Child Protection

Manual for intervention in humanitarian crisis

Terre des hommes

The Terre des hommes Foundation is a Swiss organisation which word persistently and effectively for vulnerable children. We are present in the reality and complexity of the field, where we engage in the long-term in order to achieve concrete results that contribute to the improvement of children's lives and to building their future. For this reason we are skilled in our areas of activity, and innovators in our approach.

To establish change, we work with other competent organisations (North and South) in direct and network relationships. The legitimacy of our action is based on respect for the rights of the child and by anchoring our work in the life and culture of communities.

Participatory processes (which include children) and shared work are the basis of our working method. With this process, we also reinforce the power and capacity of community associations and individuals to influence their daily lives.

We ensure that the reality of children's situations becomes known to the public and authorities. We concentrate on important issues which we analyse and work on in depth.

We are established among the Swiss people and give account of our actions and management in a transparent manner

Preface

Since its creation by Edmond Kaiser in 1960, Terre des hommes (Tdh) is involved today in over 100 medium to large scale projects and programmes in 32 countries worldwide. The projects provide aid and support not only in times of major catastrophe highlighted by the media, but also for lesser known or already forgotten disasters, with projects and action always coordinated to meet the needs of affected children.

To date, in Tdh protection is achieved at two levels 1/ as an overarching mandate for the Organization, through it's Charta, to guarantee the protection of the Rights of the Child and 2/ through priority areas of intervention such as child trafficking, juvenile justice and street children programs.

Following a detailed monitoring and capitalization of the ongoing programs and projects, it became clear that there was a need for a conceptual framework and practical tools for protecting children in humanitarian contexts; following a conflict outbreak or natural disaster. This need was confirmed through a consultation process with staff both from the field and at headquarters.

In 2005 a project was set up with the following work axes;

Axe 1: Methodological – Collect best practices into manual for professional use.
Axe 2: Standards – Develop indicators for project implementation.
Axe 3: Human resources – Enhance professional skills at HQ and country level.
Axe 4: Operational – Implement protection measures in 10 countries.
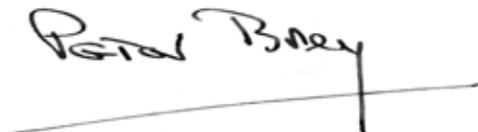Axe 5: Dissemination – Influence policy makers and donors to undertake action.

Building on Axe 1: the Manual is a means to create coherence throughout Tdh protection activities worldwide. When facing new emergencies, it serves as a reference for the design of new projects. By providing guidelines and tools, it will provide Tdh staff insight for the development of new and more effective programs. The Manual is not an exercise manual. It does not provide staff with detailed activities nor with universal answers to local, daily challenges. While it will not give instructions on how to proceed in a given situation, it serves as an important tool to create an overview of existing practices.

Simply intervening in a humanitarian context is not sufficient. Training of staff is vital to protection programming both in the design and delivery phase. Professionals need to be trained in order to provide child protection services; all the way through listening, follow up and sustainable reintegration through family and community participation. The Manual will serve as reference tool to train staff on the ground.

The Manual on Child Protection provides field staff with solid guidance and direction. It does not serve as an imperative document but is expected to feed analysis for the most effective possible programming.

Peter Brey   Ignacio Packer
Chief executive, Tdh   Head of Programme Department, Tdh

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Introduction

In 2005, the Tsunami killed 300.000 persons, leaving thousands of children displaced or orphaned. Two years earlier the open warfare in Darfur left some 1.5 million people displaced. In the Middle-East, be it Lebanon, Palestine or Israel, the effects of the war are devastating on children.

In situations of humanitarian crisis, including natural or man made disasters, adults and children need to be provided with basic care such as food, water, shelter and health measures. While the humanitarian community knows how to meet basic survival needs[1], modest attention is devoted to ongoing protection and psychosocial support of children.

