:

- No one owns the truth
- It is acceptable to admit mistakes and uncertainty
- We listen respectfully and with full attention
- Use "I" – not "one" or "we" when sharing personal experiences
- One person at a time speaks and it is not permissible to interrupt
- Jokes and laughter are good

In living up to the ambition of keeping the participants active it is important to be conscious of giving everybody space regardless of gender, disability or ethnicity. One also has to be observant of encouraging and asking for experiences from "the quiet ones" – and not just the active and talkative.

It is also necessary not to underestimate the participants' need to interact with each other. The facilitator's relationship with the participants is less important. We can quote this well known saying from the classroom: "The best teacher is the one whose students say: We did it ourselves."

Tips for the Trainer in building a safe environment: Show respect for the learner's individuality and experience.

- Be sensitive to the language you use so that learners are not inadvertently offended.
- Be open to different perspectives.
- Adopt a caring attitude and show it.
- Treat the learners as individuals rather than as a group of people who are all alike.

Meet the Challenges of Adult Learning

Learning is a life-long activity. Adults can and do learn throughout their lifetime ant they use their personal experience for learning. All previous experiences affect an adult's ability to learn. Adults learn best when the knowledge or skill they are trying to acquire can be used directly in meeting a present need or responsibility. They tend to learn faster whenever the subject under study relates to specific problems drawn from actual experiences. Adults want to learn through involvement and participation.

Adults are more apt than children to learn from each other and from sharing their experiences and they learn best in settings where they are treated as competent persons. Enthusiasm and commitment of the facilitator help motivate the trainee. Adults may feel agitated, tense, confused or frustrated by the learning process. A single adult can learn in many ways, and different adults learn differently. It is therefore very important to reinforce the notion of learner responsibility in the instructional process.

The value of personal experience: Everyone comes to the learning situation with a lifetime of experience, regardless of age. The lifetime experiences of each learner are different from those of others. Lifetime experiences also include misconceptions, biases, prejudices, and preferences. In other words, some of what people think they know is actually wrong. At the same time an adult's experience is who he or she is. So if an adult's experience is not respected and valued, it cannot be used as a resource for learning. Adults experience this omission as a rejection of their experience and as a rejection of them as persons, which negatively affects learning, and their contribution to the group. Information that goes into the participant's memory will likely be remembered if learners practice remembering the information soon after they process it. Therefore, it is important to provide opportunities in the session for review and remembering by means of activities like written summaries or time for reflection etc

Perfectly natural to ask: Adult learners are motivated to learn when they have a need to know. They want to know how the instruction will help them and often ask themselves the following questions:
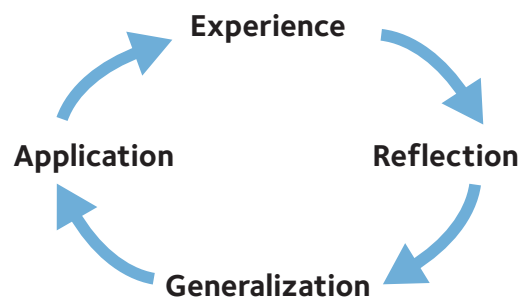
- What's in it for me?
- Why do I need this information?
- How can I relate this to my previous work?
- How will I benefit from it?
- How can I make use of it in a practical, real way?
- How will it help me be a better person or professional?

Adults Have "Wants"
in the Following
Four Areas:
1. To gain something.
2. To be something.
3. To do something.
4. To save something.

Turn Learning into a Changing Process

The main idea of learning is to change people's knowledge, attitudes and skills. A successful learning is therefore a process with different stages. This can be understood and explained as a process of four stages. Usually we start in the experience phase, but it is possible to start the process from any stage.

Experience: This is the stage where learners share experiences. The experience phase may also be structured to enable learners to "do" something. "Doing" includes a range of activities, such as participating in a case study, role play, simulation or game, or listening to a lecture, watching a film or slide show, practicing a skill, or completing an exercise.

Reflection: In this stage, learners reflect on the activity undertaken during the experience stage. They share their reactions in a structured way with other members of the group.

They may speak individually, in small groups, or as a full learning group to process the activities which they have experienced. The facilitator helps the learners to think critically about the experience and to talk about their feelings and perceptions, and he or she highlights similarities among the learner's reactions. The facilitator should also help the learners highlight how the learners can connect between what they have experienced and how they can move toward drawing conclusions.

Generalization: In the generalization stage, the learners form conclusions and generalizations that might be taken from the first two phases of the cycle. The facilitator should help the learners think critically to draw conclusions that might apply to "real life." This stage is best symbolized by the following questions: "What did you learn from all this?" and "What more general meaning does this have for you?"

Application: After learners have formed some generalizations, the facilitator should guide the learners into the application stage. Drawing upon conclusions reached during the generalization stage (and previous stages), learners can begin to incorporate what they have learned into their lives by developing plans for more effective behaviour in the future. Techniques used to facilitate the application stage can include action plans, reviewing each other's action plans, formulating ideas for action, sharing action plans with the whole group, and identifying additional learning needs. The facilitator assists during this process by helping learners to be as specific as possible.

The facilitator should:

help the learners think critically to draw conclusions that might apply to "real life."

Deal with Different Learning Styles

We are all different and have different strategies for acquiring new knowledge. There are several theories and models that describe different learning styles and "intelligences". A person can have one learning style that is dominant while having access to several others. A person's preferred learning style can depend on the situation or the purpose of that which is being learned. That means that an individual's learning style can vary depending on the situation.

This, of course, has consequences for planning and facilitating the learning of adults in a group. It is most likely that all of the learning styles will be represented and if one wants all of the participants to be involved – one also has to plan learning that stimulates different learning styles. One way to describe learning styles is to identify preferred stages of the learning process: some of us like to reflect and others like to act.

Here follows another way of describing the different learning styles.

Visual learners prefer, enjoy, or require: Graphic illustrations such as graphs or crosstabs to explain data; handouts, graphs, maps, films, outlines, colour codes to highlight salient information; maps to find their way on the subway or while driving in a new city; written material to study new concepts; wall charts that display points to be remembered; written outlines; drawings or designs to illustrate overhead presentations; sitting "up close" in a presentation in order to see the presenter's face, gestures, or visuals; taking notes during a lecture; instructors to repeat verbal directions.

Auditory learners prefer, enjoy, or require: A verbal presentation of new information, such as a lecture; group discussions to hear other points of view or practices; fast-paced verbal exchanges of ideas; a good joke or story that they can repeat for others; verbal cues or pneumonic devices to help them remember information; music at the beginning or during transitions in a training setting; words to accompany a cartoon; oral reports of working groups.

Kinesthetic learners prefer, enjoy, or require: Hands-on experience to learn a task; gestures while making a point; role play exercises over discussion groups; shaking hands when meeting or greeting people; movements such as rocking or shaking a leg during a lecture; trying new things without a lengthy explanation of the activity; frequent breaks; regular opportunities to change seating or room arrangement; "just doing it" rather than talking about it.

*'When I hear, I forget
When I see, I remember
When I do, I understand'*
Chinese proverb/saying

Planning and Evaluating Your Workshop

Clarify Goals

In planning a session the most crucial questions are:
WHAT issues should be raised?
WHY should they be raised?
And WHO are the participants?
From the answers to these question comes the question HOW?
One ought to think about and formulate the goals of the activity.

Important questions to ask oneself as facilitator are:
What do I want to achieve?
What questions do I want to arouse in the participants?
How do I intend to develop their thinking?
What attitudes do I want to promote?
What are the participants supposed to take with them?
The goals should be formulated based on what the participants are expected to achieve. It is definitely not the same thing to teach as to learn. Learning is not only about facts.

True learning is a combination of:
- Evidence-based facts and experiences
- Attitudes and values
- The ability to implement and take action.

When putting up goals you should try to address all these aspects of learning, as well as to keep the participants in focus.

Examples of how to express goals are:
- The participants should have received an orientation on…. (facts)
- The participants should have reflected upon… (values)
- The participants should have practised a method for…(action)

Develop Your Curriculum

A curriculum provides the overall framework for a training course. The overall goals and objectives are tailor-made for each training group. In advance of the training, trainers put extensive time into the design of a curriculum. Once the overall design is made then it is broken into sequential steps. Each step becomes a lesson that has its own plan with specific goals, objectives, teaching methodologies and timing. Each lesson teaches a small amount of knowledge or skills but when it is strategically placed with other lessons forms the steps to fulfil the overall goals of the curriculum. (See Box on Curriculum Development.)

Fit the needs of the group: Each workshop requires a specialized curriculum to fit the needs of the group. A curriculum should be adapted according to the participants' needs and prior knowledge. This can be achieved through an assessment of the individual participants of the up-coming workshop.

Based on the information of the assessment, the length can be determined. More time is required if the participants are expected to learn something new as well as teaching the new information to other groups in their own setting where they become the trainers.

A group of lessons strategically placed together into a curriculum creates a whole that is far greater than each of its parts.

Curriculum Development

Establish overall purpose, goals and objectives of the training.
Select content to be included in the curriculum.
Organize the content and determine what can be taught together as one lesson.
Order the lessons 1, 2, 3…etc. sequentially.
Prepare written **lesson plans** with clear goals and objectives.
Choose training methodologies that go along with what is taught in each lesson.
Determine the time needed for each step in each lesson and fit in to the overall time allotted.
Build in ongoing assessment to verify student learning.
End each lesson with prepared summary of important points and connect to next lesson.
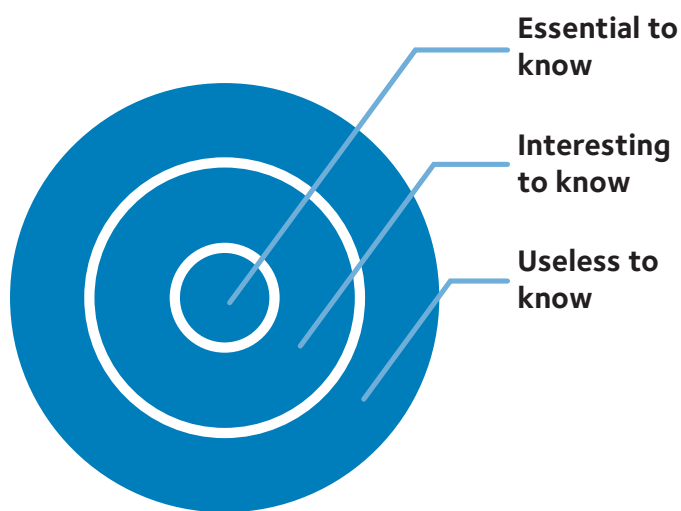**End full training with prepared summary** of key points leading to goals.
Ensure that all lessons include how the learning will be applied.
Include methods for trainer and student evaluations.

Keep to essentials: Choosing the content of the curriculum is a major challenge for trainers. How can you decide what content is essential and should be included in the curriculum? As example, in an emergency situation, it is most advantageous to only teach essential basic emergency response rather than overwhelm trainees with trying to learn skills that require more time and supervision than is available (IASC MHPSS 2007).

A common problem for new trainers is that they try to train everything they know about a certain topic in the time allotted. There are many things that can be taught about any topic, learning to focus only on what is essential for trainees to learn is a challenge. Trainers learn to not waste time on things that are nice to know but have no purpose. A useful metaphor is that training must hit the center of the Bull's Eye like in target practice with a gun or bow and arrow. Preparation and practice teaches trainers how to hit the center or the Bull's Eye with their training.

Essential to know

Interesting to know

Useless to know

Bull´s eye, illustrated.

Ideally, the number of orientation workshop participants ought to be maximum 20 to allow for meaningful engagement of all participants in both plenary and small group sessions.

Plan your time: Time management and time planning is a must. Participants value keeping to the schedule, start, breaks and finish. It enables them to use their energy in an optimal way. Ensure the timing for the training and follow-up is adequate and cannot lead to misunderstandings that are potentially detrimental or even dangerous.

Location and furniture is also to be considered. Where will the training be held? The location may alter the possibilities of certain exercises. The positioning of the furniture inside the classroom will affect how the participants will perceive the training environment.

Questions to Use to Assess a Curriculum Outline

After completing the workshop plan, use the following questions to review the design. If the answer to any of these questions is "no," consider revising the workshop design.

Are all uninterrupted presentations less than 15 to 20 minutes in length?

Does every session include activities that have participants talking and doing, rather than just listening?

Are both morning and afternoon breaks included?

Are the equipment and materials needed for each session appropriate (for the participants) and cost-effective (given available resources)?

Is time included for a mid-point and final evaluation of participants' learning, engagement and satisfaction?

The Value of Why

It is helpful for trainees to repeatedly ask each other "WHY?" when one of them trains. They quickly learn that, "WHY?" is an essential question. "WHY" train this and not that? Training is not about what trainers want to teach but rather what is essential for their participants to learn.

Example: 5-day Psychosocial Workshop

This is an example of an overall agenda for a 5-day workshop held as a part of a regional capacity building project on Community-based Pychosocial Aproach (CBPA) for experienced staff of ACT member organisations around the globe. A vital part of this training was to give participants opportunities for practical exercises.

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
07:00 – 8:00	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8:30 – 10:15	Thoughts for the day Inauguration Introduction to Workshop	Thoughts for the day Reactions to traumatic events Resilience CBPA Support	7:00 Departure Field visit	Thoughts for the day Presentation on Wednesday's work Working in a structural manner	Thoughts for the day Active listening
10:15– 10:35	Coffee/Tea	Coffee/Tea		Coffee/Tea	Coffee/Tea
10:35 – 12:30	Expectations & Contribution Objectives Introduction to Facilitators' Guide	Gender Life span perspective HIV/Aids Conflict management		Self Care and Stress Management Community Assessment	Implementing CBPA in your own context Presentation on implementation of CBPA
12:30 – 13.30	Lunch	Lunch		Lunch	Lunch
13:30 – 15:00	Presentation of participants' context	Group work: CBPA Attitude, Approach, Activity		Case Studies Simulation exercise	Conclusion of workshop
15:00 – 15:20	Coffee/Tea	Coffee/Tea		Coffee/Tea	Coffee/Tea
15:20 – 17:00	CBPA Overview Code of Conduct Conclusion of Day 1	Entering a community Preparation for Field visit Preparation for Case studies	Preparation of field visit presentation	Presentation on Case Studies Reflection	Evaluation Concluding Session
19.00 –	Dinner	Dinner	Dinner	Social and Cultural Evening	Dinner

Put Together a Session Plan

A session plan is a simple plan of a session's organisation which includes: goal and purpose, the session's different activities, materials needed and time scheduled for each activity. It is much easier to improvise if one is well prepared. This plan is for the trainer only – and not to be communicated with the participants.

The planning should allow for:
- Values and different perspectives
- Concrete examples
- Theories (facts, research)
- Application and tools/ideas on how to take action
- Reflection and dialogue (including encouraging questions and criticism)
- Participation and interactivity (including exchanging experiences)
- A balance and variety when choosing methods

However well you have planned the session you still have to be aware of the needs of the group and be prepared for the unexpected. The plan may have to be abandoned if the participants so desire it or if it is necessary for some reason during the session. Without abdicating leadership and responsibility for the process you should give the participants an opportunity to influence, to a certain extent, the content and methods.

Example of a Session Plan

Session title				
Goal and purpose: – Participants shall have an orientation on the concepts… – Participants shall have practised the method…				
Heading	**Details/Content**	**Method**	**Material, equipment**	**Time, est.**
Introduction	Presentation of me. The issues to be raised. Rules (such as participation) Presentation of the participants		Overhead with content	10
What do we know?	Exchange of experiences	Buzz groups Joint reporting back Discussion	Flip chart (for central concepts)	15
Presentation of current research	Information, facts	Flip chart/ PowerPoint	Computer projector PowerPoint – handouts	10

Example: Detailed Planning of Sessions

The beginning of a workshop will set the style for the rest of the coming days. A very detailed plan for the first sessions of a 3- or 5-day workshop is a good idea, especially if a team of trainers are conducting the workshop, so that each one knows exactly who is doing what when and for how long. This is an example taken from the ACT pilot Training of Psychosocial Trainers that was held in September 2009.

Time	Contents	Who	Method	Handout:
Session 1 09.00–10.45	Opening, Introduction, Interaction Exercise Welcome		Presentation Dialogue Group Exercise	Schedule General information 'Safe Environment'
5 min	Self introduction (name, country,	All		'Ground Rules for
5 min	organisation, job focus)	All		participants'
10 min	Practical information	A		'Tips for Trainers in
	Goals & objectives of workshop	A		building a safe
10 min	Goals & objectives of trainers	A		environment'
5 min	Daily schedule	A		'Group Work – Being
10 min	Discussion on "safe environment"	B		a Team Player'
10 min	Participants interview each other	B		
10 min	Discussion on teambuilding	B		
10 min	Ground rules	B		
	Identify concerns, expectations and goals	A		
10 min	a. for the course			
10 min	b. personal			
5 min	Volunteers for "Eyes and Ears"	A		
5 min	Name tags	A		
Total 105				
10.45–11.15	Teabreak			
Session 2 11.15–12.30	Origin, Purpose, Context of MHPSS in Emergencies		Lecture	ACT CBPS Guidebook
10 min	Background of ACT and IASC MHPSS			IASC MHPSS
		B		Nametags
20 min	'Get to know each other' exercise	B		
30 min	Introduce ACT	A		
15 min	CBPS in Emergencies	A		
Total 75	ACT Guide, IASC Guidelines			
Session 3 12.30–13.00	Writing exercise for monitoring and evaluation purposes. Part 1 of 2. (Part 2 of 2 will take place on Day 9.)		Writing Exercise	
5 min	Introduction	A		
25 min	Writing			
Total 30				
13.00–14.00	Lunch			

Plan and Remain Flexible

It is important to always keep in mind your final goal: what is it you want the participants to have gained by the end of the workshop; what change in knowledge/attitudes/behaviour do you want them to exhibit?

Knowing how much to include in a workshop is a matter of experience. It is often useful to carefully prepare the very key items that you want to present, and make sure that there is time for those. Then have other topics for discussion or presentation prepared that may or may not be used depending on how quickly or slowly the group moves.

Be flexible: Be ready to spend more time than you planned on key topics if it is clear the group needs more time to work through ideas or needs more time to practice; it is better to do a few things well than to speed through the entire curriculum and "lose" the group. If most of the group seems to understand and is ready to move on, but a few still seem confused or unsure, meet with them over breaks or in the evening to spend more time with them to ensure that everyone understands the key concepts and skills.

On the one hand, be flexible enough to go with the group if something not planned seems important to them to work with. However, also continue to focus on that final goal: is the diversion helpful in reaching that goal? If it is just an interesting conversation but doesn't contribute to reaching the goal, suggest that it be moved to a lunch or evening discussion.

