



Programme manager's handbook

Psychosocial Centre



International Federation
of Red Cross and Red Crescent Societies



Save the Children

Booklet 2: Programme manager's handbook

IFRC Reference Centre for Psychosocial Support
c/o Danish Red Cross
Blegdamsvej 27
DK-2100 Copenhagen Ø
Denmark
Phone: +45 35 25 92 00
Mail: psychosocial.centre@ifrc.org
Web: www.ifrc.org/psychosocial

Save the Children Denmark
Rosenørns Allé 12
1634 Copenhagen V
Denmark
Phone: +45 35 36 55 55
Mail: redbarnet@redbarnet.dk
Web: www.savethechildren.dk

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Editors-in-chief: Anne-Sophie Dybdal and Nana Wiedemann
Authors and editors: Nina Sreenivasen, Pernille Terlonge and Wendy Ager
Contributors: Birgitte Yigen, Ea Suzanne Akasha and Louise Vinther-Larsen
Coordination: Martha Bird
Production manager: Lasse Norgaard

The Children's Resilience Programme, available as a resource kit in English and French, comprises:

Booklet 1: Understanding children's wellbeing,
Booklet 2: Programme manager's handbook,
Facilitator handbook 1: Getting started,
Facilitator handbook 2: Workshop tracks.

The resource kit is available online on www.ifrc.org/psychosocial and www.savethechildren.dk

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Foreword

It is with pleasure that we present this resource kit for planning and implementing children's resilience programmes. This material has been developed through cooperation between the International Federation of Red Cross Red Crescent Societies and Save the Children. It builds on our experiences with psychosocial support and child protection in emergencies, and draws on lessons learnt from both organizations as well as from local and international partners and UN agencies. With this material we aim to contribute to the on-going effort to deliver quality programmes for and with children, to create lasting change and improve the lives of children and their caregivers.

We acknowledge the tremendous assistance we have received in developing this programme and hope it will be a useful resource in strengthening children's wellbeing worldwide.



Nana Wiedemann
IFRC Psychosocial Centre



Mimi Jakobsen
Save the Children Denmark

Contents

Introduction	5
Guiding standards and approaches	6
Steps to programming	8
 Phase 0 Pre-planning	9
 Phase 1 Planning for children's resilience programmes	11
Assessment	11
Assessment methods	16
Project document	18
Programme budget considerations	19
Staffing the programme	20
 Phase 2 Implementation	23
Capacity building	23
Workshops	25
Community activities	26
Supervision	26
Caring for staff and volunteers	26
Monitoring	27
Exit strategy	29
 Phase 3 Evaluation	30
Glossary	33
List of annexes	35

Words highlighted in **red** are in the glossary.

Introduction

Over the past twenty years, the increased focus on **psychosocial needs** and responses in the aftermath of crisis has led to the development of many innovative psychosocial interventions. Save the Children and International Federation Red Cross and Red Crescent Societies regularly implement psychosocial support and protection programmes in crisis and post-crisis situations to enhance the wellbeing and protection of children. This resource kit combines approaches, intervention strategies and expertise developed in both organizations. It is hoped that it will be helpful to other partners promoting children's **resilience** and wellbeing.

The children's resilience programme recognizes that children's wellbeing is influenced by their interaction with their parents and caregivers, their peers and with others in their community environment. The programme therefore covers all these areas of children's lives to help improve their wellbeing and their resilience. This is done through children's workshops that focus on supporting the children's inner strengths and their social interactions with others. It also involves meetings with parents and caregivers, promoting their understanding of the challenges their children are facing, and providing them with skills to support their children. As a whole, it involves working with the entire community to identify ways to improve the environment the children live in, and especially to improve **child protection** systems.

This resource kit has four parts:

- **Understanding children's wellbeing** provides an introduction to psychosocial support, child protection and children's reactions to difficult events.
- **The programme manager's handbook** guides programme managers on how to plan, implement and evaluate children's resilience programmes.
- **Facilitator handbook 1: Getting started** consists of an introduction to the resource kit; an introduction to workshops and meetings; the first 5 workshops for the children; additional workshops (including two options for closing workshops); and the guide for holding meetings with parents and caregivers.
- **Facilitator handbook 2: Workshop tracks** presents the four workshop tracks focusing on protection against abuse and exploitation, children affected by armed conflict, by disaster and by HIV or AIDS.

The USB stick, which accompanies this resource kit, has all the materials referred to in the annexes presented in this handbook, as well as materials for training facilitators and field coordinators. All four parts of the resource kit are also found on the USB stick.

The programme manager's handbook has been developed for programme managers with limited experience in children's resilience programmes, as well as for staff and volunteers who are interested in gaining more knowledge of programme planning and management.

Guiding standards and approaches

The involvement of Save the Children and Red Cross and Red Crescent Societies in psychosocial interventions supports and strengthens national governments in upholding children's rights, as laid out in numerous international standards. It is important that the programme manager is familiar with these standards and develops the children's resilience programme within this context.

A big change for a small boy

"Before I participated in the programme, I heard sounds of machine guns inside my head. Night and day, the noise continued without any pause. Now I am free to play. Before the programme I could not speak my mind to my parents, relatives or teachers. Now I feel confident and can talk freely. All this is because of the programme."

Pakistan Red Crescent Psychosocial Programme, Huriras's words reported by Ea Suzanne Akasha, Psychosocial Support Delegate. Published in 'Coping with Crisis' 3, 2011.

Guiding standards and policies for psychosocial support interventions

- Universal Declaration of Human Rights, 1948.
- UN Convention on the Rights of the Child, 1989. (See annex for countries that have ratified.)
- The SPHERE Project. Humanitarian Charter and Minimum Standards in a Disaster Response, 2011.
- IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007. (Also see annex for Checklist for field use.)
- Getting it Right for Children: A practitioner's guide to child rights programming. Save the Children, 2007.
- Guidelines for Child-friendly Spaces in Emergencies. Reviewed by Global Education Cluster; Global Protection Cluster; INEE; IASC. 2011.
- IFRC Psychological Support Policy (adopted by the 7th Session of the Governing Board of the International Federation of the Red Cross and Red Crescent Societies, in May 2003, Geneva.)
- Inter-Agency Network on Education in Emergency: Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction, 2004.
- Child Protection in Emergencies: Priorities, Principles and Practices. Save the Children, 2007.

See annex 1a-1i: The full text of standards and policies

'Do no harm' approach

Underlying all guiding standards and approaches is that of 'do no harm'. This is an approach, which helps to identify unintended negative or positive impacts of humanitarian and development interventions. It can be applied during planning, monitoring and evaluation to ensure that the intervention does not worsen the challenges faced as a result of the crisis, but rather contributes to improving it. 'Do no harm' is considered an essential basis for the work of organizations operating in situations affected by crises (adapted from 'INEE Minimum Standards for Education: Preparedness, Response, Recovery', p. 117, 2010).

Positive parenting

Positive parenting, also referred to as positive discipline, is a non-violent approach for managing children's behaviour that is adhered to and promoted in the children's resilience programme. It is based on evidence that suggests that positive discipline enables adults to manage conflict, deviance and other disciplinary issues with children in a way that supports healthy child development, and helps to create nurturing and healthy relationships between children and their caregivers.

