Implementation Guidelines for Psycho-Social Support in Disasters

Towards relieving sufferings…

2008

Implementation Guidelines for Psycho-Social Support in Disasters

TURKISHREDCRESCENT

TÜRKKIZILAYI
1868

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Basic Principles of Turkish Red Crescent

Humanity

What laid behind the Red Crescent was the desire to help the injured in the battleground without discriminating one from another, and on this fundamental basis the Red Crescent struggles to prevent and ease the sufferings of human in anywhere to the extent that its national and international capacity allows. Its aim is to ensure that human life and health is protected and human dignity is respected. It supports mutual understanding, friendship, co-operation and permanent peace among all people.

Impartiality

The Red Crescent never makes discrimination among people according to their nationalities, races, religious beliefs, classes and political views and struggles to relieve the sufferings of human giving priority on the most urgent and fundamental needs.

Neutrality

For being a society trusted by all, the Red Crescent doesn't favours hostilities and is never be a side of political, racist, religious and ideological conflicts.

Independence

The Red Crescent is an independent society. Being subordinate to public authorities in their humanitarian activities, the Red Crescent is governed by Turkish Republic laws, but acts as an autonomous organisation, i.e. it always operates pursuing the basic principles of the International Red Crescent and Red Cross Movement.

Voluntary Service

The Red Crescent is a voluntary charitable society, which always does this charitable work without seeking an interest in it.

Unity

In Turkey, the Red Crescent is unique as a society and no other institution is allowed to be founded under this name. It is open to everybody and its humanitarian activities cover the entire country.

Universality

The Red Crescent enjoys equal status with Red Crescent and Red Cross societies in other countries and shares equal responsibilities and duties with them in mutual assistance and is a part of a world-wide society.

Dear Red Crescent Fellows and Friends,

Turkish Red Crescent, which was founded by a bunch of volunteers in 1868 under extremely hard conditions, has now become the most effective and strongest non-governmental organisation of Turkey with more than 650 branches, hundreds of thousands of members and volunteers, wide service network, and modern and dynamic structure.

Turkish Red Crescent with its 140 years of experience is doing humanitarian relief works with a view to protecting human dignity. Playing an active role in easing the sufferings of human after either natural disasters and wars and conflicts, which we call man-made disasters, Turkish Red Crescent diversifies its service areas day by day.

Apart from the provision of post-disaster emergency accommodation, food and partial healthcare services to disaster victims, Turkish Red Crescent conducts major and scientific studies in psychological support seeing that disaster victims need this type of support, too. The Psycho-Social Support Unit, active since 2001 as part of the Centre for Disaster Operations, raises awareness among disaster victims concerning how to cope with post-disaster situations with the help of the Unit's psychologists and social workers, in Turkey and in the rest of the world.

Being one of the world's leading National Societies which have psycho-social support programmes, Turkish Red Crescent's psycho-social works serve as a model for the world and are praised. It shares its experiences with sister National Societies and in particular contributes to the training of the local psycho-social workers in the countries where humanitarian aid practices are seen.

This guideline for Psycho-social Support aim to provide guidance to field relief workers and volunteers. Being a reference work prepared based on the experiences and assessments of our specialists, these guidelines draw the general framework of psyscho-social support and provide information on the psycho-social support practices, human resources, volunteers and vulnerable groups.

I'd like to thank those who have contributed to the preparation of this work and I hope you're going to read this valuable work with interest and use it as a reference.

With my regards and love

Tekin KÜÇÜKALİ

President

A story of adventure

All the actors taking part in psycho-social support services today agree that these are an integral and inseparable part of any post-disaster humanitarian relief works. As we all know, natural disasters are the events which occur suddenly, unexpectedly and are highly destroying and life-threatening. Being a person who has taken part in relief works following numerous disasters and also being a disaster victim, I've witnessed that disasters don't only destroy buildings but also claim people's lives and destroy experiences, hopes, dreams and happiness. Although we, as relief workers, are able to provide aid materials to disaster victims as many as they need, unfortunately, we cannot give them their hopes and dreams back. Besides, we are aware that disasters produce adverse impacts which give damage to family relations and destruct balance in community with post-disaster psychological impacts waved and hence at this point there comes the psycho-social support extending a relief hand to disaster victims and shows them a newer and better life is possible only with a slight effort they will make.

Having set out its journey with the slogan, "You aren't alone", and been at the side of those in need, always and under any circumstance, Turkish Red Crescent provided successfully psycho-social support to victims of the Afyon (Turkey) Earthquake in 2002, the Iraqi Crisis (Silopi), the Bingöl (Turkey) Earthquake, the bombings of HSBC and the British Consulate General (İstanbul), the Tsunami and Earthquakes in Southern Asia in 2004 (Sri Lanka, Indonesia, Tayland), the Pakistan Earthquake in 2005, the Batman (Turkey) Flood, the Lebanon Crisis (the evacuation of those fleeing from Lebanon from the Mersin (Turkey) port) in 2006, the traffic accident involved in by Zafer Primary School (İzmir, Turkey), the bombing of Anafartalar Çarşısı (a mall) (Ankara, Turkey), the Elazığ Sivrice (Turkey) Earthquake, the Ankara Bala (Turkey) Earthquake in 2007, and the Çorum (Turkey) Earthquake, the explosion in the Çubuk Dairy Factory (Ankara, Turkey) in 2008. These were among the psycho-social support activities of Turkish Red Crescent, which the Society tried to alleviate the distress and irritation caused by these events which were either man-made or natural and which were appreciated by both national and international public opinion.

The psycho-social support services, a programme which has emerged as part of the big change and evolution process seen in Turkish Red Crescent following the 1999 Marmara and Düzce Earthquakes in Turkey, have been launched within the Society under the leadership of International Federation of Red Crescent and Red Cross Societies and are currently implemented by the Psycho-Social Unit of the Disaster Response and Relief Management Department. Our psycho-social professionals are active in a wide range of activities from the provision of direct services to the victims of disasters to academic studies and from the production of both written and printed materials to awareness-raising campaigns.

I, as the Director General of Turkish Red Crescent, am proud to see that our psycho-social support services have become a model among the programmes, which are limited in number, implemented in this area in the world and that our Society plays a leading role ahead many institutions and organisations in the area of psycho-social support in disasters in our country. I sincerely thank those who have contributed to the preparation and printing of this work, which has been based on the invaluable experiences of my colleagues who have worked in disaster areas and mostly under hard conditions and I wish these guidelines would shed a light to all psycho-social support personnel who bring hope to disaster victims.

With my regards and love

Ömer TAŞLI

Director General

UNION OF DISASTER PSYCHO-SOCIAL SERVICES (UPDS)

The Union of Disaster Psycho-Social Services (UPDS) was formed following a protocol made by **Turkish Red Crescent Society, Turkish Psychologists Association, the Association of Social Workers, the Psychiatric Association of Turkey, Turkish Child and Adolescent Mental Health Association and the Psychological Counselling and Guidance Association of Turkey** on 16 May 2006. The aim of the UPDS is to implement psycho-social interventions in disasters and crises which have an adverse impact on the collective psychology of the community.

The UPDS has the objective of meeting in the most efficient and co-operated way the needs of individuals and groups who require psycho-social services in disasters and in their ordinary lives, and of responding in a more efficient way to disasters taking place both in the country and in the rest of the world together with all the non-governmental organisations standing as members of the Union. So far, the UPDS has organised these events and interventions:

- The assessment of the services provided under Turkish Red Crescent's Humanitarian Relief Operation in Southern Asia;
- The meeting on "The Psychological Outcomes of a Probable Earthquake in İstanbul and Psycho-Social Approaches";
- Psycho-social support services provided to the families of those lost their lives and those injured in the coach accident carrying the students from Zafer Primary School in İzmir and their parents;
- Psycho-social support services provided to the sufferers of the bombing, a terror act, of the Anafartalar Çarşısı (a mall in Ankara);
- The identification and assesment of needs following the Bala (Turkey) Earthquakes; and
- "The UPDS Workshop".

Turkish Red Crescent is the secretariat of the UPDS.

ACKNOWLEDGEMENT

CHAPTER ONE GENERAL FRAMEWORK

PSYCHO-SOCIAL SUPPORT

The literal meaning of "psycho-social" is the dynamic relationship of psychological and social impacts which continuously interact with each other. On the other hand, this term can be defined as a body of multi-disciplinary services provided at every phase of the disaster cycle and entailing disaster psycho-social support; the prevention of any likely post-disaster psychological disharmony/disorder; restoring and the rehabilitation of relationships both at the family and community levels; ensuring that those affected recognise their capacities and are strengthened in the normalising process; the increase of communal coping/relief/recovery skills in the probable future disasters and emergencies; and the provision of support to relief workers.

Disaster[*]and emergency[**] psycho-social support is;

- ❖ To provide psychological support to those affected by building empathy, understanding and sensitivity, to identify those who need psychiatric services and provide guidance to them;

- ❖ To ensure that relief work is maintained in harmony with the demographic structure and social, cultural and ethnical conditions of the affected community;

- ❖ To disseminate the information needed by individuals, community and organisations;

- ❖ To provide support to individuals, families and community by supporting community involvement and voluntarism in identifying their needs on their own, acting for solution and building self-help skills;

- ❖ To ensure that the services currently provided to the community serve communal needs;

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[*] A **disaster** is either a natural, technological or man-made event which causes physical, social and economic losses for both humans and countries and affects communities by stopping and/or disrupting the normal course of life and human activities.

[**] An **emergency** is any situation which pose a direct threat to human life and welfare as well as property and the environment.

❖ To support individuals, families and community in implementing projects and/or involving in projects for meeting their needs on their own and finding solutions to their problems and thus preparing them to probable future emergencies;

❖ To enhance co-operation among institutions and organisations which will undertake roles in disasters;

❖ For relief workers,[*] to provide information concerning team relations, communication skills and relations with the people those affected by disaster and show self-help ways as well as provide for them psychological support services they need.

> **Psycho-Social Support;**
> Is **neither** a psychological **nor** psychiatric treatment**.**
> Is **neither** a counselling service **nor** a therapy for mental health or serious physical problems.

PSYCHO-SOCIAL INTERVENTION

Disaster and emergency psycho-social intervention can be defined as a process by which post-disaster normalising work is facilitated and the existing needs of the community are identified, and a body of activities and services for strengthening the capacity to cope with and response the probable future disasters and enhancing relief/recovery skills as well as providing support to relief workers.

INSTRUMENTS FOR PSYCHO-SOCIAL INTERVENTION

❖ Assessment of Needs and Resources. This is the first psycho-social intervention instrument which is used immediately after a disaster. This assessment can be summarised as identifying the degree of impact on the affected and how they are affected, their problems and needs, human resources/resource organisations and how they work, available services and how they are provided, and as drawing the outlines of the psycho-social intervention plan. Professionals can make an assessment of needs and resources based on the observations and general information, or the situation can be analysed by way of using instruments like "psycho-social need analysis form" (Annex 1). Which

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[*] **Relief Workers** are personnel from institutions and organisations which undertake tasks in disasters and emergencies.

of the two methods will be used is determined according to the nature and impact of disaster.

Should it be necessary to make an analysis in a very short period of time, it will be preferable to make at first an overall analysis and then later implement detailed practices. As a need and resource analysis is a downward process going from the general to the specific information, a more detailed analysis of the community will be made for specific needs following the identification of general needs.

❖ **Psychological First Aid.** This is a psycho-social intervention instrument, which is put to work concurrently with the assessment of needs and resources. A psychological first aid aims to help those affected from disasters ease themselves and understand what they've lived and what they've felt by letting them express their feelings and experiences and providing for them basic psychological information. The psychological first aid can be provided either during interviews with individuals and groups or by way of information brochures, which prepared and circulated, the use of media tools, as well as by organising meetings such as panels and symposiums. It will be preferable to use all the above ways in cases where numerous people are affected.

❖ **Referral and Direction.** With this psycho-social intervention instrument, those identified during the assessment of needs and resources and psychological first aid processes as needing significant psychological psychiatric services (those having abnormal behaviours, having continuing cognitive disorders, etc.) are referred to local mental health professionals (psychologist, psychiatrist) and to institutions (hospitals for psychiatric diseases, the psychiatric clinics of hospitals) for treatment.

