

# Coping

with crisis

ISSUE 2/2011



Focus  
**Japan**  
**Civil unrest**  
in the Middle East and North Africa

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Psychosocial Centre



International Federation  
of Red Cross and Red Crescent Societies





Around the World



Reflections



Focus 1 Japan



Focus 2 Civil unrest



A thousand words



Volunteering



# When you don't know...

In the world of psychology it is an established fact that insecurity is the worst state of mind to place a person in.

Most of us can cope with almost any kind of crisis, loss or disaster if we know how it happened and not least: what will happen next.

It might take time, but we can move on if we know, what the situation is.

However, if we do NOT know, the crisis could be prolonged, and it can lead to all kinds of psychosocial problems; depressions, fears and anxiety and even social tension when an entire community is affected. We have seen after many disasters, that men – traditionally not one of the most vulnerable groups – became increasingly frustrated when they could not get clear information about where to resettle. Being providers and caretakers of their families, the most important thing for them was to start rebuilding a new home and a normal life.

We have also seen it during the first months of 2011. How the political unrest in the Middle East and North Africa and the triple-disaster in Japan are immersed in insecurities: Will the demonstrators be attacked, which

side does the military choose, is there any radiation in the air, will we be able to return to our home area?

Whereas the outcome of political unrest is unpredictable, the disaster in Japan has underlined the necessity of giving clear and honest information to prevent a “pressure-cooker” effect, built on rumours and false perceptions. Also on the individual level, the sense of safety is important. Children, parents and caretakers lose trust and the belief that parents or society are able to prevent anything bad from happening. Especially children are vulnerable to this loss of trust and belief.

Psychosocial support has been among the major activities provided by the National Societies along the borders of Libya and during the unrest in a number of other countries as well as in the evacuation centres in Japan. Once again, these situations highlight the need and benefits of trained and skilled staff and volunteers.

I welcome you to this issue of Coping where we focus on the triple disaster and political unrest. You will also see that our magazine has changed look and is now available in print as well. We welcome your comments to both content and design.

Nana Wiedemann  
Nana Wiedemann

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**Some highlights on psychosocial support provides by National Societies, based on appeals, reports, feedback and current events. Many more National Societies continue to deliver and expand on the psychosocial activities**

## Colombia

Between December 2010 and January 2011 Colombia has been hit by the La Nina weather phenomenon causing widespread destruction affecting over 2.4 million people. It is planned that approximately 3,700 persons will receive psychosocial support.



## Finland

The Finnish Red Cross has collaborated with the Radiation and Nuclear Safety Authority of Finland developing a training and guidance note on the psychological effects of nuclear and radiation disasters. The Finnish Red Cross also conducted a "Specialized Emergency Response Unit (ERU) Evacuation Hospital" training 13 to 15 May. The aim of Emergency Evacuation Hospital is to build a shelter for critically ill/wounded people. Psychosocial aspects were presented and discussed and may be included in the response in the future.

## Gabon

In early January, several areas experienced violent winds and torrential rain. Volunteers of the Gabonese Red Cross conducted an emergency assessment, and identified 203 vulnerable families, who had lost their homes and property and were living without shelter even as it continued to rain. Based on the assessment volunteers provided emergency relief assistance and psychosocial support to the affected.

## Kenya

More than 40 incidents of fire have broken out in Kenya between January to March. Affecting at least 4,600 households, Kenyan Red Cross have responded to the fires by mobilizing staff and volunteers to provide humanitarian response including distribution of food, family kits, First Aid services, and psychosocial support, tracing services and transportation of casualties from the site to hospitals.

## Malta

Following civil unrest in Middle-East earlier this month countries in the Mediterranean basin have experienced an influx of migrants. Since February 2011, 1453 refugees have arrived in Malta, the majority of whom are single men. Malta Red Cross is providing basic assistance such as food, hygiene items, first aid, psychosocial support, restoring family links and temporary shelter. The National Society has trained 20 individuals in Restoring Family links (RFL) and Psychosocial First Aid (PFA).

## Myanmar

On 24 March 2011, Myanmar was hit by an earthquake measuring 6.8 on the Richter scale. An assessment showed that nearly 70 per cent of the affected households had already received assistance for emergency shelter, and nearly 50 per cent had received a standard family kit by one of the organizations on the ground. While clean water supply was still critical in some of the affected villages, no major implications on the health situation were reported, apart from the need for psychosocial support. The Myanmar Red Cross will now concentrate on activities for early recovery such as temporary shelter, water and sanitation, and psychosocial support.

## New Zealand



A 6.3 magnitude earthquake hit Christchurch on 22 February. 60 Red Cross volunteers have backed up Red Cross welfare teams going door to door to help residents cope with the aftermath of the disaster. For example, a 19 year-old-mother and her two-year-old son were found living in their car in the driveway of their home. Their house was flooded with silt and badly damaged. They did not have enough petrol in their car to get to a petrol station so the Red Cross stepped in and filled their car up with petrol, enabling them to drive to a welfare centre, where they are now being looked after. Volunteers were also looking after 500 people temporarily housed in two welfare centres and they are registering on a national database the details and whereabouts of people affected by the quake, enabling relatives and friends to find out that they're all right.