Community participation

The primary beneficiaries in children's resilience programmes are always the children. However, the needs and resources of parents, caregivers and other community members are also important. These adults play a vital role in the lives of children and are both

stakeholders and participants in a programme. Their support and involvement is essential to improving psychosocial support and protective mechanisms for the children.

Ownership and empowerment

Provide opportunities for parents and caregivers, teachers, representatives from local and national government, community group leaders to influence or participate in the children's resilience programmes.

Children

When possible, involve children in the selection of workshop activities to ensure their relevance.

Gender

Consider gender differences – adolescent girls and boys have different psychosocial needs (See IASC Gender Handbook 2006 for more information.)



Romulo Godinez/Philippines Red Cross

Involving children's caregivers is an important part of psychosocial support.

Any children's resilience programme should strive to ensure active community participation in all phases of the programme, from planning through implementation and into evaluation. Although not always fully feasible, engaging the community and giving them an opportunity to influence or participate in the children's resilience programmes allows for a better definition of their needs and resources and better solutions to their problems and challenges. Full community engagement also helps to promote a sense of ownership and empowerment.

Steps to programming

This kit presents a four-step model for developing a children's resilience programme. The four phases are pre-planning, planning, implementation and evaluation. In real life, planning, implementation and evaluation do not necessarily follow one after the other in an orderly fashion. It is however important that all these things are done and programme managers need to adapt to the constraints and circumstances of a specific situation.

See annex 2 for more details on the four-step programme model.

Pre-planning

PHASE

0

- Partnerships
- Preliminary assessment
- Determine programme feasibility, interest of community, teachers, parents, children
- SWOT analysis

Planning

PHASE

1

- Detailed assessment (quantitative and qualitative)
- Identify target group
- Design project and develop budget
- Recruit staff
- Develop indicators
- Collect baseline data
- Identify interventions
- Orient community on programme
- Procure needed materials
- Develop monitoring and supervision tools
- Identify existing or establish new referral system

Implementation

PHASE

2

- Capacity building of facilitators and staff
- Workshop activities with children
- Meetings with parents and caregivers
- Community activities
- Ongoing supervision and monitoring
- Initial considerations of exit strategy

Evaluation

PHASE

3

- Mid-term evaluation (during implementation)
- Final evaluation
- Exit programme with possible handover to government or other stakeholders if appropriate

Pre-planning

PHASE 0

Initial considerations

Psychosocial support may be needed where a single crisis event has severely impacted the community and the children. It may also be needed to mitigate the impact of a chronic crisis situation. This could be on-going armed conflict or a pandemic such as HIV, or prevalence of violence and abuse that have had a gradual negative impact on the well-being of the children. A preliminary assessment will indicate if the children in question would benefit from psychosocial support and if they are interested in participating in the programme.

A preliminary assessment can be done by accessing existing reports about the situation. This is called a desk study. An assessment can also be done by talking directly with key stakeholders. At this stage a programme manager will be thinking through a number of issues:

- if this type of programme is culturally appropriate
- if it is relevant to other activities in the community
- whether there is interest and commitment from relevant authorities, community members and groups, parents, caregivers and children
- if the basic preconditions are in place.

See annex 3: Pre-conditions to programme implementation



Jerome Grimaud/IFRC

A preliminary assessment involves representatives from all sectors of the community.

SWOT analysis of the programme design

A SWOT analysis helps to identify strengths, weaknesses, opportunities and threats in relation to programme goals. Community members, teachers, local government officials, parents, caregivers and children can all be involved in doing this analysis.

Once it has been done, it will be clear where specific weaknesses and threats are, and strengths and opportunities will also be identified. As a result, for example, alternative safe-spaces may need to be found in the community; or the scope of the programme may need to expand; additional funding may be needed or more partnerships with other organizations may be required.

An example of a SWOT analysis outcome:

Strengths

- Commitment by the community to improving the psychosocial wellbeing of children
- Committed community network for children

Weaknesses

- Infrastructure is destroyed
- Very few trained facilitators available

Opportunities

- Interest and commitment from authorities
- Two local organizations interested in implementing psychosocial activities for children
- Funds and resources are available

Threats

- Conflicts within the community
- Public buildings are inaccessible due to insecurity

Partnerships

A prerequisite for any intervention is to have clearly defined partnerships, usually in the form of a signed agreement, such as a **memorandum of understanding** (MoU) between the local or national government and the implementing organization. If a general MoU already exists, a specific one may be required for psychosocial support interventions. The programme manager must also ensure that all other necessary agreements are obtained with relevant bodies, such as local and national ministry representatives, disaster authorities, the military, etc.

Once these agreements have been made, parents, caregivers and children need to give their consent too. Both parents or caregivers and the children must give their informed consent for the children's participation in the programme. Taking time to explain the aim and expected outcomes to the children and to ask for their input in planning and evaluation is vital to a successful programme and must not be overlooked.

See annex 4a: Guide for meetings with parents and caregivers

See annex 4b: Informed consent form

Planning for children's resilience programmes

PHASE 1

Assessment

Programme managers are responsible for ensuring programme quality, relevance and integrity. Assessment is part of the ongoing process of progressive information collection and dissemination in programme development. It allows for an in-depth understanding of existing community dynamics, as well as what the desired and actual changes might look like over time. In a psychosocial context it is also important to bear in mind that assessments are not 'neutral' but are interventions in themselves, as they can raise expectations or open old wounds, reminding people of bad experiences in the past.



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Care should be taken when conducting assessments, as talking about the event may be painful.

Types of assessments

Assessments vary and have different goals. Different kinds of assessments will be needed at different stages of the programme planning and implementation.

Rapid assessments

Following or during crises, multiple partners are usually on the ground, responding to the presenting needs. Several of these partners may already have conducted assessments

relating to the psychosocial wellbeing of children. The local disaster relief authorities may also have conducted assessments. These reports can feed into programme design.

However if no other assessments have been done, the programme manager will have to organize a rapid assessment. They are usually done quickly and help to shape the initial response to a crisis.

See annex 5a: Examples of questions used in a rapid assessment

Needs assessments

A detailed needs assessment is the first step in designing a long-term response. If used to develop clearly defined indicators, a needs assessment can be useful in providing baseline data that can be compared against to evaluate the impact and effectiveness of the programme as it is implemented.

Needs assessments include information on:

Demographics: Which population groups are affected? Sex and age disaggregated information allows for accurate and holistic programming.

The impact of the crisis: How have the children and their surrounding community been affected by the disaster at a physical, social and emotional level and what are their protection needs? How have community practices and resources been disrupted by the crisis and how has this affected general wellbeing?

Resources and capacities: What is the capacity of the children and their surroundings to help themselves?

Child protection systems: Are there any community groups that monitor and respond to child protection issues? What are the services available and what are the **referral pathways**?

Problems: What potential problems are likely to arise in the near future?

Assistance: What is needed to improve the children's resilience and psychosocial wellbeing? How can psychosocial support programmes improve wellbeing and strengthen resilience?

See annex 5b: Sample guide to detailed assessment

Baseline studies

Baseline studies lay the foundation for programme monitoring and evaluation activities. A baseline study measures indicators at the beginning of a project, which can then be compared during and at the end of the project. Without a baseline it is difficult to assess if the objectives of the programme are being met and if the activities are having the desired impact.