❖ **Establishment of an Information Centre.** With this psycho-social intervention instrument, an information centre is established where information is shared by all needing it, needs and resources are met; the centre will be easily accessible and useable. Since it is vital to access correct information in the chaotic situation following disasters, it is recommended that the information centre should be established

immediately after the disaster and kept operational for a long time, or maybe permanently.

❖ **The Mobilisation of Community.** This involves the mobilisation of individuals, families and community to find solutions to problems using both local and foreign resources in order to meet certain common demands recognised by a disaster-affected community. In this scope, individuals may be made become more socially functional* and in this way normalising**† process may be applied. Following a traumatic experience,***‡ however fast the individuals are involved with the process and however they are active, the lesser they feel the impact of such experience on themselves. The main tendency for the mobilisation of community is to make an individual have improved self-help skills. For this to happen, there is a need for a comprehensive assessment of situation/needs, the identification of social resources, the preparation of an action plan based on examinations, and the monitoring and assessment of the process. For the processes urging community involvement, examining/considering the community's coping behaviour and tradition and their past relationship and organisational structure will facilitate the works.

❖ **Social Projects.** This is one of the most commonly used post-disaster psycho-social intervention instruments. These projects provide an opportunity for the affected individuals to act according to their needs and problems, gain better coping capacities, feel that they can regain control over the life which they've lost at the disaster, and take responsibility.

❖ **Education.** This is one of the most commonly used psycho-social intervention instruments, as well. It is important to reach via education both those affected from disaster and those who have taken part and/or are likely to take part in psycho-social support services (psychologists, social workers, camp managers, teachers, non-governmental organisations' personnel, community leaders, etc.).

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*   **Socially Function** means continuing normal daily life.
**   **Normalising** means normalising, going out of abnormal situation.
***   **Traumatic experience** means experiences occurring out of normal human life and causing stress on everybody at a discernable degree.

❖ **Support to Relief Workers.** This type of psycho-social intervention instrument in its broadest meaning is psycho-social intervention toward relief workers. Support to relief workers includes the dissemination of the information to be used during disaster relief services to relief workers through brochures, meetings and similar activities, the organisation of share and support meetings, the identification of adverse factors affecting the personnel and taking initiatives to decrease the impacts of such factors. Also, a part of this type of intervention is to provide information and support to relief workers in a wide range of processes from how to communicate with those affected from the disaster to what kind of relief should be provided for whom and in what way during their works.

BASIC PRINCIPLES FOR PSYCHO-SOCIAL INTERVENTIONS

❖ The interventions stand on a viewpoint which is community centred and are implemented by professionals.

❖ Psycho-social personnel work as part of relief team during disaster response (emergency relief), rehabilitation, recovery, mitigation/preparedness phases (see chapter two).

❖ For interventions, those affected from disaster are not seen as passive victims, but as strong individuals survived the disaster.

❖ With all interventions, it is essential to enhance the capacities of the beneficiaries and to ensure the sustainability of services.

❖ With all interventions, restoring and the protection of social bonds is achieved considering cultural, political, religious and ethnical structures.

❖ Interventions aim to strengthen and solidify the social structure, on one hand, and enhance existing capacities and skills to cope with the problems, on the other.

❖ With interventions, it is essential to involve those affected people or their representatives in identifying definitions, purposes and methods with and to achieve full participation.

❖ With interventions, it is important to ensure a simple, clear and reliable information flow, maintain it and ensure that the target group access the information.

❖ In interventions, it is stressed that post-disaster psychological, physiological, mental and behavioural reactions by those affected are normal reactions to an abnormal situation.

❖ When planning psycho-social interventions for the needs of those affected, the factors such as how the pre-disaster psycho-social well-being of the area has been, how it has been deteriorated during the disaster, and what the existing stress factors are and which mechanisms exist to cope with them will be analysed.

❖ The basic needs of those affected such as food, accommodation are observed during the psycho-social need and resource assessment and these have priority. Interventions to meet psycho-social needs without satisfying the basic needs will not be successful.

❖ Interventions are planned considering complex situations as such resulting in specific needs and having specific characteristics, and other needs in addition to the basic ones are taken into account. For instance, interference with a psychological trauma, the security and protection of the relief beneficiaries, protective family support, and support needs for refugees and for those become a refugee in their homelands, etc.

❖ Care is taken to avoid the alienation of those individuals, families, groups and communities receiving aid from the community they live in.

❖ Team members, local personnel and volunteers are given priority in psycho-social education in order to access those in need of aid more easily and quickly. When these people learn how to cope, they can help both themselves and those affected.

❖ For interventions, local personnel, local organisations and volunteers are assessed to provide reliable information about the priorities of local people, their concerns and needs.

❖ The psycho-social interventions implemented at the first phase of disaster (acut phase) may not be used as a source for scientific studies.

❖ Care is taken to furnish the relief workers with how to cope with the stress, communication with those affected, personal care, and similar information by way of psycho-social activities at the preparedness phase.
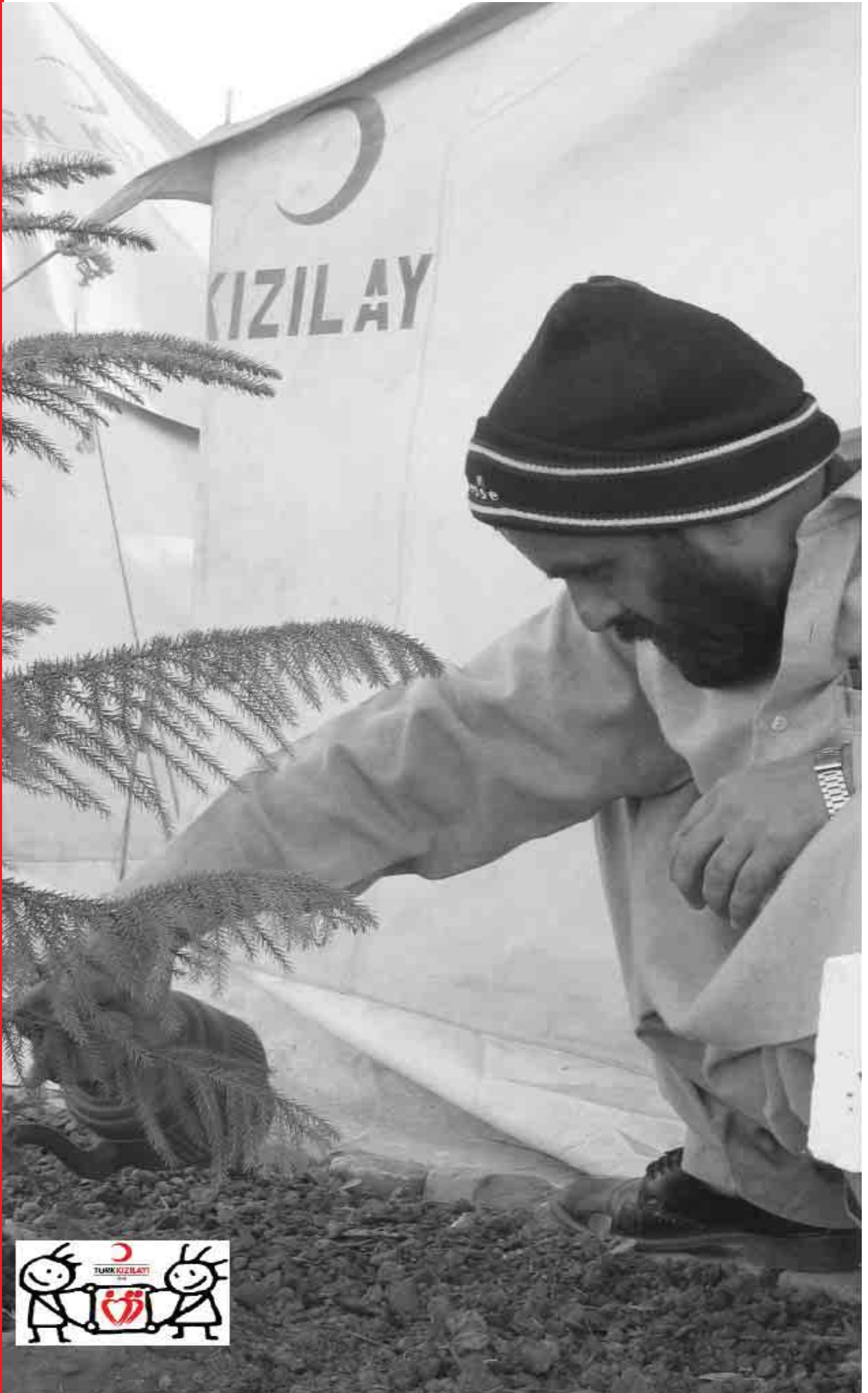
CHAPTER TWO PSYCHO-SOCIAL SUPPORT PRACTICES

Psycho-social support practices, i.e. psycho-social interventions, differ depending on the phase and the place they are implemented. This Chapter addresses the practices under these headings: practices according to disaster phase; practices in community centres; drills; practices in camps and tent cities.

DISASTER AND THE PHASES OF DISASTERS

The word, "disaster", in its broadest definition, is either a natural, technological or man-made event which causes physical, social and economic losses for both humans and countries and affects communities by stopping and/or disrupting the normal course of life and human activities. Disasters are classified according to cause and the speed of onset.

Disasters classified according to cause include:

❖ Natural disasters (Earthquakes, tsunamis, floods, landslides, fires, etc.)

❖ Technological disasters (Nuclear explosions, chemical/ radioactive leakage)

❖ Man-made disasters (Regional wars/civil wars and strife, explosions, the acts of terrorists, mass migration, etc.)

❖ Disasters classified according to the speed of onset include:

❖ Rapid onset disasters (Earthquakes, avalanches, vortices, etc.)

❖ Slow onset disasters (Drought, erosion, global warming, etc.)

The disaster-related activities can be handled at 4 main phases, whatever the cause and the speed of onset of the disaster is:

1. Emergency (Relief): This phase covers the activities that begin immediately after the disaster and are often maintained for 1 to 3 months depending on the magnitude of the disaster.

2. Rehabilitation: This phase covers the activities which are required to meet at minimum the basic needs of those affected such as communication, transportation, utility services like water, electricity, sewerage, education, long-term temporary housing, and economic and social activities.

3. Recovery: This phase covers the activities for restoring the economic, social and psychological integrity of the community which is disrupted by the disaster with the objective to take further all the affected or damaged human activities to a stage than they were before the disaster.

4. Mitigation and Preparedness: This phase covers the activities such as the determination of disaster response strategies, the planning of emergency services, the identification of temporary housing locations, preparedness training, the identification of the measures that can be taken by individuals, families, local communities and organisations to mitigate possible damages of disasters, awareness-raising, and investments for the above.

The Phases of Disasters

Given that they are interleaved, have to follow each other and that the
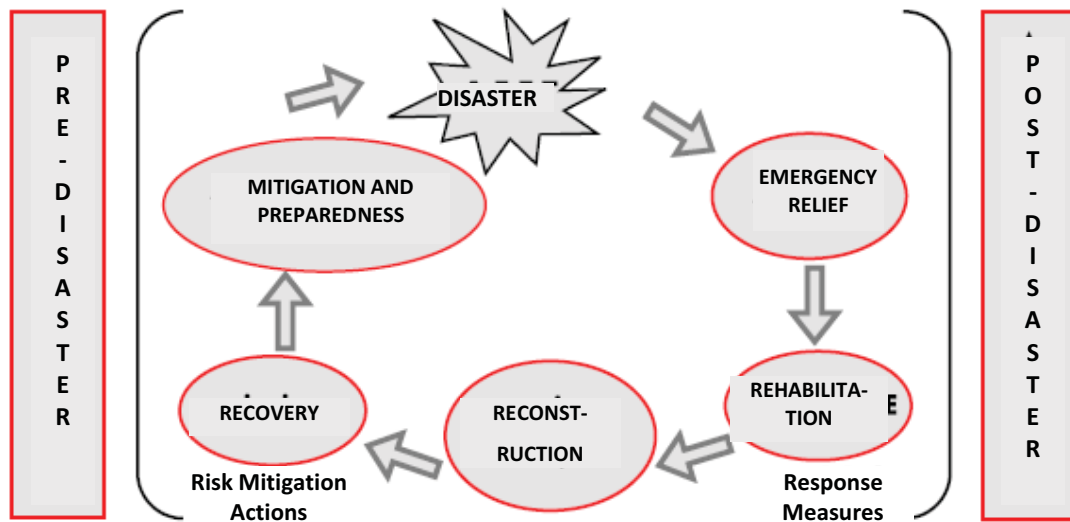
activities carried out at the earlier phase affect those to be carried out at the subsequent phase to a great extent and that they must be continuous, these phases of disasters can be regarded as a "disaster link" or "disaster chain".