## Spain

On 11 May an earthquake hit Lorca in southern Spain. Spanish Red Cross is focused on healthcare and has also increased its humanitarian operation with psychosocial support teams from different regions of the country.

## St. Vincent & Grenadines

Heavy rainfall caused landslides and rivers to overflow in the north-eastern section of Saint Vincent island. Approximately 55 households were directly affected and up to 20,000 persons continue to be affected due to the lack of potable water. The opening and management of the two collection centres has been carried out by the local authorities with the National Society providing food and non-food items and organizing several psychosocial activities.

## Uganda

Riots have broken out in various parts of Uganda, following the opposition parties' calls for protests against the government in connection with increasing food and fuel prices. The Uganda Red Cross Society has provided life saving first aid, ambulance services to referral hospitals, as well as family tracing and psychosocial support to the affected people. The National Society has encountered some resistance from the general population since some members of the community have voiced their concern over the relationship between the government and the Ugandan Red Cross. To address this situation, an information campaign will be launched via radio, leaflets, and posters to highlight the neutrality of the Red Cross.

## USA

Due to the hurricane season, there have been 25 large Red Cross relief operations in 20 states since 31 March, including wildfires in Texas, tornadoes across much of the South, and flooding along major waterways including the Mississippi River flooding. More than 8,800 Red Cross workers have responded, helping people whose lives have been changed forever by these disasters. In late May, 2,100 Red Cross workers continued to help

people along the Mississippi River and in areas across the south where tornadoes destroyed entire communities. Working side-by-side with volunteers from partner organizations, Red Cross volunteers and staff are operating shelters, distributing meals and clean-up supplies, and providing health and mental health services.



## West Africa

Political turmoil in Côte d'Ivoire has affected the five neighboring countries of Burkina Faso, Ghana, Guinea, Mali and Liberia causing fear of large scale population movements. It is hoped that psychosocial support will be provided to up to 10,000 refugees, as well as to staff and volunteers of National Red Cross Societies. Activities will include psychological support to refugee children and parents, support to single female-headed households, means for children to participate in social activities, referrals to specialized services, child support activities and child friendly spaces, counseling for staff and peer support groups.



# Fear

Was that another earthquake?

Is another tsunami coming?

When will all this shaking stop?

Has anyone seen my wife, my child, my grandchildren?

By John Sparrow, IFRC Japan

**Five weeks on from the worst natural disaster to hit Japan for more than a century – some would say the worst ever – the questions keep coming. Indeed day after day there are more of them, many stemming from a crisis around a nuclear power plant .**

How long will it be before we go home? How long must we stay in this sports hall, this school, this makeshift evacuation centre? Will we ever go home? Will it be like Chernobyl? Will the

place I grew up in become a ghost town? Will the fields in my family for generations ever grow crops again?

As the tide of questions grows, many answers stay missing just as – besides the dead – over 14,000 people are missing. And what answers there are can be less than reassuring.

## Stemming the tide

Dr Toshiharu Makishima, General Director of the International Medical Relief Department of the Japanese Red Cross, says that needs changing. “People need good, reliable information early.

**“You cannot see radiation, and people’s fear can be the fear of the unknown... What you cannot see is difficult to respond to”**

They need insight into what is going on, especially on nuclear issues. You cannot see radiation, and people’s fear can be the fear of the unknown. When you can see what is wrong, you can take the appropriate action. What you cannot see is difficult to respond to.”

Japan’s 11 March disaster was a triple catastrophe. A 9.0-magnitude earthquake off the country’s northeast coast moved the seafloor by 24 metres, and unleashed a furious tsunami. Up to 30 metres high, it devastated coastal communities, reached inland as far as five kilometres, and in Fukushima prefecture crippled a nuclear power plant which has since leaked enough radiation for the event to be classified maximum risk. An evacuation zone around the

plant has now been expanded, suggesting the long-term displacement of many thousands of people.

The psychological toll on those who survived right along the coast is now presenting major challenges and Dr Makishima is in the field to strengthen Red Cross psychosocial response.

“You know,” he says, “the Japanese people are a stoic race. Even the foreign media have spoken of that, the absence of open grief, of tears and emotion. The people stay calm for the most part, disciplined, dignified. And it is true – this is how our people behave. In Japanese culture people are not used to expressing feelings, or passing on their opinions. Silence is golden.

Naoki Shiratuchi/JRCS







By Kathy Mueller, IFRC Japan

“But when the stress, the trauma is as great as now, it is important they do express themselves. Which is where we come in, providing a place and a time for them to do so. We have doctors and nurses trained in psychological first aid, and make no mistake, the need for that out there is enormous. Japanese people can deal with the greatest disaster, the loss of a home and loved ones. But they do need support to do it.”