A baseline study can only be done, once the objectives of the programme have been defined. Such a study can be costly and take time, and should be included as a programme activity with an allocated budget.

Baseline information should include specific signs of psychosocial wellbeing and coping, identified by the stakeholders during the initial assessments. Focus groups and individual interviews are common methods used in baseline studies.

See annex 6: Focus group questions
See annex 7a: A Manual on Brief Ethnographic Interviewing: Understanding an Issue, Problem or Idea from a Local Perspective
See Annex 7b: Children’s wellbeing interviews with adults and children

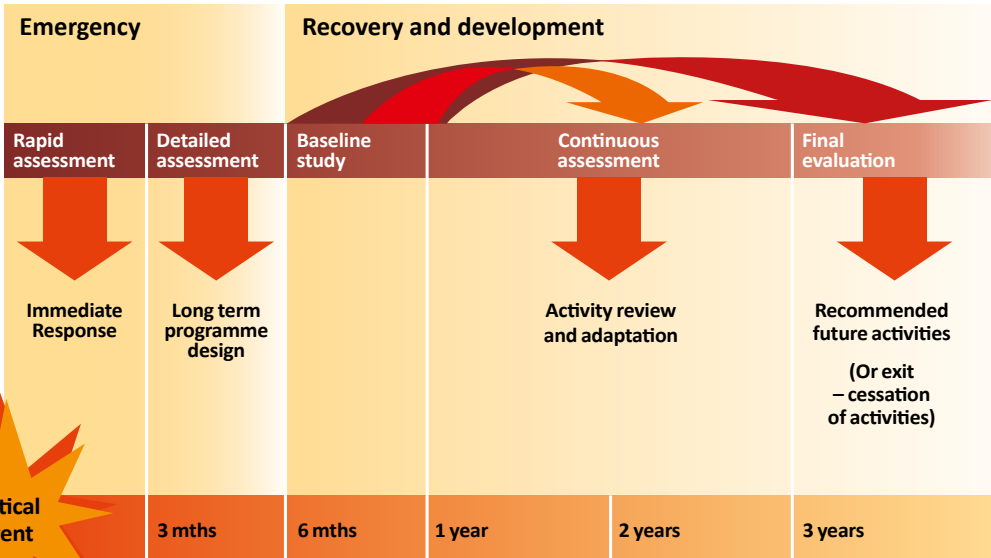
When the children’s resilience programme reaches the evaluation phase (pages 30-32), baseline data can be used to compare against final data. The evaluation can then assess the impact of the programme, exploring whether the expected outcomes were achieved. This will help to determine if the programme has been successful. The extent to which a project has achieved its goals is also of particular interest to donors and future project funding.

The diagram below illustrates how baseline data is used for continuous monitoring and final evaluation purposes in a psychosocial support programme.

Interviews to help identify indicators of wellbeing and competence

See annex 7a and 7b for a full description of ethnographic interviewing and some examples of interviews that can be done with adults and with children. These will have to be adapted for local use.

Involving both children and parents or caregivers in identifying indicators of wellbeing and competence are good practices that ensure contextual and cultural relativity. The identified indicators are essential programme tools, as they provide measures for monitoring and evaluation and help to specify what issues the programme should focus on.



Source: PS Centre, 2009

Evidence-based programming

Recent research confirms that psychosocial support programmes in and out of schools can positively impact children’s wellbeing (see examples of research below). However most interventions are not fully documented and reported. Often programme evaluations are poorly designed and do not provide any rigorous basis for improving practice.

A literature review (Peltonen & Punamaki, 2010) analyzing the effectiveness of psychosocial interventions and treatments among children traumatized in the context of armed conflicts (war, military violence, terrorism and refugee) found only 16 relevant published studies, of which only four had designs strong enough to be included in the **meta-analysis**.

The evidence base can only develop and best practice be established if programming includes well-designed baseline and evaluation processes.

Alastair Ager, Bree Akesson, Lindsay Stark, Eirini Flouri, Braxton Okot, Faith Mc-Collister, and Neil Boothby. *'The impact of the school-based Psychosocial Structured Activities (PSSA) program on conflict-affected children in northern Uganda.'* Journal of Child Psychology and Psychiatry, Vol.52: 11, pp etc. 1124–1133, 2011.

Mark J.D. Jordans, Ivan H. Komproe, Wietse A. Toll Brandon A. Kohrt, Nagendra P. Luitel, Robert D. Macy, and Joop T.V.M. de Jong. *'Evaluation of a classroom-based psychosocial intervention in conflict-affected Nepal: a cluster randomized controlled trial.'* Journal of Child Psychology and Psychiatry, Vol, 51: 7, pp etc. 818–826, 2010.

Kirsi Peltonen and Raija-Leena Punamaki. *'Preventive Interventions Among Children Exposed to Trauma of Armed Conflict: A Literature Review.'* Aggressive Behavior, Volume 36, pp. 95–116, 2010.

Assessment guidelines

When conducting assessments the programme manager must attend to the following:

Permission: obtain permission from parents and caregivers, community leaders, local officials, and provide information on the methods to be used and who is responsible for analysis and reporting.

Informed consent: obtain informed consent for interviewing children from their nearest caregivers.

Training: orient and train interviewers on methods and principles of working with children.

Language: ensure that questions posed are comprehensible and well understood by respondents.

Cultural and political considerations: ensure that activities are carried out according to local practice, e.g. it may not be acceptable for boys and girls to participate together in a focus group discussion.

Privacy: respect privacy and confidentiality of children and community groups.

Comparison groups: although comparison groups may prove to be useful in evaluating the impact of a programme, it is not considered ethical to deny programme benefits to a control group of children in need.

Types and sources of information

Assessments are carried out in order to understand the context in which children live, and the relationships they have with their immediate community. The following questions highlight the types and sources of information needed in order to design a programme:

Children

How are the children – well, happy, playful, sad, distressed, angry, confident, insecure, hopeful?
 Are some children more affected than others?
 What are their coping mechanisms?
 What are their hopes and concerns for the future?
 What risks do children face, including their protection needs?
 To whom do the children turn for support – relationship with parents, teachers, elders?
 Has the crisis affected their school-life? If so, how?
 How has daily life in the community changed for the children?

Parents and caregivers

How are the parents or caregivers – are they angry, sad, disillusioned?
 Are they able to resume the life they had prior to the crisis?
 What are their needs?
 How do they relate to their children? How do they care for the children?
 Have roles within the family changed? If so, how have they changed?

Older caregivers

How many family members are they responsible for?
 How are they coping with the needs of the children?
 Who cares for them? What are their needs, which are specific to their age?
 Have they dealt with crises before?

Community leaders

What are the cultural and traditional family structures that govern the community?
 What power structures exist within the community and how do these affect families?
 How disrupted is the community by the crisis? How does this affect each family?
 What key activities and rituals bring the community together – is there a sense of unity?
 What are current child **protection mechanisms** in the community? Have these been disrupted by the crisis and how can they be restored/strengthened?
 Does the community have a 'safe space' or '**child friendly space**' for children?

Teachers

How have teachers been personally impacted by the crisis levels?
 What are their specific support needs?
 What is their view on how the crisis has impacted children?
 Is school attendance rate back to pre-crisis levels?
 Has teaching returned to 'normal'?
 What school facilities need to be rebuilt?
 Does the school have a 'safe space' for children?
 Has the crisis affected girls and boys differently?