Reflect: Make it a routine to ask yourself at the end of the day: What are your general comments of the day? What worked well? Elements you would change? Room for improvements? Or choose other similar questions.

And finally, enjoy the workshop, the participants, and the new things that you will learn from them!

Evaluate and Draw Conclusions

Evaluation of a pedagogical activity can be done on different occasions and may therefore result in providing different information. It all depends on what one wants to know. Therefore it is important that the activity, session or course has a clear goal and purpose on which the evaluation is based. The facilitator should allow time for the participants to suggest improvements. Suitable questions could be: What was good? What can be done better? How?

Do's

- Try to place participants so they
  can easily interact.
- Rather place the chairs in a semi
  circle than in rows
- Make sure it does not take too
  long to change the seating
  arrangements
  if chairs need to be re-arranged
  for group work. It distracts
  participants from the task.

Don'ts

- Try to avoid placing the chairs in
  rows where participants cannot
  easily see each other.
- Try to avoid using tables.
  Tables can become obstacles for
  interaction.
- Try to avoid standing at a
  podium or standing/sitting
  behind a table when leading
  a group.

Evaluation done within or very close to the end of an activity will give information on how the participants perceive the activity right then and there. It is good to do on-going evaluations, as well as exercises about lessons learnt, during the activity and not necessarily only at the end. This can be done individually or in groups. Sometimes it is done only for reflection and kept secret, and sometimes it can be shared with others.

The main method to evaluate when participants are asked to fill in a form is often used in the end of a workshop as a feedback to trainer. Evaluations can also be done after an individual presentation (to evaluate the performance), or after a group work (or teamwork).

Daily afterthought: It as also good to do your own evaluation (as a trainer) after each day and pose this questions to yourself: What are your general comments of the day? What worked well? Are there elements you would change? Is there room for improvements?

Working with Participatory Training Methods

Establish a Participatory Approach

Participatory training arises from the needs, interests and objectives of all participants, not those of the trainer. Participatory training is learning that builds on the experiences of participants. Equal value is placed on the life experience of women and of men. Dialogue among trainees and between trainees and the facilitator is central to participants acquiring new knowledge and skills. They share their experiences, analyze them collectively, and draw insights.

In participatory training, trainees generate their own knowledge through active participation. They take responsibility for their own learning. Participatory training is practical in day-to-day life and living. Clear and conscious attention is paid to the transfer of learning from the training event to the real life situation. Participatory training requires the creation of a suitable learning environment. Trainees are accepted as they are and feel psychologically safe to experiment and take risks.

Therefore you should actively involve participants early and often. And use a variety of methods in each session to keep interest and motivation high. By changing the class structure into full class, small groups, pairs, individual - according to task - this can be ensured. Through reflection and interaction with others, individuals as well as groups build new knowledge and competencies. By handing out the lesson plans/schedule will give the participants a sense of structure, overview and inclusion.

Some more tips: Use relevant visual aides to illustrate points. Bring in guest speakers to share different perspectives, answer questions, or provide "real-world" feedback. Use small group or hands-on activities, reading, writing, discussion and questions to get participants out of the passive mode. Design one or more breaks and small group discussions daily to give participants a chance to stretch and network.

Working with Participatory Training Methods

Preparation:	Mannerisms:
Clear lesson plan (Goals? Objectives?)	**Moving body gently**
Prioritize contents (What? Why? For Whom? How?)	**Slow hand movements** below the face – not frantic ones all over
Preparing notes and flip charts in advance will assist in being organized and clear	**Manage your stress** and anxiety
	An easy smile
Class interaction:	**Speaking** in a lively enthusiastic easy to hear, not too fast not too slow tone of voice
Show interest in your audience (By meeting the participants with enthusiasm and curiosity will create a good base for learning.)	**Charm and occasional humour**
Be flexible about questions and comments	**Content:**
Ways to respond to incorrect answers from the audience – Do not say 'You are wrong' and move on. Rather highlight the issues raised that have correct contents and then try to explain why their point was incorrect and lead them towards the 'right' answer.	**Illustrations, models**, films, pictures (comics and photos) can facilitate participants' learning.
If only 1–2 people are responding to your questions redirect the attention by asking a question that all are to respond to by going in order around the room giving the opportunity for others to participate in a natural way. If participants have given the same answers ask them to add another answer and continue around the room.	**Caution about inappropriate use of slang** terms that are culturally specific or other inappropriate language
If one person is dominating sitting in the centre, move the focus by moving yourself.	**Show passion for your topic** and be open to presenting different perspectives
When you as the trainer do not know the answer, turn the question to the participants.	**Use and relate to your own experiences**
Show enthusiasm and present different perspectives of the topic.	**Use concrete examples** and connect and relate them to theories (facts and research).
Invite participants to active participation through asking them to contribute with questions, comments and challenges.	**Present applications and tools** in order to further the discussion
Ensure you have eye contact with all of the participants continuously – if this is appropriate according to cultural context. Do not set your eyes on one or a few participants. (This is an easy pit fall if some participants show agreement of what you are saying.)	**Logistics:**
	Time keeping is vital
Avoid turning your back to the participants or speaking turned to the flip chart you have already written.	Make sure the **location** is adequate for the workshop, both for plenary sessions and for group work.
Leading questions are not advisable, ie 'This is very good, isn't it?' It would be better to pose open questions such as 'What do you think about this issue?'	Make sure you have all the **material** you need for each session.
Enjoy the interaction!	**Breaks and meals** need to be timely.

Participatory Training Tools

BRAINSTORMING

Brainstorming is a method for generating ideas. It involves focusing on a word, concept, or problem, and then coming up with as many ideas or solutions as possible. Brainstorming sessions are free and open sessions in which there is no criticism of ideas. Sometimes brainstorming is used to help participants begin thinking about a particular topic or issue. Other times, brainstorming sessions are intended to result in the selection of ideas for further analysis, or the selection of "best solutions" to a problem. Try to quote the participants as closely as possible in order to avoid instilling your own wordings and interpretations.

Post-Brainstorm: Comment, add to, and develop the issues that have been raised. Group, categorise, and analyse the issues that have been raised. Prioritize and evaluate the issues that have been raised.

It is important not to value the input while it is given, neither negative nor positive, as it might "lock" the participants and make them less creative.

Strengths: Brainstorming is an effective way of getting participation in a non-threatening environment. It is an effective means of generating lots of ideas with large groups. Brainstorming also encourages creativity and "thinking outside the box."

Risks: Brainstorming requires a strong facilitator who can establish a non-threatening, uncritical environment, and keep the session on course. One or two individuals can dominate the session. The facilitator should plan how everyone, both male and female participants, will be encouraged to participate.

"Learning is directly proportional to the amount of fun you are having."

Anon

BEE HIVES

Open and free discussions in smaller groups of 2-4 participants. The groups discuss a topic, question or event, for example: What do you know about this...? What are your experiences on this...? What does this mean to you? What is the most important and interesting about this...? How would/could you apply it?

Strengths: Many different aspects are raised. All participants have the opportunity to share their own individual experience and knowledge. Participants have the opportunity to see issues in a different light.

Risks: One person dominates the group and does not allow other participants to speak.

DISCUSSION

Large group discussion is a way of generating ideas and sharing experiences with all of the participants. In a workshop setting, discussions are structured around specific topics or issues. The trainer/facilitator leads the discussion by posing a series of questions to the entire class.

Tasks for Trainer:

1. Start with a search for basic facts that everyone is likely to know.

2. Move on to questions that are more complex and require learners to interpret facts and use knowledge.

3. If the discussion flounders, draw the attention of the group back to yourself by assuming responsibility for an unclear question.

4. If no answer is forthcoming, give a trial answer yourself and ask participants to comment on your answer.

5. Acknowledge all answers and ideas put forth by participants to let them know they have been heard.

6. Frequently summarize the group's work either verbally, through pictures and diagrams.

Strengths: By posing appropriate questions, the facilitator can direct and encourage learning, leading the exploration of a subject rather than relying exclusively on telling. Discussion is an effective way of generating ideas and sharing experiences. Participants can learn from each other and take an active part in the learning process. Good questioning techniques can draw shy women and men into the discussion. The responses of participants help the trainer/facilitator to assess existing knowledge and decide if additional activities are needed. If used effectively, this method stimulates thinking and actively involves all members of the group. It facilitates adult learning enabling all learners to describe their experiences and express their opinions. It is a useful method to get participants interacting with each other early in a training.

Risks: Discussion in large groups (e.g., more than 15) is difficult. One or two people may dominate the discussion if they are more articulate or more aggressive than others. The trainer must provide opportunities for all to speak. There is a danger that all the dialogue will be between the trainer/facilitator and the trainees, rather than between and among the trainees themselves. A skilled trainer/facilitator is needed to help trainees interact with one another, not just with the trainer/facilitator. Inexperienced facilitators can fall into the trap of posing questions to a few favourites who can be relied on to give correct answers. Care must be taken not to embarrass anyone. Some participants may choose not to speak, or some may not engage seriously in group discussion.

Risk characters:
Monopolizers, people who must be the center of attention.
- Prove it, people who play this game challenge the leadership.
- Talkers, people who talk incessantly.
- Try to make me, these people have only a partial commitment to the group and the process.
- Intellectualizers, all is on the head level; no emotions.
- Yes, but…, people who find a problem with every solution or suggestion.
- People falling asleep.

Discussion and Facilitation skills

Explain the facilitation role to the group members. Clarify that you are not the authority with all the answers. The facilitator's role is just to organize the group so that all members can fully participate. A clear structure will help the trainer to redirect participants who wander off the topic.	**Try to remember reflective listening.** Show that you are trying to understand and to help the person clarify and evaluate his or her feelings. Add to the depth of what is said by the participants.
Feelings are not right or wrong. They simply are. Participants must be encouraged to express their feelings and to accept the feelings of others sensitively and respectfully.	**For effective listening** it is important not to argue, interrupt, judge, give advice or jump to conclusions.
Be patient and take one step at a time.	Remember when people are telling their stories and revealing their hurts, **the trainer/facilitator needs to respect** them. This is holy ground.
Stay on the topic.	**Give opportunity for all group members** to actively participate but push no one.
Be very aware of your own body language and read the body language of group participants.	**Keep time**
Become involved in the discussion process.	**Deal with group arguments** – summarize, comment, move forward
Share the time equally.	**Correct incorrect factual information** but without diminishing participation (This can be done by first summarizing what the participant has said, thereafter saying 'this information could be correct in certain circumstances, however in this circumstance...etc, or asking others in the class if this is their understanding as well.')
A group never becomes a community unless participants develop the habit of deep respectful listening to one another.	
Silence is good. It is important for facilitators not to rush in when there is a silence. The facilitators must learn that it is not necessary to fill every silence.	
Reflect, summarize, repeat, accentuate key learning that lead to goals.	**Summarize key learning** at the end.

ENERGIZERS

At times when you as the trainer notice that the participants are getting tired the energy levels can be raised with energizers, such as song, dance, a game, a stretch, yoga, breathing exercise (all appropriate to culture). Energizers should be easy to instruct and quick to do – not to divert the attention and focus for too long.

> "Coming together is a beginning. Keeping together is progress. Working together is success."
>
> Henry Ford

GROUP WORK

The power of the group together is greater than that of the individual alone. Creativity increases in groups that function democratically. The greater the opportunity for discussions – the more understanding increases.

A group of 3-6 people is the ideal size to enable everyone to take part. The trainer should give clear instructions about the task, the estimated time as well as if and how the group shall report their findings. Choosing someone from the group at random to report forces all of the members to be involved. Several short group tasks and discussions are preferable to a few long sessions.

You should give clear instructions to the groups on what they are to do, how much time they will have, provide the questions they are to consider, and explain

if and how they are to report back to plenary. Instructions may be written or oral. If groups are to respond to a set of questions, these should be written either on flipcharts or on instruction sheets for each group. One may facilitate by giving the participants something practical to gather round: exercises may need materials such as flip charts, post-its, pencils and tape.

The trainer should be on hand to answer questions or to clarify during the group work. It is recommended that the facilitator circulate listen and, if needed, support the process. Moderate the groups to ensure that no one is dominating and all people are included in the discussion.It is also a good idea to remind the groups when there are a few minutes left until reassembling.

One way to get new ideas into the group is to send one or two participants to another group while they are working.

Reporting group work can be done in different ways such as:

- have each group tell one lesson learnt or question
- Have the groups work with different questions to be presented
  back to large groups
- Have the groups report verbally using flip charts, or by putting
  the papers on the walls like an art exhibition where the participants
  walk around and study the papers.
- Have the groups meet in pairs to present their findings
- Have the groups report in new groups with representatives
  for each of the original groups.

Teamwork, a more complex group work, is described later in this chapter, see Advanced tools.

LECTURE

In this method, an individual delivers a lecture or speech to the participants. Materials: Different aids can be used such as flip charts, diagrams, pictures, power point presentations, etc.

Tasks for Trainer:

1. Prepare the lecture well ahead of the session, clearly linking it
   to learning objectives.

2. If applicable, prepare handouts and decide when they will be
   distributed.

3. Prepare and present a challenging and stimulating introduction.

4. Explain how the lecture is related to the learning objectives.

5. Conduct the lecture.

6. Provide an opportunity for questions from participants.

Strengths: A great deal of information can be presented quickly and in an organized and systematic way. A good lecturer can stimulate and inspire learners, and encourage further study and inquiry. The lecture does not require printed materials or high literacy levels.Large numbers of persons can attend.

Risks: Learners play a passive role, and there is not much scope for an exchange of ideas or participation. Only the lecturer's ideas or points of view are presented. Facts can be distorted.

Dynamic lecturers are rare. It is easy to lose the audience. It is difficult to gauge the impact of the lecture on the learners.

Aids and Presentation Tools

HANDOUTS

Repetition is key in adult learning and with handouts participants are able to reconnect with what has been taught. Handouts help to make sure that everyone has the same knowledge level of a certain subject. Ensure that correct information is distributed. If the lesson is complicated then a handout can clarify and reiterate what is being explained. Timing of passing out handouts is also important, if they are handed out too early it may influence the participants' thinking or it may also distract the participants from what you are saying as the trainer. Handouts are especially important when the training is done through a translator. If the handout is translated – make sure it is correct!

FILMS

A visual film may accentuate a certain point you are trying to convey. In this way the learning will be through visual aids as well as auditory aid.

FLIP CHARTS

Well organised even colour coded flip charts prepared in advance are an excellent way to keep trainers organised as well as make it easier for the trainees to follow what is being taught. It is also important to find the balance of not writing too much on the flip charts. One advantage of flip charts is that they can be written during the presentation. Some outlines can be done in advance to be filled in during the session. Although be wary of not turning your back too much from the group.

POWER POINTS

PowerPoint presentations have become popular, but might not the best option as compared to flip charts. If you use a PowerPoint, make sure it is easy to follow. An overworked PowerPoint presentation often loses its content as well as the participants' interest. And a distressed trainer dependent on a broken machine or without electricity can be disconcerting for the trainees.

Advanced tools

EDUCATIONAL POSTERS

To create and present an Educational Poster can be the perfect complement or replacement to written materials, especially in areas where the literacy rate is low. The pictures on the posters can, if appropriately designed according to context, local culture and/or tradition, transfer the same message as the written brochure. Both positive and negative messages can be used in a poster. However, it is essential that the positive message is clearly marked as positive and the negative message clearly marked as negative.

Important to note is that participants need not be good at drawing to create posters. Simplicity is often preferred when it comes to educational posters.

Task for trainers: Participants are to design their own educational posters on an optional topic relating to MHPSS. For example, how to teach health officers to incorporate MHPSS into their work. Participants need to think of a target group, goal of task (what message does the participant want to transfer?), size of images, colours, clarity of message.

Posters are to be anonymous, as this will give an added value when giving feedback. The 'designer' will remain silent and anonymous when feedback is given. The 'designer' will only after all the feedback is given identify her/himself and be given the chance to explain the poster's message.

Participants are asked to hang their posters around the classroom. The trainer goes through each poster together with the class giving constructive feedback.

1. The person who designed the poster will remain anonymous

2. Trainer asks the class about their constructive feedback

3. The 'designer' will comment on their own poster

4. Trainer summarizes and adds to the constructive feedback

5. The trainer and the class will create a list of essential elements for educational posters.

DRAMA

Drama and role play have things in common. Both involve two or more people playing a role in a story, in which they portray a situation that is fictional but resembles situations that those watching and taking part might easily find themselves in. But there are also important differences.

A drama is prepared beforehand and usually has a storyline with a clear beginning and end. A group of actors present the drama to an audience. The words spoken by the actors may have been written down in detail, in the form of a script; and the actors will have rehearsed the drama before presenting it to an audience. Those presenting the drama may be professional actors or may have been selected from among the audience who will see the drama.

Strengths: It uses both visual as well as audible tools to convey a message which enables the audience to connect to the message in more than one way.

Risks: The message is misunderstood and the audience leaves confused.

ROLE PLAY

A role play uses the acting of roles for the purpose of learning by simulating real situations. A role play is a structured situation in which participants act out a lifelike situation, including actions, attitudes, feelings and behaviour.

There are various types of role plays, ie. simple role plays, in which a small

List of Essential Elements Needed to Design an Educational Poster:

- Clarity and simplicity
- Culturally appropriate
- Contextually relevant
- Picture should give the message, not words.
- Positive messages are preferred
- Negative messages must be marked clearly as negative.
- Have the target group in mind

**Role Play
as a learning tool**

· Makes you learn how to improvise
· It makes you feel
· Makes it easier to visualize the real situation

**Role Play
as a teaching tool**

· Simplifies the material
· Active participation
· Attentiveness
· Visualise issue
· Promote creativity
· More control
· Mentoring is important
· Feedback
· Chance to redo. Learn by repetition.
· Practical

group performs before the observers; two persons role play two different sets of characters and then interchange their roles; multiple role-play in which different groups enact the same situation.

A role play usually takes place in the context of a training session. The "actors" do very little, if any, preparation beforehand. They are selected, or volunteer, from among the participants in the training. They are told by the trainers what role they will play and will be given an outline of the situation to be portrayed.

There is no script. In some cases, all the participants in the training may have a chance to play a role; in other cases, some participants will remain as an audience. Role play can be filmed by video camera and then re-played to those community members who are interested to watch it - serving as a focus for and stimulating further discussion.

Strengths: By simulating real life problems participants have the opportunity to not only reflect over, but also to enact these issues and empathize with those affected.

Risks: Some participants may find it difficult to make a distinction between real life and role play.

Teamwork

To work in a team is a more advanced method than group work. It can be used in longer, more complicated exercises such as problem solving or even a real task that is to be done. The interaction of the group is crucial to how the results will be. It is therefore very important to take time for introduction, guiding, facilitate and evaluate the teamwork.