The Japanese Red Cross was fast in providing psychosocial support in the three most devastated prefectures: Iwate and Miyagi as well as Fukushima. Five days after the disaster, a Miyagi support centre was established in Ishinomaki Red Cross hospital, providing help to grieving families. A second opened in early April at the Iwate Red Cross branch, from where outreach groups are working.

#### Fourth largest ever

More than 2,300 Red Cross nurses were already trained in psychosocial support, and many have joined the medical teams mobilized to disaster areas from a nation-wide network of Red Cross hospitals. The teams run clinics in evacuation centres, and mobile units bring care to the smaller and more remote ones, as well as to the general public deprived of care by the serious disruption of state services. Six specialist psychiatric teams have also been deployed.

Now Dr Makishima is strengthening networks and coordinating efforts with Japan's psychologists' association, local government health sectors, and other organizations.

When the earthquake – the fourth largest in the world since 1900 – occurred, he was with a Japanese team in New Zealand, dealing with anguish from the Christchurch quake which occurred on 22 February.

Some 28 Japanese students had been among the missing in Christchurch and their families had travelled to New Zealand to search for them. The Red Cross team had flown in to support the searchers.

#### Waiting for news

Where the families gathered every day to wait for news of their loved ones, they opened a Red Cross café, a place to rest, have tea, and talk if people wanted to. If a death was confirmed, Red Cross help was at hand if needed.

Japanese residents of Christchurch were assisted, too, with advice on stress and stress reaction, stress coping skills, and how to support their children. A 24-hour telephone hotline allowed Japanese people to speak of their feelings in their native language.

Dr Makishima says four important factors emerged from the psychological first aid: stay close to those who suffer, induce a sense of not being alone; be an active listener, wait for people to talk spontaneously; show empathy, accept people's feelings; give practical support, including information. Now those are guidelines practised at home. “What we learned in Christchurch gave us confidence in our programme, confidence it can be effective even in a tragedy as great as our own.”

# Healing with pride



**When she walks into the gymnasium which now serves as home for close to 200 tsunami survivors** in north-eastern Japan, the mood in

the large room gets noticeably lighter. Adults share shy smiles with Kuniko Kido, while the children scamper closer, vying for a spot on her comfortable lap. Kuniko is a nurse with the Japanese Red Cross and she is at this evacuation centre in Yamada to offer psychosocial support to those who lived through the March 11 earthquake and tsunami.

Psychosocial support is an important component to the health care being offered to thousands of survivors. “So many people are suffering from survivor's guilt,” says Kuniko. “They question why they survived but their loved ones didn't.”

It's the job of this 37 year old nurse to get people talking about their feelings, but in a culture where people just don't do that, it's a challenge.

“At first they hide their true feelings,” she says.

“So when I first approach them, I simply ask them how they are, how they are spending their day. Then once they trust you, and they can see you are there for them they slowly begin to open up.”



Toshiharu Kato





## “Psychosocial support is not a quick fix solution. Some will need support for years to come”

In another city, about an hour's drive away, 12 year old Mizuki leads visitors past her flattened house to her burned out school. Her family and friends survived, but virtually everything familiar to this little girl has been destroyed.

“The tsunami took everything,” she says in a voice stronger than what you would expect.

“I saved nothing. I miss my poster of my favourite band the most. I now spend my days helping my mother or walking around my town, just to see. As I walk, I think, ‘there used to be a house here’. It used to be a cheerful town.”

Mizuki says she doesn't have nightmares, but she is very afraid of the water, and of another earthquake. The ground shakes with increasing regularity here, as hundreds of aftershocks continue to rattle the region.

“She and her brother are very sensitive to the aftershocks,” says her mother Satomi.

“They try to hide under the bed and to cover themselves. All I can do is speak to them, try to calm them down and give them lots of hugs.”

“I'm quite concerned about my youngest daughter,” agrees fellow mother Kimie Yamada. “Ayane is only 10 years old and when

she feels an aftershock, she begins hyperventilating. She is having trouble sleeping.”

Nightmares, difficulty sleeping and eating, crying, and hyperventilating are all signs of mental stress suffered after having gone through such an unimaginable event. Whether she's connecting with the young or the old, nurse Kuniko Kido stresses the importance of building that bond.

“If the children are playing, I will join in with them. I touch them. I hug them. Physical contact is so important. It symbolizes stability, something these children do not have at the moment. Their routine has been turned upside down. With the adults, I make eye contact. I show sympathy. I listen to them.”

Through tears, Kuniko expresses concern that the stoicism people are showing right now is going to crumble as the memories of that day get replayed over and over again in their minds, causing them to re-live the trauma.

Psychosocial support is not a quick fix solution. Some will need support for years to come. It also isn't only for those who actually experienced the horrors of March 11, 2011. It's also critical for those people are coming in to help, whether they are search and rescue teams, crews tasked with clean-up, or the health care providers themselves.

The family's mud house was completely washed away. Night after

night, Gulnara and her family kept moving from one relative's house to another. All were too full to accommodate them on a long term basis.