Assessment methods

Many different methods can be used to gather information for assessment effectively and holistically. They are detailed here under two headings – qualitative and quantitative. Usually however, assessments use a combination of both methods.

Qualitative

Qualitative data collection and analysis provides an overview of the community and of important power relations, based on stakeholders' perceptions and experiences. If done well, qualitative methods can be a valuable entry point into the community and generate goodwill amongst community members. Focus group discussions, **key informant** interviews and mapping exercises are often used and are described in more detail below. Other methods such as observation, self-reporting, open-ended questionnaires and case studies, can also be used.

Focus group discussions can be very helpful in encouraging participants to express their thoughts and experiences. Focus groups with different stakeholders (children, parents or caregivers, teachers, community facilitators, other responders working in the community) can provide different perspectives and understandings of the challenges the community is facing. Discussions within focus groups are guided by trained facilitators using a thematic list of open-ended questions. Focus group discussions, especially with children, require specific skills and take time.

For example:

- How are the children in this community doing?
- What are children's main worries? What makes them sad or happy?
- Who do they turn to for support?
- Have the children changed? How?
- Have their parents or caregivers changed? How?
- How was their everyday life before the crisis? How is it now?
- What will indicate that the children are doing better than they are now?

See annex 6: Focus group questions

See annex 8: Focus group guidelines

Key informant interviews can either follow a structured set of questions or be guided by open-ended questions like focus group discussions. Key informant interviews are typically held with as many people as possible that are involved in or influence the lives of children in the community. This includes the children themselves, their parents or caregivers, their teachers, community leaders, representatives from local government, health care systems and non-governmental organizations working in the community. The varied perspectives obtained through such interviews can help to identify local resources, strengths and opportunities.

There are many different mapping tools for assessment. Children can, for example, map locations and activities in their day; the people they spend time with; the places they perceive as a risk. Similarly, children can create a risk and resource map of their immediate surroundings and identify institutions or areas of support and protection in their lives and areas of risk.

Activities and workshops involving mapping can be found in Introductory children's workshop 3; final workshop F2; and track 3 disaster children's workshop 10.



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Children are key informants when conducting needs assessments.

Quantitative

Quantitative data collection and analysis uses numerical measurements and comparisons of measurable things. Methods range from surveys and questionnaires to use of secondary data like project records, school registers (for example, to determine attendance rates) and other service statistics. Quantitative measures are often used for indicators of programme inputs and outputs (for example, number of children participating in programme activities), but can also be used to measure programme outcomes and impacts. In community discussions, for example, participants can be asked to specify the characteristics of a child that is 'doing well'. These characteristics can then be grouped and ranked to identify items for a simple survey measure of children's wellbeing before and after a programme.

The strength of collecting and using quantitative data is that it allows for clear comparison, between those participating in a programme and those not, or between programmes. It can also be tabulated and analysed relatively quickly.

However, quantitative methods may be limited in their ability to shed light on why things are the way they are. In addition, following an emergency it can be difficult to develop good, relevant quantitative tools for the baseline. It is usually best, therefore, to adopt a 'mixed methods' approach, drawing upon both quantitative and qualitative measurement.

Note: Unless local capacity is available and the situation is relatively stable, it is not advised to do complex surveys requiring statistical data analysis.

See annex 9: Inter-Agency Guide to the Evaluation of Psychosocial Programming In Humanitarian Crises

Coordination

Wherever children's resilience programmes are planned and implemented, they run alongside other activities serving the same humanitarian purposes for affected populations. Connecting and coordinating the programme with others is therefore extremely important. The programme manager should have this on the agenda from the planning stage. 'In emergencies, coordination of aid is one of the most important and most challenging tasks' (IASC MHPSS Guidelines in Emergency Settings, p.8, 2007).

Coordination is crucial at all phases of a crisis. The IASC MHPSS Guidelines suggest setting up a single coordination group on mental health and psychosocial support, when an emergency response is first mobilized. Coordinating work reduces the risk of harm to children in important ways:

- in allowing people to learn from each other so that best practice is shared and
- ineffective or inappropriate work is limited
- by minimizing duplication of activities
- by identifying the gaps in the response.

In the longer term too, a children's resilience programme benefits from connecting with a local coordination system. A coordination system will hopefully be sustained over time and gather together stakeholders from local communities, local government and NGOs. Health, education, child protection and social services are usually at the table. Here information can be shared and inter-agency plans can be developed. Promoting the psychosocial well-being of children in this setting makes it possible that this approach is integrated into other sectors and ultimately in national policies, plans and programmes.

Adapted from IASC MHPSS Guidelines in Emergency Settings, 2007.

Project document

The project document sets out the rationale for the programme. It is based on the information gathered from the various assessments. It states the overall goal and outcomes for the programme.

In some cases, a project document may already be in place, especially where previous psychosocial interventions have been implemented, for example, in an area of on-going armed conflict, or recurring natural disasters. The overall objectives of the programme can be rooted in the three domains of psychosocial response: skills and knowledge, emotional wellbeing, and social wellbeing (see section on monitoring for more details). This will allow for better programme monitoring and evaluation.

Project documents usually describe the following:

Inputs are the funds, personnel and materials that are 'put in' in order to carry out the activities.

Activities are the actual tasks carried out during implementation, such as training of trainers, training of facilitators, workshops for children.

Outputs are the planned achievements 'put out' (produced) in the process of implementing a project that signals that the work is on track. In a children's resilience programme, typical outputs may be the number of facilitators trained; the number of children's resilience workshops held; the number of children who have participated in the workshops; the number of meetings held with parents and caregivers.

Outcomes/immediate objectives are the changes in the lives and circumstances of beneficiaries (children, parents and caregivers, facilitators, communities) that arise during the course of a project. Examples include: children's school performance improves; children participate in and enjoy extracurricular activities such



Good planning is key to a successful programme.

as sports, music, dance or drama; social relations and interactions between the children improve; parents' and caregivers' understanding of children's reactions to challenges improve; facilitators' skills and knowledge on providing psychosocial support improve and are used with the children.

Goals are the lasting changes in the lives of children, their families and communities as a result of the project. In children's resilience programmes the ultimate goal will usually be to improve the children's wellbeing and safeguard their protection.