Through a comprehensive and practical assessment of existing interventions, the Manual aims to:

1. present the Tdh vision and develop a common language with regard to child protection
2. facilitate programming of child protection projects, through the provision of practical modules

The target audience for the Manual includes:

■ Tdh field project coordinators
■ Tdh field delegates
■ Partners involved in child protection
■ Tdh headquarter staff

The Manual is divided into three sections. The first section sets the theoretical framework for protection. The second section focuses on the teams intervening in the field. Who should be operating at field level? What precautions must be taken? Finally, based on a strong demand from the field, the third section is made up of practical modules providing tools that can be used when implementing a child protection project.

To provide a coherent and effective response in humanitarian contexts, Tdh relies on existing institutional documents in areas of work such as, psychosocial support, child trafficking, juvenile justice and children in street situations[2]. In order to be complementary, the Manual makes use of these resources as cross references. While there may be overlaps within the themes, the Manual attempts to minimize repetition.

[1] See Sphere Project, Oxfam Publishing, 2000 (www.sphereproject.org)
[2] Tdh Reference Documents can be found on the Internal library (Gedys/Kit)

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Reference Framework

The Reference Framework provides definitions and theoretical concepts related to child protection. It goes on to present the framework by which Tdh operates, aims and target groups. Ultimately, it highlights some project cycle management elements central to setting up a Tdh child protection project.

Child protection 1

The first chapter provides an overview of key definitions and theoretical concepts relating to child protection. A common set of definitions and ideas will allow for better understanding of Tdh interventions.

1.1. Child protection in humanitarian contexts

1.1.1. Defining humanitarian contexts

Humanitarian contexts can be identified as follows[3]:

1. Armed conflict
– either international or non-international armed conflict in which the civilian population suffers a range of deliberate violations and abuses as well as the terrible but unintended consequences of war.

2. Post-conflict situations
– in which peace has been agreed but the effective rule of law is not yet complete, so that violations and abuses persist and conditions frequently remain life-threatening and personally degrading.

3. Natural disasters
– in which a natural hazard combines with poverty and social vulnerability to render people materially, personally and socially at extreme risk.

4. Famine
– where drought, discrimination, political mismanagement and/ or deliberate starvation cause severe food shortages, destitution and severe economic, social and personal risk.

5. Protracted social conflict
– civil strife or political oppression that falls short of official armed conflict but nevertheless involves a crisis in which discrimination, violence, exploitation and impoverishment are constant risks.

Tdh defines emergency as a humanitarian crisis in a country, region or society where there is a total or considerable breakdown of authority resulting from internal or external conflict or natural disaster, and which requires an international response that goes beyond the mandate or capacity of any single agency and/or the ongoing UN country programme[4].

Following a natural disaster or conflict, some countries may be able to protect their civilians while others may not. Certain governments may be able to regain control within one month whereas other may need 6-12 months. The capacity of a country or a community to begin the process of rehabilitation will depend on the government infrastructure prior to the crises as well as resources at disposal.

[3] *Protection, an ALNAP Guide for humanitarian intervention, 2005 (www.publications.oxfam.org.uk)*
[4] *United Nations High Commissioner for Refugees (UNHCR)*

Following the Tsunami that hit South East Asia in 2005, the Government of Indonesia was able to maintain control. In Sri Lanka however, due to the pre-existing conflict, the Government requested ongoing support from the international community.

Both Sudan and Palestine suffer from civil unrest as stated in category one. The type of intervention will be determined according to the historic nature of the conflict, presence of government authorities and resources at disposal.

1.1.2. Defining child protection

Child Protection implies the interdisciplinary measures undertaken to guaranty the survival and acceptable development of children, in respect of their rights. Tdh does not consider protection uniquely as a preventive action but as an action focused as well on the provision of services until the child is no longer at risk.

Building blocks to keep in mind when defining protection include:

Protection as rights-based:
The Convention on the Rights of the Child (CRC), ratified and signed by almost all countries in the world, is a statement of rights given to individuals under 18. These international rights are in total congruence with most of essential needs of the children. The aim of the CRC is to ensure that children's basic needs are met and to guaranty that children can reach their full potential.

Protection as state responsibility:
Protection is the foremost responsibility of a state towards its citizens. Only where and when a state cannot meet its responsibility, is it charged with enabling the provision of humanitarian action by impartial organizations.