### Fearful and anxious

Gulnara shares that she was very worried about Musaira who remained fearful and anxious. “We consulted several doctors for her treatment, borrowing money to pay the fee but that didn't bring any improvement,” she says. Since the family moved to this camp two months ago, Musaira is better as she spends time at the child friendly space, set up especially for kids, and run by the UN. A psychologist visits the camp at least three times a week, and works closely with the children, including Musaira, who are suffering psychosocial problems after living through the floods.

The elderly have not been forgotten. Here psychosocial volunteers are helping them to relax and enjoy themselves with a game of toss-the-ball.



John Sparrow/IFRC



Kathy Muller/IFRC



# The Mourning After



Due to the earthquake that hit Haiti on 12 January 2010, it is estimated that over 200,000 people lost their lives while over two million people were left homeless. The devastation was unfathomable. Yet out of the rubble the survivors have shown a remarkable determination to heal and to hold on to hope - and that joy and laughter is possible.

**Photos by Jerome Grimaud,  
IFRC psychosocial delegate in Haiti**

In a memorial one year after the earthquake, survivors took part in a ceremony in memory of lost loved ones in what was also a “celebration of life.” The event can be viewed as an important landmark process for national healing, contributing to both individual and collective healing. It was a powerful alternative to tears of grief through songs of hope and joy. “Nou Pap Janm Bliye Nou” was written on T-shirts and banners. It means “we will never forget you”.





# Humanitarian work and TECHNOLOGICAL DISASTERS

A comment by **Tadateru Konoe**,  
President of the International Federation of  
Red Cross and Red Crescent Societies

**For many years, it was said that the next Chernobyl would be Chernobyl.** The creaking sarcophagus

seemed to be the world's biggest risk of a civilian nuclear accident. Never in my worst nightmares did I think that **Japan** would have to deal with a level seven disaster at a nuclear power plant, which – like Chernobyl – would require setting up exclusion zones, moving hundreds of thousands of people from their homes, putting all national emergency plans into place, and watching almost helplessly as radiation poured unseen into the surrounding environment.

Radiation poisoning is the most sinister, agonising way to die. The “liquidators” who shoveled sand onto the burning Reactor number 4 at Chernobyl in the hours after the disaster died horrible deaths, disintegrating as their families and doctors watched. For us in Japan it was a disturbing reminder of the after-effects of the atomic attacks on our land decades before. It is why as a nation we have always supported the work of the Red Cross in Ukraine, Belarus and Russia as they work to mitigate the effects of Chernobyl by monitoring the population for thyroid cancers and abnormalities.

And now we face a similar tragedy at home. We never thought that Fukushima would be mentioned in the same breath as Chernobyl, Three Mile Island, Hiroshima or Nagasaki. Yes, the latter occurred in time of war, but the

human consequences are the same – long-lasting medical effects, pollution of the soil, loss of home and identity, the stigma of coming from contaminated land.

We thought we were safe. Nuclear engineering and building safety had moved so far from the Chernobyl design that the world could declare that nuclear was the safest form of power for our future. Then came a massive wall of water, and our illusions were dashed. Now we can no longer say “never again”; we can see the impact of a civilian nuclear disaster on a country that is a world leader in disaster-resilient engineering. Japan has been brought to its knees by a few minutes of nature's fury: would – to name but a few – nuclear Germany or the UK be better prepared? Or Pakistan? Or Armenia?

A Japan Self-Defense Forces soldier wearing a protective suit logs the radiation levels as he checks data and temperatures measured from the air from a helicopter as it flies over the Tokyo Electric Power (TEPCO) Co.'s crippled Fukushima Daiichi Nuclear Power Plant in Fukushima prefecture, in this video grab image taken on April 26, 2011 and released by the Defense Ministry on May 2.

## Half a million affected

And although we look on the behemoths of Chernobyl and Fukushima with dread, we must also consider non-nuclear events such as chemical disasters like Bhopal or Seveso. Or the fears of hazardous material from a terrorist attack like 9/11, or Hungary's red sludge episode of last year. Psychologically and emotionally there is a great gulf between terror attacks and technological disasters (or viral outbreaks) but the effects are similar: sudden onset, mass panic, an overwhelming of infrastructure and huge disruption of normal life.

Our research shows that between 2000 and 2011 some 10,000 people have been killed and 500,000 more affected by chemical, biological, radiological or nuclear disasters, where such data has been reported. (Chernobyl affected some 8 million people).

These figures show the pressing need for governments to invest in community-level preparedness. We have been making this call ever since the 26th International Conference of the Red Cross and Red Crescent in Geneva in 1986, and we continue to do so, alongside many other actors, such as the United Nations and major disaster-response NGOs.



## The most macabre

There are currently more than 400 nuclear power reactors in 30 countries, and the number is expected to grow rapidly. If accidents are to be treated as an unavoidable risk, there must be all-out preparations for this eventuality. Experiences gained through past accidents need to be widely shared, as well as guidelines created for a global standard in accident response and agreements reached on the process of international cooperation.