TEAMWORK AND ITS POTENTIAL PROBLEMS

A conflict is not necessary a bad thing. A conflict can in fact deepen the understanding of a certain issue and enable people to work on their compromising skills. However, the conflict may become a problem when it cannot be managed and/or resolved.

Potential problems within teamwork	
One person dominates the group	Lack of respect
Lack of contribution	Criticism
Lack of concentration	Balance of Power/ Power structures (Do you feel free to talk/contribute in the group?)
Differences in responsibility – unbalanced distribution of tasks	Diversions from topic
Everybody takes initiative and talks at the same time – or everyone is passive	Lack of dynamics
	Meeting environment/place
Cultural and/or religious differences	Language barriers
Misunderstandings (between group members, or different understanding of the assignment)	Different backgrounds
	The feeling of exclusion (language, private examples)
Lack of confidence	People taking credit of other people's work.
Unclear division and separation of group roles	Prevention and/or Management of conflict
Gender	Respect the dignity of others
Unclear goals and objectives	Respect each others customs
Time management (Some need a lot of time to prepare, and some may need less time to prepare	Avoid being demanding of others
	Inquire carefully to understand rather than judging
Timing – showing up to meetings	Use 'I' statement rather than accusatory 'You' statements: 'When you do X, it makes me feel…
No one taking responsibility	Be patient with the process
No commitment to the task	Use neutral outsider if needed
'Know-it-all's – those who believe they know the topic better than the rest of the group	Know yourself
	Show recognition to others

BEING A TEAM PLAYER – IMPORTANT ATTITUDES AND BEHAVIOUR

Honest: Honesty and trust are essential elements in positive teamwork.

Encouraging: Encouraging others and maintaining a positive attitude will minimize conflict and strengthen those who doubt themselves. Be aware to bring all of the group members into the process. Not all members may be outspoken verbally, but may have great ideas if given the space and time to share them.

Supportive: When something goes wrong, a natural tendency is to point out who is at fault. But a real team player holds back from blaming others, even when they make mistakes. Instead, point out the positives and learn from possible mistakes. Anyone can make a mistake so instead focus on correcting the problem and moving forward. Recognize and accept that all team members have strengths and weaknesses. Remember, you too have strength and weaknesses.

Patient: If there is something you disagree with, listen first and comment thereafter. Be wary of not dismissing other's ideas straight away. You may learn something!

Collaborative: Collaboration is the key to success. You should try to meet the challenges as a team not individuals. Consider different viewpoints and compromise when need be. Give your suggestions as well as be open to others. Remember not to give up under difficult circumstances but just come together and refocus on your goal.

Committed: People need to know they can depend on you. When you make any type of promise or commitment, keep it. When you keep commitments, it shows that you respect others. Being on time for your meetings, for instance, shows that you don't want to waste the other group member's time. In the process, others are more likely to treat you the same way.

Communicative: Failure to communicate often leads to conflicts, and the group may become confused, disappointed, and sometimes even angry. Good communication supports positive and effective group work. Do your part to minimize conflict by engaging in open communication and fostering an atmosphere of mutual trust and respect. Remember to listen (you have two ears and only one mouth).

Enthusiastic: Try to spread enthusiasm among the team members even during the most difficult challenges. Remember, enthusiasm is contagious.

Remember: Each individual brings specialness to the team, and an effective team can identify those strengths and work with them the best way possible!

SAMPLE EXERCISE – REFLECTION ON TEAMWORK
This exercise will be made in three steps:

A.   Self reflection

A.   Team reflection

A.   Feedback to each individual team member in rotation

What you discuss/share in your team should be confidential – not to be discussed with others outside the team. No report back to the group.

A. You will spend 10 minutes to reflect by yourself on the following questions:

1. How did we work as a team?
   - Was there a good division of work?
   - Was it balanced? Equal?
   - Did we have a good content in our presentations?

2. How did the team/ individual team members encourage me?

3. How did the team/ individual team members discourage me?

4. How did I encourage the team/ individual team members?

5. How did I discourage the team/ individual team members?

**B. You will spend 10 minutes in the team to reflect
on the following questions:**

1. How did we work as a team?
   - Was there a good division of work?
   - Was it balanced? Equal?
   - Did we have a good content in our presentations?

C. Rotation: You will spend 10 minutes on each team member for feedback

1. These are the things you did well…

2. These are your contributions to me/ the team…

3. These are areas for improvement…

Icebreakers

SOCIAL INTERACTION EXERCISE: GET TO KNOW EACH OTHER

Participants are divided into pairs and are to interview one another:
- Favourite and least favourite place
- Favourite and least favourite book or film
- Favourite and least favourite food
- Each participant is to present the other persons answers. Answers are disclosed in full class.

SONG WRITING EXERCISE

Participants to be divided into groups of four for song writing exercise. Topics are to be picked by groups. Groups are to work on this task at own time. To be presented two-three evenings later. The objectives are to enable participants to interact through experiential learning and to familiarize participants with each other.

SAMPLE EXERCISE: QUESTIONS AT RANDOM

Questions are cut into separate notes with one question per note. Each participant draws one question out of a bowl. Participants are to ask their question to each participant of the workshop. Trainer then sticks one sheet of paper per participant up on the wall with one name per sheet. The participants will write down the answers they have received of each participant. In this way a map of each participant will be set on the wall and everyone will share some information of their background, hobbies, social network etc.

Examples of subjects/questions: Your favourite subject in school, a wild animal from my country, a hobby I have, your longest friendship, your childhood home, how many siblings and your place in the sequence, children, your hero/heroine, childhood pets, how do you show stress, what frightens you, how do you in your culture encourage each other, a hidden skill, one thing you would bring to a desert island, how you relax, mother tongue, etc

MIRROR EXERCISE

Have participants pair off with new partners and stand face to face. Tell Partner A to begin to move and Partner B to try to imitate their movements like the reflection in a mirror. After a few minutes, have partners switch roles so that Partner B leads the movement and Partner A follows.

Did you prefer to lead or follow? (Most participants say that they enjoyed leading because it was easier than following.) Point out that listening is like this exercise of following someone's reflection. You don't know what your partner is going to do next and you need to be watching each move to be sure you follow correctly. You do not tell your partner where to go - you follow where you are led.

Be attentive: In the same way, when listening to someone, you need to be open to what that person is saying, paying careful attention to his/her communication, both verbal and non-verbal, without judging or assuming he/she feels the same way you do. If you are able to listen in this way, you will help the person express true feelings and help him/her find the best solutions to the problems being faced.

At the end of the manual you will find sources and inspiration to this chapter. See sources pages 79 – 85.

Read more: Manuals, examples, etc., see Resources page 81.

Chapter 2

Developing Psychosocial Support in Emergencies

In this chapter you may read about effective ways of helping a community regain its strength and bounce back after a disaster. You will find answers to questions such as:

- What happens to the community when disaster strikes?.
- What kind of reactions are to be expected among individuals afflicted by the crisis?.
- How can the community contribute to recovery?
- How should support adapt to the different phases of a crisis?
- How can Do No Harm prevent unnecessary conflicts with the community?

This is Community-based Psychosocial Support[1]

A community provides a physical environment and foundation for safety, living, work, education and health-service. But it also furnishes a social and psychological foundation for individuals and families. This function of the community becomes obvious in emergency situations.

Psychosocial support adds mental and social dimensions to the traditional concept of humanitarian aid. Our understanding of psychosocial support is built on the knowledge and awareness of the need to provide psychological and social support to people involved in disaster situations. To meet the needs of people during traumatic experiences, it is essential to create venues where people can meet and share experiences and spiritual life.

Psychosocial support is community based. It is not individual psychotherapy. This work is facilitated through the efforts of the affected population and by working with existing programs whenever possible. It is about helping communities to regain their connections, their voice, their wisdom and resources so that they can decide about their future. Through psychosocial support, communities determine their common goals so that they can care for their own people.

1   Action by Churches Together (ACT), 'Community Based Psychosocial Servicet in Humanitarian Assistance – A Facilitator's Guide', May 2005; Chapter 2.

The Concept of Psychosocial Support

The concept of 'psychosocial support' is something that is relatively new. In the 1990s, mental health experts responding to emergencies in varying cultures realized that the medical model of individual needs is both impractical and harmful in emergencies. Most people in a given culture will cope with emergencies with little or no help from the outside if their community and family relationships can be supported.

Belief in People and Their Ability to Recover Together

The foundation of all community-based psychosocial work is the belief in the affected community's capacity for recovery and resilience. Therefore, the challenge to the psychosocial worker is to assist the affected people and facilitate their efforts to regain their full functioning by building on their strengths. This work must have a rights-based perspective also for children and be clearly gender sensitive.

It is also necessary to recognize that relief workers themselves are strongly affected by the sights they see and the stories they hear. These workers must not be permitted to become victims of their own experiences.

The Objectives of Community-Based Psychosocial Work

When entering into an emergency situation it is important to have well-defined objectives. The primary goals of community-based psychosocial work are:
- to assist affected people to attain stable life and integrated functioning
- to restore hope, dignity, mental and social well-being and a sense of normality.

Awareness and knowledge of these objectives must be present at all levels of aid work, including donor organizations, implementers, local partners and field staff. This can be achieved by conducting training programs and by building on local resources.

Every Emergency Has Unique Dimensions

Different groups have different needs at different times. Four dimensions affect the psychosocial aid process:

1. **Attitudes and approach:** the ethics and spirit of psychosocial support.

2. **Preconditions and obstacles** that occur in the circumstances of the specific disaster, when and where it is located, the impact of the type of disaster.

3. **Awareness of a long-term perspective.**

4. **Culturally specific methods of coping** in the affected society, including the appropriate timing.

Facing Danger – All People React to Some Degree

In a frightening, horrific situation, all people react to some degree. It is necessary that we react to danger. It is protective that we react. Traumatic situations, whether they be natural events such as a flood or man made such as conflict are the type of dangerous situations that normal healthy people react to. However, the ways in which people react, the things that they react to and the aftermath of these reactions vary from person to person.

A horrific event or situation is one in which a person or a loved one is in danger of great harm or death. The event is not something that the person has the power to control or to stop. It is beyond the person's normal experience and so the event is very frightening.

People react to such disastrous events in different ways, depending on a number of circumstances. The resources a person has allows some people to flee or ask for help while others are more powerless. Having a phone, transport, friends and family, the money to pay for food and shelter all help to manage difficult experiences. Some people have experience in managing very difficult situations which allow them to manage the present situation. A person's health, both physical and mental, influence how they respond to terrifying situations. All of these factors contribute to the reactions that people experience and how they respond to the situation.

As time passes: People also have different reactions over the days and weeks following a disaster. Though all people react to danger, some react with a greater number of symptoms and some with fewer symptoms. Some people react only briefly and then return to normal functioning. Others have a delayed reaction to the events. Still others have ongoing reactions (Norris, F. 2009)[2]. By far the largest number of people, as much as 70%, will have all reactions disappear over time without the help of anyone other than family and friends.

The kind of reactions that people have varies from one person to another and from one culture to another. It is common that different cultures have different ways of expressing stress, fear, grief and so on. Following, you will find a chart that shows many different reactions to life-threatening events. There is no right or wrong, brave or afraid, good or bad in these reactions. They are simply reactions that have been described by people who have had horrific experiences.

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2   Norris, F., Tracy, M.& Galea, S. (2009). Looking for resilience: Understanding the longitudinal trajectories of responses to stress. Social Science and Medicine, 2190-2198.

Common signs and signals of an individual's reactions to stress		
Physical	**Cognitive**	**Emotional**
"Flight, fight, freeze"; Seratonin and cortisol changes	Blaming someone	Anxiety
Shock, numbness	Confusion	Guilt
Nausea	Poor attention	Numbing
Exhaustion	Poor decisions	Grief
Muscle tremors, aches	Poor concentration	Denial
Twitches	Memory problems	Panic feelings, startle response
Chest pain	Hypervigilance	Emotional shock
Rapid heart rate	Nightmares	Uncertainty
Headaches	Intrusive images	Depression
Weakness, Fatigue	Poor problem solving	Apprehension
Dizziness	Difficulty calculating	Intense anger
Profuse sweating	Poor abstract thinking	Irritability
Elevated BP	Difficulty identifying objects or people	Agitation
Hair loss		Loss of emotional control; outbursts
Apathy		Euphoria
Chills		Obsessiveness
Insomnia		
Relational	**Behavioural**	**Spiritual**
Withdrawal from family, co-workers, colleagues	Change in speech	Questions about faith
Withdrawal from organizations and affiliations	Withdrawal	Self-blame
Withdrawal from social and faith-based affiliations	Emotional outbursts	Guilt, survivor guilt
Isolation	Accident proneness	Anger at God
Stigma, racism, sexism, media response	Potential for violence	Anger
Secondary injuries from friends, family, social and professional institutions contribute to additional stress	Suspiciousness	Realization of vulnerability and mortality
Unemployment or underemployment	Loss or increase of appetite	Withdrawal from faith and religion
Discontinuation of educational goals or lack of motivation to attempt	Startle response	Concern about hereafter
Community involvement or lack of Political involvement	Alcohol consumption	Questions about good and evil
Institutional involvement with: Social Security, VA, criminal justice, federal agencies, FEMA, etc.	Inability to rest	Questioning God
	Pacing	Comfort in knowing deceased is with God
	Change in sexual functioning	Redefining moral values and intangible priorities
	Periods of crying	Promising, bargaining and challenging God during times of distress
	Proneness to accidents	Coping with fear;
	Recklessness	Searching for meaning and hope;
	Non- specific bodily complaints	Concern about vengeance justice and forgiveness;
	Hyper-alert to environment Ritualistic behaviour	Spiritual "awakening" or strengthening of faith and religion
	Homelessness (extreme reactions)	Relying on faith and prayer
	Criminal behaviour; incarceration	
	Substance abuse	

Using Appropriate Psychosocial Terms[3]

It is commonplace for aid agencies, the media and advocacy networks to reflect on the psychological consequences of disasters as this assists them to communicate the overall human impact of the crisis to others. While it remains essential that such messages are not diluted, the ways we communicate these concerns to others, and the terminologies we use, can either help or hinder the dignity and respect of children, adults, families and communities affected by the disaster.

When communicating with non-specialists, terminology should be used in ways that are:

- Understandable and non-clinical.
- Normalising of common reactions to extremely challenging situations.
- Reflective and reinforcing of the ability of people to deal with and overcome difficult situations.
- Acknowledging and strengthening of existing social support mechanisms within families and communities.
- Reflective of the collective and structural nature of causes and responses to distress.
- Empowering and do not lead to stigmatisation of people in distress.

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3 Examples of terms to be avoided unless appropriately used in a technical/clinical capacity by personnel qualified in mental health care. Source IASC MHPSS Reference, Group Interagency Guidance Note for Mental Health and Psychosocial Support in the Haiti Earthquake Emergency Response, 2010.

Choosing proper terms	
Examples of recommended terms (√)	**Examples of terms to be avoided (x)**
Distress, anguish, tormented, or overwhelmed Psychological and social problems. Alternatives include: - Emotional and social problems - Emotional and developmental problems (for children) - Can also add descriptions such as 'severe or serious' emotional and social problems. - Problems can also be replaced by similar words such as 'effects, difficulties, reactions' etc. - Mental health problems to describe those with prolonged and relatively excessive reactions If possible, it is good to explain that most people will be extremely upset, but a small minority will have extreme reactions where they are unable to function	Trauma
Terrifying/life-threatening/horrific events / devastation	Traumatic events
Distress or stress Psychological and social effects of emergencies	Trauma
Reactions to difficult situations Signs of distress Problems	Symptoms
Distressed children or adults (with normal reactions to the emergency/disaster) Severely distressed children or adults (with extreme or severe reactions to the emergency)	Traumatised children or traumatised adults
Mental illness or disorder Note: this should only be used for the minority of population with a confirmed mental disorder, not for the vast majority with normal reactions	Crazy, mad
Structured activities , community social support etc Note: This refers to psychosocial supports provided by communities or focused non-specialised supports, not specialised services	Therapy, counselling, treatment
Survivors	Victims, the unfortunate

Families and Communities Moderate the Effects of Disastrous Situations

People live in networks of people composed of families, communities and cultures. Families teach their children, protect their members and comfort and sustain each other. Their importance in the lives of people is paramount. Communities and cultures support the function of families through providing for common needs such as education. They organize the formation of new families through traditions of marriage, land ownership and economic systems. Families, communities and cultures are the means through which human relationships are organized.

When crises occur, it is the family that is the first resource for the affected population. The familiarity of family relationships provides great comfort in the face of danger. Children who remain within their families show fewer signs of stress and distress than children who are separated from their families. Families are better able to care for their elderly and disabled members than a program created by strangers.

Communities and cultures support the functioning of families in their midst. In crises, it is the cultural understanding that helps persons make sense of the current events. Culture also provides a sense of belonging to a particular group, linking families and individual to a larger whole. There is a common language, history and beliefs. When all else is chaos, people know who they are and who are 'their people'.

Communities and culture bring people together to advocate for the needs of the people, providing a function that individuals cannot do themselves. Community leaders represent families and individuals to acquire needed help and supplies. Together, community members provide help for each other while families and markets and schools get reestablished. The very process of helping a neighbor heals some of the helplessness that is so common in disasters.

When Disasters Strike, Families and Communities Are Disrupted

Disasters wreck havoc in the lives of people. Normal family routines for income generation, childcare and support are not possible. Markets do not provide the supplies needed to continue daily life. Employment becomes disrupted. Community activities such as education, health care and protection for residents are not functioning.

At times, the problems are local such as flooding. Other times, the problems are elsewhere, but an influx of displaced people into the community disrupts the local community. Infrastructure such as roads, communication networks, hospitals, police and schools become overburdened or damaged, making them ineffective at serving the community members.

The community and family networks that provide support and care for people are disrupted and unable to function properly. Family members are separated, increasing fear and stress for all. The essential roles that people play in the family such as childcare or income producer are suddenly lost.

Extended family and neighbors that may help to fill in during times of stress are themselves stressed. Children, adults and the disabled who were previously supported and protected now become vulnerable. They are stretched at times beyond their ability to care for themselves in ways they have not done before.

As these disruptions spread to the wider community and over time, there is also a disruption which is often overlooked. When communities and cultural groups

The Inter Agency Standing Committee (IASC)

The Inter-Agency Standing Committee (IASC) is a unique inter-agency forum for coordination, policy development and decision-making involving the key UN and non-UN humanitarian partners.

The IASC was established in June 1992 in response to United Nations General Assembly Resolution (46/182) on the **strengthening of humanitarian assistance**. A second resolution (48/57) affirmed its role as the **primary mechanism for inter-agency coordination** of humanitarian assistance.