In this "disaster chain", *the psycho-social services are mainly of concern at the emergency, rehabilitation, recovery, mitigation* and *preparedness phases.*

> Psycho-social services are described in terms of the rapid onset disasters (earthquakes, tsunamis, floods, landslides), in particular, and some man-made disasters (accidents, fires, etc.).

PSYCHO-SOCIAL SERVICES ACCORDING TO THE PHASES OF DISASTERS

EMERGENCY RELIEF PHASE

Emergency Relief Phase is subsequent to the disaster and lasts around 3 months, i.e. until the rehabilitation phase, in which life is begin to be restored.

0-1 Week

Purpose: The purpose of this phase is to make an emergency situation analysis. Who will, how and where receive psycho-social support services are determined at this phase considering the basic principles and psycho-social intervention instruments. These works can be classified as the works to be done in the centre where disaster response services are co-ordinated and those to be done in the region/area where disaster has occurred.

Psycho-social Works to be done in the Co-ordination Centre

❖ The assignment of psycho-social professionals to team/area;

❖ The forwarding of psycho-social materials (brochures, presentations, guides, etc.) to team/area and the preparation of new ones, if necessary;

❖ Notifications to the other stakeholders co-ordinated with in the area of psycho-social (universities, NGO's, governmental institutions and organisations) and the mobilisation of them;

❖ As appropriate, making assignments among the registered volunteers to the area;

❖ The orientation of the relief teams assigned to do relief works in the disaster area, covering the issues psychological first aid, coping with the stress and the socio-economic structure of the area;

❖ Where necessary, the provision of psycho-social support to the families of relief workers;

❖ The follow-up of monitoring, assessment and reporting processes.

Psycho-Social Support Works in the Field

❖ Making a need and situation analysis regarding the disaster area and the reporting of it (the reporting can be made using the format in Annex 2);

❖ The establishment of an information centre; the dissemination of information about the immediate impacts of the disaster, the preparation of announcement and notice boards, recording of the details of those receiving services, the preparation of information sheets and notices for the relatives of the lost;

❖ Launching need and resource assessment process;

❖ The identification of at risk/vulnerable groups (see Chapter IV);

❖ Where relief works are being done in camp/tent city, making attempts to build a tent for use as a psycho-social office and other tents for use for social services (school, mosque, social events);

❖ The preparation of a relief plan for psychological first aid services and the implementation of that plan;

❖ The identification of the existing institutions for mental health (clinics for psychiatric diseases, hospitals, etc.) and community centres;

❖ Visits to hospitals and schools and similar places for making a need and resource assessment for them;

❖ The identification of local workers (see Chapter III) and community leaders;

❖ The identification of resources (governmental institutions/ organisations, NGO's, other persons and entities) and their service-providing capabilities;

❖ The selection of volunteers for assignment to psycho-social works, their training, direction towards services, and the follow-up of them;

❖ Learning local, cultural, religious and spiritual support systems and traditions and sharing of this with other relief workers;

❖ Within the scope of psychological first aid, doing personal interviews, the establishment of referral and direction infrastructure, the formation of share groups, and visits to tents/houses;

❖ Support to cultural coping mechanism (funerals, religious and cultural traditions, mourning period traditions);

❖ The organisation of events for target groups (games with children, meetings with women, information meetings with the old-aged people, etc.).

> Care should be taken to provide culturally-agreeing relief and distribute culturally-agreeing aid materials.

1 Week - 3 Months

Purpose: At this phase, the activities already started at the earlier phase are maintained according to the psycho-social intervention instruments and basic principles. The activities aiming to help those affected restore their lives and the psycho-social education are specifically important at this phase. Also at this phase, the planning of the psycho-social works of the subsequent phases is made and their infrastructure is established. Psycho-social support offices can be opened for planning and preparation works.

Assessment of Needs and Resources (Continued from the 1st phase)

❖ The collection of data about the governmental units (Provinces, districts) (interviews with local people and community leaders, need and evaluation forms, official records about the characteristics of the region, meetings with local authorities and other related persons and entities, etc.), keeping the data always up to date, and reporting;

❖ The establishment of a regular communication system with other source persons and entities* and the creation of e-mail groups and the organisation of meetings;

❖ Collection of the contact details of local and national media organisations;

❖ The establishment of a referral and direction system to realise referral and direction to the existing institutions for mental health (clinics for psychiatric diseases, public hospitals, private hospitals, military hospitals) and to community centres and similar places.

❖ The preparation of social maps** ;

❖ Where relief works are being done in a camp/tent city, updating personal information about the target group of the relief work (such as population, age, gender, needs, resources), and the selection of persons among the afflicted to the camp/tent city administration.

General Psycho-social Services

❖ Completion of the recruitment of local psycho-social workers and the provision of psycho-social training (see Chapter III);

❖ The provision of psycho-social training for volunteers and community leaders;

❖ Carrying out resource-finding works and the implementation of service programmes for the needs of at risk/vulnerable groups (see Chapter IV);

❖ Ensuring participation in the psycho-social meetings held in the field;

❖ Updating the psycho-social brochures, if necessary, and rewriting them in everyday language and making adaptations on them in line with cultural considerations and the preparation of new brochures, if required, and the printing and circulation of brochures;

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* **Source Persons and Entities:** With regard to the Turkish Red Crescent's disaster interventions, the International Federation of Red Crescent and Red Cross Societies (IFRC), International Committee of the Red Cross (ICRC), Participating National Societies (PNS), United Nations Organisations (UNICEF, UNOCHA, UNHCR), and the World Health Organisation (WHO) are the primary source persons and entities.

** **Social Maps:** These maps are created from the map of the affected area to show the intensity of needs, the types of needs and the resources (schools, hospitals, community centres, and centres for aid distribution, etc.) as marked in different colours and provide a visual representation of needs and resources.

❖ Publicity works about the psycho-social impacts of disasters or about other issues which are of concern using media tools, meetings, and brochures and posters;

❖ The establishment of a psycho-social office/contact points for an information centre and preparations for long-term psycho-social works;

❖ The referral/direction of those needing a psychiatric intervention or long-term psychological counselling;

❖ Making a situation analysis regarding the establishment of community centre and, if it is to be established, building its infrastructure, completing legal arrangements and doing other administrative preparatory works for it.

Services targeting the mobilisation of community

❖ Following an analysis of common issues/needs in the community and the relevant resources for them, launching short-term social projects by which individuals are mobilised to meet their needs and solve their problems on their own;

❖ Arranging for settings encouraging those individuals affected to involve with relief activities and facilitating this process.

Support to Relief Workers

❖ Publicity works towards relief workers using share meetings, personal interviews and group meetings, and brochure circulation;

❖ The provision of training for relief workers concerning coping with the stress, communication, etc. to serve their needs in these areas;

❖ The identification of the needs, problems and stress-causes of relief workers and trying to eliminate those causes and, if necessary, carrying out activities in this area (e.g. the organisation of social events).

Administrative Tasks

❖ Monitoring and assessment (see Chapter V);
  → Reporting (daily, weekly, monthly), filing, archiving;
  → Display (film and photographs);

❖ Meetings;
  → Meetings with local relief workers (daily, weekly);
  → Meetings with team leaders (weekly meeting, daily briefing).

The Organisation of Volunteers

❖ Searching, selection and recruitment of volunteers (see Chapter III);

❖ The training of volunteers;

❖ Ensuring the involvement of volunteers in the current psycho-social works, or the creation of new work programmes serving the needs.

REHABILITATION AND RECOVERY PHASES

Purpose: At the "rehabilitation" phase, normal life is restored. It follows the emergency relief phase subsequent to the disaster. This phase sees transition to long-term projects and covers the activities aiming to mobilise the community and gain self-help capabilities. Also what takes place at this phase is the enhancement of psycho-social intervention capacity of the organisation or unit collaborated at the local level. On the other hand, the efforts to build better relations with local, national and international institutions, organisations and NGO's gain importance at the "recovery" phase. The primary purpose at the "recovery" phase is to enhance the local psycho-social capacity.

General Psycho-social Works

❖ The maintenance of emergency relief phase activities as adapted to the new phase;

❖ The delivery of basic psycho-social information by way of personal interviews and group meetings at the psycho-social support office;

❖ Updating information centre and social map data and, if necessary, the renewal of social map;

❖ Continuing trainings and the organisation of volunteers;

❖ The finalisation of long-term psycho-social programme strategies and budgetary and human-resource issues and ensuring them to be approved by authorities;

❖ Where it is decided to establish a community centre, the completion of the works relating to the establishment and organisation of the centre and of other necessary administrative and official formalities;

❖ The guidance, follow-up and assessment of the local psycho-social personnel in line with the strategy built up;

- ❖ Within the scope of monitoring and assessment, making attempts for the formulation of scientific research proposals and the implementation of them towards either the effectiveness or shaping of the psycho-social services being provided in the area/community centre;

- ❖ The organisation of training, preparation of brochures, and organisation of meetings and similar events for possible new requirements and issues likely to arise during monitoring and assessment.

Actions targeting the mobilisation of community

- ❖ Maintaining the social projects already implemented at the 1st phase covering the problems and needs of the society and, if necessary, planning and launching new long-term projects;

- ❖ Publicity of the planned long-term works using media tools and other instruments;

- ❖ Making necessary investigations for the establishment of the community centre, the completion of infrastructure works, making the centre operational and giving start to works;

- ❖ Maintaining the organisation of volunteers;

- ❖ Showing how to cope with the problems likely to arise with relatively restored life conditions (work and family issues, alcohol and substance abuse, the loss of hope, etc.) using publicity tools and materials like training, brochures, seminars, posters, etc.

Psycho-social Capacity-Building Actions

- ❖ Ensuring that the strategies for the transfer of psycho-social services to the collaborating organisation or unit are formulated and approved;

- ❖ Maintaining the processes including updating psycho-social materials, rewriting them in everyday language and making adaptations on them in line with cultural considerations;

- ❖ Completion of the psycho-social training of the staff from the collaborating institution/organisation or unit or of other relevant persons;

- ❖ Making attempts to build a psycho-social support unit or a similar body within the collaborating institution/organisation or unit if this is found practical at the end of the situation analysis;

❖ Building up co-operation with national and international institutions/organisations and with other stakeholders with a view to operating pursuing a joint strategy and, if necessary, the implementation of necessary protocols.

Support to Relief Workers

❖ Maintaining the works of earlier phases as adapted to the current phase.

Administrative Tasks

❖ The preparation of records, images and reports of all relief workers, and the presentation and filing of them;

❖ Regular meetings and reporting for the follow-up of local relief workers;

❖ Monitoring and assessment (see Chapter V);

❖ Follow-up of the confirmation process related to long-term strategies and the relevant procedures.

MITIGATION AND PREPAREDNESS PHASE

Purpose: This phase aims to increase the resistivity of the society against disasters and their impacts and decrease vulnerability by taking capacity building measures following a hazard and risk analysis. The actions taken in this regard have the aims of making individuals become socially functional again, rapidly restoring normal life, and increasing society's gaining self-help and problem-solving capabilities. At this phase, also, the effective and efficient implementation of psycho-social intervention is achieved by way of supporting and strengthening regional and local units, the works of the earlier phases are maintained as adapted to the current phase, if a community centre is established, all mitigation and preparedness actions are taken within that centre, and often disaster rehearsals are made.

PSYCHO-SOCIAL SERVICES IN COMMUNITY CENTRES

Community centres function as social service organisations which aim to make the society become socially functional again following disasters and emergencies and to rapidly restore normal life following the possible post-disaster crisis and which focus on the society's involvement in their all activities. Community centres are established with the purpose to develop the society and make them participatory, productive and self-sufficient.