Of course the most macabre spectre is not nuclear power. It is nuclear weaponry and the devastation that one act of war or terror could wreak on our world. Thus it is highly appropriate that the Red Cross Red

Crescent will gather in Oslo next month, to discuss our position on such weapons, as well as our response to future/potential nuclear disasters like Fukushima.

People may say that humanitarian workers have no place in a nuclear disaster, that we have no voice in the debate. But as we have seen from Fukushima, and as we see 25 years after Chernobyl, the comfort we bring to survivors, the services we provide to evacuees and the long-term efforts to restore human dignity are as relevant as they are in our better-known responses in Haiti, Pakistan and other “natural” disasters.

**This comment was first published on the [www.ifrc.org](http://www.ifrc.org) website.**

**“Japan has been brought to its knees by a few minutes of nature's fury: would – to name but a few – nuclear Germany or the UK be better prepared? Or Pakistan? Or Armenia?”**

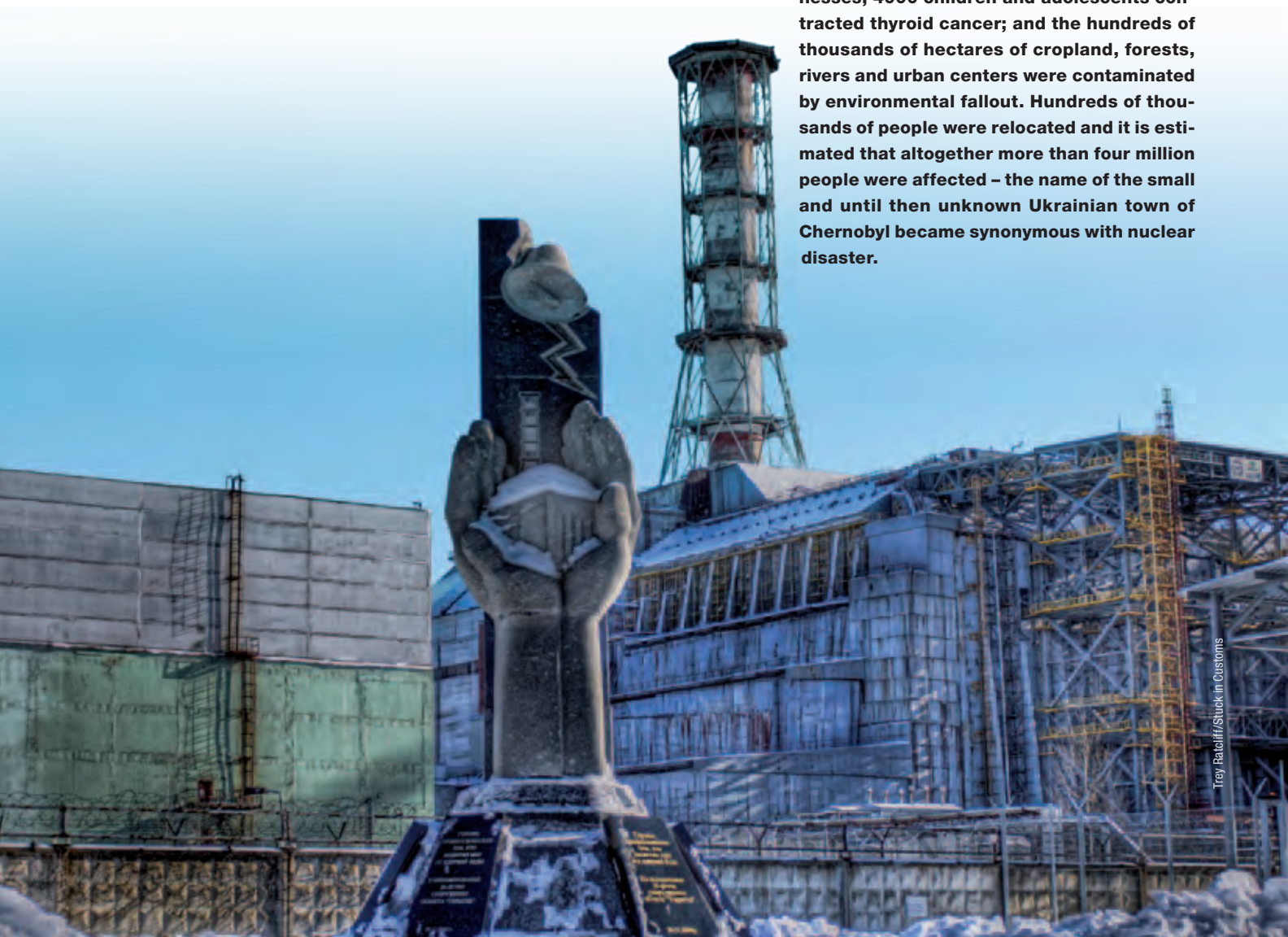


# Tell the Truth

By Lasse Norgaard, Psychosocial Centre

**In late April 1986 reactor 4 at the Chernobyl Nuclear Power Plant in Ukraine exploded, creating the world's worst nuclear accident and contaminating huge areas in what is now Belarus, Ukraine and the Russian Federation.**