Under the leadership of the Emergency Relief Coordinator, the IASC develops humanitarian policies, agrees on a clear division of responsibility for the various aspects of humanitarian assistance, identifies and addresses gaps in response, and advocates for effective application of humanitarian principles.

More information: www.humanitarianinfo.org

When communities and cultural groups are displaced…
there is a chance that they will begin to lose the very characteristics that provide basic order and meaning to life

are displaced, there is a chance that they will begin to lose the very characteristics that provide basic order and meaning to life. Burial, grief and mourning practices that support and comfort the living and the dead cannot be implemented. Spiritual practices that help comfort and give meaning to irrational events are lost in the confusion and disruption. Even the place, the location of the family and culture over generations can be lost, giving way to a sense of being disconnected.

Responding to Disastrous Events Always Begins with the Community

Each person is part of a network of relationships that have raised, comforted, educated and given him / her a place in life. The most powerful tool for helping the individual through difficult events is his /her family and community.

When approaching the chaos of a disastrous situation, the first step is always to listen and assess what has happened. Ask numerous people, coordinate with others and take a quick inventory of the needs, resources and gaps in the community. Mobilise the community to gather information, locate people with skills as well as those who need assistance.

The community knows better than any outsider what needs to be done and how to do it. They know who are the most vulnerable amongst them. It is also true that everyone in the community has something to contribute.

Work with the community to make plans and implement them. Participatory decision making strengthens the community. By working together its ability to support families and individuals builds and can be guided to include even those who in the past may have been marginalized. Build into the planning opportunities to listen to the recipients, monitoring and evaluation of the effectiveness of the programs and the possibility to adjust for a better fit.

Normalizing the reactions that people have to disastrous events helps them to move on with constructive responses rather than creating a greater helplessness.

Primary Objectives of the IASC

- To develop and agree on system-wide humanitarian policies
- To allocate responsibilities among agencies in humanitarian programmes
- To develop and agree on a common ethical framework for all humanitarian activities
- To advocate for common humanitarian principles to parties outside the IASC
- To identify areas where gaps in mandates or lack of operational capacity exist
- To resolve disputes or disagreement about and between humanitarian agencies on system-wide humanitarian issues.

Exercise – Map Community Resources Using a Diagram

Understanding How Disasters Affect Communities

Visualising how a community might be affected by a disaster will help participants understand the impact of the loss of individuals. To make a simple drawing of the individuals in a community on a flipchart, and to tell how the different individuals make a community will help in this process.

Directions for Use of Community Diagram:

1. Draw an imaginary community on a flip chart. Above is an example. People can be represented by X and Y or by stick people. Distribute the people over the age ranges with more children than adults and fewer elders as is typical in a normal community.

2. Using lines of color A, connect people together in family groups, including husband and wives, parents and children, grandparents, brothers and sisters etc.

3. Give the people a role in the community such as farmer, doctor, teacher, shopkeeper, mechanic, police officer. Roles should be those essential to the functioning of a normal community. Using lines of color B, connect the people together who are served by the roles – doctor with patients, teacher with students, etc.

4. Now, you have an imaginary working community. Imagine that a disaster strikes (flood, HIV and AIDs, conflict). Tear through the imaginary community on the flip chart. Fold back parts of the community or cover them with other paper. These are the people who are missing or dead as a result of the disaster.

Discuss with the class the results of the disaster on the community.

1. How will the children be cared for?

2. Where will people get medical care?

3. What will the family do for income if the father is gone?

4. How will the community bury its dead if the elders and the spiritual leader are gone?

5. Who will teach the cultural traditions?

6. Look at the support systems for individuals in the community. Who are the people they depended on in the past?

COMMUNITY DIAGRAM

COMMUNITY DIAGRAM 2

Examples of Psychosocial Support
During Different Phases of Disaster Response

The list below presents a variety of psychosocial approaches and activities.
The approaches that are appropriate will vary with each situation.

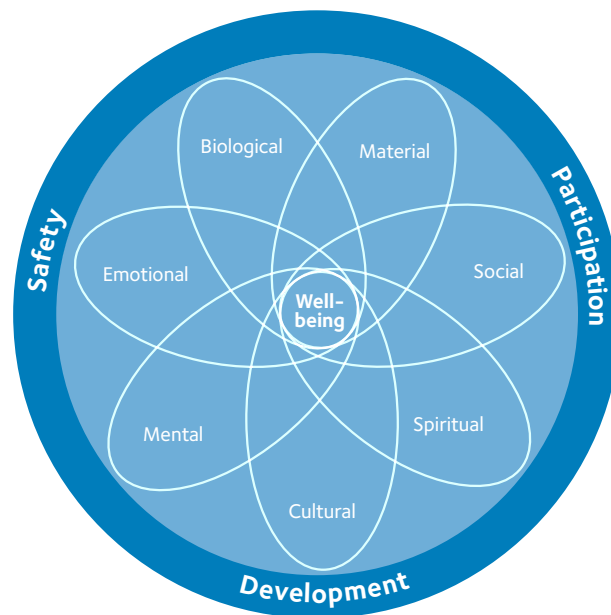| Pre-Disaster Preparation for International Organisations and Local Communities	
Training and education of staff.	**Development of a staff care program**, education, support and post-disaster care.
Development of a psychosocial back-up and support organisation.	**Integration of psychosocial awareness** into other disaster-related sectors (health, site development, water/sanitation).
Acute Emergency Phase of Disaster:	
Assure basic needs: water, food, shelter.	**Maintain gender balance** when identifying local staff, in order to recognize needs and strengths of all target groups. Take special care for elderly, children, psychologically and medically vulnerable. See to it that there are safe spaces for women and children to prevent abuse.
Prioritize psychological and medical needs.	
Keep families together and reunite families that have been separated.	
Treat every person with dignity; respect human rights.	**Provide support on-site** if possible.
Limit length of support to 3 months in harsh situations. Enforce compulsory short-term leaves.	**Practice conflict-prevention**, peace-building and reconciliation.
Non-Acute Emergency phase	
Prioritize the establishment of schools for children. This is an important psychosocial tool.	**Create possibilities for recreation**, playgrounds for children, organised sports, and social activities for elderly.
Provide venues for meeting in safe circumstances where sharing and processing experiences can take place. This is of special importance for people whose voices are often not heard, such as women and children.	**Identify agents for peace** and reconciliation. Include capacity-building of informal community leaders, women leaders and local staff in the programs.
Provide information about the overall situation, especially on stress and normal reactions.	**Create possibilities to practice spiritual life** and worship.
Include local participation in camp organisation and building.	**Help with legal issues** such as rights of asylum and land-tenure.
Implement staff care: Defusing and/or debriefing if needed.	
Development Phase	
Assess psychological needs. Create and offer the possibility of participating in groups for sharing and processing experiences and develop coping skills. Debrief in groups and individually. Special care of referrals to therapy of those with developed psychiatric syndromes and chronically psychiatrically ill. Create networks for psychological support.	**Build supporting systems in cooperation** and participation with local people, using traditional cultural ways of coping and dealing with difficulties and distress.
	Encourage reconciliation work; identify agents for peace, create venues for opposing sides to meet.
Support community development: foster capacity building towards self-governance and collective decision making skills.	**Offer education and training programs**: Practical skills towards economic independence (data and IT, sewing, agriculture, language etc.)
Increase the awareness in different areas that are found to be a problem: i.e. mines, HIV & AIDS.	**Ensure education** and awareness of the international humanitarian law including human rights.
Psychosocial support benefits from a multiprofessional approach and thinking. Develop systems and networks at every level.	

The Four Phases of Disaster Response

1. Pre-Disaster Preparation for International Organisations and Local Communities
2. Acute Emergency Phaser
3. Non-Acute Emergency Phase
4. Development Phase

The Concept of Well-being[4]

The well-being of an individual as well as for the community depends on to what extent their needs are met. By considering what the affected population pinpoints as their needs and by assessing the knowledge and skills of the affected population one can avoid what emergency programmes have failed to include in the past. Previously, the main part of emergency work focused on the physical and material and excluded the psychosocial components (or focused solely on the psychological and/or psychiatric). By acknowledging that the physical, material and psychosocial are inter-related in the goals of any programming the well-being of the affected population have the chance to be met to a greater extent.

Safety, Participation and Development

are three essential issues necessary to address in promoting the well-being of a population.

The Domains of Well-being

Safety, participation and development are three essential issues necessary to address in promoting the well-being of a population. Within these issues are seven aspects that are highly inter-related and it would be difficult to place them in a hierarchical order;

Biological aspects of well-being can include respiration, hydration, nutritional intake and the overall functioning of the body. Emergency responses might include water and sanitation, nutrition, public health, and medical services.

Material aspects of well-being can include roads, vehicles, tools, equipment, the structures in which people live and work. Emergency responses include shelter and transport.

Social aspects of well-being. Membership and participation in a social or cultural group is integral to the identity and daily functioning of most people. The disruption of social functioning typically undermines well-being. Enabling an affected population to regain, as much as possible, their normal social functioning can improve well-being. Emergency responses might include social activities, gatherings, facilitating communication between people etc.

4 John Williamson & Malia Robinson; Psychosocial interventions, or integrated programming for well-being? Intervention 2006, Volume 4, Number 1, Page 4 – 25

Spiritual aspects of well-being. It is important as an aid worker to have some level of understanding of a population's spiritual beliefs and religious practices because these relate directly to their emotional well-being, normal social functioning and the restoration of cultural integrity. Enabling a population to resume its traditional religious practices can be an important part of their recovery. In relation to cultural aspects of well-being, the following operational considerations could be mentioned.

- How do the spiritual beliefs of the population influence their ability to cope with loss and distress?
- To what extent are people able to carry out their normal religious practices?
- What roles, if any, has religion played in creating or mitigating conflict? Emergency responses might include facilitating spiritual practice, appropriate rituals for deaths, births and marriages.

Cultural aspects of well-being. Culture involves learned patterns of belief, thought and behaviour. It defines how things are supposed to be for us. Culture makes life and its stages more predictable, and enables a society to maintain itself. A culture also develops, adopts, or adapts the tools, types of shelter, transportation, and other physical items needed to maintain itself. It defines standards of beauty, both of things and of people, and prescribes acceptable and unacceptable ways to express emotion. It defines what behaviour is considered normal or abnormal. A culture evolves and changes over time, but not always easily or smoothly

Cultural patterns of belief and behaviour may generate conflict, for example within a society or between societies as competition for limited resources becomes more intense.

Those who work with a emergency-affected population need a working knowledge of its culture(s). They need some understanding from the population's perspective of what was the norm and what is now current practice. Those who intervene need to consider these cultural norms in relation to the current context and its opportunities and constraints.

The changes in cultures that come as a result of an emergency may not always be bad. In some cases there are opportunities to help a population change traditional practices that are harmful to some members of a population, particularly ones that can violate the rights and well-being of women and children. Emergency responses might include cultural activities, music, dance etc.

Emotional aspects of well-being. One must feel well in order to truly be well. Family and friends create the social structures that provide the emotional well-being. Emergency responses could include family reunification, support groups, support for those in bereavement, Child Friendly Spaces, gatherings for mothers of young children, social events for the elderly, recreation for all ages, activities for youth.

Mental aspects of well-being concern functions of the mind, which includes learning how to learn, how to acquire information, and how to be able to use it. Emergency responses: Providing access to education (school) and access to relevant information regarding the affected populations' circumstances, survival and safety.

IASC Guidelines on Mental Health and Psychosocial Support

The first MHPSS activities in an emergency setting

- The goal of mental health and psychosocial support is to **build on and strengthen existing social supports** – focus on the positives, not on the deficits.

- IASC Guidelines uses the expression **mental health and psychosocial support** rather than psychosocial support alone. This reflects the integrated approach and mandate of the Reference Group and avoids privileging one group to another.

- Minimum response refers to the **key actions**, the first things that need to be done either from within the affected group or by outsiders such as government, NGOs, INGOs, etc., to be conducted even in the midst of an emergency to mitigate its impact on the affected population.

- The minimum responses, which are presented in the **25 Action Sheets**, reflect the experience and insights of people working in the field; they are based on a review of existing guidelines, consultation with field workers in different contexts, expert consensus on best field practices, research evidence, existing practical manuals and inputs from agency colleagues and experts.

The Guidelines are based on the principle that affected populations have **the right to life with dignity** as articulated by the Sphere Humanitarian Charter and the various legal instruments which underline it.

For each intervention, agencies have written brief action sheets that describe the minimum responses needed.

The Guidelines are now available in English, French, Spanish, and Arabic at:

www.humanitarianinfo.org/iasc/content/products

Session Plan for the Concept of Well–being

Objectives: Participants are familiar with the content of the well-being concept
- Participants identifies and value the concept in relation to their own work (their specialised service)
- Participants get ideas on how to apply the concept in their own work

WHAT IS WELL-BEING?

Method: Brainstorm with post-its or pieces of paper
- Organise the participants in pairs, trios or four-groups. Invite them to come up with their associations to the word well-being: What does well-being consists of? What does an individual need to achieve well-being? Ask them to put all their ideas on separate post-it notes.
- Ask the participants to share with the whole group some of the aspects they wrote.

THE CONCEPT OF WELL-BEING

Method: Lecture.
- Explain the concept of well-being. Draw a picture on a flipchart or a board with "the flower" and fill in the aspects. Also explain the words development, participation and safety and put them in a circle around the flower (see the model in this chapter)
- Ask the participants to approach "the flower" and put their post-it notes where they relate to the picture.

ASPECTS OF WELLBEING

Method: Discussion
- In which aspects do we find most of the post-its? Why?
- Are there aspects with no post-its? Why?

COMMUNITY / FAMILY AND THE CONCEPT OF WELL-BEING

Method: Discussion in pairs
- Ask the participants to reflect in pairs: What aspects of well-being are usually met by the family? What aspects are usually met by the community? What are the constraints in relation to the disaster?
- Reflections and comments.

MY WORK AND THE CONCEPT OF WELL-BEING

Method: Discussion in pairs
- Ask the participants to reflect in pairs: How does my work relate to the "flower". To one aspect or many? How is well-being handled and understood in a humanitarian action?
- Ask the participants to individually write their names close to the aspect where they (their specialised service) mainly relate and explain to the group how.
- Reflections and comments.

EVALUATION OF THE SESSION
– TO WHAT EXTENT ARE OBJECTIVES REACHED?

Method: Line up by putting numbers on papers from 1 to 6 on the floor where 6 stands for "objective is fully reached" and 1 stands for "objective not reached at all". The participants will have to choose one number and notice that it is not possible to stand in the middle as they will have to choose 3 or 4.
- Explain the exercise and the numbers.
- Now you read the first objective for the session – and ask the participants to

put his/her foot on their chosen number. Let them discuss with others at their number a few minutes. Then ask for comments.
- Repeat with second and third objective.

SUMMING UP
- Sum up and answer questions raised and clarifications needed. What are the most important lessons learnt? (This question can be done in a round where all the participants are invited to use one sentence to give his/her answer.)

Session Title: The concept of well-being			
Session Objectives (as above)			
Content	**Methods**	**Material**	**Time**
Introduction; objectives	Presentation	Prepared flipchart	5 min
What is well-being	Brainstorming	Post-it notes, markers	15 min
The concept of well-being	Lecture	Prepared flipchart	15 min
Aspects of well-being	Discussion		10 min
Community/Family and concept of well-being	Discussion		10 min
My work & concept	Discussion	Markers	10 min
Evaluation	Line-up	Papers marked 1-6	5 min
Summing up	Round	Hand-out?	5 min

The IASC Psychosocial Intervention Pyramid

The Keystone within the Psychosocial Approach.

Multi-layered supports: In emergencies, people are affected in different ways and require different kinds of supports. A key to organising mental health and psychosocial support is to develop a layered system of complementary supports that meets the needs of different groups.

This may be illustrated by a pyramid (see Figure 1). All layers of the pyramid are important and should ideally be implemented concurrently.

Core Principles for Psychosocial Support
1. Human Rights and Equity
2. Participation
3. Do No Harm
4. Building on available resources and capacities
5. Integrated Support Systems
6. Multi-layered support

Specialised services

Focused, non-specialised supports

Community and family supports

Basic services and security

Basic services and security: The well-being of all people should be protected through the (re)establishment of security, adequate governance and services that

address basic physical needs (food, shelter, water, basic health care, control of communicable diseases). In most emergencies, specialists in sectors such as food, health and shelter provide basic services.
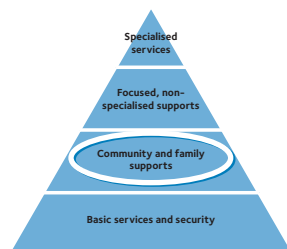
An MHPSS response to the need for basic services and security may include:
- Advocating that these services are put in place with responsible actors
- Documenting their impact on mental health and psychosocial well-being
- Influencing humanitarian actors to deliver them in a way that promotes mental health and psychosocial well-being.

These basic services should be established in participatory, safe and socially appropriate ways that protect local people's dignity, strengthen local social supports and mobilise community networks.
(For well-being see also under Community-based psychosocial support)

Community and family supports: The second layer represents the emergency response for a smaller number of people who are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports. In most emergencies, there are significant disruptions of family and community networks due to loss, displacement, family separation, community fears and distrust. Moreover, even when family and community networks remain intact, people in emergencies will benefit from help in accessing greater community and family supports.
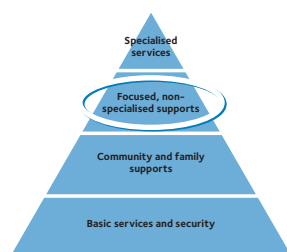
Useful responses in this layer include:
- Family tracing and reunification
- Assisted mourning and communal healing ceremonies
- Mass communication on constructive coping methods
- Supportive parenting programmes
- Formal and non-formal educational activities
- Livelihood activities and the activation of social networks, such as through women's groups and youth clubs

Focused, non-specialised supports: The third layer represents the support necessary for the still smaller number of people who additionally require more focused individual, family or group interventions by trained and supervised workers (but who may not have had years of training in specialised care).

For example, survivors of gender-based violence might need a mixture of emotional and livelihood support from community workers. This layer also includes psychological first aid (PFA) and basic mental health care by primary health care workers.

Specialised services.: The top layer of the pyramid represents the additional support required for the small percentage of the population whose suffering, despite the supports already mentioned, is intolerable and who may have significant difficulties in basic daily functioning.

This assistance should include psychological or psychiatric supports for people with severe mental disorders whenever their needs exceed the capacities of existing primary/general health services. Such problems require either (a) referral to specialised services if they exist, or (b) initiation of longer-term training and supervision of primary/general health care providers. Although specialised services are needed only for a small percentage of the population, in most large emergencies this group amounts to thousands of individuals. The uniqueness of each emergency and the diversity of cultures and socio-historic contexts makes it challenging to identify universal prescriptions of good practice. Nevertheless, experience from many different emergencies indicates that some actions are advisable, whereas others should typically be avoided.