Community centres combine protection, prevention, education, development, treatment and rehabilitation components together and provide service in co-operation and co-ordination with other institutitons and organisations. These centres pursue the objectives of rapidly restoring normal life on the part of those affected from disasters, raise public awareness concerning the impacts of disasters and traumatic events, driving the society's powers and resources, building self-help and problem solving capacities, and increasing the society's coping skills. The activities carried out and the services provided in community centres can be grouped under the following headings:

❖ **Education/Teaching/Awareness-Raising Activities**

In community centres, such education programmes as are planned according to the needs and demands of the society are delivered by professionals or with the assistance of professional volunteers. For the issues not covered by the already prepared psycho-social support education programmes, new education programmes can be prepared based on the arising needs, or joint education programmes can be delivered with other institutions and organisations. What is important when preparing education programmes is that the requirements of local people are taken into consideration and such programmes as will reach different age and demand groups are prepared and the focus is on awareness-raising. Education programmes addressing the issues of coping with the stress, communication skills, reproductive health and child care can be delivered.

❖ **Social Projects/Events**

Social events and projects are implemented in the community centres to build post-disaster self-help capacities of both society and individuals. These events include the courses aiming to make individuals gain new skills or enhance their existing skills and permanent activities like clubs where individuals find an environment to share their interests and which contribute to their personal development. Also, periodical events are organised according to the society's needs and demands, considering the region's common sports and arts events and local resources.

→ *Permanent events:* These include the courses on computer literacy, foreign language, as well as vocational courses and sewing/embroidery, and the clubs for reading, cinema, drawing, etc.

→ *Periodical events:* These include kite fests, sports matches, the cleaning of the environment, trekking, arts fest, children fest, etc.

→ *Awareness-raising events:* These include panels on coping with the stress, conferences on children and trauma, symposiums on effective learning methods, conferences on sexually-transmitted diseases and the ways of protection from such diseases, etc.

❖ **Counselling and Guidance Services**

In community centres, counselling is provided for those individuals, families and groups needing psychological support at the basic level. Counselling services are delivered by way of personal interviews or share/support groups. Those applied are directed to either the centre's events or appropriate organisations. To be able to deliver effective guidance, the works by other institutions and organisations are regularly followed.

❖ **Local Need and Resource Identification**

One of the most important objectives of the post-emergency or post-disaster psycho-social support programmes is to mobilise the local resources and make those in need access such resources. In this respect, a need and resource identification work is done.

❖ **Preparedness and Awareness-Raising Activities**

In community centres, preparedness and awareness-raising activities are carried out to alleviate the impacts of disasters on individuals, families and society from a psycho-social point of view. The preparation of psycho-social intervention plans in disasters, support to disaster workers, training concerning the mobilisation of community and psychological first aid, and training concerning the psycho-social need and resource analysis toward volunteers and professionals can be included among such type of activities.

❖ **Volunteers' Works**

Volunteers contribute greatly to psycho-social support services both in normal periods and in emergencies. In community centres, the courses and social events, even a part of training are delivered totally by volunteers. In community centres, it is important to establish a system for the organisation of volunteers and to permanently monitor the system.

PSYCHO-SOCIAL PRACTICES DURING DRILLS

Drills are the activities which are carried out for the purpose of being prepared for disasters and emergencies and are planned as if they were real and by which strengths and weaknesses are identified and analysed.

In Turkey, Turkish Red Crescent, the Directorate General of Civil Defence, Turkish Armed Forces and similar institutions often make drills or become a part of the drills made. For psycho-social interventions in drills:

❖ The conditions in the drill area should be studied beforehand and the necessary preparations should be made before going to the area;

❖ All the materials (forms, brochures, ropes necessary for activities, balls, papers, etc.) should be taken to the area as if it was a real intervention.

❖ The drill scenario should be studied beforehand and which psycho-social interventions will be implemented according to the scenario should be planned. Considering that drills last maximum one week, it is recommended that interventions should entail the psychological first aid and need identification work on the first days, then the actions towards the mobilisation of community should follow this and lastly normalising and social project development work should come. Also, either individual or group works can be done within the scope of support to relief workers.

❖ Those works to be done in the drill area should be discussed with the team leader beforehand and a regular reporting of the works done should be in place. The demands/instructions of other stakeholders should be fulfilled if the team leader and psycho-social support worker approve them.

❖ The presence of a psycho-social support worker in the drill area from the time it is established is very important for both arranging relations with other workers and building psycho-social intervention infrastructure (where and how tents and notice boards for psycho-social intervention will be built).

❖ It should be ensured that the stakeholders participating in the drill clearly understand psycho-social support services. When the importance of psycho-social support services and their limitations are shown, works will be done in a more orderly and efficient manner.

❖ A rehearsal of a psycho-social intervention by volunteers in the drill area draws the participants' attention to the psycho-social concept and gives it a concrete basis and thus makes interventions more understandable.

When the scenario and the prepared plans are rehearsed in a realistic manner till the end of the drill, practice will be gained and weaknesses and strengths will be identified.

PSYCHO-SOCIAL ACTIVITIES IN CAMPS/TENT CITIES

What is a camp/tent city?

A *tent city* is a temporary dwelling area built by tents for those affected from disasters in extraordinary situations and a *camp* is a dwelling area built by tents, cottages, etc. in disaster areas again in extraordinary situations. The delivery of psychological first aid for those affected from disasters to enable them to cope with the behavioural and psychological problems, arranging for restoring normal life, and support to relief workers in camps and tent cities constitute the main framework.

Overall Principles

❖ All the activities carried out in camps/tent cities are based on the principle of voluntarism. Individuals are not forced to take part in an action. Since in all actions the mobilisation of volunteers accelerate the self-help process, it is very important.

❖ In all activities, it should be ensured that those affected involve in the process and local strengths and resources are used. A guiding and facilitating role can be played within the process.

❖ To strengthen the self-decision capacity of individuals and groups forms the basis of activities.

❖ It is important to plan special areas for target groups and deliver extended services for them. For instance, building a play tent for children and a tent for women where they can do their personal hygiene.

❖ For all activities, culture and life styles in the disaster area should be understood and respected.

❖ Care is taken to prevent beneficiaries from becoming totally relied on the aid and avoid building personal relationship with those affected.

❖   Co-ordination with other national and international organisations is important to avoid the recurrence of similar actions, correctly determine the nature of works, and use the available resources in the most effective way.

❖   In camps and tent cities, it should be acted according to the security principles of the parent organisation, care should be taken for team security, and it should be tried to assign local security personnel to the tents allocated to psycho-social work.

Psycho-social interventions in camps/tent cities can be classified under the following headings:

❖   **Identification of the target group of psycho-social support services:** It is important to identify the target group of psycho-social services during the first visit to a camp/tent city. When identifying the target groups of services, the results of need and result analysis and the works by other national and international organisations should be taken into consideration.

❖   **Meetings with other national and international organisations operating in the area:** Meetings are held to come together with other organisations and learn what they've done and present the activities carried out. Working in co-ordination with other organisations is one of the important requisites for ensuring the effectiveness of emergency psycho-social works. To have knowledge about where the other organisations are active and what works they're doing will be useful for deciding on the location and type of actions and avoiding recurrent services.

❖   **Access to information on local psycho-social capacity and to local psychiatrists:** It is important to gather information on the psycho-social capacity in the area to build co-operation and establish a referral/direction system. In this way, it will be possible to access the local psycho-social professionals/psychiatrists.

❖   **The creation of a setting for psycho-social works:** The most appropriate setting (e.g. tent, container) where psycho-social works can be done in the camp/tent city.

The work is started following the delivery of basic psycho-social training for the local psycho-social professionals has been completed. Works in camp/tent city begin at the emergency phase and continue till the end of camp/tent city service. Since it is a usual practice to close camps after the "rehabilitation" phase, psycho-social services are shifted to the living areas of those affected (e.g. temporary housing, containers) as transformed into new types of services, i.e. rehabilitation services, capacity-building services.

❖ **The introduction of psycho-social activities:** Psycho-social activities are introduced to the dwellers in camps/tent cities. Such an introduction is quite important in terms of involving people in the process and allowing them to benefit efficiently from the services delivered.

❖ **Tent visits:** During the tent visits accompanied by the local relief workers, those affected are listened to and given psychological first aid.

❖ **Personal interview:** This is a process which begins upon the request of people and entails interviews by professionals where they query post-disaster problems and some post-traumatic psychological disorders. No therapeutic relationship should be established without creating a setting where personal interviews gain a regular nature.

❖ **Referral and direction:** At the end of personal interviews, those needing a psychiatric treatment are directed to the relevant persons/institutions.

❖ **Group works:** With group works, those having similar experiences are met and given psychological information. In single session group works, care should be taken to avoid depicting disaster-related experiences raising feelings about them and the uncontrolled effects of traumatic experiences on participants.

❖ **Training activities:** In camps/tent cities, volunteer trainers can organise information meetings and seminars on the subjects to be determined according to the need and deliver sewing/embroidery courses for women taking care that these are culture-specific and carpenter courses for men and similar vocational courses. Since the

normal life is disrupted following disasters, schools are closed and therefore this has quite much adverse impact on children. In camps, teachers to be selected among volunteers teach at temporary tent schools till normal education process begins again. The education process started at the emergency phase continue till the completion of the construction/repair of the schools in the area. Children at pre-school age in addition to those at school age are also covered by this process. (see Chapter IV)

❖ **Volunteer activities:** Volunteers are selected among the dwellers in camps/tent cities and they are taken in the required training programmes; volunteers take part at every stage of works in camps.

❖ **Social and sports activities:** For those living in camps/ tent cities, appropriate social activities (e.g. feasts, dancing contests, football tournaments) are carried out. Also, for young people, children and adults, various sports activities are carried out. In addition, new activities can be planned or the current activities can be reformulated based on habits, life styles and cultural values of the society.

For psycho-social interventions to be implemented following the completion of dwelling process in camps/tent cities, the identification of community leaders, close work with them in the entire implementation process, and paying attention to achieving the mobilisation and involvement of community are important processes for accelerating restoring normal life.

Model psycho-social team organisation in camps/tent cities

Institutions and organisations have different team organisations in camps/tent cities. In Turkish Red Crescent's disaster relief team organisation, psycho-social professionals are grouped as;

- ❖ Psycho-social field co-ordinators

- ❖ Psycho-social field professionals

- ❖ Psycho-social field volunteers

Team organisation can vary depending on the type of disaster, the variety of services, the size of camp/tent city area, and characteristic of the relief institution.

In disaster response, rotating work is done with the teams built for longer periods within the scope of the strategy and steady business of the parent institution/organisation. How long such rotating work will last can vary depending on the type of disaster and intensity of the service provided. When rotation takes place, the former and relieving teams should give information to beneficiaries about rotation process and show them it is a part of team building. In this way, any likely negative prejudices against the relieving team among people can be eliminated and any possible chaos can be avoided. A detailed and full transfer of psycho-social services should take place between the former and relieving teams.

Closure of camps/tent cities

The closure of services in camps/tent cities should be a planned process, with proper announcement, and the local workers, who will continue their operations after the closure of services, should be co-operated in the process. It should not be an abrupt closure. The at risk groups, who must be followed up, should be identified, necessary directions should be made, group works should stopped or transferred to the local professionals/organisations.

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CHAPTER III HUMAN RESOURCES

Psycho-social services in the disaster-affected area or in camps/tent cities are provided by the psychologists, social workers, teachers, psychological counsellors, who have training on the relevant subject, and by psycho-social professionals from similar professional branches. The implementation of psycho-social interventions by those who can speak the local language and have ability to understand any cultural and social reactions is a direct indicator of the success of intervention. Hence, in particular in international relief operations, local psycho-social workers should be recruited.

LOCAL WORKERS

The identification and recruitment of local workers

❖ The recruitment process should be fair, open to supervision, and continue until the qualified personnel are recruited. The aim in this process should be to receive applications from as many eligible candidates as possible.

❖ The announcement for recruitment should clearly show the recruitment conditions and be circulated in as many places as possible. If applications are accompanied by the CV's of candidates, this will facilitate selection.

❖ The collaborating organisations and other local organisations can be co-operated when selecting workers. If services are intended to be transferred later to the collaborating organisation, the care will be taken to ensure that recruitment is in harmony with that organisation's processes. When this is the case, it will be appropriate to do the recruitment together with the collaborating organisation.

❖ Workers' wages can be fixed according to the local market conditions, however, care is taken not to pay higher wages than those of other workers from similar posts in the area. If services are intended to be transferred later to the collaborating organisation, wage fixing should be according to the terms of the latter.

❖ With regard to the selection of workers, attention should be paid to gender balance and whether or not the worker belongs to cultural/ethnical/religious groups.