**50 emergency rescue workers died from acute radiation syndrome and related illnesses; 4000 children and adolescents contracted thyroid cancer; and the hundreds of thousands of hectares of cropland, forests, rivers and urban centers were contaminated by environmental fallout. Hundreds of thousands of people were relocated and it is estimated that altogether more than four million people were affected – the name of the small and until then unknown Ukrainian town of Chernobyl became synonymous with nuclear disaster.**



Almost 25 years later, in early 2011, when the earthquake and tsunami hit Japan, explosions and fires followed at the Fukushima plant and parallels were immediately drawn to the Chernobyl disaster.

Whereas this might have been exaggerated in terms and dangers and radiation, there were in fact a number of similarities. Not least in terms of insecurity and lack of – or contradictory – information.

As apparent from the articles above, the survivors of the earthquake and tsunami had many issues on their minds and the possible threat of radiation was not their foremost concern. However, the surroundings and the rest of the world reacted to the possible threat.

"In fact, invisible radiation does not mean much to people, but perceived threat is utmost important," says Slava Otchyk, a Belarusian psychologist who evaluated the Red Cross programme after the Chernobyl disaster, and who has worked as a psychosocial programme coordinator for the International Federation.

"Even high level of contamination is accepted if people know how to protect themselves and have trust in the authorities and professionals who explain them facts. Any lay or covering of truth will lead to increase of stress and anxiety and to social problems later," he says.

## Psychological impacts devastating

The International Atomic Energy Agency, IAEA, has also concluded that the lack of information as well as other factors aggravated the consequences of the Chernobyl disaster. In a presentation at the opening of a Chernobyl conference in Vienne 2005, IAEAs Director General Dr. Mohamed ElBaradei said:

"The psychological and social impacts were devastating. Studies have found that exposed populations had anxiety levels twice as high as normal, with a greater incidence of depression and stress symptoms. Despite enormous relief efforts by the affected governments and outside organizations, these populations came to regard themselves not as survivors, but as victims, helpless, weak and lacking control over their futures. Their circumstances were exacerbated by severe economic hardship, the exodus of skilled workers (especially young people), the difficulty in delivering social services, and the prevalence of misconceptions and myths regarding health risks. As a result, poverty, mental health problems, and lifestyle diseases have come to pose a far greater threat to affected communities than radiation exposure."

## Tell the truth

Even during the actual 25th commemoration of the disaster, the Russian president Dmitry Medvedev visiting Chernobyl in late April this year, talked about the importance of giving and sharing correct information.

"The duty of a state is to tell the truth to its people. In order for such tragedies never to be repeated we must all be honest, we must provide absolutely exact information about what is going on," he said, admitting that the then Soviet Union made a mistake by not reporting on the disaster for several days.

Japanese authorities have been under criticism for lack of or contradicting information about the Fukushima plant. The question remains whether anybody really knew what was about to happen at the nuclear power plant after the disaster?

## Afraid of "psy..."

Mistrust and suspicion were big hurdles to overcome when assisting the population affected by the Chernobyl disaster. The Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) was launched by the Red Cross in 1990 with mobile diagnostic laboratories as its operational core and working in areas affected by the Chernobyl disaster in Belarus, Ukraine and Russia. In 1997, a psychological support programme was introduced as a new element of the CHARP, when realizing that survivors interviewed repeatedly expressed their anxiety about their own health and that of their children, and complained of many physical aches and pains even so many years after the disaster.

"Setting up a culturally acceptable programme was a major challenge. Mental health was associated with neuro-psychiatry and many people were afraid of anything beginning with "psy..."", says psychologist Slava Otchyk.

## Honest volunteers

"The psychosocial support programme relied heavily on the community network and a few basic principles. Among these, the dissemination of clear, simple, consistent and easily understandable information to the community by a group of trained volunteers was most important. Identification and training of these volunteers became the first task, in order to create a "critical mass" that could significantly influence other community members."

He adds that if programmes are not carried out the right way – as it was the case of many programmes in Chernobyl – they might lead to more mistrust, social conflicts and stigmatizing the survivors.

Another similarity between the two disasters is the visibility and duration of the psychosocial efforts. Not as visible as relief or psychical reconstruction, the psychosocial programmes require commitment and understanding for several years to have the desired effect.



# The wave of unrest

**The wave of unrest in North Africa and the Middle East during the first months of 2011 has not only had an impact on the affected countries but also neighbouring countries and their National Red Crescent Societies.**

Countries like Tunisia and Egypt were not only centres for political turmoil and dramatic changes but also became host countries for thousands of people fleeing the unrest in Libya. In late April thousands of people were crossing the borders daily, some Libyans, some Egyptians and Tunisians but also a great number of nationals from other countries.