Session Plan – Psychosocial Intervention Pyramid

Objectives:
- Participants acquire an understanding of a community-based approach in addressing mental health and psychosocial support
- Participants acquire an understanding of the importance of building on present needs and resources
- Participants can use the model to identify needs, resources and interventions at different levels

This session plan assumes there is a disaster to refer to. If this is not the case you can also do this as a case study. This can also be used as a tool in the assessment work.

1. THE PSYCHOSOCIAL INTERVENTION PYRAMID

Method: Lecture
You give an introduction to the model and draw it on a board/flipchart while explaining the different levels and possible activities from a psychosocial perspective.

2. WHAT ARE THE NEEDS AND RESOURCES?

Group work: Ask the participants to identify the needs in the community on each level. Give them flipcharts with a pyramid (in four sections). Ask them to analyse the present context.

a) How is the situation? How many people are affected? What are the most pressing needs? Who are the most vulnerable? How?
Instruct the groups to write this analysis on the right side of the pyramid.

b) What are the resources available to the community to meet the most pressing needs? What resources would be needed but are missing?
Instruct the participants to write down each resource on different post-it notes, available in one colour and missing in another colour, and then place the resources at the right level of the pyramid.

3. ANALYSIS: SAME OR DIFFERENT?
Compare the analyses with one another by letting the groups show their flipcharts and explain their conclusions. Reflections and questions from the others are welcomed.

4. IDENTIFY NECESSARY ACTIONS
Now you make the groups exchange the flip charts. The task is to decide on necessary activities, i.e. two realistic activities on each level (and remind the groups to take use of present resources if possible). Write these activities on post-it notes and put them on the left side of the pyramid.
Put all the flip charts on the wall and make the participants circle as in an exhibition. Encourage them to ask questions and discuss with the other groups.

4. DECIDE WHICH ACTIVITIES HAVE GREATEST PRIORITY
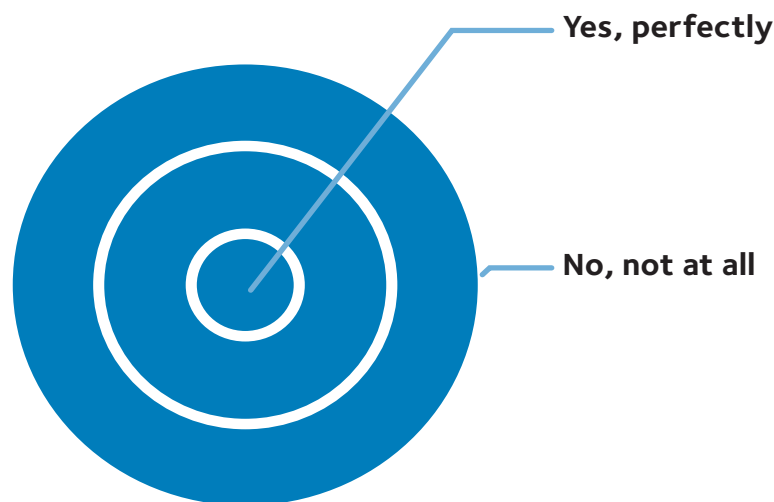Now place the groups by one of the flip charts they have not yet been involved in. Ask them to use 100 % money for psychosocial support and decide on how much should be given to each level. Ask them to put numbers/percent on the levels in the pyramid.
Ask the groups to present their results and how they reached it.

Discussion: How can we value and compare the needs of the individuals to the needs of a community?

5. EVALUATION

A simple way of evaluating a session is to draw a "Bull's Eye" and then ask participants to mark their position of understanding/approving to the session in a continuous line from the middle "Yes, perfectly" to the outside of the circles "No, not at all". This kind of evaluation can also be used for participants that are are not readers.

Yes, perfectly

No, not at all

Estimating the Frequency of Mental Disorder Caused by Emergencies

According to IASC Guidelines, in emergencies, on average, the percentage of people with a **severe mental disorder** (e.g. psychosis and severely disabling presentations of mood and anxiety disorders) increases by 1 per cent over and above an estimated baseline of 2–3 per cent.

In addition, the percentage of people with **mild or moderate mental disorders**, including most presentations of mood and anxiety disorders (such as post-traumatic stress disorder, or PTSD), may increase by 5–10 per cent above an estimated baseline of 10 per cent.

In most situations **natural recovery over time** (i.e. healing without outside intervention) will occur for many – but not all – survivors with mild and moderate disorders.

6. SUMMING UP

Ask each participant to share his/her most valuable insight from this session. Make a summary of the most important lessons learned.

Session Objectives:			
Content	**Methods**	**Material**	**Time (min)**
Introduction, objectives	Presentation	Prepared flipchart	5
The psychosocial intervention pyramid	Lecture	Flipchart	20
Psychosocial needs and resources in the community	Group work	Flipchart papers Markers Post-it notes	20
Analysis	Group presentation Discussion		20
Identify necessary action	Group work	Post-it notes	20
Prioritise the activities	Group work		10
Evaluation			5
Summing up			10

Chapter 3

The First Steps in an Emergency
Using modules to map needs and resources

In this chapter you will find recommendations on how to act in an emergency situation when time is short and needs are great.

- Where should I start, which measures should be given highest priority?
- The community is the best judge of present needs. How can I enlist their help?.
- When assessing the state of mental health and psychosocial conditions, what are the most important things to consider ?
- Other relief organisations are doing work in the area. How can we coordinate our efforts?
- How can I learn from other organisations' experiences in emergencies?

Getting Organized and Finding a Road Map

Assessing the Needs of a Community

Starting out: Early in an emergency situation, it is essential that the psycho-social support needs of the affected population are assessed to permit program planning. The assessment of present needs and resources must be done by the community members. Their knowledge of community needs is an invaluable resource. Special care must be taken to ensure that all community subgroups are represented on the assessment team (elders, women, men, youths, children, tribes, churches, castes etc.).

Deciding what is to be done first : Following the gathering of information, needs must be prioritized. Again the community members must guide outsiders in this process. It is damaging to do things for a community that the community can do for itself. After the assessment is done, the need for supplemental help can be determined so outside help can be brought in to assist the community.

Before a program is designed, the situation on the ground must be assessed to determine the psychosocial needs of the population, priorities for intervention, and how specific activities and interventions can be developed to meet these needs and reach desired outcomes.

Quick background

The majority of affected people will recover their **ability to function** in their daily lives once their community has regained its stability and is able to perform its typical functions.

As the community begins to provide schools for children, and marketplaces for food, the normal systems for healing begin.

Knowing the community needs requires that we have a clear understanding of the history, present situation and resources available in the community.

The people who know the most about the needs of the community are its members themselves.

In emergency settings, assessments are conducted at various stages, starting with a rapid initial survey. As the situation stabilizes and populations become more established in their locations, a follow-up assessment may be necessary. It is important to note that even in rapid, first-phase assessments it is both possible and essential to include psychosocial concerns.

The Purpose of Assessments in Emergency Settings			
Create a broad and immediate picture of a population's well-being.	Identify emergency **issues** requiring immediate follow up.	Provide **information and recommendations** to aid survivors and their families during the recovery process.	Inform the development of appropriate **policy** and practice.

Assessment – a Continuing Process

An assessment is not an end-point but rather part of an ongoing process of progressive information collection and dissemination, program development, and advocacy

Assessment Is Not a Neutral Factor

Remember that assessments are not neutral but are "interventions" in themselves.

An ethical approach to assessment

An ethical approach to conducting assessments requires:

- A commitment to conduct **follow-up action**, if necessary.
- That organisations refrain from setting up false expectations and taking over situations if communities can cope, unless the community's response violates or ignores children's basic rights.
- That potentially negative impacts of the exercise must be considered before starting the assessment.

Getting the community involved: As with programming implementation, assessments should be participatory—that is, they should include beneficiaries in the development and use of data collection strategies. Methodologies should be designed and conducted in a manner that is sensitive towards target population(s). This includes minimising any possible stigmatisation that may arise from assessments.

Mapping the effects of change: When processing information gained from the assessment, it is important that all data be disaggregated by age and gender. In psychosocial programs this is especially critical in order to map trends and identify potential or differing patterns or risks among children

Updating program goals: Assessments of needs and resources should be carried out at various parts of the project. These assessments should be done every six months and need only include sections updating the current status of the affected population, the current situation including the political, health, and economic situations, or other information that has changed since the first assessment. These further assessments provide the basis for updating of program goals as well as continuation or cessation of supplemental outside assistance.

Mental Health and Psychosocial Support Assessments

MHPSS Assessments in Emergencies Provide:		
An understanding of the **emergency** situation	An analysis of threats to and capacities for mental health and psychosocial well-being	An analysis of relevant **resources** to determine, in consultation with stakeholders, whether a response is required and, if so, the nature of the response.

Deciding what to include: An assessment should include documenting people's experiences of the emergency, how they react to it and how this affects their mental health/psychosocial well-being. It should include how individuals, communities and organisations respond to the emergency. It must assess resources, as well as needs and problems.

Resources include individual coping/life skills, social support mechanisms, community action and government and NGO capacities. Understanding how to support affected populations to more constructively address MHPSS needs is essential. An assessment must also be part of an ongoing process of collecting and analysing data in collaboration with key stakeholders, especially the affected community, for the purposes of improved programming.

Key actions

1. Ensure That Assessments Are Coordinated

Working Together with Other Organisations		
Coordinate assessments with other organisations that are assessing psychosocial/ mental health issues. Coordinating assessments is essential to ensure efficient use of resources, achieve the most accurate and comprehensive understanding of the MHPSS situation and avoid burdening a population unnecessarily with duplicated assessments.	Organisations should first **determine what assessments have been done** and should review available information (e.g. conduct a desk review, interview other organisations, review existing information on the country, such as relevant pre-existing ethnographic literature and data on the mental health system). They should design further field assessments only if they are necessary. Definition adapted from the Sphere Handbook (2004).	Organisations should **inform the coordination group** on which issues they are conducting assessments, as well as where and how, and should be prepared to adapt their assessments if necessary and to share information.
In most emergencies, different groups (government departments, UN organisations, NGOs, etc.) will collect information on different aspects of MHPSS in a range of geographical areas. The **coordination group should help to identify which organisations will collect which kinds of information**, and where, and ensure as far as possible that all the information outlined in the table is available for the affected area. It should support organisations to do this in an appropriate and coordinated manner (e.g. by standardising key tools). This assessment information should be regularly collated, analysed and shared among the various organisations involved.		**Specific social considerations should be included** in assessments carried out by all sectors, including community services, protection, health, education, shelter, food, and water and sanitation (see relevant Action Sheets for each sector/domain).

2. Collect and analyse key information
relevant to mental health and psychosocial support

Drawing up plans: Outline of the main information that needs to be available to organisations working on MHPSS. (note that individual organisations will focus on specific aspects particularly relevant to their work).

- The assessment should collect information disaggregated by age, sex and location whenever possible.
- Address both the needs and resources of different sections of the affected population, from distressed people who are functioning well to those who are not functioning because of severe mental disorder.

MHPSS Assessment – What to Look for	
Relevant demographic and contextual information	**Mental health and psychosocial problems**
- **Population size** and size of relevant sub-groups of the population who may be at particular risk. (where relevant, location) - **Mortality** and threats to mortality - **Access to basic physical needs** (e.g. food, shelter, water and sanitation, health care) and education - **Human rights violations** and protective frameworks - **Social, political, religious and economic structures** and dynamics (e.g. security and conflict issues, including ethnic, religious, class and gender divisions within communities) - **Changes in livelihood activities** and daily community life - **Basic ethnographic information** on cultural resources, norms, roles and attitudes (e.g. mourning practices, attitudes towards mental disorder and gender-based violence, help-seeking behaviour)	- **Signs of psychological and social distress**, including behavioural and emotional problems (e.g. aggression, social withdrawal, sleep problems) and local indicators of distress - **Signs of impaired daily functioning** - **Disruption of social solidarity** and support mechanisms (e.g. disruption of social support patterns, familial conflicts, violence, undermining of shared values) - **Information on people with severe mental disorders** (e.g. through health services information systems) (see Action Sheet 6.2 for details)
Type of Information Including Experience of the Emergency	**Existing sources of psychosocial well-being and mental health**
- **People's experiences of the emergency** (perceptions of events and their importance, perceived causes, expected consequences)	- **Ways people help themselves** and others i.e. ways of coping/ healing (e.g. religious or political beliefs, seeking support from family/friends) - **Ways in which the population may previously** have dealt with adversity

3. Conduct assessments in an ethical and appropriately participatory manner

Counting on Others – Participation: Assessments must, as far as is possible, be a participatory and collaborative process with the relevant stakeholders, including governments, NGOs and community and religious organisations, as well as affected populations.

Participatory assessment is the first step in a dialogue with affected populations, which, if done well, not only provides information but may also help people to take control of their situation by collaboratively identifying problems, resources and potential solutions. Feedback on the results and process of the assessment should be sought from participants. The affected population should also be involved in defining well-being and distress.

Who is Doing What? Mapping Organisational Capacities and Activities		
Type of information Including Organisational capacities and activities		
Structure, locations, staffing and resources of **psychosocial support programmes** in education and social services and the impact of the emergency on services	Mapping psychosocial skills of community actors (e.g. community workers, religious leaders or counsellors)	Structure, locations, staffing and resources for **mental health care in the health sector** (including policies, availability of medications, role of primary health care and mental hospitals etc. – see WHO Mental Health Atlas for baseline data on 192 countries) and the impact of the emergency on services
Mapping of potential **partners** and the extent and quality/ content of previous MHPSS training	Mapping of emergency MHPSS programmes	
Programming needs and opportunities		
Recommendations by different stakeholders	**Extent to which** different key actions outlined in these **IASC guidelines are implemented**	**Functionality of referral systems** between and within health, social, education, community and religious sectors
Types of social support (identifying skilled and trusted helpers in a community) and sources of community solidarity (e.g. continuation of normal community activities, inclusive decision-making, inter-generational dialogue/respect, support for marginalised or at-risk groups)		

Who is Doing What? Mapping Organisational Capacities and Activities (continued)		
Action Sheets for Minimum Response		
Inclusiveness The assessment must involve diverse sections of the affected population, including children, youth, women, men, elderly people and different religious, cultural and socio-economic groups. It should **aim to include community leaders, educators and health and community workers** and to correct, not reinforce, patterns of exclusion.		**Analysis Assessments** should analyse the situation with a focus on **identifying priorities for action**, rather than merely collecting and reporting information.
Assessment teams Assessors should be trained in the ethical principles mentioned above and should possess basic interviewing and good interpersonal skills. Assessment teams should have an appropriate gender balance and should be knowledgeable both in MHPSS and the local context.	**Attention to conflict** When operating in situations of conflict, assessors must be aware of the parties involved in the conflict and of their dynamics. Care must be taken to maintain impartiality and independence and to avoid inflaming social tensions/ conflict or endangering community members or staff. Participatory assessments may not be advisable in some situations, where asking questions may endanger interviewers or interviewees.	**Cultural appropriateness** Assessment methodologies (including indicators and instruments) should be culturally and contextually sensitive and relevant. The assessment team should include individuals familiar with the local context, who are – as far as is known – not distrusted by interviewees, and should respect local cultural traditions and practices. Assessments should aim to avoid using terminology that in the local cultural context could contribute to stigmatisation.

Data collection methods
Relevant qualitative methods of data collection include literature review, group activities (e.g. focus group discussions), key informant interviews, observations and site visits. Quantitative methods, such as short questionnaires and reviews of existing data in health systems, can also be helpful. As far as is possible, multiple sources of data should be used to cross-check and validate information/analysis. Surveys that seek to assess the distribution of rates of emergency-induced mental disorders (psychiatric epidemiological surveys) tend to be challenging, resource-intensive and, too frequently, controversial – and, as such, they are beyond minimum response (see page 45). Using existing data from the literature to make approximate projections can be a useful alternative (see Action Sheet 6.2 for an example of such projections).

Ethical principles
Privacy, confidentiality and the best interests of the interviewees must be respected. In line with the principle of 'do no harm', care must be taken to avoid raising unrealistic expectations during assessments (e.g. interviewees should understand that assessors may not return if they do not receive funding). Intrusive questioning should be avoided. Organisations must make every effort to ensure that the participation of community members in the assessment is genuinely voluntary. Persons interviewing children or other groups with particular needs (such as survivors of gender-based violence) should possess appropriate skills and experience. Whenever possible, support must be given to respondents in need to access available MHPSS services.

Dynamism and timeliness
Assessments should be sufficiently rapid for their results to be used effectively in the planning of emergency programming. It is often appropriate to have a dynamic, phased assessment process consisting, for instance, of two phases:

1. Initial ('rapid') assessment focusing mostly on understanding the experiences and the current situation of the affected population, together with community and organisational capacities and programming gaps. This should normally be conducted within 1–2 weeks.

2. Detailed assessments: more rigorously conducted assessments addressing the various issues outlined in the table above are conducted as the emergency unfolds.

4. Collate and disseminate assessment results.

Sharing information: Organisations should share the results of their assessments in a timely and accessible manner with the community, the coordination group and with other relevant organisations. Information that is private, that could identify individuals or particular communities, or that could endanger members of the affected population or staff members should not be disclosed publicly. Such information should be shared only in the interest of protecting affected people or staff members, and then only with relevant actors.

Keeping stakeholders informed: The coordination group should document, collate, review and disseminate assessment results to all stakeholders (e.g. post assessments on the internet and conduct feedback sessions with communities).

Making use of assessments: MHPSS actors must use assessments as a resource and guide for planning, monitoring and evaluating programming.