❖ Candidates should be taken in an interviewing process by which their past professional experiences, strengths and weaknesses, the ability of coping with highly stressful situations, if they show respect to local culture or not, their adaptation capability, and how they introduce

themselves will be assessed. An appropriate interview form will facilitate this process. Interview results should be notified to all candidates, i.e. both successful and unsuccessful candidates.

❖ Care is taken to select the candidates who have training past and experiences which make them most eligible for the implementation of psycho-social interventions and who understand the local culture, have appropriate code of conduct and who provide best the conditions of the work (have computer literacy, speak foreign language, have driving licence, etc.).

❖ Those candidates found eligible in the recruitment process are asked to submit their official documents. The judicial records of candidates should be examined if there are no time limitations to do that and those with a punitive past for having been punished for in particular disgraceful crimes like offense, theft, harassment, etc. should not be recruited.

❖ Following the selection of workers, to execute an employment contract, by which both the workers' and the organisation's rights are established considering the local legal framework, will be useful. The standard employment contracts of organisation can be used as the contract format. Employment contracts should not be executed and no payment should be made without examining the official documents and judicial records of eligible candidates.

❖ Professional work process with local workers

❖ The local workers recruited should be clearly briefed about the framework of the psycho-social programme that is being implemented, performance evaluation, to whom they are going to report, and management support to be provided.

❖ Also, the local workers should be briefed about the basic operational and disciplinary rules, and how and to which authority the complaints are going to be submitted.

❖ It is important that the local workers are briefed about possible risks/problems involving security, injury, disease, stress and exhaustion in disaster area/camps/tent cities, and that they maintain their physical and emotional well-being.

❖ Maintaining a proper level/manner of contact and communication with local workers and allowing them to submit their opinions on and to decide on the issues concerned with them increase their motivation and their performance quality.

Those psycho-social professionals at managerial level should draw the framework of these processes and convey it to workers. Whether the contact with workers will be through personal interviews or group meetings from the beginning of the process should be agreed and the general rules of communication should be shared with local workers.

❖ "Local Personnel Performance Evaluation Form" (Annex 3) can be used to evaluate the business efficiency and performance of local workers.

The preparation and training of local workers

❖ A comprehensive and realistic preparation and training planning should be made for local workers. The plan should be according to a strategy and be time-bound. The preparation and training meetings to be organised according to the plan should provide a setting where easy practical information is delivered. The overall and ethical rules of work should be addressed at these meetings.

❖ The basic learning process can involve support and control following preparation and training meetings. Such a learning process will increase the capacity of local workers in dealing with humanitarian works and in psycho-social areas and enhance their motivation and performance quality.

❖ To accelerate the learning process of local workers and make that process practical, a model, which urges effective involvement (e.g. role-play, dialogue, drama), uses local language, visual materials, allows theoretical education in class settings and practical education in site and which is supported by written materials and which ends with an assessment of training, should be applied.

❖ As training is an important tool of psycho-social interventions, especially those who know the code of conduct, applications and social support system and who have taken part in emergency psycho-social support interventions/ have experience should be given priority. The selected trainers should be taken to the training trainers programmes to increase their capacity.

❖ Local workers should be trained by the qualified psycho-social workers, or by other qualified professionals according to training subject.

❖ The topics that can be dealt with at preparation and training meetings include:

- how to cope with the work-related issues;

- human rights, disaster activities with a humanitarian aid focus;

- the impacts created by emergencies on psycho-social well-being and mental health;

- the methods of psychological first aid;

- the involvement of local people in relief activities and the strengthening of them;

- local, traditional, cultural and historical features, sensitive issues/the code of conduct, the traditional ways of coping, and habits;

- the details of those institutions and organisations where referral is to be made (e.g. family meeting, healthcare and protection agencies, legal institutions and organisations);

- the assessment of individual, family and community mental health in emergencies;

- the current capacities, strengths, weaknesses, skills of target community and individuals and the areas they need support;

- the culture-oriented methods of psycho-social interventions in emergencies;

- the methods of worker support practices.

VOLUNTEERS

The volunteers taking part in psycho-social support practices are an important human resource. The volunteers with minimum level of training on community-based services can contribute to psycho-social support practices. When assigning tasks to volunteers, their past training, experiences and such other training as professionals may deliver for them should be considered. In addition, volunteers to be assigned tasks in disasters should be emotionally and physically fit.

Volunteer recruitment process

❖ Those candidates who want to do voluntary work in disaster area and take part voluntarily in psycho-social implementations are interviewed in the co-ordination centre or in the disaster area following a disaster. In these interviews, the framework of the works currently being done is presented to them.

❖ A volunteer information sheet is prepared to use during interviews. The form contains identity and communication details, background, interests of candidate volunteers and priority assignments wanted by them.

❖ To prepare a "Volunteer File" for giving to candidate volunteers will be useful. In this file, volunteer information sheet, volunteer directive, the code of conduct, and brochures can be included.

❖ A candidate volunteer is given basic training required by the recruitment system of the parent organisation.

❖ When training is completed, a contract is made by volunteers. This contract will specify the code of conduct and such other regulations as may be necessary. Signing a contract with commitment shown for remaining bound by the requirements in it, a candidate volunteer gains a "volunteer" status.

❖ Following the completion of volunteer recruitment process, volunteers are taken to a second interview whereby potential areas and services they can be assigned are determined. Those assigned to psycho-social programmes can enjoy such statuses as "disaster psycho-social support programme volunteer", "social projects volunteer", and "administrative/support services volunteer".

❖ A "Volunteer ID Card" of the parent organisation is given to volunteers to make them have an institutional status in their assignments.

Volunteer assignments in psycho-social support services include:

❖ have psycho-social training for volunteers;

❖ contribute to need identification work;

❖ attend meetings and training sessions;

❖ provide assistance to the implementation and development of actions planned within the framework of psycho-social support programme, and to report writing and statistical data keeping works;

❖ co-operate and collaborate with the relevant persons and entities within the framework of psycho-social support programme;

❖ contribute to awareness-raising and training for pre- and post-disaster psychological preparedness;

❖ deliver effective and efficient training having had training of trainer on psycho-social support services;

❖ contribute to the development of psycho-social projects using the methods and techniques of social work and psychology;

❖ follow the literature regarding disaster psycho-social support, psychology and/or social work, and contribute to examinations and researches;

❖ contribute to social relief works.

The points for consideration when working with volunteers include:

❖ The designation of a psycho-social professional as the responsible person for Volunteer Management, a process involving volunteer registration, preparation, guidance, monitoring and counselling, turns work with volunteers to quite an easier process and prevents any potential complexities.

❖ Written directives clearly showing volunteer selection criteria and tasks should be prepared.

❖ Volunteers who will be assigned in particular to disaster areas/camps/tent cities should be respectful for socio-cultural and traditional features and be able to adapt themselves to local conditions. The potential challenges they may have to tackle with should be shown to them.

❖ It is very important for an effective and efficient use of human resources to assign volunteer following their selection to the right place at the right time according to their abilities.

❖ It will help operations become easier if local volunteers are selected among those who know socio-economic, cultural and ethnical structure of the area and can speak the local language.

❖ The volunteers who will be designated as trainers should be selected according to their qualifications and be trained by qualified and experienced professionals.

❖ To the same considerations as those with professional work with local workers should be paid attention when working with volunteers.

A proper follow-up system should be set up to monitor, back, supervise participants and obtain feedbacks from them at the end of each training session delivered to local workers and volunteers. All of the training-related documents, reports and assessments should be kept on regular basis for further operations and where necessary be shared.

CHAPTER IV AT RISK / VULNERABLE GROUPS

Individuals are affected from the stressful situations differently due to different perception and interpretation processes. While psychological, physiological, behavioural and cognitive impact of a stressful situation on some individuals is so limited, some others may undergo heavy processes and show strong reactions. Therefore, people's reactions to disasters are related with their psychological and physiological characteristics, experiences as well as socio-cultural and political characteristics of the society they belong to. Income distribution, social welfare level, economic, social and political situation, pre-disaster social roles, urbanisation, migration, religious beliefs, gender roles and past traumatic experiences cause a disaster to create different psycho-social impacts on different individuals.

Some groups, besides individual differences, are defined as "vulnerable groups", i.e. psycho-socially vulnerable groups. These groups may need to be paid special attention in all psycho-social support services. At risk/vulnerable individuals can be classified as follows:

- ❖ Women (e.g. pregnant women, mothers, single mothers, divorced women, single adult women in some cultures, young girls);

- ❖ Men (e.g. men with dependents, men with tendency toward committing a crime, adolescents);

- ❖ Children (e.g. newborns and children under age 18, fatherless and/or motherless children, children used by military forces or armed groups, abused or at-abuse-risk children, minors involved with juvenile delinquency, children working at dangerous works, street children, i.e. who either live or work at streets, undernourished children);

- ❖ Old-aged people (e.g. old-aged people who lost their family members caring them)

❖ Poor people;

❖ Refugees, expatriates, migrants, ethnic minorities;

❖ Those with physical, mental and developmental disability;

❖ Those in/underwent a mentally traumatic situation (e.g. those who lost a family member, those become a subject of harassment or offence, those witnessed a bad event);

❖ Those having psychological/psychiatric diseases;

❖ Institutionalised individuals (fatherless children, those living in an old-age asylum, prisoners, patients in an institution/hospital for mental disesase, patients in a rehabilitation centre);

❖ Relief workers.

The above listed groups may not be classified as at risk groups in every community or area. Some in a group may have better conditions than some other in another group. To classify individuals as at risk groups may not necessarily mean they are passive victims. A classification such as this provides an opportunity to operate the support mechanisms these individuals have and bring to light their inherent capabilities and allows showing they deserve special attention.

Psycho-social services for at risk/vulnerable groups

It will be healthy to make necessary examinations and assessments regarding the area/territory/community and consult local professionals when identifying at risk/vulnerable groups. Following the identification of the most at risk/vulnerable group, a work programme can be developed in line with the case studies and points for consideration described below.

Women

❖ Ensuring that they maintain their ordinary care and nutrition works: Laundry, cleaning, care for/arranging surroundings, cooking can be included in this.

❖ The formation of support groups: Sewing/embroidery groups, reading and praying, share meetings can be included in this.

❖ The arrangement and distribution of care packages: These should contain women underwear, hygiene products, and healthcare and cleaning products.

Men

❖ The formation of support groups: With regard to post-disaster care, consideration should be given the fact that among the men who have become dependent on others the tendency towards offence, harassment and substance abuse increase.

❖ Task Assignment: They can be assigned to voluntary works, e.g. the distribution of aid materials, carrying of them, camp cleaning, repair works.

Children

❖ Newborns and children under age 8 should not be taken away from their parents or other carer relatives except for playing purposes until they build a confidence relationship with relief workers.

❖ To those children over age 3, the names and contact details of their family members and of village/township/region can be taught by way of entertainments.

❖ Games can be organised to take children away the disaster setting and identify those needing special support.

❖ In games, care should be taken to play known games specific to region/territory and use known songs and dances and toys easily found in the disaster area.

❖ Fixed game packages can be prepared. In these, paints, papers, legos, toys, balls, etc. for distribution to children and for use in games can be included.

❖ How best care for a fatherless and/or motherless child can be provided within the limitations of their culture should be researched.

❖ For mothers, co-operation should be established with the relevant authorities for the delivery of services such as, in particular, breastfeed measures and the basic nutrition of infants and facilities which will be warm and where mothers will be cared.

❖ How children and adolescents may react to emergencies or crises and what can be done to cope with this can be told at the meetings with parents during visits to familis and tents and a share environment can be established.

Educational activities for children

Proper and reliable settings where young volunteers and teachers can work should be established supplying educational materials so that educational activities can be maintained. When building a tent school or temporary education areas, consideration should be given that;

❖ these are built away from the areas where children can be affected adversely (military zones, the places where funerals take place);

❖ these are built in the populated areas;

❖ these are built in an area where water closets are easily accessible;

❖ if necessary, volunteers should accompany the little students, in particular, on the way to school and back to home;

❖ the situations that are culture-specific or can threat educational activities, as well as normal code of conduct should be identified, and the awareness of educators should be raised concerning such situations (e.g. gender discrimination,   child labour, offence).

Students from different age groups should be schooled in temporary educational facilities until the formal education restarts. For this purpose, teachers and local workers can be co-operated and campaigns which urge return to school can be organised for both communities and students.