“The hospitality of the host countries and local communities has been amazing with people hosting refugees and donating food, toys and other items to those in the camps. This has helped to ease tension and avoid major conflicts”, says Manhal Al-Annaz, the acting head of operations from the IFRC delegation for MENA.

“However, for many people it has been a traumatic experience to escape and cross the border. Others do not know what will happen now, they are not sure when they can return to their home country and what life would be like if they do”, he adds.

Teams of Red Crescent staff and volunteers have been active along the borders, helping to receive refugees, distribute food and relief items, and provide psychosocial support. In both Tunisia and Egypt,

psychosocial support has been an important part of the work, and it still is.

“We have a psychosocial support expert as part of the clinic in the Tunisia Red Crescent/IFRC transit- camp, and many volunteers have received training both here and in Egypt. The staff and volunteers provide psychosocial support to singles, families and children in the transit camp in Shousha camp and other places along the border. Recently, with the help of Palestine Red Crescent, we have also conducted psychosocial support training for staff and volunteers in Yemen as part of the emergency and contingency plans”, says Manhal Al-Annaz.

In Yemen’s capital Sana’a the local branch has recruited and trained many volunteers to ensure

The Zone is assisting National Societies building up contingency plans in other countries as well, such as Bahrain and Syria. And although support has been received from around the world, Red Crescent societies in the region play a major role in the ongoing relief work, Egypt and Tunisia assisting along the border with Libya, Iranian and Kuwait Red Crescents have sent relief and medical supplies and Qatari RC has been to Misrata in Libya to help evacuate foreigners from the war-torn city.

The civil unrests have also in other aspects raised new questions about the role of National Societies and the Movement (see comment page 21).





# Helping children be children

By Katherine Roux in Tunisia

**Sitting quietly under the shade of a tree, two volunteers from the Tunisian Red Crescent play games with a family recently arrived from the Libyan town of Zawiya.**

**Of the thousands of people fleeing the violence and arriving in Tunisia, this family is particularly special because they have three children: Hannah, age eight, Houyim, age seven, and three-year-old Abderahman.**

With the escalating violence in Libya, their father, Ali, was afraid he would be forced to fight. In order to protect his wife and children, he fled with the family to Tunisia. They have now arrived safely in the camp run by the local authorities, the IFRC, the Tunisian Red Crescent and UNHCR.

While his wife, Mariam, sits solemnly on a chair nearby, her children enjoy the attention of two Red Crescent volunteers, who show them how to do some puzzles. They tickle Abderahman, and



Zohra Bensentia/Reuters

talk about Houyim's love of books about princesses, or amira as it is known in Arabic.

Almost every person fleeing Libya – Mariam and Ali included – has the same story to tell: they leave because of the violence and at the checkpoint, before crossing the border into Tunisia, all their money, mobile phones, and sometimes even the clothes and shoes they are wearing, are taken off them. The adversity that these people have had to overcome can be read in their faces.

Yet despite the trauma this family has endured on the journey into Tunisia, the psychosocial support provided by the Tunisian Red Crescent creates a semblance of peace. The volunteers help the children maintain a sense of normality and remember that they are children, which is crucial in moments of uncertainty and stress.

"It makes them feel better here, just to see someone smile," explains Mohamed Driss Chalouah, a volunteer with the Tunisian Red Crescent, as he points to his heart.

## A new challenge for the Movement

Thailand and Kyrgyzstan last year, Middle East and North Africa beginning of 2011. Civil unrests on a large scale, which are not internal wars but nevertheless violent events with important humanitarian costs, represent a challenge for all the components of the Red Cross and Red Crescent Movement. How should we react to those?

Situations of violence not reaching the threshold of armed conflicts are of great actuality as seen in recent events of unrest in the Middle East, the continuing violence in the border areas between Mexico and the USA but also the situations last year in Thailand or in Kyrgyzstan, as well as many others that do not necessarily make the first pages of media throughout the world.

In its mission statement, the ICRC refers to such situations as "other situations of violence", abbreviated as OSV. Such situations may well represent predominant forms of violence in years to come. Situations of civil unrest (internal disturbance), state repression, inter-communal violence, organized violence in urban settings and others are a wide spread reality with important human costs.

The ICRC has decided that it will more systematically and effectively bring the humanitarian consequences of other situations of violence within its scope of action, keeping in mind that situations of conflict remain at the heart of ICRC's mission, representing some 85% of the organization's planned activities for 2011.

The consequences in human terms of situations of organized violence are often as dramatic or even more than those in the main armed conflicts of today. This is the primary reason for the ICRC commitment to act in these contexts, in particular in terms of medical response, re-establishment of family links, visiting persons detained, ascertaining the fate of the missing as well as dialogue with authorities and weapons bearers.

**Comment by Angela Gussing, Deputy Director of Operations, ICRC**

The rationale for the ICRC involvement in other situations of violence rests first of all on the fact that, in addition to its conventional mandate to operate in situations of armed conflict, the ICRC also has a statutory mandate, allowing it to offer its services in a range of humanitarian crises. This of course includes other situations of violence.