See annex 10: ECHO programme document

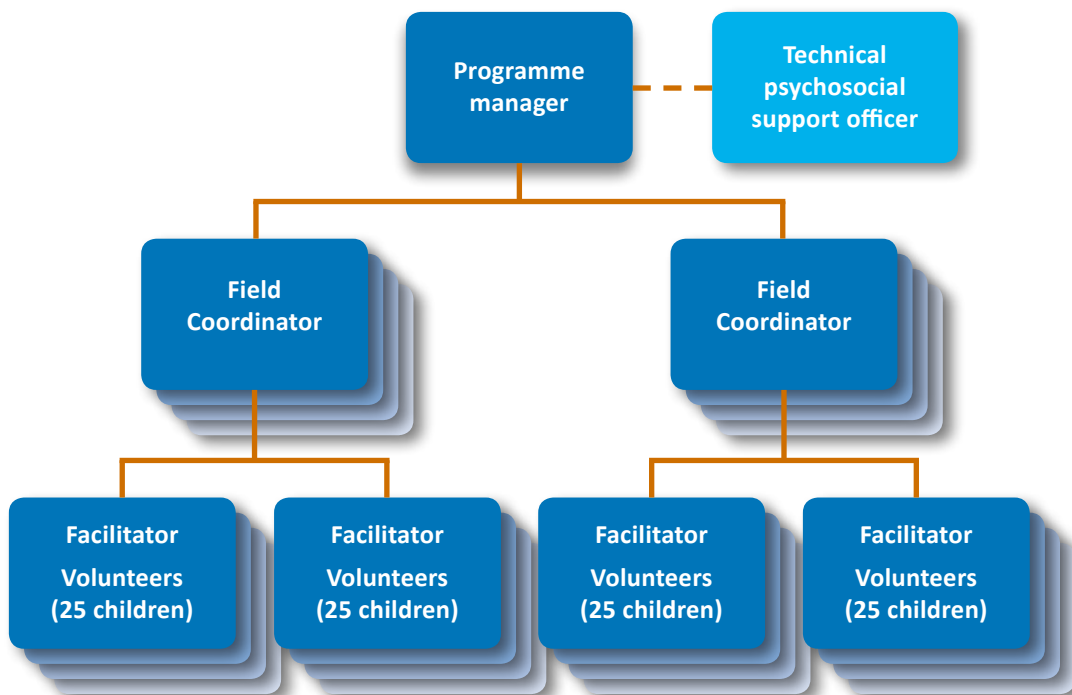
Programme budget considerations

A simple and realistic way to calculate the budget needed for programme implementation is to use the logical framework approach as a guide. Budgets should include the costs of all personnel including salaries and allowances, incentives, materials and equipment, workshop costs, per diems. Baseline and evaluation costs can be quite high, as they may include costs (such as flights, per diems, salaries) for an external assessment team from organizational headquarters or specially contracted evaluation companies. Printing, graphic design and translation costs may also be incurred.

See annex 11: Budget examples (see sheet for overview budget and sheet for detailed budget example)

See annex 12: Procurement lists

Staffing the programme



The programme manager should prepare detailed job descriptions for each staff position together with the required competences. If the programme is planned in a country where human resources or experience in working with psychosocial support responses are limited, it may be necessary to recruit international staff with expertise in psychosocial support to manage the children's resilience programme. In psychosocial support responses it is always advisable to recruit someone who has an understanding of local culture and practices.

See annex 13: Examples of job descriptions for the programme manager, technical psychosocial support officer, field coordinators and facilitators

See annex 14a and 14b: Staff recruitment considerations and code of conduct

Preparation and training of programme staff and volunteers should include:

- Training on psychosocial support responses and protection, in particular in relation to working with children. Resources include “Understanding children’s wellbeing” (Booklet 1 of this resource kit) and the guiding standards on page 6.
- Training on how to identify and refer children that need special support, such as protection or counselling needs to school or community counsellors and/or other referral pathways (health services, protection mechanisms) (see training for facilitators and field coordinators, on USB stick).
- Orientation to organizational codes of conduct.

It is important to bear in mind that children’s resilience programmes aim to improve children’s wellbeing and their safety. This means activities should always focus on helping strengthen children’s ability to cope with challenges and on ways of improving and securing child protection mechanisms.

Referrals

Children who may need referrals for special services include children who:

- show signs of, or raise suspicion of physical, sexual or emotional abuse and/or maltreatment
- indicate a need for individual psychosocial support or psychological counselling
- are living with mental disorders and need clinical psychological or psychiatric treatment
- need medical attention for physical ailments or illnesses
- have learning difficulties and would benefit from educational assistance.

Parents or caregivers or other adult community members may also need special services, such as counselling or physical or mental health treatment. Programme staff should be trained in how and where to make such referrals.

Programme manager

The programme manager has the overall responsibility for the planning, implementation, monitoring and evaluation of the children's resilience programme.

The tasks of the programme manager are to:

- ensure appropriate capacity building is planned and undertaken
- supervise and support field coordinators, facilitators and volunteers
- support referral mechanisms
- act as the official link between the implementing organization and the community and other stakeholders working to promote children's wellbeing and safety.

Technical psychosocial support officer

If a children's resilience programme is planned in an area or a country where the implementing organization has no or very little experience in working with psychosocial support interventions, it may be necessary to recruit an additional staff member with expertise and experience in this field. A technical psychosocial support officer provides support to the entire programme.

Field coordinators

Field coordinators are often the closest aides to programme managers and facilitators, and play an essential role in programme success. Ideally, field coordinators will have experience with psychosocial support work.

Their tasks are to:

- collect, process and store data from the workshops and provide programme managers with relevant information on a continuous basis, i.e. in the form of monthly monitoring reports
- provide support to facilitators before and after the workshops, and offer support during the workshops as requested
- assist in the referral of children that need special support to school counsellors or other referral pathways (health services, protection mechanisms).

In addition, they identify and solve problems as they arise – and report on these to the programme managers, so that similar problems can be prevented in other workshops. They need excellent communication skills for this sensitive role between programme managers, facilitators and children. They should therefore be carefully selected and trained. Field coordinators can also be involved in facilitating community activities.

Facilitators

Facilitators have the responsibility for planning and guiding both the children's workshops and the parent and caregiver meetings. In psychosocial support in schools, it is typically teachers that plan and facilitate the workshops with the children, sometimes with volun-



Rob Few/IFRC

Facilitators can be teachers at local schools, organizational staff, community members, or volunteers.

teers or staff from the supporting organization. In other settings, facilitators may be volunteers, youth mentors or other people that work with the children on a routine basis.

The tasks of the facilitator are to:

- facilitate workshops with children and meetings with parents and caregivers
- identify and refer children that need special support, such as protection or counselling needs to school counsellors or other referral pathways (health services, protection mechanisms).

The facilitators are the direct link between the parents and caregivers and the children's resilience programme. It is important that facilitators are given all the support and supervision needed from the field coordinators and the programme manager.

Volunteers

Volunteers can be teachers or community facilitators who have a particular interest in the psychosocial wellbeing of children. As volunteers have such close ties with the community, they are also able to provide much needed information on the day-to-day dynamics within communities and insight into prevailing attitudes towards children. Volunteers are part of the community and therefore are also most likely affected by crisis. It is therefore important that they are supported in the best way possible:

Summary of completed planning process:

- Issues of concern regarding the children have been identified and prioritized.
- Project objectives are clearly defined.
- Available resources are identified and mobilized.
- Targeted groups of participants are enthusiastic and motivated to participate.
- Appropriate calendar of activities with the different target groups is planned, including timing and persons responsible.
- The timing of the overall project is appropriate, in terms of the current context and situation.
- Referral pathways have been identified and established.
- Provide counselling for volunteers who have been affected by the crisis and may also be grieving for their loved ones.
- Beware not to overload volunteers with work – many volunteers are often involved with many other aspects of emergency response and recovery.
- Remember that volunteers are not unpaid staff. Attention needs to be paid to volunteer management. Show appreciation and recognition and plan for volunteer development.