Regarding the curricula in temporary schools, consideration should be given that:

❖ these support the mental health and well-being of students as well as contain effective learning methods;

❖ these are flexible to meet emotional, cognitive and social needs and contain psycho-social intervention actions taking into account the capacity of students and the phase of disaster;

❖ these contain activities which show children restoring normal life is possible and which allow making plans for the future and regaining the feeling of confidence;

❖ the games which can be played in a co-ordinated way rather than those including contests should be preferred, and the structured games, dances, dramas and songs which are in harmony with the culture and support self-expression, making preference, social communication skills should be used in education;

❖ life skills should be taught and what the protective and preventive actions to be taken in an emergency in that environment are should be shown.

It is important to train and support the education volunteers on how they will preserve the psycho-social well-being of students. Such training and support should come with consideration given to the following:

❖ the creation of a reliable and protective setting for education, promoting the involvement of community;

❖ showing how children can cope with hard conditions and what a psycho-social support is, taking into account gender and age differences;

❖ showing constructive class management methods and the ways that can be used as alternative to punishment;

❖ showing how to deal with anger, fear and mourning among students;

❖ describing how the structured arts, culture, sports, games and skills activities can be carried out;

❖ preparing a psycho-social action plan;

❖ building the skills of educators to cope with emergency and post-emergency challenging situations and the stress.

Also, share meetings can be organised for those volunteers. It is important to train the local workers and/or volunteers to be assigned as an educator on how they can discern those students with serious mental problems and who are psycho-socially bothered and to brief them about referral chain.

These guidelines concern mainly with the interventions towards at risk/vulnerable women, men and children. In the studies towards the old-aged people, the disabled and those from similar groups, the interventions adapted from those dealt with in these guidelines can be used considering the basic characteristics of those groups.

CHAPTER V MONITORING AND ASSESSMENT

Monitoring and assessment is essential to follow up the impacts of psycho-social support services and to develop psycho-social support programmes collecting information about those services. For monitoring and assessment, the Psycho-Social Programme Evaluation Form (Annex 4) can be used. This form can be revised, as appropriate.

Monitoring is a process by which the outputs and impacts of and the reactions to psycho-social services delivered and which is continuous. Monitoring is achieved by comparing the initial state information about indicators with that in certain periods to measure change in services; as monitoring indicators, the factors that best represent the change are used.

Assessment, on the other hand, is a process by which the results of monitoring are interpreted.

Monitoring and assessment are carried out in the following sequence.

1. **The demonstration of purpose and scope**

At this stage, the purpose and the extent of monitoring and assessment are demonstrated. The purpose of psycho-social programmes can be defined as "to help individuals and community cope with post-disaster or post-emergency behavioural, psychological and social problems and prepare the society psycho-socially by way of capacity building measures.

2. **The definition of performance questions, information needs and indicators**

At this stage, what will be monitored and assessed and which questions must be answered to achieve a service management in the desired way.

   a. The definition of activitiy for process indicators, its quantity, quality and scope (e.g. the number of training programmes)

   b. The definition of the satisfaction of participants for satisfaction indicators

   c. The definiton of the change observed with individuals and community according to the issues defined for result indicators

The objectives of psycho-social programmes can at the same time be defined as the expected outcomes of the programme. The number and content of objectives will vary depending on the post-disaster situation and on the characteristics of the afflicted community.

3.   The planning of data collection mechanism and arrangement

At this stage, how the required data will be collected, arranged and distributed is agreed.

a. An ethical initial assessment implemented in a proper partipatory setting

b. The measurement of indicators before and after the intervention

c. The presentation of quantitative data together with qualitative data (for example, the presentation of statistics together with the comments of individuals on the intervention)

4.   The planning of critical transfer process and the related activities

At this stage, what the inferences from the collected data will be and how these will be used for development is determined.

5.   The planning of communication and reporting

At this stage, how and with what tools the communication and reporting will take place is determined.

6.   The employment of monitoring results to learning, development and change

a. The data about the indicators identified should be collected on a regular basis for months and years coming immediately after the emergency.

b. The main results of monitoring and assessment should be shared with the relevant stakeholders, the government, the co-ordinating agencies and the afflicted population in the local language and with a simple and understandable content.

Assessment of psycho-social programmes is based on the criteria below.

<div style="text-align:center">

SUITABILITY

</div>

❖ To what degree does the psycho-social support service meet target group demands?

❖ To what degree is the service acceptable by local people?

❖ To what degree can the service be provided at the local level?

❖ Who and which institutions are involved in the preparatory stage of psycho-social service? What are the outcomes of the meetings held?

❖ To what degree were the other projects and/or activities for a similar subject taken into consideration?

❖ How fastidiously were risks and assumptions analysed?

❖ The content and suitability of logical framework

❖ Cost-effectiveness

<div style="text-align:center">

EFFECTIVENESS

</div>

❖ How are the indicators effective?

❖ To what degree were the planned targets achieved?

❖ How were the benefits shared?

❖ (If service contains) were behavioural changes observed with the relevant groups?

❖ How flexible was the management of risks and assumptions?

❖ Was a balanced distribution of responsibilities made among partners?

<div style="text-align:center">

IMPACT

</div>

❖ To what degree did the service contribute to overall objective?

❖ How did the service contribute to economic and social development?

❖ If there are planned impacts, how did they affect the overall result?

❖ To what degree did the service take the overall values of gender discrimination, environment and poverty into consideration and what were its impacts?

SUSTAINABILITY

❖ Owning objectives and the results obtained

❖ Change in the insitutional capacities of participating groups

❖ Socio-cultural factors, the degree of success to meet local demands

❖ Financial sustainability

An Assessment Model for Psycho-Social Programmes

Assessment models are created considering the programme objectives, the indicators determined based on those objectives, i.e. the expected outcomes, and the sources of verification used to measure those indicators. Indicators and the sources of verification may change according to the programme objectives. This section describes the assessment model for the post-disaster/post-emergency psycho-social support services of Turkish Red Crescent and the three basic objectives have been the starting points.

Programme Objectives and Indicators/Expected Outcomes

Objective 1 – To raise awareness among people concerning the pschological impacts of disasters and as a result to alleviate the adverse psychological impact.

a. The target community becomes more aware/informed about the psychological impacts of disasters.

b. The target community shows development regarding coping mechanisms.

Objective 2 – To contribute to social development by driving the community to have increased post-disaster social-functionality.

a. A link is established between the society's resources and the current needs of the society.

b. Society's resources begin to be used more effectively/are increased.

c. Social structure and social solidarity are improved/enhanced.

d.   The involvement of the society in social projects is ensured.

Objective 3 - To build local intervention capacity to maintain the sustainability of psycho-social actions.

a.   The collaborating organisation gains psycho-social capacity/ this capacity is enhanced.

b.   Psycho-social co-ordination networks containing clearly defined roles and responsibilities are established at the national and local levels.

c.   The psycho-social approac is introduced to all network partners serving out of the psycho-social area.

d.   The psycho-social intervention approach is harmonised with local culture.

Indicators should be specific, measurable, achievable, relevant and time-bound; when defining, they should be such that they are easily assessed and that they don't disrupt daily life of the society. The data obtained should be sorted according to age, gender and residential areas.

The sources of verification for programme

The term, "source of verification", means the sources evaluated to see/measure whether or not an objective is achieved.

The sources of verification

A.1. Personal interviews

A.1.a.   The number of personal interviews made

A.1.b.   The content of personal interviews

A.1.c.   The assessments by the interviewer of the results of personal interview

A.2.   Group meetings

A.2.a.   The group meetings held

A.2.b.   The content of group meetings

A.2.c.   Feedbacks from group meetings

O B J E C T I V E

I

A.3. Psycho-social brochures

    A.3.a. The type and number of the brochures distributed

    A.3.b. Surveys with short and open-ended questions regarding the effectiveness of brochures

    A.3.c. The number of applications received for psycho-social services through brochures

A.4. Psychological first aid training programmes

    A.4.a. The number of training programmes (participants/the number of sessions)

    A.4.b. Both pre- and post-training evaluation tests

A.5. Visits to homes/tents

    A.5.a. The number of visits

    A.5.b. The number of applications received for psycho-social services through brochures

    A.5.c. Awareness and satisfaction surveys executed during visits containing short and open-ended questions about psycho-social services

A.6. Media coverage

    A.6.a. The content, period and time of media coverage (for publicity purposes)

    A.6.b. The degree of interest in the target group in media coverage (e.g. the number of listeners called the radio programme)

B.1. The level of coping with post-trauma psycho-social impacts among the beneficiaries who are given post-disaster psychological first aid information according to measures with proven effectiveness and standardised/ will be standardised

B.2. Observations of, consultations by, and comments of psycho-social professionals

**O
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A.1. The results of the need and resource analysis either currently available or is developed to meet the needs of target group

  A.1.a. The number of persons and institutions for whom and where need and resource analyses are made

  A.1.b. The results of need and resource analysis

  A.1.c. The number of persons directed towards resources based on their needs

  A.1.d. Measuring the degree of satisfaction by the directed persons as above

A.2. The needs and resources identified by the executor

  A.2.a. The number of persons directed as a result of observations and interviews

  A.2.b. Measuring the degree of satisfaction by the directed persons as above

A.3. The assessment reports and minutes prepared with organisation network partners and potential resource providers

A.4. A brief survey to measure to what extent the needs are met using the society's resources

B.1. The number of participants in the social activities carried out

B.2. The number of psycho-social activities in which community leaders involved

  B.2.a. Meetings with community leaders to assess psycho-social effectiveness

B.3. Regular meetings, actions, projects with the relevant partners to update the current data about the available resources/services the society have, and the written documents related with them

B.4. Community surveys to measure the level of awareness about community resources

B.5. The number of persons directed to the resource according to their needs

C.1. The number of psycho-social volunteers

C.2. The number of activities/projects organised by volunteers

D.1. Social projects

  D.1.a. The number and content of social projects

  D.1.b. The number of persons involved in social projects

  D.1.c. Evaluation forms filled in at the end of projects

  D.1.d. The projects implemented with other institutions and organisations, their processes/outcomes

O B J E C T I V E I

A.1. Psycho-social staff to be assigned to operations and volunteer training

    A.1.a. The number and quality of training programmes

    A.2.b. The number of training participants

    A.1.b. The results of training evaluation form

A.2. The psycho-social capacity of the collaborating organisation

    A.2.a. Psycho-social department/unit established/ psycho-social programme approved officially

    A.2.b. Psycho-social department/unit/programme have officially approved regulations

    A.2.c. The budge allocated by the collaborating organisation for psycho-social services

    A.2.d. The psycho-social intervention plan officially incorporated into the disaster response plan of the collaborating organisation

B. 1. The psycho-social organisations added to the co-ordination network

B.2. Regular meetings with the organisations on the co-ordination network

B.3. For an integrated psycho-social intervention, the official protocols executed by the organisations on the co-ordination network

C.1. Psycho-social briefings for the concerned person serving out of psycho-social area

C.2. The training demands by the organisations serving out psycho-social area/ the trainings given

    C.2.a. The number of demands/training programmes (for whom/how many sessions/what kind of training)

    C.2.b. The results of training evaluation form

D. 1. The rewriting of psycho-social materials into the daily language of target group

    D.1.a. The rewritten material (content/nature)

D.2. The cultural adaptation of psycho-social materials

    D.2.b. The assessment of the effectiveness of materials

D.3. For disaster teams, the provision of key psycho-social information specific to the culture of target group / making this a continuing activity

Within the scope of monitoring and assessment for psycho-social programmes, consideration should be given to the following:

❖ Keeping and writing records and reports of all services on regular basis;

❖ Discussions on the works by local workers at meetings and workshops which will be organised regularly, and the follow-up of works using daily, weekly and monthly report forms;

❖ Verifying from various sources whether or not the services achieved their goals;

❖ The continuous evaluation of services and rearrangement or modification of them, if necessary.

The tools for psycho-social monitoring and assessment include: daily, weekly, monthly reports and records; need and resource analysis forms; personal interview forms; group evaluation forms; performance evaluation forms; other forms used for interventions; scales; and surveys. Also, depending on the nature of disaster and the characteristics of the afflicted community, different tools can be employed or new ones can be developed.