The rationale also rests on the important hypothesis that such situations, in particular violence in urban settings, may be more prevalent in the near future.

This is likely to result from on-going demographic pressures, migration flows to most of the world's big urban centres and the growth of so-called poverty-belts.

The ICRC takes into consideration some main criteria to determine its engagement in other situations of violence:

1. Existence of humanitarian needs provoked by violence implying a certain level of organization from at least one side

2. ICRC engagement is an added value for the people and communities affected. Such situations present new challenges to all the components of the Movement. The National Red Cross and Red Crescent Societies in concerned countries need support to address the often devastating consequences in humanitarian terms and often turn to their international partners for guidance and support in dealing with such situations.

The ICRC has relevant experience to share in both operational and security terms for dealing with various stakeholders and actors of situations of organized violence and the Federation in community-based approaches dealing with societal and individual (such as self-directed and inter-personal) violence.



Lasse Norgaard

Thai Red Cross hospital engulfed by smoke during the unrest in May 2010



# THE SECRET OF TRAINING VOLUNTEERS

**Monday morning. I am a bit anxious because I want everything to be perfect on the first day with ‘my’ volunteers. I am in Benazir Inn - the only hotel in Dadu in Sindh two months after the enormous floods in Pakistan in 2010. I met Dr. Sooriya, the programme manager, a week ago, and we’ve been setting up office and planning the work for the coming months. Met the branch secretary two days ago and he promised us that 18 volunteers would come. But why is no one here? It is 9 o’clock! About half an hour later the volunteers begin to arrive. We are so relieved.**

by Ea Akasha, psychosocial delegate

## The icebreaker

When everyone is finally present we begin with an easy icebreaker. I instruct: “Throw a ball to another volunteer whilst saying your name.” Only I had not realized that a female cannot throw the ball to a man and vice versa. I adjust the exercise while beads of sweat run down my forehead. It’s so hot! The electricity just went off and the noise from the generator is deafening. And as I want to show a presentation on psychosocial support the generator breaks down. And on top of all I had not realized how long time it takes when Sooriya has to translate everything from English to Sindhi and back.....

After a while I enter the flow of training. The volunteers get involved. I look at the young faces wondering how we will make them understand the task ahead. Tomorrow we begin working in the field to assess the needs. These young people will go into destroyed villages facing people who have not received any help at all. How best to explain what psychosocial support is about?

After a much appreciated lunch we discuss assessment and practice tomorrow’s assessment interviews. I try to sense if everyone in the group is fit for psychosocial volunteering. It is a task that requires a lot! After disasters volunteers go to the field after one or two days of training to offer psychosocial support to men, women and children who may have lost loved ones, belongings,

livelihood and dwellings. They are thrown into very difficult situations with a minimum of training and with no background in social work.

The next morning we pile into minibuses to travel to a village. Water and destruction everywhere. In the village the school, the small health facility, the mosque and houses are either damaged or still inundated. The female volunteers and I enter some households. 7 to 9 families live in one compound and lots of women and children gather around us. They offer us tea and biscuits. They are showing their gratitude that someone is showing an interest. We begin our assessment interviews. The women are more than eager to share their overwhelming experiences of the floods.

## The Coping

Back at the compound we discuss the day. The mood is quiet as all are overwhelmed by the devastation and human suffering they have witnessed. Yet life goes on. I focus their attention on the positive and conduct an introduction to Psychological First Aid, PFA. At the same time I know Sooriya and I have to keep an eye on each volunteer to see if they can handle the experiences or will need some support themselves. Some have suffered losses in the floods too.

In the coming months we conduct a session every morning with games and activities designed for the use in the villages.

This is followed by presentations and verbal exercises before all are off for a day in the field. In the first two weeks the focus is on PFA and after this the training covers different themes from the PS Centre’s Training kit. As much as possible we incorporate experiences from the field. An example of this is when working with the concept of coping and Tanzila, a volunteer, comes back from a tiring day in the field. She talks about her feeling of being at a loss of how to help an elderly woman, who had lost her only son, the breadwinner of the family, belongings and house in the flood. I propose that Tanzila write the story and then add questions about how best assist the woman to cope. The following day we work on this case.

The training is planned in constant dialogue with the volunteers. What are they experiencing, how are they doing, and what

are their needs? Once in a while we take time out to discuss how we can improve what we are doing in the programme.

## The Respect

One morning after some months we are met by a sentence on the white board in the compound: The secret of education lies in respecting the people. Yasir, a volunteer, has rewritten a quote, that captures the essence of how to treat and train volunteers in all psychosocial programmes.

”The secret of education lies in respecting the pupil. It is not for you to choose what he shall know, what he shall do. It is chosen and foreordained and he only holds the key to his own secret.” Ralph Waldo Emerson, American essayist and poet in the early nineteenth century



Oliver Matthys/IFRC



**NEXT ISSUE:**

# **DOES IT HELP? CAN WE MEASURE THE IMPACT OF PSYCHOSOCIAL SUPPORT AFTER DISASTERS?**



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