Implementation

PHASE 2

Capacity building

The success of a children's resilience programme depends on the **interpersonal and social skills** of programme staff, and their abilities to encourage enthusiasm and positive experiences amongst the children. Therefore, a critical component of the programme lies in building the capacity of those involved directly or indirectly in the day-to-day activities (i.e. programme staff, including field coordinators, facilitators, volunteers and community members). Training should be carried out at the start of the programme cycle, and as one of the very first activities once the programme has been approved and budgets have been allocated. If needed, refresher trainings can be organized at regular intervals in the programme cycle. Trainings should be tailored to each specific target group according to the skills and knowledge needed to carry out their required tasks and roles.

Sensitization to children's wellbeing

"Understanding children's wellbeing" can be used to provide basic orientation and sensitization to the children's resilience programme. It is written for the people likely to be involved in the programme, including programme managers and field coordinators, volunteers, teachers, parents and caregivers. It can also be shared with other adults who are involved with or influence children's lives, such as community members, community leaders, and representatives from non-governmental organizations or government sectors.

The booklet provides an introduction to some of the challenges faced by children in our world today and gives an overview of children's reactions to crises. It introduces the concepts of psychosocial support, community-based approaches and child protection. It also highlights the importance of linking to and strengthening existing child protection systems.

Programme staff training

The programme manager has the responsibility of ensuring that all programme staff have the opportunity to participate in relevant training. Field coordinators and facilitators should undergo structured training so that they can:

- facilitate the workshops for children and meetings with parents and caregivers
- strengthen their communication skills with children, parents and caregivers
- implement methods of discipline and **nonviolent classroom management** which promote positive behaviour change and a safe, secure learning environment

- understand the concept and importance of child protection and identify and refer children that need special support, such as protection or counselling needs to school counsellors or other referral pathways.

See annex 15: Training matrix

Guidance on planning training and a 3-day training programme for field coordinators and facilitators is provided on the USB stick.

See Training for facilitators and field coordinators on USB stick

Fearful boy turns into a prize winner

Shakirullah is a 14 year-old student who attends a school in Swat. His legs are disabled so he can't walk and run like his class fellows. When the psychosocial support programme began, I noticed that he was not interested in the activities. I talked to the teacher who said he was also absentminded during classes. I gave him my attention, motivated him and gave him the leadership of his team. I told his group members to support him. He began to be responsible and began taking interest in the activities, as well as in his studies. After a few months we arranged an Eid melon party and there was a poem competition. He wrote a poem and performed in front of whole school in a costume. He won first prize! It was a big achievement that he had become so bold.



Shakirullah shared his own story: "One day I went for swimming with my cousins. Just as we were getting ready, the army started rounds of heavy fire. My friends all ran away and left me alone. I tried to escape but I was very slow because of the disability of my feet. The bullets were everywhere and I was weeping continuously. I lost control till I took shelter behind a big stone. When the firing stopped I returned home without my shirt. My mother cried and hugged me. But my father was so angry. He shouted and beat me saying, 'Why did you go there?' I could never forget that fear and thought about it all the time. But now I have no fear and come to school and madrasa happily. I also help my father with the chores and now I am do quite well playing the game of carom board. My dream is to become a doctor to save humanity in future."

Pakistan Red Crescent Psychosocial Programme, Swat, Pakistan. Reported by Amjad Hilal, programme manager and Sher Ahmad Shad, volunteer.

Workshops

The workshop tracks – structured series of children's workshops focusing on specific challenges the children are facing – are core to the children's resilience programme. They aim to help the children deal with problems and improve their coping skills, whilst also teaching them how to protect themselves from violence and abuse.

Involving government

When programmes continue over a long period of time because of an ongoing crisis or in large-scale disasters, strengthening government functions in implementing psychosocial support activities will contribute to their sustainability.

The facilitator can choose to run one of the four workshop tracks provided in this resource kit, or create a unique workshop track by selecting activities from the activity bank. Instructions and more information on the contents of the workshops and activities are found in Facilitator handbook 1: Getting started.

See Facilitator handbooks 1 and 2 and Activity bank on USB stick

The workshops are supplemented with meetings with parents and caregivers and with community activities, as decided by the parents and caregivers and/or the children.

Facilitators who are trained in the children's resilience programme will be responsible for planning and running children's workshops at regular times, suitable to the given context. The same group of children will participate in the workshops. The workshop activities in this resource kit have been developed for children of 10 years and above.

Children's workshops

The activities in the children's workshops aim to help the children:

- resume normal, routine activities in the aftermath of or even during crisis situations
- experience less stress
- be physically and emotionally strong and healthy
- be playful and happy
- feel good about themselves and confident in their own abilities
- make good and safe choices
- be more social
- trust others and feel comfortable about sharing feelings
- seek help from others (peers and adults)
- cope better with every day life challenges
- solve problems without violence.



Anis Mili/Reuters

Community activities

The children's resilience programme aims to foster **community coherence** and resilience, as well as a sense of unity, by providing opportunities for parents, caregivers, community members and children to be together. The children's workshops and meetings with parents and caregivers give everyone an opportunity to work on the challenges they face. As a result they may feel able to join other community activities, such as summer camps, youth clubs, street theatre, football games, tree planting, awareness raising events and peer-to-peer mentoring.

See **Guide for meetings with parents and caregivers in Facilitator's handbook 1** and on USB stick.

Supervision

Managing a children's resilience programme involves various forms of supervision, all of which are related to accountability. The programme manager or field coordinator is responsible for supervising, supporting and encouraging the psychosocial teams.

Supervision of activities and resources involves regular data collection and monitoring by the programme manager, to ensure the programme is on track and implemented as planned. This includes continuous monitoring of financial resources. Accounting for activities and use of finances is essential when reporting to donors and to ensure organizational accountability.

Supervision of the psychosocial team and support to parents and caregivers refers to the support and guidance given to all those working in the programme. Regular feedback and experience sharing with all involved will ensure that activities are adapted to the local fluctuating situation. Working with the psychosocial wellbeing of children can be challenging, especially if the programme targets children in very difficult circumstances. Programme managers should monitor the wellbeing of all adults involved and offer support in the form of supervision if needs arise.

Caring for staff and volunteers

The needs of staff and volunteers are often similar to the needs of those they are supporting. A supportive environment is crucial to minimize stress. An environment where staff and volunteers are able to share and openly express themselves can relieve symptoms of stress. An environment where talking about emotional reactions and limitations is actively encouraged, will ensure the quality and effectiveness of activities and the wellbeing of staff and volunteers.

The programme manager can foster this supportive environment by integrating **stress management** into the policy and practice of the programme, for example, by:

- including provision for staff wellbeing and stress management in staff contracts
- being available to give guidance and support to staff
- promoting an organizational culture of openness and sharing
- creating team spirit through regular staff meetings and informal retreats
- organizing training about stress management
- ensuring that staff take regular days off and take annual leave
- respecting principles of confidentiality
- establishing a **peer support system**.

Monitoring

Programme managers need to be up to date with the progress of the project in order to ensure that it is on course. Monitoring is the process that keeps a check on the planned inputs, outputs and outcomes of the programme. It also helps the team reflect on what is going on and whether quality is being maintained throughout the programme.

Ongoing, planned monitoring tracks whether the project is being implemented as planned, using the relevant indicators identified during the baseline study. If there is a significant discrepancy between the expected and actual output or in the pace of implementation, the programme activities and outputs may need to be re-examined.