> *In Psycho-Social Services*
>
> *Monitoring* tries to find an answer to "are our works correct"; and
>
> *Assessment* tries to find an answer to "are we doing correct works".
>
> *Monitoring* answers "what happened how and why" and
>
> *Assessment* answers "what is the difference".

TÜRKKIZILAYI 1868	**PSYCHO-SOCIAL NEED ASSESMENT FORM**

Date: **Form No.:**

Interviewer:

PERSONAL INFORMATION

Name: **Sex:**   **Neighbourhood/District:**
                             □ Male
                             □ Female

Age: **Address:**

Phone   **E-mail:**

Home: **Business:**   **Mobile:**   **Fax:**

Contacts in case of non-availability and their phone numbers:

Age Group:	**Civil Status:**	**Education Level:**
□ 0-12	□ Married	□ Illiterate
□ 13-18	□ Single	□ Read-Write
□ 19-30	□ Divorced	□ Primary School
□ 31-60	□ Lost Spouse	□ Secondary School
□ 61 and over	□ Partner	□ High School
		□ University
		□ Postgraduate Degree
		□ Other

Of the interviewed person:

Occupation:	**Social Security:**	**Status in the Family:**
…………………….	□ None	□ Mother
Current work:	□ Social Security Institution (SSK)	□ Father
…………………….	□ Social Security Organisation for Artisans and the Self-Employed (BAĞ-KUR)	□ Child
Work status:	□ Retirement Fund (Emekli Sandığı)	□ Grandmother-Grandfather
□ Working	□ Green Card (Yeşil Kart)	□ Kinsman/Kinswoman
□ Not working	□ Private Insurance	□ Other
□ Unemployed	□ Student	

Other members of the family (household:

Name	**Age**	**Sex (M,F)**	**Status in the family**
………………….	…….	………………………	…………………………
………………….	…….	………………………	…………………………
	Total males	………………….	
	Total females	………………….	

NEEDS

PERSONAL NEEDS: **(Rate the level of need:** None 0, Less 1, Partial 2, Much 3, Very much 4)

( ) Accommodation ( ) Food, Nutrition ( ) Clothing
( ) Social Circle ( ) Education ( ) Economic
( ) Legal Assistance ( ) Work ( ) Psychiatric service
( ) Psycho-social Service ( ) Medical Healthcare ( ) Clean water
( ) Link with the family ( ) Hygiene ( ) Religious facilities
( ) Other 1 …………. ( ) Other 2 …………. ( ) Other 3 ………….

Comments - (Real symptoms of the situation)
....

FAMILY NEEDS: **(Rate the level of need:** None 0, Less 1, Partial 2, Much 3, Very much 4**)**

( ) Accommodation ( ) Food, Nutrition ( ) Clothing
( ) Social Circle ( ) Education ( ) Economic
( ) Legal Assistance ( ) Work ( ) Psychiatric service
( ) Psycho-social Service ( ) Medical Healthcare ( ) Clean water
( ) Link with the family ( ) Hygiene ( ) Religious facilities
( ) Other 1 …………. ( ) Other 2 …………. ( ) Other 3 ………….

Comments - (Real symptoms of the situation; please specify whether it is the general need of the family or the need of a specific individual)

1-   2-   3-

3-   4-   5-

ADDITIONAL INFORMATION

1-) Do you know any community organisation/resource/fund where you can meet your needs?

□ YES □ NO TOTAL NUMBER ( )

If YES, what are the names of those organisations/resources/funds, what type of services they are providing, and what are the ways of access to the service?

Organisation/Resource/Fund Name	Service/Support Details	Ways of access to service
1.		
2.		
3.		

2-) Are you still in contact with those organisations/resources/funds or did you get into contact with them?

□ YES □ NO

If YES, which are those organisations/resources/funds? To what extent they met your needs?

(Rate on a scale of 0 to 4: None 0, Slightly 1, Partially 2, Satisfactorily 3, Fully 4)

( ) Organisation: …………………………. ………………………….

( ) Organisation: …………………………. ………………………….

( ) Organisation: …………………………. ………………………….

THE RELEVANT RESOURCES IDENTIFIED (To be filled in by the personnel) *What are the resources that will meet the needs?*

1.

2.

3.

ACTION LIST (To be filled in by the personnel) *(Recommendations, actions to be taken, the latest situation)*

1.

2.

3.

NOTE: This form is subject to reconstitution, shortening, or extension with additional questions as may be needed depending on the target persons or groups, the needs questioned, and other variables.

PSYCHO-SOCIAL SITUATION REPORT

C H A P T E R   V I   A N N E X E S

1. **OVERALL SITUATIONAL ANALYSIS**

   a. The geographical and environmental characteristics of the affected area

   b. Pre-disaster conditions

   c. The type of disaster

   d. Mass action or expected action

   e. Security status

   f. Overall situation and basic needs for the maintenance of life

   - Mortality rates and causes

   - Stock status, the lates food allocation and future food requirement

   - The available amount of water

   - Satisfactory hygiene conditions

   - Shelter and clothing

   - Other basic vital needs

   g. Economic aspects: job, resource allocation, political ethnical assessments

   h. Community assessments: solidarity, political and ethnical characteristics and gender-related matters, other assessments

   i. Education: the impacts of disaster, logistical and economical situation, available teachers and teachers' role

   j. Family bonding measures

2. **THE DEFINITION OF THE AFFLICTED POPULATION**

   a. Demographic evaluation in terms of age, ethnic origin and vulnerability:

   - Children who lost their fathers/mothers

- Women/children/adolescent family leaders

- Old-aged people

- Those with physical disability and developmental disorder

- Those with chronic mental health (place: with family/ hospitalised)

- The average number of household members

- The locations of the afflicted population: camps, villages, towns, rural areas, cities, desert, forest land, accessibility

b. In cases of conflict (in addition to those above)

- Child soldiers involved in the conflict

- Those suffered from offence or sexual abuse

- The families of lost/ constrained persons

3. FACTORS REGARDING PSYCHO-SOCIAL NEEDS

a. The structure of disaster

- The period of disaster or the period of exposure to disaster by the beneficiary

- The period of post-disaster deprivation from food, water and shelter

- Whether or not the beneficiaries witnessed the injury or death of a family member, a friend, or other persons around

- Whether or not the beneficiaries saved from injury or death

- Risk factors that are still continuing

- The disruption of the traditional family and support network

- Ethnical, political and religious conflicts

- The loss of privacy

- Pause in normal activities (business, school, house works)

- Break up from the family (lost or constrained family members)

b. In cases of conflict: (in addition to those above)

- The number of deaths and execution and information about such events

- Exposure to the above situations by the beneficiaries

- Continuing offence and harassment

- Tortured or currently being tortured

- Sexual offence

- Exposure to armed attack, artillery fire, bombing, mines

- The threat of offence continued

- Arrested/imprisoned

- Bullying, intimidation, threatening

4. **CULTURAL, RELIGIOUS, POLITICAL AND SOCIO-ECONOMIC CONDITIONS**

a. Social structure: clans, tribes, communities, groups, etc...

b. Family type: large family, common values, common coping mechanisms, etc...

c. Relations with the host country in the case of being a refugee

d. The self-organisation of the emerging social structure/the afflicted population

e. Community leaders: political, ethnical, religious, military

f. Social groups and associations

g. Cultural factors

- Matriarchal/patriarchal

- Religion and its impacts on the society

- Attitude toward sick people and the disabled in the society

- How feelings/thoughts are expressed (e.g. grievance, anger, happiness, conflict, intolerance, prejudice)

- Attitude towards insane people in times before disaster and today in the society

- Do people demand help/psychological assistance?

- Do people understand their grievances/traumas and can cope with such?

- Sanctions/ taboos (death, burial, mourning, rape, take revenge)
- How were conflicts, traditions and the performance of their rituals affected by the disaster?

5. MENTAL HEALTH/ PSYCHO-SOCIAL POLICIES AND RESOURCES

a. Is there a national mental health policy/action plan? Was preparedness or emergency response incorporated in that plan?

b. Are psycho-social programmes implemented in the affected area?

c. Do the National Red Cross/Red Crescent Societies have capacity to implement a psycho-social programme?

d. Are there any other NGO's or local organisations which can implement psycho-social programmes?

6. SELF-HELP CAPACITY

a. Harmony and solidarity within the society

b. Rehabilitative and activity levels of the afflicted community

c. Formal and informal educational activities

d. Self-help and support groups

7. CONCLUSIONS AND RECOMMENDATIONS

a. Recommendations for urgent and comprehensive interventions

b. Available resources, co-operative relations and need and resource forecasts

c. Important constraints, restrictions and risks

LOCAL PERSONNEL PERFORMANCE EVALUATION FORM

Year:

Period:

Name of staff member:

Job title and post:

Assignment beginning date:

Name of the author of report:

Job title:

Reason of reporting:

□ Annual evaluation

□ End of assignment/Contract extension

□ Contract termination

□ Vacating responsible manager

□ Other………………………………..

General evaluation: For the purposes of personnel evaluation, either the criteria below can be used or new ones can be formulated according to the content and objectives of programme.

A.   COMMON VALUES

A.1. Principles of the parent organisation

- • Awareness of and commitment to basic values
- • Compliance with basic principles in everyday routines
- • The introduction of principles where opportunity arises to do so
- • Being a role-model for remaining workers

A.2.   Professional Ethics

- • Compliance with the principles of psycho-social programme and of parent organisation
- • Compliance with the ethical rules of professional organisations where he/she is a member

A.3. Professional Code of Conduct

- • Being honest and fair at work

- Contribute to ethical values
- Being consistent in what said and what did
- Loyalty to employing organisation
- Reject unprofessional and unethical conduct
- Respect individuals, have self-control

B. BASIC QUALIFICATIONS

B.1. Work approach

B.1.1. Reliability

- Being able to take logical and correct financial decisions even under pressure
- Being able to fulfil his/her responsibilities even under difficult conditions
- Assume responsibility for his/her personal development and career
- Comply with his/her duties and responsibilities

B.1.2. Result- and solution-oriented

- Take action, predict the results, guide towards the right direction
- Show courage when managing risks
- Commitment and being fastidious to achieve the desired results on time and within budgetary limitations
- Make effort to remove constraints and improve work processes

B.1.3. Deciveness

- Being apt to take decision within specific time frame
- Assume responsibility for proper consultation and clear transmission of the decision
- If necessary, being able to take independent decisions
- Follow the decisions taken and assume responsibility for the outcomes thereafter

B.1.4. Innovation

- Develop and propose creative/innovative views
- Being able to provide support to volunteers
- Being able to set new goals
- Being able to take risk to find effective and efficient solutions

B.2.   Teamwork

B.2.1.   Collaboration with units, institutions and organisations

- Co-operate with his/her colleagues to enhance the performance of programme
- Being able to do teamwork
- Being able to integrate his/her works into those of the parent organisation
- Being able to establish an effective communication co-ordination with co-ordination network partners
- Make efforts to make his/her unit more effective

B.2.1.   Communication

- Have listening and comprehension skills
- Being able to speak the language of target group
- Being able to show proper persuasive attitude
- Being able to use proper skills for conflict solution and guidance
- Contribute to the contact of his/her programme with external sources

B.2.3.   Information Exchange

- Being open to the exchange of information with his/her colleagues and other partners
- Share and implement the best practices and the lessons learned with others
- Punctuality in writing the reports and in delivering them to the relevant authorities

B.3.   Technical Qualifications

B.3.1.   Technical Qualifications

- Have necessary skills and knowledge for the work
- Add up to current knowledge/ maintain continuous learning
- Being able to use his/her professional experience in decision-making process
- Show respect to the agreed professional standards

B.3.2.   Business procedures of the parent organisation

- Follow administrative and financial procedures
- Ensure preparing, filing necessary documentation and submission of them to the relevant authorities
- Fulfil the tasks specified in his/her job description

PSYCHO-SOCIAL PROGRAMME
EVALUATION FORM

Period:

Executors:

Purpose of Programme:

Programme Objective/Expected Outcomes:

Process Indicators:

1. The definition of activities

2. The quantity, quality and scope of activities

3. The tools to be used: Reports (daily, weekly, monthly), observation and interview details, meetings, forms and surveys

Satisfaction Indicators: The programme is assessed based on the sources of verification specified in Chapter V.