Key Resources about Assessment

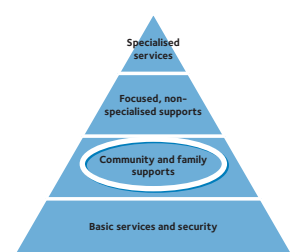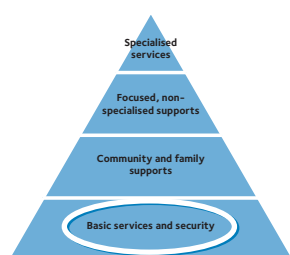| Selected Written Material – When More Knowledge is Needed for Assessment	
Community Assessment of Psychosocial Support Needs Chapter 6, Community Based Psychosocial Services: A Facilitator's Guide. Action by Churches Together (ACT) Alliance, Lutherhjalpen, Norwegian Church Aid and Presbyterian Disaster Services (2005). **www.svenskakyrkan.se**/tcrot/lutherhjalpen/psychosocialservices/pdf/psychosocialservices.pdf	**Participation of Crisis-Affected Populations in Humanitarian Action: A Handbook for Practitioners. Assessments** Chapter 3. **Published by:** Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)(2003). **www.odi.org.uk**/ALNAP/publications/gs_handbook/gs_handbook.pdf
Cross-Cultural Assessment of Trauma-Related Mental Illness (Phase II). **Published by:** CERTI, Johns Hopkins University, World Vision. Author: Bolton P. (2001). **www.certi.org**/publications/policy/ugandafinahreport.htm	**Field Assessments** Chapter 1, Part III, Mental Health Guidelines: A Handbook for Implementing Mental Health Programmes in Areas of Mass Violence. **Published by:** Médecins Sans Frontières (2005). **www.msf.org**/source/mentalhealth/guidelines/MSF_mentalhealthguidelines.pdf
'Indices of social risk among first attenders of an emergency mental health service in post-conflict East Timor: an exploratory investigation'. Australian and New Zealand Journal of Psychiatry. 38:929-32. **Authors:** Silove D., Manicavasagar V., Baker K., Mausiri M., Soares M., de Carvalho F., Soares A. and Fonseca Amiral Z. (2004). **www.who.int**/mental_health/emergencies/mh_key_res/en/index.html	**Initial Assessment**, pp.29-33. **Published by:** Sphere Project (2004). Humanitarian Charter and Minimum Standards in Disaster Response. **www.sphereproject.org**/handbook
Handbook of Psychosocial Assessment for Children and Communities in Emergencies **Published by:** UNICEF East Asia and Pacific Office and Regional Emergency Psychosocial Support Network (2005). **www.crin.org**/docs/Handbook%20new%20update.pdf	**Mental Health Atlas** **Published by:** World Health Organization (2005). **www.who.int**/mental_health/ evidence/atlas/

An Emergency Assessment Checklist on Psychosocial Support[1]

Information Gathering in an Emergency – A Checklist			
ACT's Emergency Assessment Checklist on Psychosocial Support'			
Participation/ Important Considerations			
	Which participatory methods were used in this assessment?		Have women been consulted separately from men?
	Have women, men, boys and girls all been consulted?		What are the psychosocial supports, activities, considerations and risks in the affected area?
	Which marginalized groups might not have been consulted (minority groups, domestic workers, people with disabilities etc)?		Basic Functions and Existence of Basic Support System:
In armed conflict crises			
	Was imprisonment, detention in re-education/education camps used? Who was targeted? How many, where ?		Is the local population targeted for rape/ looting/ terror?
	Who has been involved in the fighting? Where do the combatants come from? Is the local population recruited?		Did people witness the death of family, friends, or body identification?
In natural disasters			
	Was there any warning of the coming disaster?		Were there delays in help arriving? Were there additional deaths during the wait?
	Did people face the likelihood of their own death or severe injury? Were they trapped awaiting rescue?		Psychosocial impact in slow onset disasters (famine, AIDS epidemic etc.):
	Is this a repeat of other disasters (floods, famines etc)?		
Psychosocial impact in slow onset disasters (famine, AIDS epidemic etc.)			
	Do people report a sense that their own death is inevitable, unavoidable?		How have people tried to survive? Has there been loss of dignity/worth due to begging or prostitution for food etc.?
	Do you hear the belief that help is distributed unevenly or withheld?		

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1   Community Based Psychosocial Services – a Facilitators' Guide, pp. 89-96, Church of Sweden, Norwegian Church Aid, and Presbyterian Disaster Assistance. Also, IASC Guidelines on Mental Health

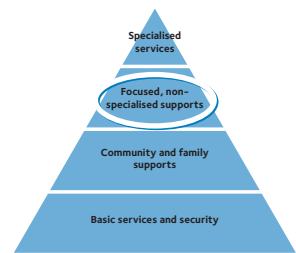| Information Gathering in an Emergency – A Checklist (continued)		
Basic Functions and Existence of Basic Support System:		
	Family networks/ Community structures		What are the connecters and dividers within the community?
	Does the provision of basic services support or hinder community structures and family networks?		What language barriers exist? (There could be four languages within one nationality.)
	What was the self help structure immediately after the emergency/disaster? Who did people turn to?		What religious connectors exist? Are there also religious factors which divide the community?
	Is the community showing cohesion/ solidarity or are there competing factions?		What Information/Communication is available to the affected population, how often and how is it distributed?
	What is the structure of communication between tribes, ethnic/political groups? Does this extend to cooperation on mutually agreed upon projects? If so why/ why not and how can it be facilitated if not?		How did people react to the emergency? Ask parents how their children reacted. Do they feel able to support their child? Are they worried about their child? What are the existing support structures for children?
	How do self-help groups function within the affected population (e.g., women working together to care for families, children's play groups)?		Are there trained professionals among the affected population who can be organized to help their own people (teachers, social workers, psychologists, nurses, home health care aids, pastors, traditional healers, etc.)? Have people been trained in normal reactions to abnormal situations?

Information Gathering in an Emergency – A Checklist (continued)		
Resources available in the community to meet psychosocial needs		
	What is the existing link between the health and the protection section on psychosocial support? If there is none, how can it be set up?		In the perception of the community, what psychosocial services are most needed so that their community can function again? Please note which group within the community is making which recommendation.
	How is the religious community responding to the crisis? Are their leaders trained in dealing with stress reactions? Do they have others trained in pastoral care that can be mobilized?		What local efforts to provide services to the community can be supported and/or expanded?
	What traditional practices of this cultural group may help them through this crisis (family networks, income generating activities, ability to organize in small self-help groups, rituals of healing)?		Are community dialogues initiated to raise awareness that sexual violence is never the fault of the survivor?
	What is needed to help families care for their members (family housing, eating meals together, activities for children so parents can do legal work)?		What needs are there for capacity-building so that local people can help their own community?
	What resources are needed to supplement available human resources within the community?		Is the breakdown of local services by competition for trained local staff an issue?
	Are there physical resources in the community which can be used to deliver psychosocial support (buildings, vehicles, books, playgrounds, copy machines, computers)?		

Focused Non–Specialized Support

What are the own possibilities to support each other?		What are the local coping mechanism/strategies? What kind of solution do people imagine? What are the desired immediate plans? Look at time frame! Are people answering in terms of hours, days or weeks? Have people started with activities? Are people stopped (by government/UN/NGOs) from being involved? What are the reasons why people are inactive/ active? Is there a difference between religious/cultural/ethnic groups in terms of plans/activities?
What kind of safety concerns do people have? (Domestic violence, gender based violence, recruitment, torn tarpaulin etc.)		
Do people know where to turn regarding their specific safety situation?		
What groups have been most affected by the disaster/emergency? How have they been helped? Who can these groups/individuals turn to?		
Are there people with 'mental problems'? What is done with them?		
Have people started to plan for the future?		
What are the main concerns/stressors according to children, youth, women, and men (without assuming that everyone has a concern or are distressed)?		Are there people with 'mental problems'? What is done with them?
What are the Mosque/Church/Temple attendance possibilities?)		Are there self-help groups for sharing and dealing with stress reactions?
Are procedures for family reunification started? Who is doing this?		Who cares for the caregiver?
What are the local burial practices? Who is responsible currently? Are supplies available?		Are there provisions for regular life events such as births, weddings and so on?

Mental health

What is the structure of national mental health services, policy, professionals? How does one contact the persons in charge of the health office?		What are the structures like in terms of caring for the mentally ill?
Who is coordinating mental health services in this emergency? How can they be contacted?		What are the clinical/medical supports for home care of chronically ill and people with mental disorders?
How is mental health interventions carried out within general primary health care, and do they maximize care by families and active use of resources within the community?		How are the urgent psychiatric problems managed within primary health care?
How are community structures relating to protection and care for persons with severe mental disorders arranged?		Are appropriate medication for mentally ill readily available? Do professionals know how to use them?

Summarizing Your Findings

Main findings		Conclusions
Recommendations		

Assessments and Children

In any psychosocial assessment, whether in the first emergency phase or in a later phase of programming, the most basic questions include:

Demographics: What is the household size, and estimated number of children by age and by gender?	**Education:** Are there any education activities happening now? Are there teachers in the group?
Safety and security: Are there armed groups in the area? Landmines/ UXO? Reported abductions of children? Who is providing security at the site?	**Recreation:** Observe where children play (relative risks, safety, interaction with peers, older youth, supportive or non-supportive adults), when they play (amount of time, time of day), and how they play (in groups, alone, aggressively, coopera- tively, etc.).
Vulnerable groups: Are children on their own? Are there child-headed households? Are there young, unmarried mothers and women on their own? How are they being treated?	**Self-actualization:** What do children identify and prioritize as their primary needs and concerns?
Well-being: What have children experienced? How are they acting now that is different from before? Who do children turn to when they have problems? How do younger and older children spend their days now? Are children putting themselves at greater risk through their activities or are there positive coping mechanisms that could be reinforced?	

Assessing work with children: Assessments can be conducted in various ways, including observation, individual interviews, and focus group discussions and activities. When working with children, it is often helpful to ask children of different ages to map out either a typical day or a specific day from the last week.

Through this exercise, they can illustrate how, where, and with whom they spend their days. Questions about where they spend their time should be followed up with a discussion about the purpose and perception of each space, the distance from school and home, and its relative safety. This could also be a way to catalog the time spent per day on particular tasks, including time spent interacting with peers and adults outside the family, and followed up with questions about the type and quality of activity. When an assessment is conducted with girls and boys of different ages, usually 6-12 years and 13-17 years, this exercise quickly highlights potential risks, peer support networks, adult support, children's priorities for activities, and times/locations that would be most appropriate.

Chapter 4

Help the Community Mobilise in an Emergency

In This Chapter You Will Read About Key Elements in Mobilising an Affected Community

- Establishing initial contact with community members and leaders.
- How to mobilise a community
- Promoting self-help
- Supporting cultural, spiritual and religious healing practices

Community mobilisation[1]

Building trust and confidence: Community mobilisation is a key component of the community based approach. Its aim is to help communities know and enjoy their rights by working with them to strengthen their capacity to address protection risks; identify short- and long-term solutions; agree on priorities; develop and implement action plans that respect individual rights; and monitor and evaluate results. Communities will mobilise themselves when there is trust and confidence and when they see benefits emerging from the process.

In practice, community mobilisation involves establishing contact with community members and leaders, building an understanding of the social and power dynamics in the community, and bringing people together to agree on the best and most acceptable ways of working in partnership with the community. It does not always occur spontaneously; in fact, it often requires guidance from effective facilitators.

Reviewing the findings of the situation analysis will facilitate the community- mobilisation process and may reveal obstacles to mobilisation, such as misperceptions about other actors, distrust among different groups, a lack of expertise to support the process, lack of analysis of the root causes of prob-

1   UNHCR 'Community Based Approach to UNHCR Operations', March 2008, p 55

lems, and/or lack of information, including about human rights, particularly women's and girls' rights. It is important—and most effective— to use participatory methods when working to mobilise the community.

Mobilising opportunities

Keeping flexible: Since mothers and children spend a lot of time in therapeutic feeding programmes, these might be good occasions to encourage women to work together to address some of the root causes of malnutrition, perhaps through agricultural projects.

All these steps are related to each other but will not necessarily follow the order shown here. For example, we might need to strengthen community capacities in order to undertake a community-based analysis of protection responses and solutions. Our responses should be flexible and dynamic to meet the demands of quickly changing circumstances. Those who identify themselves as having a common interest may join together in community-based organisations. They may work together on specific activities, such as those to improve their living and economic conditions, on political issues, or to provide protection for their members.

Promoting common efforts: In urban settings, it might be helpful to raise awareness among persons of concern of the benefits of working together while promoting respect for individuals' rights and gender balance. Encouraging the formation of interest groups can assist those who are marginalized and/or have specific needs in gaining access to leadership structures and decision-making processes.

Community Mobilisation in Emergencies[2]

Keeping on course in turbulence: The nature of the emergency will determine the extent of community participation. However, as in other contexts, a significant level of community participation is possible and highly desirable. Quick action is needed to address life-threatening situations, so the time for consultation and negotiation is very short. It is important to balance the time and effort spent on situation analysis, including participatory assessment and community mobilisation, with the length of time the results of an assessment will be valid. In an emergency, conditions change all the time, so the situation analysis will require updating.

Widening circles: Take every opportunity to meet persons of concern. Although there may not be time to meet every group, it is vital that a range of representatives from the whole community is included in the assessments. Do not rely

Proceeding step by step:
A community-mobilisation process in the context of conflict, displacement and humanitarian crises can involve the following steps:

- community mapping of management structures;
- community-based representation;
- community-based protection responses and solutions;
- community capacity-building;
- community action planning;
- community action teams; and
- community-based monitoring and evaluation.

2   UNHCR 'Community Based Approach to UNHCR Operations', March 2008; p 107

solely on the people who are easier to reach, such as existing leaders or young men who speak the humanitarian workers' language. As often as possible, talk with women, men, boys and girls of different ages and backgrounds to gain a comprehensive understanding of the situation and the persons of concern.

Initial Measures When Quick Action is Necessary	
Through field assessments with people of concern, map existing agencies, services and community structures.	**Quickly identify a team within the community** that is able and willing to organise community support for those with specific needs.
The security of those consulted must be carefully considered. Individuals or groups communicating with aid agencies can become the object of resentment or even violence by other individuals or groups. Sources of information should therefore be kept confidential.	**Set up community-based systems, upholding respect for individual rights,** to identify and provide protection and care for groups with specific needs, such as older persons, persons with disabilities, and unaccompanied and separated children.
Do not wait to consolidate the priority needs of all groups. Start with one group and respond before moving to another. Since the situation is likely to change, assessments should be carried out every three months, if possible, to ensure that activities are planned according to need.	**Avoid establishing patterns of behaviour or relationships during the emergency that might be difficult to change** later on. Instead, make temporary arrangements that are reviewed regularly. Make sure that people are aware that any arrangements made in an emergency situation might change later.
In IDP contexts, **ensure,** when working with local authorities, that there are **no repercussions on individuals or communities** when discussing human rights violations.	**Take immediate action to prevent family separation,** reunite families if possible and initiate family-reunification procedures.
Work with national and international partners at all times. Coordinate and avoid over assessment.	**Establish specific emergency-response plans** with partners and the community.
Establish fixed points where staff can make themselves available at regular times to gather information on groups with specific needs, answer questions and/or provide counseling.	**Take immediate steps to analyze, with the community, the particular protection risks facing women and girls,** and ways to prevent and respond to sexual and gender-based violence.
Set up a mechanism for identifying, with the community, groups who are at heightened risk.	**Visit people in their shelters/homes.** Make time to listen to people.
Establish an individual case-management system for all persons identified as being at heightened risk, track follow up and monitor the individuals.	
Working with the community, **develop an information and communication mechanism** to ensure that everyone, including older women, persons with disabilities and other potentially marginalized groups, have access to information on assistance and other issues. Post notices in places where people are likely to meet, such as the water-collection point, the community centre, registration points or wherever assistance is being distributed.	
Early, quick assessments should review protection risks and human rights violations prior to and during the emergency. The root causes should be analyzed from an age, gender and diversity perspective with the aim of taking speedy remedial action and avoiding further abuses or displacement.	
Where persons of concern are struggling to survive, UNHCR and partner agencies have a great deal of power, since they are seen as a lifeline. This can distort relations between people of concern and the humanitarian agencies, since people may be reluctant to raise complaints about or disagree with activities that are implemented. **Think about the future and consider the long-term implications of all decisions.**	

The Many Advantages of Community Moblisation

Supporting participation: The process of response to an emergency should be owned and controlled as much as possible by the affected population, and should make use of their own support structures, including local government structures. In these guidelines, the term 'community mobilisation' refers to efforts made from both inside and outside the community to involve its members (groups of people, families, relatives, peers, neighbours or others who have a common interest) in all the discussions, decisions and actions that affect them and their future.

As people become more involved, they are likely to become more hopeful, more able to cope and more active in rebuilding their own lives and communities. At every step, relief efforts should support participation, build on what local people are already doing to help themselves and avoid doing for local people what they can do for themselves.

There are varying degrees of community participation:

Critical Steps in Community Mobilisation
Recognition by community members that they have a common concern and will be more effective if they work together (i.e. 'We need to support each other to deal with this').
Development of the sense of responsibility and ownership that comes with this recognition ('This is happening to us and we can do something about it').
Identification of internal community resources and knowledge, and individual skills and talents ('Who can do, or is already doing, what; what resources do we have; what else can we do?').
Identification of priority issues ('What we're really concerned about is…').
Community members plan and manage activities using their internal resources.
Growing capacity of community members to continue and increase the effectiveness of this action.

Source: IASC, 'Inter Agency Standing Committee Guidelines on Mental Health and Psychosocial Support (MHPSS)', June 2007; p.94

Understanding the power structure: It is important to note that communities tend to include multiple sub-groups that have different needs and which often compete for influence and power. Facilitating genuine community participation requires understanding the local power structure and patterns of community conflict, working with different sub-groups and avoiding the privileging of particular groups.

The political and emergency aspects of the situation determine the extent of participation that is most appropriate. In very urgent or dangerous situations, it may be necessary to provide services with few community inputs. Community involvement when there is inadvertent mingling of perpetrators and victims can also lead to terror and killings (as occurred, for example in the Great Lakes crisis in 1994). However, in most circumstances, higher levels of participation are both possible and desirable.

Past experience suggests that significant numbers of community members are likely to function well enough to take leading roles in organising relief tasks and that the vast majority may help with implementing relief activities. Although outside aid agencies often say that they have no time to talk to the population, they have a responsibility to talk with and learn from local people, and usually there is enough time for this process. Nevertheless, a critical approach is neces-

sary. External processes often induce communities to adapt to the agenda of aid organisations.

Avoiding destructive confusion: This is a problem, especially when outside agencies work in an uncoordinated manner. For example, a year after the 2004 tsunami in Southeast Asia, a community of 50 families in northern Sri Lanka, questioned in a door-to-door psychosocial survey, identified 27 different NGOs offering or providing help. One interviewee stated: 'We never had leaders here. Most people are relatives. When someone faced a problem, neighbours came to help. But now some people act as if they are leaders, to negotiate donations. Relatives do not help each other anymore.'

As this example indicates, it can be damaging if higher degrees of community participation are facilitated by agencies with their own agendas offering help, but lacking deep bonds with or understanding of the community. It is particularly important to facilitate the conditions in which communities organise aid responses themselves, rather than forcing the community to adhere to an outside agenda.