Protection as humanitarian principle:
Born of a desire to bring assistance without discrimination (…) the essence of humanitarian aid is to protect life and health and to ensure respect for the human being.[5]

Protection as empowerment:
Protection is fundamentally about people. It is a mistake to think of states, authorities and agencies as the sole actors in the protection of populations at risk. Even in the case of humanitarian crisis and within a weak state, communities have their own child protection mechanisms and develop coping mechanisms, but many children do not benefit from them. Community based intervention should take into account these coping mechanisms in order to reinforce them, and make them available to all children. People are always key actors in their own protection.

One month after the earthquake, although efforts undertaken by the Pakistani Army and Government were important, needs remained massive. Even if reconstruction had already started, logistic constraints were enormous in the mountain areas. In addition, a race against time had started with the coming of the winter. It was clear that relief efforts would remain essential for many months. Tdh Pakistan.

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[5] *The Fundemental Principles of the Red Cross: a Commentary. Geneva: Henry Dunant Institute, Pictet, Jean, 1979. There are a number of International Standards on Child Protection. Some include 1/ The Convention on the Rights of the Child (articles, 1,5,12), 2/ The Geneva Conventions on International Humanitarian Law (1949) and their additional Protocols (1977) 3/ The International Labour Convention 138 and 182 (1973, 1999) 4/ The Protocol to Prevent, Suppress and Punish Trafficking in Persons. 5/ The African Charter on the Rights and Welfare of the Child of the Organization for African Unity (now African Union) of 1990.*

1.2. Theoretical concepts on child development

1.2.1. Child development

Child development is a complex phenomenon embedded in interactions between the individual, family, community and societal elements. Personal factors that explain the behaviour of a child include: injuries, lack of basic care and food, physical insecurity and impulsivity. The second level explores how social relations that have been damaged may increase the risk of complex behavioural disorders. Factors may include separation from caregiver, loss of family member, being victim of domestic violence and relations with peers. Thirdly, regarding community structures, it has been found that destruction of schools, workplaces, neighbourhoods as well as forced displacement from homes and communities strongly contribute to a child's vulnerability. Finally, the fourth level examines the larger societal factors that influence a child's behaviour; cultural norms, gender norms, attitudes with regard to child protection and policies related to education, health, economics and social welfare which may maintain levels of inequality or care.

> Following the earthquake, the loss of parental authority was reinforced by the fact that parents could no longer meet the needs of their children. They lost legitimacy in their role as caretaker, which reinforced the family crisis. Other factors that contributed were: promiscuity under the tent, new influences such as alcohol and drugs and fathers that were unemployed. Tdh Algeria.

The bond between parents and child is one of the pivotal variables determining the course of development through childhood. The kind of care infants and children receive from the primary caretaker determines, to a significant degree, the kind of **attachment** they form. Well-cared for infants, otherwise known as securely attached infants, are apt to develop a positive self-image and confidence, the ability to socialize, the will to explore and the ability to cope with problems as they arise. Securely attached infants will explore the environment confidently because they are venturing out "from a secure basis[8]."

While a secure basis is fundamental to normal development, children have other needs which need to be continuously addressed[9]:

material needs (i.e. food, shelter, clothing, medical care, security, money)
social needs (i.e. family, friends, school, religion, culture, community, activities)
psychological needs (i.e. love, care, values, spiritual belief, sense of belonging, recognition, independence)

In order to understand the impact of an event leading to protection concerns, a closer look can be taken into the notion of trauma and grief[10]. A traumatic event is characterized as:

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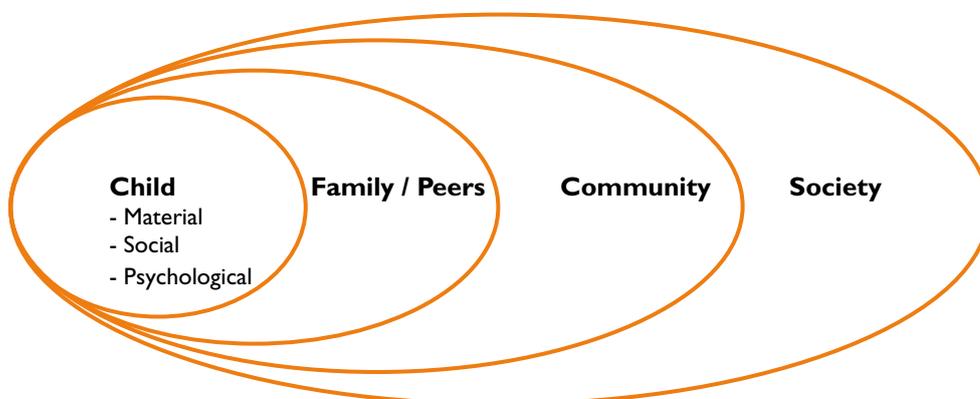
[6] Well-being is defined by the World Health Organization as being: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Tdh does not aim to decrease pathologies but aims to increase the overall well-being of individuals.
[7] IASC Pyramid on Mental Health and Psychosocial Support (www.who.int)

- Sudden and unexpected
- Abnormal or outside the normal and acceptable life experiences
- Threatening to a person's life
- A cause of fear, helplessness of horror in a person
- Attack of senses (hearing, sigh, smell and taste)

Traumatic symptoms may include flashback, memories, bed-wetting and reliving the experience. While trauma is a natural consequence of a painful experience, the **grieving** process is one that will allow a person to re-discover the "secure basis" and envisage rebuilding a future. The notion of grief helps understand behaviours and feelings that are normal reactions to difficult events in life.

We have seen that some children are able to overcome stressful situations more easily than others. **Resiliency** can be defined as the ability to respond to a traumatizing event by using own resources. Studies have shown that children that are resilient have characteristics such as a developed intelligence, an ability to be efficient, a strong self-esteem, developed social capacities, the ability to anticipate and plan ahead and are identified as being children with a good sense of humour and optimism. As mentioned in the discussion above, in order to understand resiliency it is essential to identify protective factors that buffer the effects of risk factors.

Protective factors that contribute to resiliency can be organized in two categories[11]:

External factors
- having access to schools
- having access to economic opportunities
- having access to shelter and hygiene
- participating in community practices
- having connections to religious groups

Internal factors
- having a close connection to a primary caregiver (consistent and competent)
- having close connection to competent caring members outside of the family
- benefiting of a good health

Tdh protection projects stimulate children to activate external and internal resources. Tdh encourages staff to establish a relationship with children. Without a good rapport, no short term work will be accomplished. In the long term, it is often the presence of a relationship with a caring, aware adult that makes the greatest difference in the child's emotional health[12]. In ideal cases, through constant interaction with his/her family and community a child can acquire resources, develop resiliency and follow a path towards a state of well-being.

1.2.2. Impact of conflicts and natural disasters

The impact of conflict and natural disasters on children is substantial and has important repercussions on the well-being of a child[6]. In addition to deaths and injuries, a disruption is caused of all daily activities and the connections they entail. People are often relocated to temporary housing, away from social supports such as schools, church, clinics or recreation programs and jobs are disrupted due to lack of transportation, loss of tools, or workers' inability to concentrate. Besides losing family, friends, furniture, and clothes, victims lose geographical references (i.e. streets) and symbolic possessions (i.e. photographs), both serving as important reminders of their life, identity and culture.

While it is clear that disaster and war has enormous impacts, research has proven that not all children will be affected in the same way. Children exhibit individual differences in temperament, sources of social support, age and cognitive ability, coping responses, pre-existing stresses, and histories of dealing with adversity. Whereas some children are highly resilient, others may be more vulnerable. Children's sensitivity and the need for intervention can be illustrated in the pyramid below[7].

[8] *Comportements d'attachement et de coping chez l'individu résilient, Vinay, A., ESPARBES-PISTRE, S. et TAP, P., 2005.*
[9] *Handbook for teachers, AVSI, 2003 (www.avsi.org)*

The bottom layer, the largest group (they represent approximately 60 %), consists of children who have responded to the impact with shock, grief, and other forms of emotional stress but who are relatively resilient, function normally, and will benefit from activities that restore normalcy to their lives, develop life skills and enable communities to meet their basic needs.