SOME METHODS FOR INTERVENTION

Respond to crisis

Target   : Individuals or small groups, relief workers, disaster victims

Goal   : To take control to cope with crisis

Application   : Where there is a continuous interview setting, every period

- Show interviews are not a long-term therapy, but are a short-term intervention

- Collect information about the cause of crisis expecting answers to the questions, "What happened?", "What are your concerns?"

- Take an emphatic, warm, sincere and confidence-building manner throughout the interview and try to understand the feelings of person interviewed and name them

- Direct the person interviewed saying, "You must be very sad", "Do you regret for being in this situation", to make him/her see the situation from a realistic point of view and admit it as it is without generalising it

- Learn the capabilities and past experiences of person interviewed, as well as the supportable resources expecting answers to the questions, ""How did you cope with the past emergencies/disasters?", "How do you behave and what will help you when you're angry, hurt, fail, lose?"

- Observe the symptoms of serious mental diseases, and ask if he/she has delusions, rejections, hallucinations, inclination to suicide, malicious behaviours

- Learn urgent needs, problems and priorities, list and name them

- Show alternative ways for solution, make plan, help him/her act and find solutions as well as encourage him/her be active and take action

- Support to make him/her have a stronger relationship with family members, friends and other support groups
- If necessary monitor and provide guidance

Relaxation

Target : Groups, relief workers, disaster victims

Goal : To normalise certain post-emergency/post-disaster reactions and resolve interpersonal conflicts

Application : Following the creation of a continuous interview setting, every period

- Collect information about the causes of interview, what happened, summarise, draw the outlines of events
- Learn the thoughts of all members of the group expecting answers to the questions, "What did you feel when this event happened?", "What was the worst side of the event for you?", "How do you feel now?"
- Learn coping methods expecting answers to the questions, "How do you cope with the event?", "What can help you now?", "What do you recommend for others in a similar situation?"
- Relieve stress doing relaxation exercises by observing the moods of individuals at that time and giving breaks, if necessary
- Teach proper ones among the methods of coping with the stress and encourage individuals to apply those methods
- Summarise and discuss the ways of solution
- Do at least one follow-up interview if fellowship is established

Relieve stress

Target : Individuals or small groups, relief workers, disaster victims

Goal : To help relieve the stress and the symptoms of anxiety

Application : Every post-disaster stress case

- **Health, rest, nutrition, entertainment:** It is recommended following meeting basic physical needs to rest, have regular sleep, do physical exercise, eat healthily, consume at minimum alcohol/cigarette/coffee/drug, as well as spend leisure time doing entertaining activities like playing cards, watching television, jogging, reading book/newspaper/magazine, listening to music, chatting.

- **Relaxation methods:** Following building confidence, the methods below can be used:

  ✓ **Breathing exercises:** A silent, still and deep breath is a healthy breath. Inhale in at a controlled way, hold your breath for a short time, and inhale out.

  ✓ **Imagination:** Think about a relaxing situation and/or image and imagine it with detail and tell it (e.g. colour, temperature, odour, sound).

  ✓ **Muscle relaxing:** Tighten all your muscles until they relax and then relax them and focus on feeling the relaxation as your muscles relax.

With regard to relaxation exercises, considerations should be given to the following points:

→ Relaxation exercises should be given up when the individual becomes agitated and show dissociative symptoms.

→ Relaxation exercises should not be done in the situations of acut mourning, excessive anxiety and panic, psychopathologic problems, substance abuse, the feeling of gaining excessive control, the lack of confidence.

→ With relaxation exercises, jogging in the forest, the sea may bring past traumatic experiences back to mind. Therefore, the traumatic stories of individuals should be known before intervention.

Self-expression

Target : Individual or small groups, in particular children under age 11 and adolescents and adults having difficulty in expressing themselves

Goal : To cope with post-disaster and emergency impacts using the methods which don't require intensive skills for expressing oneself

Application : Every time following disaster

- **Free Application:** Child plays/studies with puppets, dolls or other materials of arts without attendance. He/she is just watched and based on observations, his/her feelings and thoughts are interpreted.

- **Attended Application:** Child expresses his/her experiences about disaster/trauma by means of dolls, puppets, painting or shaping under the executor's guidance. Story-telling, poem-writing and similar methods can be used with older students.

- **Artworks:** Free painting, drawing, mud-shaping, play-doh, drawing and painting "an individual/family member", drawing collectively and dramatising, drawing the maps of disaster/trauma, depicting similar scenes by mud-shaping.

- **Play Techniques using Dolls:** Free play with human-like or animal-like dolls (these can be commercial, house-made or paper dolls), and with toy trucks, soldiers, kitchen goods, domestic goods, house models, and dramatising, playing guided games.

- **Puppetry Techniques:** Free play with puppets, topic animation, leading the play, role playing.

- **Story-Telling Techniques:**
  → Retelling a story already told by a child by the executor, but finishing the story this time with a new end, which is happier, recuperative, rewarding, and proposing a solution.
  → Prepare notebooks containing drawings, stories, the images of famous persons and poems.
  → Role-play with roles including real experiences about disaster/trauma and with roles related to the ways of coping.
  → Telling past stories of community and the stories about the ways of coping.

- **Composition Techniques:** Keeping diary about events and feelings, and writing poems and stories.

- **Relaxation Techniques:** After finding a "magic word", using it as a means of relaxation under stressful conditions, playing active games, contests, applying muscle relaxation methods, massaging on the neck and back, doing physical exercises which help relaxing.

Representative Group Activities for Children

A PLATE OF FEELINGS

Goal: To help children become more sensible and aware and learn respecting the feelings of others.

Age group: Children at age 7 and over

Materials: Four paper plates or round-cut paper clips for each child

Process:

1. Hand out paper plates to the group and ask them to draw on the plates the facial expression of happy, sad, angry and surprised persons each.

2. Give situations like the following and ask children to raise the plate matching their feelings in those situations.

- You're going to visit your grandmother.
- Your mother wants to bathe you.
- Your sister/brother is sick.
- Your friend stepped on your foot.
- Your teacher got angry with you since you didn't do your homework.

3. Start interaction asking the following questions to the group.

- Did your friend and you raise the same plate in different situations?
- Did you raise different plates than the plates your friend raised in different situations?
- Is it normal that you feel different than others do in the same situations? If yes, how should we see if others feel different than we do in the same situations?

CONFIDENCE WALK

Goal: To help children understand the importance of feeling confident

Age group: Children at age 10 and over

Materials: A piece of cloth or paper which can be used as a blindfold

Process: 1. Start discussion on the following topics.

- Have you ever trusted somebody?

- Have somebody ever trusted you?

2.   After collecting adequate feedback on these topics, pair the group.

3.   Ask one partner from pairs each to be a guide. Get the guide to blindfold his/her partner.

4.   Ask the guides to instruct their partners to change the place of their chairs and walk around the rearranged setting.

5.   Change roles in pairs and then repeat the process.

6.   Start group interaction asking;

- What did you feel when you took somebody's responsibility?

- What did you feel when somebody guided you?

- Do you think that you maintained the same level of confidence on your guide from the start to the end of the walk?

THOUGHTS AND FEELINGS

Goal: To help children understand the relation between feelings and thoughts

Age group: Children at age 10 and over

Materials: Forms* for children each

Process:

1.   Hand out the forms to the group.

2.   Ask the group to fill in the blank sections of the form what they feel when they're in each situation shown in the form.

3.   When they finish, ask them to share their replies with the group.

4.   Start interaction asking;

- Did you feel different in different situations? Why?

- Did everybody feel the same way in the same situation? Why did some of your friends feel different than others do in the same situation?

- Is there anything you can do if you want to feel different?

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*Form:

1. **a.** You were out in the street with your bicycle. At that moment, some boy/girl shouted to you, "Hey! Don't steal my bicycle. Bring it back to me.

Feeling: ....

    b. You stopped and said to the other boy/girl that it was your bicycle. He/she looked at the bicycle closely and after that said, "I'm sorry. I thought it's my bicycle, but I was wrong. I bought it with my pocket money I had been saving for two years."

Feeling: ....

2. **a.** You're in a supermarket and a lady hit you when passing next to you in a hurry and you fell down. Then she left out.

Feeling: ....

    b. In a minute or two, somebody told you that the child of the lady, who hit you, was taken to hospital by ambulance.

Feeling: ....

GROUP STORY

Goal: To help children distinguish explicit expressions from the implied ones

Age group: Children at age 8 and over

Materials: Blank papers according to the number of children

Process:

1. Group children with five members in a group.

2. Hand out two papers to groups each.

3. Say to groups that they're going to write a story and give them the following instruction.

"Write down a sentence on one of the papers handed out to you one by one. But, I want everybody to fold their paper not to let his/her friend coming after him/her what he/she wrote down. At the end of the third round, we'll have had a story."

4. When all groups finish, ask them to read out their stories one by one.

5. When they finish reading out their stories, ask:

- Did the stories have meaning?

- Why did we reach a result of this kind?

6. After adequate discussion on these topics, repeat the steps 3, 4, and 5. However, this time, groups aren't going to fold the papers and let their friends coming after them see what they wrote down.

7. Continue discussion asking;

- If we don't understand or if we misunderstand what a person we're speaking with is saying, then which story will we get?

- If the person we're speaking with doesn't understand or if he/she misunderstands what we're trying to say, then which story will we get?

- Have you ever misunderstood something?

- Have you ever misunderstood somebody?

- What should we do in order not to be misunderstood or in order not to misunderstand others? (Stressing that an open communication requires what's said and what's heard to be the same, discuss how this can be achieved.)

MIRROR, MIRROR

Goal: To help students improve their observation skills

Age group: Children at age 7 and over

Process:

1. Group children with three members in a group.

2. Ask the first child to make some gestures and mimics, then the second child to mimic the first one, and the third child to be a referee for the second.

3. Start group interaction asking;

- What did you feel when you were mimicking your friend?

- What did you feel when your friend was mimicking you?
- What did you feel when you were refereeing?

I LOVE MYSELF

Goal: To help children see themselves as beings deserving to be loved

Age group: Children at age 8 and over

Materials: 1. Papers for children each; blank drawing paper: size, 12x18

2. A small portrait photograph of each child

3. Glue

4. Crayons

Process:

1. Hand out drawing papers to children and ask them to glue their photographs on top of the paper. (If they don't have a photograph, they can write their name/family name on top of the paper instead)

2. Direct the following instructions to children.

- Now, using a crayon in the colour you like, write down beneath your photograph one of your characteristics you like or are proud of.
- Now, turn the other side of your papers and using a crayon in the colour you dislike, write down one of your characteristics you dislike.
- Then, continue writing down your characteristics you like on the front side and those you dislike on the back.

3. When they finish the assignment, direct to them the following instructions.

"Now, turn the back of your papers and read out your criticism about yourselves and write down beneath it, although I'm… I love myself."

4. When they finish, select volunteers and ask them to share what they wrote down with the group.

IF I WERE…

Goal: To help children improve their self-beings

Age group: Children at age 9 and over

Materials: Forms** for children each.

Process: 1. Hand out the forms to children and ask them to fill in their forms.

2.   When they complete their forms, ask them to share their replies with the group.

3.   Start group interaction asking; Did you learn something new about yourselves? What are they? Did you learn something new about others in the group? What are they? Were there any questions difficult to answer? Which questions?

**Form:

1.   If I were an animal, I would be .... Because.

2.   If I were a flower, I would be .... Because.

3.   If I were a tree, I would be .... Because.

4.   If I were a house item, I would be .... Because.

5.   If I were a musical instrument, I would be .... Because.

6.   If I were a vehicle, I would be .... Because.

7.   If I were a city, I would be .... Because.

8.   If I were a game, I would be .... Because.

9.   If I were a food item, I would be .... Because.

10.   If I were a colour, I would be .... Because.

THE HAPPINESS CORNER

Goal: To help children understand better their own feelings.

Age group: Children at age 7 and over

Process:

1. Draw a large triangle on the ground. Name the corners of triangle as the happiness corner, the unhappiness corner, and the angriness corner.

2. Select a volunteer and give him/her one of the situations below and ask him/her to go to the corner of triangle matching his/her feeling in that situation and share it with the group loudly. For example, "I'm now at the happiness corner. Because I'm happy that my grades are high."

Some representative cases:

• Your friend wants to play with you, today.

• Your father brought you chocolate when he was home in the evening.

• You were lost when you were on your way home. You dropped a plate in the kitchen and it was broken. Somebody shouted at you.

• It's your birthday, today.

• Your shoes pinch your feet.

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