Do No Harm[3]

The Do No Harm concept tries to explain how assistance that is given in emergencies can inflame conflicts between subgroups within the affected population. Assistance is often used and misused by people in conflicts to pursue political and military advantage. Assistance can also have important effects on intergroup relations and on the course of intergroup conflict. At the same time, giving no assistance would also have an impact—often negative. DNH therefore focuses on how organisations can provide assistance more effectively. It also looks at how those of us who are involved in providing assistance can assume responsibility and hold ourselves accountable for the effects that our assistance has in worsening, or in reducing destructive conflicts between groups whom we want to help.

The aim is to help assistance workers be aware of the subtle complexities of providing assistance leading to better outcomes for the societies where assistance is provided.

3   For further information please see Mary B. Anderson, Do No Harm: How Aid Can
    Support Peace – or War, (2004)

Connectors and Dividers[4]

A major concept within Do No Harm is 'Connectors' and 'Dividers'. The things that resolve conflict are known as connectors. The things that promote and instigate conflict are known as dividers. Connectors and dividers can be classified in many ways. Some of the institutions working in the society and their methods become connectors whereas some other organizations' support become dividers and intensify conflict. The concepts of Do No Harm analyze these situations and suggests working with connectors and keeping distance from institutions and the working modalities which become dividers.

Similarly, there are social norms, values and attitude that work as connectors and dividers.

These issues are therefore also extremely relevant in psychosocial project implementation within conflict settings.

Some Fundamental Lessons of the Do No Harm Project
It is possible—and useful—to apply Do No Harm in conflict-prone, active conflict and post-conflict situations. And, doing so:
Prompts us to identify conflict-exacerbating impacts of assistance much sooner than is typical without the analysis
Heightens our awareness of intergroup relations in project sites and enables us to play a conscious role in helping people come together;

Reveals the interconnections among programming decisions (about where to work, with whom, how to set the criteria for assistance recipients, who to hire locally, how to relate to local authorities, etc.);	**Provides a common reference point** for considering the impacts of our assistance on conflict that brings a new cohesiveness to staff interactions and to our work with local counterparts; and, the most important single finding:

Enables us to identify programming options when things are going badly. In fact, many people involved in the Project say that for some time they have been aware of the negative impacts of some of their programmes but that they thought these were inevitable and unavoidable. Do No Harm is useful precisely because it gives us a tool to find better ways— programming options—to provide assistance.

Do No Harm Analysis – Seven Steps

Step 1: Understanding the Context of Conflict

Step one involves identifying which conflicts are dangerous in terms of their destructiveness or violence. Every society has groups with different interests and identities that contend with other groups. However, many—even most—of these

The Seven Steps of Do No Harm Analysis

1. Understanding the Context of Conflict
2. Analyzing Dividers and Tensions
3. Analyzing Connectors and Local Capacities for Peace
4. Analyzing the Assistance Programme
5. Analyzing the Assistance Programme's Impact on Dividers and Connectors
6. Considering (and Generating) Programming Options
7. Test Programming Options and Redesign Project

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4   For further information please see Mary B. Anderson, Do No Harm: How Aid Can Support Peace – or War, (2004)

differences do not erupt into violence and, therefore, are not relevant for Do No Harm analysis.

This method is useful for understanding the impacts of assistance programmes on the socio/political schisms that cause, or have the potential to cause, destruction or violence between groups.

Step 2: Analyzing Dividers and Tensions

Once the important schisms in society have been identified, the next step is to analyze what divides the groups. Some Dividers or sources of Tension between groups may be rooted in deep-seated, historical injustice (root causes) while others may be recent, short-lived or manipulated by subgroup leaders (proximate causes). They may arise from many sources including economic relations, geography, demography, politics or religion. Some may be entirely internal to a society; others may be promoted by outside powers. Understanding what divides people is critical to understanding, subsequently, how our assistance programmes feed into, or lessen, these forces.

Step 3: Analyzing Connectors and Local Capacities for Peace

The third step is analysis of how people, although they are divided by conflict, remain also connected across sub-group lines. The Do No Harm Project (DNH) found that in every society in conflict, people who are divided by some things remain connected by others. Markets, infrastructure, common experiences, historical events, symbols, shared attitudes, formal and informal associations; all of these continue to provide continuity with non-war life and with former colleagues and co-workers now alienated through conflict. Similarly, DNH found that all societies have individuals and institutions whose task it is to maintain intergroup peace. These include justice systems (when they work!), police forces, elders groups, school teachers or clergy and other respected and trusted figures. In warfare, these "Local Capacities for Peace (LCP)" are not adequate to prevent violence. Yet, in conflict-prone, active conflict and post-conflict situations they continue to exist and offer one avenue for rebuilding non-war relations. To assess the impacts of assistance programmes on conflict, it is important to identify and understand Connectors and LCPs.

Step 4: Analyzing the Assistance Programme

Step four of the Do No Harm Framework involves a thorough review of all aspects of the assistance programme. Where and why is assistance offered, who are the staff (external and internal), how were they hired, who are the intended recipients of assistance, by what criteria are they included, what is provided, who decides, how is assistance delivered, warehoused, distributed?

Step 5: Analyzing the Assistance Programme's
Impact on Dividers and Connectors

Step five is analysis of the interactions of each aspect of the assistance programme with the existing Dividers/Tensions and Connectors/LCPs.

We ask: Who gains and who loses (or who does not gain) from our assistance? Do these groups overlap with the Dividers we identified as potentially or actually destructive? Are we supporting military activities or civilian structures? Are we missing or ignoring opportunities to reinforce Connectors? Are we inadvertently undermining or weakening LCPs?

Step 6: Considering (and Generating) Programming Options

Finally, if our analysis of 1) the context of conflict; 2) Dividers and Tensions; 3)

Connectors and Local Capacities for Peace; and 4) our assistance programme shows that our assistance exacerbates intergroup Dividers, then we must think about how to provide the same programme in a way that eliminates its negative, conflict-worsening impacts. If we find that we have overlooked local peace capacities or Connectors, then we should redesign our programming not to miss this opportunity to support peace.

Step 7: Test Programming Options and Redesign Project
Once we have selected a better programming option is crucially important to re-check the impacts of our new approach on the Dividers and Connectors.

Key Actions to Mobilise a Community

1. Coordinate efforts to mobilise communities.	
Actively identify, and coordinate with, existing processes of community mobilisation (see IASC Guidelines on MHPSS – Action Sheet 1.1). Local people often have formal and non-formal leaders and also community structures that may be helpful in coordination, although care should be taken to ensure that these do not exclude particular people.	It is important to **work in partnership with local government**, where supportive government services are present.
2. Assess the political, social and security environment at the earliest possible stage.	
In addition to reviewing and gathering general information on the context (see IASC Guidelines on MHPSS – Action Sheet 2.1):	**Observe and talk informally with numerous people** representative of the affected community;
Identify and talk with male and female key informants (such as leaders, teachers, healers, etc.) who can share information about (a) issues of power, organisation and decision-making processes in the community, (b) what cultural rules to follow, and (c) what difficulties and dangers to be aware of in community mobilisation.	

3. Talk with a variety of key informants and formal and informal groups, learning how local people are organising and how different agencies can participate in the relief effort. Communities include sub-groups that differ in interests and power, and these different sub-groups should be considered in all phases of community mobilisation. Often it is useful to meet separately with sub-groups defined along lines of religion or ethnicity, political affinity, gender and age, or caste and socio-economic class. Ask groups questions such as:

In previous emergencies, how have local people confronted the crisis?	**In what ways are people helping each other** now?
How can people here participate in the emergency response?	**Who are the key people or groups** who could help organise health supports, shelter supports, etc.?
How can each area of a camp or village **'personalise' its space**?	**Would it be helpful to activate pre-existing structures and decision-making processes**? If yes, what can be done to enable people in a camp setting to group themselves (e.g. by village or clan)?
If there are **conflicts over resources** or facilities, **how could the community reduce these**? What is the process for settling differences?	

4. Facilitate the participation of marginalised people.

Be aware of issues of power and social injustice.	**Include marginalised people** in the planning and delivery of aid.
Initiate discussions about ways that empower marginalised groups and prevent or reduce stigmatisation or discrimination.	**Ensure**, if possible, that such **discussions take note of existing authority structures**, including local government structures.

Engage youth, who are often viewed as a problem but who can be a valuable resource for emergency response, as they are often able to adapt quickly and creatively to rapidly changing situations.

5. Establish safe and sufficient spaces early on to support planning discussions and the dissemination of information.

Safe spaces, which can be either covered or open, allow groups to meet to plan how to participate in the emergency response and to conduct self-help activities (see IASC Guidelines on MHPSS - Action Sheet 5.2) or religious and cultural activities (see IASC Guidelines on MHPSS - Action Sheet 5.3). Safe spaces can also be used for protecting and supporting children (see IASC Guidelines on MHPSS - Action Sheets 3.2 and 5.4), for learning activities (see IASC Guidelines on MHPSS - Action Sheet 7.1), and for communicating key information to community members (see IASC Guidelines on MHPSS - Action Sheets 8.1 and 8.2).

6. Promote community mobilisation processes.	
Security conditions permitting, **organise discussions regarding the social, political and economic context** and the causes of the crisis. Providing a sense of purpose and meaning can be a powerful source of psychosocial support.	One of the core activities of a participatory mobilisation process is to help people to make connections between what the community had previously, where its members are now, where they want to go, and the ways and means of achieving that. Facilitation of this process means **creating the conditions for people to achieve their goals in a manner that is non-directive and as non-intrusive as possible**. If needed, it may be useful to organise activities (e.g. based on popular education methodologies) that facilitate productive dialogue and exchange. **This reflective process should be recorded**, if resources permit, for dissemination to other organisations working on community mobilisation.
Facilitate the conditions for a **collective reflection process** involving key actors, community groups or the community as a whole regarding: - **Vulnerabilities to be addressed at present** and vulnerabilities that can be expected **in the future**; - **Capacities, and abilities to activate** and build on these; - **Potential sources of resilience** identified by the group; - **Mechanisms that have helped community members in the past** to cope with tragedy, violence and loss; - **Organisations** (e.g. local women's groups, youth groups or professional, labour or political organisations) **that could be involved in the process of bringing aid**; - **How other communities have responded** successfully during crises.	The above process should lead to a discussion of emergency 'action plans' that coordinate activities and distribute duties and responsibilities, **taking into account agreed priorities** and the feasibility of the actions. Planning could also foresee **longer-term scenarios** and identify potentially fruitful actions in advance. It should be clearly understood whether the action is the **responsibility of the community itself or of external agents** (such as the state). If the responsibility is with the community, a **community action plan** may be developed. If the responsibility is with external agents, then a **community advocacy plan** could be put in place.

Read More about Mobilising a Community

Guides and Handbooks	
IASC Guidelines on Mental Health and Psychosocial Support in Emergency Setting	
Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) (2003). **Participation by Crisis-Affected Populations in Humanitarian Action: A Handbook for Practitioners.** www.odi.org.uk/ALNAP/publications/gs_handbook/gs_handbook.pdf (English); www.psicosocial.net (Spanish)	Segerström E. (2001). **'Community Participation' in the Refugee Experience**, Oxford Refugee Studies Centre. http://earlybird.qeh.ox.ac.uk/rfgexp/rsp_tre/student/commpart/com_int.htm
Action on the Rights of the Child. Community Mobilisation. www.savethechildren.net/arc/files/f_commmob.pdf	Sphere Project (2004). Humanitarian **Charter and Minimum Standards in Disaster Response, Common standard 1: participation**, pp.28–29. Geneva: Sphere Project. www.sphereproject.org/handbook/index.htm
Donahue J. and Williamson J. (1999). **Community Mobilisation to Mitigate the Impacts of HIV/AIDS.** Displaced Children and Orphans Fund. pdf.dec.org/pdf_docs/pnacj024.pdf	UNHCR (2006). **Tool for Participatory Assessment in Operations**. www.unhcr.org/publ/PUBL/450e963f2.html
Norwegian Refugee Council/Camp Management Project (2004, revised 2007). **Camp Management Toolkit** www.flyktninghjelpen.no/?did=9072071	UNHCR (2002). **Guide for Shelter Planning** (chapters on Community Participation and Community Organising). www.unhcr.org/cgi-bin/texis/vtx/home/opendoc.pdf?tbl=PARTNERS&id=3c4595a64 (English); www.acnur.org/index.php?id_pag=792 (Spanish)
Regional Psychosocial Support Initiative (REPSSI) (2006). **Journey of Life – A Community Workshop to Support Children**. www.repssi.org/home.asp?pid=43	

Promoting the Vital Process of Self-Help – Background

Encouraging self-help: All communities contain effective, naturally occurring psychosocial supports and sources of coping and resilience. Nearly all groups of people affected by an emergency include helpers to whom people turn for psychosocial support in times of need. In families and communities, steps should be taken at the earliest opportunity to activate and strengthen local supports and to encourage a spirit of community self-help.

A self-help approach is vital, because having a measure of control over some aspects of their lives promotes people's mental health and psychosocial well-being following overwhelming experiences. Affected groups of people typically have formal and informal structures through which they organise themselves to meet collective needs. Even if these structures have been disrupted, they can be reactivated and supported as part of the process of enabling an effective emergency response.

Strengthening and building on existing local support systems and structures will enable locally owned, sustainable and culturally appropriate community responses. In such an approach, the role of outside agencies is less to provide direct services than to facilitate psychosocial supports that build the capacities of locally available resources. Facilitating community social support and self-help requires sensitivity and critical thinking.

Measure Your Progress

- **Safe spaces have been established** and are used for planning meetings and information sharing.
- **Local people conduct regular meetings** on how to organise and implement the emergency response.
- **Local men, women, and youth** – including those from marginalised groups – **are involved** in making key decisions in the emergency.

Treading carefully: Communities often include diverse and competing sub-groups with different agendas and levels of power. It is essential to avoid strengthening particular sub-groups while marginalising others, and to promote the inclusion of people who are usually invisible or left out of group activities.

Key Actions for Community Self-help & Social Support

1. Identify human resources in the local community	
Examples of such resources are significant elders, community leaders (including local government leaders), traditional healers, religious leaders/groups, teachers, health and mental health workers, social workers, youth and women's groups, neighbourhood groups, union leaders and business leaders. A valuable strategy is to map local resources (see also Action Sheet 2.1) by asking community members about the people they turn to for support at times of crisis. Particular names or groups of people are likely to be reported repeatedly, indicating potential helpers within the affected population.	
Meet and talk with identified potential helpers, including those from marginalized groups, and ask whether they are in a position to help.	**Identify social groups or mechanisms that functioned prior to the emergency** and that could be revived to help meet immediate needs. These might include collective work groups, self-help groups, rotating savings and credit groups, burial societies and youth and women's groups.

2. Facilitate the process of community identification of priority actions through participatory rural appraisal and other participatory methods	
Identify available non-professional or professional supports that could be activated immediately or strengthened.	**Promote a collective process of reflection** about people's past, present and future that enables planning. By taking stock of supports that were present in the past but which have been disrupted in the emergency, people can choose to reactivate useful supports. By reflecting on where they want to be in several years' time, they can envision their future and take steps to achieve their vision.
Discuss with key actors or community groups - **How the current situation has disrupted** social networks and coping mechanisms. - **How people have been affected** by the crisis. - **Organisations that** were once working to confront crisis and that **may be useful to reactivate**. - **Mechanisms** (rituals, festivals, women's discussion groups, etc.) **that have helped community members in the past** to cope with tragedy, violence or loss.	**Together with the community** - **Identify priorities** people should address in moving towards their vision of the future. - **Identify actions** that would make it possible for people to achieve their priority goals. - **Identify successful experiences** of organisations that have been seen in their and neighbouring communities.
Share results of this identification process with the coordination group (see Action Sheets 1.1 and 2.1).	

3. Support community initiatives, actively encouraging those that promote family and community support for all emergency-affected community members, including people at greatest risk

Determine what members of the affected **population are already doing** to help themselves and each other, and look for ways to reinforce their efforts. For example, if local people are organising educational activities but need basic resources such as paper and writing instruments, support their activities by helping to provide the materials needed (while recognising the possible problem of creating dependency). Ask regularly what can be done to support local efforts.	Support community initiatives suggested **by community members** during the participatory assessment, as appropriate.
	Encourage when appropriate the **formation of groups**, particularly ones that build on pre-existing groups, to conduct various activities of self-support and planning.

54 Organise Orientation and Training
(see IASC Guidelines on MHPSS - Action Sheets 4.3 and 5.2)

Prepare a strategic, comprehensive, timely and realistic plan for training.

Select competent, motivated trainers.

Utilise learning methodologies that facilitate the immediate and practical application of learning.

Match trainees' learning needs with appropriate modes of learning.

Prepare orientation and training seminar content directly related to the expected emergency response.

Consider establishing Training of Trainers (ToT) programmes to prepare trainers prior to training.

After any training, **establish a follow-up system** for monitoring, support, feedback and supervision of all trainees, as appropriate to the situation.

Document and evaluate orientation and training to identify lessons.

Read More about Community Self-help

Guidelines and Handbooks	
IASC Guidelines on Mental Health and Psychosocial Support in Emergency Setting	
IASC (2005). **Guidelines for Gender-Based Violence Interventions in Humanitarian Settings**. Geneva: IASC. www.humanitarianinfo.org/iasc/content/products/docs/tfgender_GBVGuidelines2005.pdf	Refugee Studies Centre and UNICEF (2002). '**Addressing the needs of children, their families and communities**', in Working with Children in Unstable Situations – **Principles and Concepts for Psychosocial Interventions** (draft), pp.47-79. http://psp.drk.dk/graphics/2003referencecenter/Docman/Documents/1Disaster-general/WorkWithChild.UnstableSitua.pdf
Norwegian Refugee Council/Camp Management Project (2004, revised 2007). **Camp Management Toolkit**. www.flyktninghjelpen.no/?did=9072071	
Pretty J.N. and Vodouhê D.S. (1997). **'Using rapid or participatory rural appraisal'**. FAO: New York. www.fao.org/docrep/W5830E/w5830e08.htm	Regional Psychosocial Support Initiative (REPSSI) (2006). **The Journey of Life** (awareness and action workshops). www.repssi.org/
IFRC (2009). **Community-based Psychosocial Support – Trainer's Book, A Training kit**. International Federation of the Red Cross and Red Crescent Societies. http://psp.drk.dk/sw2955.asp	Save the Children (1996). **Promoting Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement: Principles and approaches**. www.savethechildren.org/publications/technical-resources/emergencies-protection/psychsocwellbeing2.pdf

Measure your progress

Steps have been taken **to identify, activate and strengthen local resources** that support mental health and psychosocial well-being.

Community processes and initiatives include and support the people at greatest risk.

When necessary, **brief training is provided** to build the capacity of local supports.

Supporting Cultural Healing Practices

In emergencies, people may experience collective cultural, spiritual and religious stresses that may require immediate attention. Providers of aid from outside a local culture commonly think in terms of individual symptoms and reactions, such as depression and traumatic stress, but many survivors, particularly in non-Western societies, experience suffering in spiritual, religious, family or community terms.