Although this section gives an overall understanding of monitoring processes, it does not go into the details of monitoring and evaluation. Most organizations have their own standard monitoring and evaluation and indicator frameworks. The programme manager will need to understand these requirements and gather information accordingly in order to comply with internal procedures.

The programme manager can work with the team to define what information should be collected at the end of each activity. They can develop a monitoring form to be submitted on a monthly basis. This then helps the programme manager in gathering information for mid-term reviews and final evaluations.

Indicators

Progress needs to be monitored at all levels to provide feedback on areas of success and areas in which improvement may be required. Each programme needs to define how to measure success by identifying indicators (what needs to be measured and how it can be measured) at the start of the programme (i.e. at baseline) and at output, outcome and if possible impact levels.

See annex 16: How to develop indicators – 'Ten Steps to a Results-Based Monitoring and Evaluation System'



The Danish Red Cross Youth

Regular monitoring is essential for the success of any children's resilience programme.

What we liked

Fifty children from three project locations participated in a mini evaluation of the psychosocial component of an Integrated Child Support Emergency project in Puntland, Somalia. Here are some of the activities they said they liked:

In Bosaso: Snakes, Finding the leader, Team work, Acting as religious person, Touch blue, Smiley face evaluations, Friendship

In Garowe: Introduction, Friendship, Peace, Smiley face evaluations

In Gardo: Child rights because I became familiar with my basic rights. I (also) liked the positive friendship (activity), where a good friend encourages me to put on positive behaviour whereas a bad friend pulls me to negative behaviour.

Save the Children

Process-oriented monitoring

looks at progress and development, to see whether:

- activities are being implemented as planned
- problems have arisen which need to be dealt with and how this should be done
- opportunities for improving the psychosocial responses have developed
- resources are being used according to plan. If not, monitoring can usually help to clarify the reasons.

Results-oriented monitoring

measures direct results of the implemented activities and explores if:

- activities, present and planned, are relevant to the needs of the population. Are the objectives of the response still realistic and relevant or do they need changing?
- changes in the targeted population or the external environment have occurred that affect the planned activities
- new information is needed to enhance understanding of the presenting situation.

In psychosocial support programmes, the most effective indicators are those relevant to the local context and prevailing social norms. Children, parents and caregivers and affected community members can best define how to recognize if someone is doing well or not doing well, and how the community is functioning. Children should be actively involved in the identification of indicators. They can be involved as researchers and can participate in monitoring through child clubs and child consultations.

See annex 1e: Getting it Right, Child Rights Programming Guide

See annex 7a: A Manual on Brief Ethnographic Interviewing: Understanding an Issue, Problem or Idea from a Local Perspective

See annex 7b: Children's wellbeing interviews with adults and children

It is useful to develop indicators in the domains of skills and knowledge, emotional wellbeing and social wellbeing. These domains provide a helpful framework for monitoring the programme and exploring how the children's resilience programme impacts the children's wellbeing after the intervention. Examples of indicators are:

Skills and knowledge Learning how to resolve conflicts, improved peer communication, making good choices, strengthening culturally appropriate coping mechanisms, vocational skills and knowing whom to go to for information.

Core indicators: Measures of appropriate skill levels.

Emotional wellbeing Trust, hope for the future, sense of control, self-worth, absence of worry (i.e. about being hungry or sick).

Core indicator: Measures of emotional adjustment.

Social wellbeing Ability to interact, assist others, solve problems with others, sense of belonging to a community, resuming cultural activities and traditions.

Core indicator: Measures of social functioning.

Examples of indicators under the three domains at output, outcome and impact levels are given in annex 18. It is important to note that impact level indicators are extremely difficult to measure and usually need external evaluation specialists.

See annex 17: Monitoring guidelines

See annex 18: Examples of indicators in a children's resilience programme

In some situations defining indicators at the onset of a programme is not possible and needs to be postponed, until the relevant psychosocial needs have been more clearly identified.

Reporting

A high priority for donors is to know that the programme is on track and how funds are being spent. Programme managers therefore need to be familiar with the reporting requirements of donors, their own organizations and other stakeholders (such as national and local government).

Documentation

The vast amount of documentation collected during the course of the programme should be organized in a secure and efficient filing system (both paper and computer-based). Data collected may have wider applications and may be used with the required permissions for research on psychosocial support responses.

See annex 19: Example of a filing system

Exit strategy

It is good practice that organizations develop a phased exit strategy from a programme.

Most organizations usually commit to supporting the implementation of psychosocial interventions for a specific time frame. It is very important to have clear and open communication from the start so that all project stakeholders are clear about a project's duration.

Plans for the exit strategy usually begin mid-way through project implementation. All project stakeholders must be involved in the relevant discussions. Good methods for this are focus group discussions or other participatory forums. Children can play an active role in identifying activities and approaches that are sustainable and appropriate for the longer term.

If the children's resilience programme is having a positive impact on the children's wellbeing, the children, their parents and caregivers and other community members may be interested in continuing with the programme. An exit strategy would then focus on identifying the specific activities needed to empower those people to take over the full implementation of the activities. Other development partners who are interested in supporting the programme might also be identified.

Strengthening referral pathways and community-based child protection mechanisms are two key activities that will ensure that longer-term changes are sustained in a protective and child-friendly environment for children.

Summary of completed implementation

- Training has taken place for facilitators, field coordinators and other programme staff.
- Workshops for children have been run simultaneously with parent and caregiver meetings.
- Programme staff have had regular supervision.
- Monitoring and evaluation systems with clearly defined output, outcome and impact indicators have been developed and adhered to.
- Exit strategy has been formulated and carried out.

Evaluation

PHASE 3

Evaluations measure to what extent the goals of an intervention have been met. In this process, evaluations look at what worked and what did not and note any unintended outcomes (positive or negative). They can be lengthy and costly exercises and need to be planned and budgeted for during phase 1.

Response to an evaluation

Response to an evaluation of a children's resilience programme in Haiti from a focus group discussion with participating children:

"Our relations with our friends and others became stronger at the time of the workshops..."

"...we no longer fight with our friends so our relations have improved a lot as we show respect to others."

"The workshops have taught us new ways to play with our friends... we learned fair play along with our friends..."

"Our interpersonal relation relations have changed a lot and we have learned how to do team work from the workshop..."

"...we no longer bully each other or behave in patronizing ways."

Save the Children

The mid-term evaluation assesses whether the implementation of the programme, at a midway point in its cycle, is on track and is making progress, if it is still relevant and if any adjustments need to be made.

The final evaluation explores if the children's resilience programme has achieved its objectives and highlights what has been learned in the process. Evaluations compare baseline and current data in order to determine which changes have taken place.

Evaluation reports usually include recommendations on whether further activities are needed with the target group and how these could be planned. These report can have a

wider application, being part of an evidence base for psychosocial support programming to guide programmes in other situations or settings.

Outcome evaluations measure the change in the lives of individuals, their families and communities that have come about in the course of the programme. This type of evaluation looks at both the outputs and outcomes (immediate objectives) of the planned response and measures to what extent the goals or overall objectives of the response have been met, asking the question 'did the change we aimed for come about?' In the context of a children's resilience programme, an outcome evaluation will explore if and how the children's psychosocial wellbeing, quality of life and safety have improved.