The middle level of the pyramid consists of a larger group of children (they represent approximately 30%) who remain relatively functional but who have been affected; they are at risk of becoming worse if they do not receive support and they will benefit from community-based interventions. This middle layer frequently includes vulnerable children such as children separated from their parents, children with disabilities, survivors of sexual violence, and those who have engaged in or are at risk of engaging in trafficking or child labour.

> When asked about their primary psychosocial needs, 56% of children need to feel secure, 72% need more recreational activities, while 39% express a need for toys, sports activities and playgrounds. Ministry of Social Affairs, Palestine.

The top level of the pyramid consists of the minority of children (they represent approximately 10%) who have been severely affected. They exhibit trauma, depression, or other forms of mental ill-ness; they are dysfunctional and may need psychiatric or other more targeted interventions. This group requires intensive attention because they are unable to manage on their own; they need one on one attention in order to address the more severe disorders.

In order to better understand the therapeutic level of intervention (upper level) a brief look can be taken at the bridge between normal development and psychopathology. PTSD (Post Traumatic Stress Disorder) is a clinical term and is diagnosed by a qualified psychologist or psychiatrist. This term tends to be overused, and should be avoided outside of a clinical setting. PTSD is usually diagnosed via the use of a checklist of symptoms called the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders). In the DSM-IV a person is diagnosed with PTSD if they have been exposed to a traumatic event which involved actual or threatened death or serious injury and the person's response involved intense fear, helplessness or horror. The traumatic event is persistently re-experienced and the person displays a range of symptoms for more than one month.

Upper level — 10% more affected children - **Therapeutic level**

Middle level — 30 % mildly affected children **– Psychosocial care and family and community support**

Bottom level — 60 % less affected children **– Protective environment**

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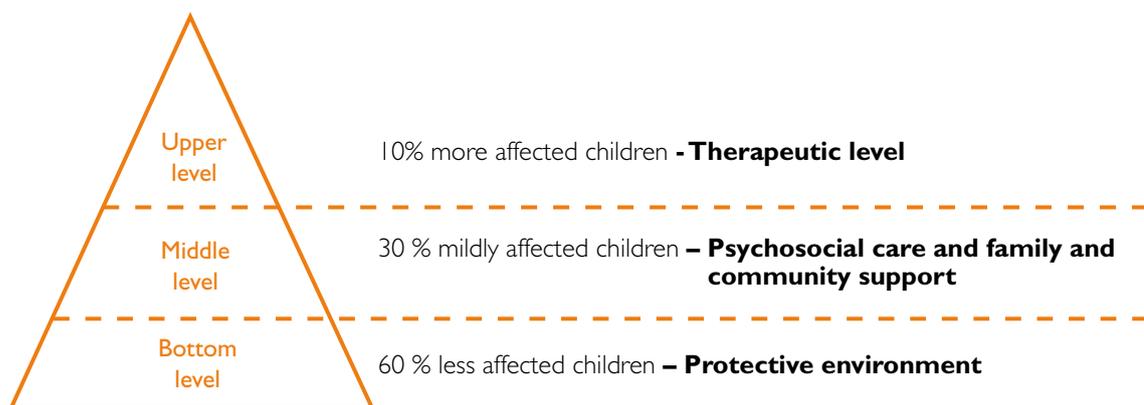
[10] *Depicted in the life wheel, Handbook for teachers, AVSI, 2003 (www.avsi.org)*
[11] *Evaluation Tdh Iran et Sri Lanka, Center for Humanitarian Psychology, 2006 (Gedys/Kit)*
[12] *Working with children, an introduction to psychosocial support, Cris Ratiner, 2006*

Tdh Intervention

Chapter two illustrates the Tdh overall framework for intervention. It begins by expressing programming principles in child protection and goes on to describe activities carried out in the emergency context as well the aims and target group of these activities. The last section gives an outline of how to set up child protection activities in emergency contexts.