Survivors might feel significant stress due to their inability to perform culturally appropriate burial rituals, in situations where the bodies of the deceased are not available for burial or where there is a lack of financial resources or private spaces needed to conduct such rituals. Similarly, people might experience intense stress if they are unable to engage in normal religious, spiritual or cultural practices.

Collective stresses of this nature can frequently be addressed by enabling the conduct of appropriate cultural, spiritual and religious practices.

The conduct of death or burial rituals can ease distress and enable mourning and grief. In some settings, cleansing and healing ceremonies contribute to recovery and reintegration. For devout populations, faith or practices such as praying provide support and meaning in difficult circumstances.

Improve psychosocial well-being: Understanding and, as appropriate, enabling or supporting cultural healing practices can increase psychosocial well-being for many survivors. Ignoring such healing practices, on the other hand, can prolong distress and potentially cause harm by marginalising helpful cultural ways of coping.

In many contexts, working with religious leaders and resources is an essential part of emergency psychosocial support. Engaging with local religion or culture often challenges non-local relief workers to consider world views very different from their own. Because some local practices cause harm (for example, in contexts where spirituality and religion are politicised), humanitarian workers should think critically and support local practices and resources only if they fit with international standards of human rights.

Key actions for Cultural, Spiritual and Religious Healing Practices

1. Approach local religious and spiritual leaders and other cultural guides to learn their views on how people have been affected and on practices that would support the affected population.

Review existing assessments (see IASC Guidelines on MHPSS - Action Sheet 2.1) to avoid the risk of repetitive questioning.

Approach local religious and spiritual leaders, preferably by means of an interviewer of the same ethnic or religious group, to learn more about their views (see key action 3 below). Since different groups and orientations may be present in the affected population, it is important to approach all key religious groups or orientations. The act of asking helps to highlight spiritual and religious issues, and what is learned can guide the use of aid to support local resources that improve well-being.

2. Exercise ethical sensitivity.

Use a skilled translator if necessary, work in the local language, asking questions that a cultural guide (person knowledgeable about local culture) has indicated are appropriate. It may be difficult for survivors to share information about their religion or spirituality with outsiders, particularly in situations of genocide and armed conflict where their religious beliefs and/or ethnic identities have been assaulted.

Experience indicates that it is possible for humanitarian workers to talk with religious and spiritual leaders if they **demonstrate respect** and communicate that their purpose is to learn how best to support the affected people and avoid damaging practices.

In many emergencies, religious and spiritual leaders have been key partners in educating humanitarian workers about how to support affected people. **Ethical sensitivity is needed** also because some spiritual, cultural and religious practices (e.g. the practice of widow immolation) cause harm.

It is important to maintain a critical perspective, supporting cultural, religious and spiritual practices only if they fit with human rights standards. Media coverage of local practices can be problematic, and should be permitted only with the full consent of involved community members.

3. Learn about cultural, religious and spiritual supports and coping mechanisms. Once rapport has been established, ask questions such as these:

What do you believe are the spiritual causes and effects of the emergency?	**Who can best provide guidance** on how to conduct these rituals and handle the burial of bodies?
How have people been affected culturally or spiritually?	**Who in the community would greatly benefit** from specific cleansing or healing rituals and why?
What should properly happen when people have died?	**Are you willing to advise international workers** present in this area on how to support people spiritually and how to avoid spiritual harm?

Are there rituals or cultural practices that could be conducted, and what would be the appropriate timing for them?

If feasible, **make repeated visits to build trust and learn more** about religious and cultural practices. Also, if possible, confirm the information collected by discussing it with local anthropologists or other cultural guides who have extensive knowledge of local culture and practices.

4. Disseminate the information collected among humanitarian actors at sector and coordination meetings.
Share the information collected with colleagues in different sectors, including at intersectoral MHPSS coordination meetings and at other venues, to raise awareness about cultural and religious issues and practices. Point out the potential harm done by e.g. unceremonious mass burials or delivery of food or other materials deemed to be offensive for religious reasons.

5. Facilitate conditions for appropriate healing practices.	
The role of humanitarian workers is to facilitate the use of practices that are important to affected people and that are compatible with international human rights standards. Key steps are to:	
Work with selected leaders to identify how to enable appropriate practices.	**Remove the obstacles** (e.g. provide space for rituals and resources such as food for funeral guests and materials for burials).
Identify obstacles (e.g. lack of resources) to the conduct of these practices.	**Accept existing mixed practices** (e.g. local and Westernised) where appropriate.

Read More about Cultural Practices

Guidelines and Handbooks	
IASC Guidelines on Mental Health and Psychosocial Support in Emergency Setting	
PAHO/WHO (2004). **'Sociocultural aspects'. In: Management of Dead Bodies in Disaster Situations**, pp.85–106. Washington: PAHO. www.paho.org/English/DD/PED/DeadBodiesBook.pdf	Psychosocial Working Group (2003). **Psychosocial Intervention in Complex Emergencies: A Conceptual Framework**. www.forcedmigration.org/psychosocial/papers/Conceptual%20Framework.pdf
Sphere Project (2004). **Humanitarian Charter and Minimum Standards in Disaster Response. Mental and social aspects of health**, pp.291–293. Geneva: Sphere Project. www.sphereproject.org/handbook/index.htm	

Ten tips on supporting representative structures from UNHCR 'Community Based Approach to UNHCR Operations', March 2008. p 63	
Working with the leaders and other members of the community, i**dentify what methods are used to transmit information** to all.	Do not just promote 50 percent participation by women or the participation of young people. First **prepare leaders to support** these **changes**.
Analyze with community members the ground rules for interaction with the leaders and committees, how representative they are, who attends meetings, and who speaks or feels free to speak.	**Hold workshops on governance** to ensure that the community supports fair and representative elections, including rotating and timelimited leadership, human rights, including women's and children's rights, and gender equality.
Discuss with the leaders how they promote a caring, protective environment and how those at greater risk are supported. Analyze the consequences of exclusion with the leaders and with those groups that are left out.	**Facilitate a process through which community volunteers organise fair elections**. Invite observers, such as local authorities and humanitarian workers, to provide material support for the elections, and support the community in monitoring the ballot to ensure fairness and prevent intimidation.
Identify community values that support inclusive approaches and individual rights. Mention these in discussions to highlight the fact that rights, inclusiveness and participation are part of their approach and are not "alien" concepts.	Be careful not to create committees for the sake of having committees. **Agree on clear goals** and ensure that traditional leaders support the initiative.
Support the community in defining good leadership and who in the community reflects that definition. Discuss with these people why groups, such as women and youth, are excluded and agree on strategies for change.	**Work with partners and community-based organisations to develop ground rules that are transparent**, guarantee fair access for all and representative participation, and promote leaders' accountability and their role as duty-bearers in the community.

Ten tips on mapping management structures
from UNHCR 'Community Based Approach to UNHCR Operations', March 2008; p 60

Observe the composition of groups who come forward to interact with the humanitarian agencies and note their age, gender, ethnicity, religion, and political affiliation. Check with other agencies and community members whether these are the usual leaders and whether there are others you might not have met.	**Find out from young people**, particularly adolescents, **how they participate**, such as through education or training committees, and at what level.
Identify the different leadership styles and note those who are particularly respected, who are open and interact with all members of the community. When possible, avoid working through those who have strong political agendas.	**Hold discussions with groups of women about who is a leader and why**. If women are not represented in leadership structures, speak with the women and with male leaders to determine why.
Work with the community to map all the different structures, noting which areas they cover. Ask different members of the community whom they turn to for support when they have problems and who might organise the response.	**Note how leaders and other structures deal with taboo issues** and individual rights. If possible, use these issues as discussion points to assess people's awareness of their rights.
Hold discussions with minority groups to assess their level of participation in leadership structures.	**Discuss with leaders whether any groups are excluded** in order to understand whether there are obstacles to their participation and whether the situation can change.
Note how groups with specific needs, such as persons with disabilities, older persons and child-headed households, **are supported**.	**Give the information back to the community**, in the form of maps and flowcharts, so that they can validate the findings and use them in their discussions.

COMMUNITY BASED
PSYCHOSOCIAL SERVICES
IN HUMANITARIAN ASSISTANCE
A FACILITATOR'S GUIDE

Chapter 5

Resources

Manuals

Action by Churches Together (ACT), *'Community Based Psychosocial Support in Humanitarian Assistance – A Facilitator's Guide'*, May 2005
www.svenskakyrkan.se/tcrot/lutherhjalpen/psychosocialservices

Associazione Volontari per il Servizio Internazionale (AVSI), *'Training Manual for Teachers'*, February 2003

Christian Children's Fund (CCF), *'Mental Health and Psychosocial Support Minimum Responses in Emergency Settings – Training Manual Facilitator's Guide'*, December 2006

IASC, *'Checklist for field use of IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings'*, December 2008
www.humanitarianinfo.org/iascweb2/pageloader.aspx?page=content-products-products&productcatid=22

IASC, *'Inter Agency Standing Committee Guidelines on Mental Health and Psychosocial Support (MHPSS)'*, June 2007
www.humanitarianinfo.org/iascweb2/pageloader.aspx?page=content-products-products&productcatid=22

Nancy Baron, *'On the Road to Peace of Mind Guidebook'*, 2008

NVAA, *'Instructor's Manual on Adult Learning'*, 2002
www.ojp.usdoj.gov/ovc/assist/instructor/pdf/Adultlearning.pdf

Swedish International Development Agency, Sanna Ingelstam-Duregård, *'Aktiva Metoder – en handbok i att leda lärande'*, 2009; (In Swedish)
www.sida.se/sida/jsp/sida.jsp?d=118&a=46482

UNHCR *'Community Based Approach to UNHCR Operations'*, March 2008;
www.unhcr.org/cgi-bin/texis/vtx/refworld/rwmain?docid=47da54722

USAID, *'Training of Trainers Manual, Conflict Transformation and Peacebuilding in Rwanda'*, June 2008;
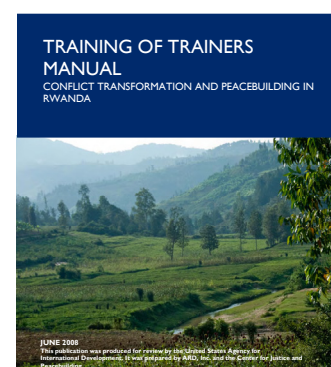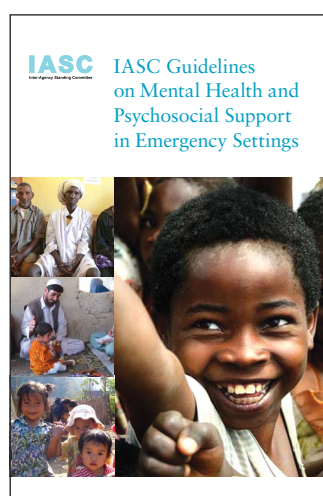http://pdf.usaid.gov/pdf_docs/PNADM806.pdf

IASC Guidelines
on Mental Health and
Psychosocial Support
in Emergency Settings

TRAINING OF TRAINERS
MANUAL
CONFLICT TRANSFORMATION AND PEACEBUILDING IN
RWANDA

Websites

Inter Agency Standing Committee
www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-about-default

Inter Agency Standing Committee on Mental Health and Psychosocial Support
www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-com-mon-default&sb=72&publish=0

UNAIDS, '*Home and community-based care*'
www.unaids.org/en/PolicyAndPractice/CareAndSupport/
HomeCommunityCare/

OVC Support, 'Psychosocial Effects of HIV/AIDS'
www.ovcsupport.net/sw2355.asp

The International AIDS Alliance
www.aidsalliance.org/sw1280.asp

Books & Articles

Guoxiang Zhao & Xiaoming Li, '*Psychosocial consequences for children experiencing parental loss due to HIV/AIDS in central China*', AIDS Care, Volume 21, Issue 6 June 2009.

Lauriann Tomaszeski, '*An Overview of the Psychosocial Issues That Impact Family's Affected by HIV/AIDS*'
www.dcmsonline.org/jax-medicine/2001journals/junejuly2001/psychosocial.
htm

Norris, F., Tracy, M.& Galea, S. (2009). '*Looking for resilience: Understanding the longitudinal trajectories of responses to stress*'. Social Science and Medicine, 2190-2198.

JohnWilliamson & Malia Robinson; '*Psychosocial interventions, or integrated programming for well-being?*'

Intervention 2006, Volume 4, Number 1, Page 4 – 25

Mary B. Anderson, '*Do No Harm: How Aid Can Support Peace – or War*', (2004)

Appendix

To Establish a Safe Environment and some Common Ground Rules

How to Establish a Safe Environment:

Respect	Confidentiality	Mutual trust
Honest constructive feedback, receive and provide	Sharing thoughts	Encouragement
Time for laughter, flexibility and a bit of play is essential	Promote self-reflection	Find strengths in everyone's skills and efforts
Encourage one another	Collaboration rather than competition	Support rather than judgment
Be responsible for your own behaviour		
Further suggestions…		

A Sample of some Common Ground Rules:

Start on time, end on time	No smoking in the workshop room.	Do not interrupt while others are speaking. – One person speaks at a time.
Everyone should try to listen as well as speak.	Maintain confidentiality of what is shared, no gossiping.	Show respect for others, and other's experiences.
Do not make personal attacks.	Do not judge others.	Be aware of language difficulties i.e. speak slowly if needed.
No mobile telephones	Limit the movement (Although, if need please stand up and stretch your legs!)	Do not put down or ridicule people or make them feel bad.
Try to avoid acronyms, as some may feel excluded or stupid and therefore scared of asking		
Further suggestions…		

If someone breaks the ground rules it is advisable to talk to that person rather than give out punishments.

Planning and Evaluating Your Workshop

Day by Day Evaluation, in writing or in group discussion

- What was the most useful part of the training today?
- What was the least useful part of the training today?
- Was there enough time for each session?
- Was there anything that was unclear that needs further explanation?
- Suggestions for improvements?

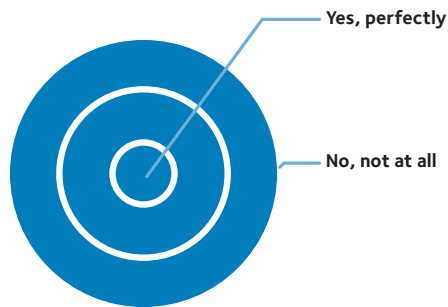## Personal Reflection, in writing or in group discussion

Name: ....
During these days I have learned:
My strengths are:
Areas where I have improved/grown during the workshop are:
Areas where I need to grow are:
Did I meet my own personal goal?

Simple Evaluation Form

Evaluation Questions/ Evaluation Scale	Fully	Good enough	To some extent	Not at all
The content was clear and easily understood				
The language was clear and easily understood				
The instructions were clear and easily understood				
The presentation methods were clear and easily understood				
Did the trainers interact with the audience?				
What I have learned will change the way I work				
General Comments:				
Suggestions for improvements:				

Simple Evaluation for Non-readers

A simple way of evaluating a session is to draw a "Bull's Eye" and then ask participants to mark their position of understanding/approving to the session in a continuous line from the middle "Yes, perfectly" to the outside of the circles "No, not at all". This kind of evaluation can also be used for participants that are are not readers.

Yes, perfectly

No, not at all

Advanced Evaluation of Individual Presentations

Group exercise

After an activity where the participants have been active, individually or in a group, it is useful to use a simple debriefing method to evaluate and highlight the experiences and lessons learnt.

Example of Task: Work in pairs or in smaller groups. Allow one person at a time be the focus of attention. The focal person sits quiet whilst the rest of the group (one at a time) shares their impressions. Then ask the focal person to give his/her view.

Group's comments: Strengths? Room for improvements?

Focal person's questions:
What were you satisfied with? What were you less satisfied with?
How did you use your personal strengths? Would you need further trainings? If so, in what?
What have you learned?s

Strengths: It allows that participant in question to receive detailed personal feedback and tips on room for improvements.
Risks: People are afraid to give constructive and honest feedback as it may hurt the participant in question.

Simple Evaluation Form for Individual presentations

Evaluation Questions

In a Training of Trainers, the trainees need to get structured feed-back from their co-participants when they are making a presentation or conducting some sessions. A simple form is to let all participants fill in this kind of evaluation form to be handed to the trainee. This might be complemented with some oral remarks. Make sure the positive parts are highlighted

Understandable		
Engaging the audience		
Audibility of speech		
Pace		
Body Language		
Visual aids (flip charts etc)		
Eye contact with all		
Hand gestures (too much, too little)		
General Comments: (What was good? Room for improvement?)		

End of Workshop Evaluation Form

At the end of the workshop, a more extensive evaluation will help you determine the achievements or set-backs of the training. Make sure you consider the findings and suggestions made by the participants in your planning of future workshops.

Fill in: Title   Location   Dates of workshop

To participant: Try to answer as openly and honest as possible. These evaluation forms will be anonymous so please do not put your name on the form.

Evaluation Questions/ Evaluation Scale	Fully	Good enough	To some extent	Not at all
The workshop achieved its aims and objectives				
The content of the workshop is relevant to my work				
What I have learned will impact on the way I work				
The quality of the learning materials and aids was equal to my needs				
The facilitation and presentation during the workshop were clear				
The trainers enabled a safe environment				

The co-participants were helpful and enabled a safe environment				
The venue was appropriate				
There was enough time for each session.				
I am ready to hold a workshop using the knowledge and skills learnt during the workshop.				

Content of the Workshop:
What was the most interesting/useful part of the training today?
What was the least interesting/useful part of the training today?
Were the materials useful?   (What was missing?)
Were the sessions well structured?
What needs improvement?
Were the sessions presented at the right level? (If not, too low or too high level?)
Were the presentation formats useful? (If not, how could they improve?)
Were the Handouts clear? (What was missing?
Was there enough time for each session?
Presentation and methods
What were the trainers' presentation styles you enjoyed? Suggestions for improvements?
Did the trainers cover the material clearly?
The way trainers responded to questions?
Skills you could use yourself?
Suggestions for improvement
What methods of training did you find useful/ least useful?
Any other comments (including about facilitation, presentations, methodology, or other).
Overview:
What parts of the workshop were most/least useful to you?
What was the most/least interesting part of the training throughout the week?
What improvements/changes would you suggest for similar workshops – Any topics that you would include or remove from the agenda?
How do you think the workshop could have been made more effective?
What are your plans for future trainings on MHPSS within your organization and collaborations with other organizations? What kind of support do you need to move these plans forward?
Initiatives (collaborations, suggested workshops, exchanges etc) that you think would be useful for the future?
Please give any other comments/suggestions/thoughts.

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