Impact evaluations identify the lasting change that has been brought about in individuals, families or communities as a result of the intervention. In order to measure impact, information on indicators developed in the baseline study is needed, so that a comparison can be made after the intervention.

An impact evaluation is usually undertaken by independent, external consultants or evaluation specialists. This can be costly and therefore may not be feasible. Assessing, measuring and identifying impact may be beyond the scope and capacity of the intervention, as it may require follow-up with children some time after the end of the project. Examples of impact include increased self-confidence, playfulness and sense of security of children; increased ability of families to cope with external stressors.

See annex 9. Inter-Agency Guide to the Evaluation of Psychosocial Programmes in Humanitarian Crises

Evaluation questions

- **Relevance:** Is the response appropriate to the specific psychosocial needs and resources?
- **Efficiency:** Are the psychosocial response activities successfully implemented in the intended time frame and at lowest cost? Has the response been implemented in the most effective manner compared to alternatives?
- **Impact:** What has changed as a result of the implemented response?
- **Effectiveness:** Are the set objectives achieved?
- **Sustainability:** Will or did the benefits of the response continue with the programme activities after implementing organizations exit?
- **Protection:** Does the project contribute to protecting children by strengthening the protective environment?
- **Coherence:** Has work been consistent with the guiding standards and approaches?
- **Coverage:** Has programming reached all intended geographical areas targeted? Have the needs and capacities of different age groups been appropriately addressed?
- **Coordination:** Have organizations worked well together towards the common goal of improving the children's psychosocial wellbeing and protection?

These questions are based on the 'Development Assistance Committee (DAC) Principles for Evaluation of Development Assistance' (OECD, 1991).

Key principles that underpin evaluations are:

Impartiality and independence of the evaluation process in programming and implementation functions

Credibility of the evaluation, through the use of appropriately skilled and independent consultants and the transparency of the evaluation process, including wide dissemination of results

Inclusion of stakeholders' views on the programme to ensure different perspectives

Usefulness of the evaluation findings and recommendations through timely presentation of relevant, clear and concise information to decisionmakers and affected communities.

Summary of completed evaluations

Indicators to be used for evaluations are defined.

Mid-term evaluation is completed.

Final evaluation is completed.

Like a model for others

"When I first started, I had a lot of problems talking or standing up in front of the people. I was ashamed of myself. Right now I feel so comfortable with my own self, sometimes I feel like a model for the others."

Child who participated in children's resilience workshops in Haiti. Save the Children.



Marco Di Lauro/Save the Children

Glossary

Child friendly spaces

The purpose of child friendly spaces (CFSs) is to support the resilience and wellbeing of children and young people through community organized, structured activities conducted in a safe, child friendly, and stimulating environment. CFSs aim to mobilize communities around the protection and wellbeing of all children, including highly vulnerable children; provide opportunities for children to play, acquire contextually relevant skills, and receive social support; and offer inter-sectoral support for all children in the realization of their rights.

(Inter-Agency Network on Education in Emergencies, Global Education Cluster, Child Protection Cluster, Inter-Agency Standing Committee. *Principles for Child-Friendly Spaces in Emergencies*. 2011).

Child protection

Child protection involves 'measures and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children'.

(Save the Children. *Child Protection in Emergencies: Priorities, Principles and Practices*. 2007).

Community coherence

A common vision and sense of belonging shared by all.

Demographics

Information about the characteristics of a population, such as its age, gender and ethnic status.

Interpersonal and social skills

The skills required to effectively and appropriately interact with others across a range of social situations and contexts.

Key informant

An individual who, because of their role or experience in an organization or community, has important information and insight into circumstances of interest (e.g. a headteacher regarding children's learning needs, a police officer regarding children and the law).

Memorandum of understanding

A letter or agreement setting out very clearly the mutual expectations of two (or more) organizations in their proposed collaboration.

Meta-analysis

A review that considers research evidence across a large number of studies and seeks to identify major trends.

Peer support system

A mechanism that ensures that everyone is linked with another individual for the purpose of providing encouragement based on shared work experience.

Protection mechanisms

The wide range of factors – legal, social, and cultural – that serve to protect children from abuse, harm or exploitation.

Psychosocial needs

The psychological and social dimensions of a person and how these interact. The psychological dimensions include internal, emotional and thought processes, feelings and reactions. The social dimensions include relationships, family and community networks, social values and cultural practices.

Referral pathways

The individuals or institutions available to respond to the needs of children when special support or services are needed.

Resilience

The ability to react or adapt positively to a difficult and challenging event or experience. It is the ability to bounce back after something difficult has happened, or to get through difficult experiences in a positive way.

Nonviolent classroom management

According to the Dakar Framework, education should be conducted ‘in ways that promote mutual understanding, peace and tolerance, and that help to prevent violence and conflict’. To meet this goal, teachers need support in positive classroom management. This means ensuring that a learning environment promotes mutual understanding, peace and tolerance and provides skills to prevent violence and conflict. Positive reinforcement and a solid system of positive discipline are the foundation for establishing such an environment. They should replace corporal punishment, verbal abuse, humiliation and intimidation.

(Inter-Agency Network for Education in Emergencies. *Minimum standards for education – Preparedness, response and recovery*. p. 66. 2010).

Stakeholder

A person, group, organization, or system who affects or can be affected by an organization's actions.

Stress management

Methods at individual, team and organizational levels that aim to reduce the negative impact of working in a stressful environment.

List of annexes

No.		Page
1a - 1i	The full text of standards and policies	6
1e	Getting it Right, Child Rights Programming Guide	6, 28
2	A step-by-step model of the planning phases	8
3	Pre-conditions to programme implementation	9
4a	Guide for meetings with parents and caregivers	10
4b	Informed consent form	10
5a	Questions used in a rapid assessment	12
5b	Sample guide to detailed assessment	12
6	Focus group questions	13, 16
7a	A Manual on Brief Ethnographic Interviewing	13, 28
7b	Child competence interviews with adults and children	13, 28
8	Focus group guidelines	16
9	Guide to the Evaluation of Psychosocial Programming in Humanitarian Crises	17, 31
10	ECHO programme document	19
11	Budget examples	19
12	Procurement lists	19
13	Example of job descriptions for staff	20
14a	Staff recruitment considerations	20
14b	Code of conduct	20
15	Training matrix	24
16	How to develop indicators	27
17	Monitoring guidelines	28
18	Examples of indicators of a children's resilience programme	28
19	Example of a filing system for a children's resilience programme	29

How to help children in crises

This book is part of a resource kit that guides the planning and implementation of a children's resilience programme. The activities described here aim to help children build strength and resilience so they can cope positively with difficult life situations. The material has special focus on the impact of armed conflicts, disasters, abuse and exploitation and living in a community with a high rate of HIV.

The full kit comprises a booklet on understanding children's wellbeing; a handbook for programme managers, and two handbooks with structured workshop activities for children in and out of school and a guide for holding meetings with parents and caregivers. All four books and additional material and activities are available electronically online and on a USB stick.

You do not necessarily need all four books to organize great activities for children. Most of the materials can be used as stand-alone resources but as a full set, they enable a good understanding of how to implement the children's resilience programme.