2.1. Tdh programming principles

In addition to the Tdh overall values of action[13], programming principles linked to child protection include:

Using the Terre des hommes charter
The Foundation aims to restore a child's life worthy of her/his rights. Tdh achieves this by: (a) Providing direct aid to children and families suffering the worst forms of distress and (b) Serving as ambassador towards government or community structures which affect their existence.
Continuously operating hand in hand, assistance for survival will have no sense if there is no impact on social structures and the development of social structures will not take place if these are not reinforced by individuals. Tdh helps the child develop personal resources in order to increase the use of opportunities (i.e. employment, services, leisure etc) available to him or her. To increase accessibility and flexibility to these opportunities, Tdh works towards the promotion of rights through community and government structures[14].

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  ┌────────────────────┐         ┌────────────────────┐
  │ Society/Community  │ ←────→  │    Child/Family    │
  │ Prevention of abuse│         │    Reinforcement   │
  │ & Promotion of     │         │    of competencies │
  │ rights             │         │                    │
  └────────────────────┘         └────────────────────┘
              ↖                      ↗
              ┌────────────────────┐
              │      Project       │
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              │    Development     │
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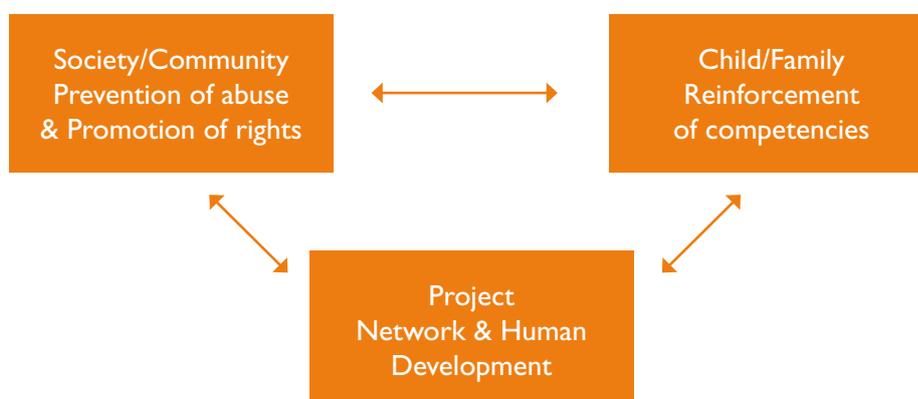
[13] Tdh Strategic Plan 2005-2009
[14] Tdh Strategic Plan Children in street situations, Daniel Stoecklin, 2005

Having determinedly sought out the child, Terre des hommes will come to her/his aid in the way which responds most closely to her/his distress. (…) The child will therefore be fed, cared for, provided with a family and restored to a life worthy of her/his rights as a child.
Edmond Kaiser, founder of Terre des hommes, 1960

Using a systemic approach

Child development is seen as a complex phenomenon embedded in constant interactions between individual, family, community and societal elements within a specific context. Since these elements continuously influence each other, intervention aims to create an environment in which individuals are empowered to act upon the system surrounding them.

Using a gender approach

Using a gender-sensitive approach takes into account the situation, dynamics and needs of each member of the community – men, women, boys and girls – in order to better achieve programme objectives in the initial stage of selecting target groups and the most appropriate way to influence change.

Considering the child as actor

Although the notion of a "child-centred" approach is wide spread, children are almost never consulted and heard. Every child has personal and social resources which he employs at different moments in his life. Interventions focus on the identification of internal and external resources in order for the child to develop protection mechanisms for his/her own well-being.

Working with families

The psychosocial well-being of adults, particularly parents and caregivers has a direct impact on that of children, and should thus be addressed through concurrent parent-focused interventions.

Ensuring consultation and participation

In the midst of catastrophe, one can consider that some 25% of the population is likely to function well enough to have a leading role in organizing some of the tasks, and that perhaps an additional 50% may help with very concrete tasks[15]. While it can be achieved with different levels of implication and success, being consulted and involved in what concerns populations is an undeniable right and proof of respect for them.

Ensuring coordination and partnerships

In any crisis context, the efficiency of the relief efforts depends considerably on good coordination mechanisms between all actors. A multi-disciplinary working environment includes representatives from Governmental bodies (education, judiciary, police, health, and social services) UN institutions, NGOs, civil society and religious institutions. The main objective is to ensure there is no overlapping and that gaps are identified and covered.

Reconciling emergency and development work

Protection represents an al-encompassing approach which avoids categorization urgent and non-urgent activities[16]. Tdh helps key government and civil society actors to build a positive and long-term protection environment for all.

The intervention in Colombia has evolved over time. This steady evolution has been possible due to the constant empowerment of local actors (beneficiaries, community leaders and local NGOs). The project has eliminated the approach of "providing assistance" (as in the 1980s) and committed to actions aimed at sustainability.
Tdh Colombia.

[15] *Action for the Rights of Children, Community mobilization, Save the Children, 2002*
[16] *Strengthening protection in war, ICRC, 2001*

2.2. Tdh in emergency contexts

Since its creation, Tdh has always acted in emergency contexts (e.g. Bangladesh, Biafra, Kosovo, and Rwanda). In addition, many Tdh delegations are based in emergency context countries (e.g. Colombia, Burundi, Haiti and Palestine).

In 2003 an emergency cell was setup, with the creation of a flexible and continuously available pool of resources[17]. The emergency cell intervenes in the first 24 months following "the total breakdown of authority" (see section 1.1) either by creating a new Tdh delegation or in support of an existing Tdh delegation. Following this 24 month period, the project is either absorbed as a national entity or handed over to the existing Tdh national representative.

All Tdh child protection projects work towards a similar final aim.

2.3. Final Aim

The final aim[18] of Tdh protection work is that: children benefit from concrete protection measures in humanitarian contexts around the world.

Based on this final aim, each project will define objectives, results and strategies according to the different issues and specific assessment of the context. (see. 2.4)

To date, within the first 24 months of an intervention, activities that have proven to be successful include the following:

- Awareness raising on issues of concern to the community
- Community mobilization through participation and training of community members
- Networking and advocacy in contexts where governments cannot guarantee their duty
- Recreational activities encouraging physical, mental, and social well-being
- Social work guaranteeing the individual follow-up of children
- Support to families such as the provision of emotional, social and material support
- Support to education ensuring access to schools and non-formal learning
- Health and hygiene promotion linked to lessons on infectious and non-infectious diseases

Besides providing water, shelter and latrines Tdh provided recreational activities to children aged 3-9. An average of 850 children per day attended the centre activities. Children were proposed activities (drawing, story telling, handicraft, individual and collective games, drama, singing and dancing) with particular attention paid to the traditional background of the children. As there was little possibility for referral (i.e. schools, doctors etc), limited psycho-social care could be provided and no therapeutic care was available for the more vulnerable children. Tdh Sudan.

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[17] Tdh Policy in Emergency Situations / La politique de Tdh en matière d'urgences, 2006
[18] According to Tdh Project Cycle Management glossary. EU references it as "overall objective" (http://www.tdh.ch)

2.4. Target group

Considering the large scope of intervention, beneficiaries include stakeholders ranging from children and families to community leaders and government authorities.

Children

According to the Convention on the Rights of the Child (CRC) a child is any individual under the age of 18. Field experience has proven that age groups (and needs) vary extremely between cultures. While a large number of programs assist children aged 6-12, young infants and adolescents are often neglected. For Tdh, direct beneficiaries can include Infants (0-5 yrs), Children (6-12 yrs), Adolescents (13-18 yrs) and/or Young Adults (19-25 yrs). In order to identify appropriate interventions, assessment must be made of cultural factors, representations of childhood, children's needs and care provided to children. Close attention must be paid to what should be expected of a child, what are culturally appropriate ways of dealing with children and what can be perceived as possible signs of distress. While a large number of children will be at-risk following a conflict or natural disaster, special attention and resources must be devoted to the following categories:

- Unaccompanied and separated children
- Displaced children
- Disabled children (mentally or physically)
- Children living with very vulnerable parents
- Sick or injured children
- Ex-child combatants
- Children living in the street
- Children running a household
- Children victims or witnesses of abuse or violence
- Children severely psychologically affected
- Adolescents

> Shoba, 15, and her younger brother Govinda, 13, stay alone in Musikot and are helping each other to survive. Their mother has been disabled by a security forces' bullet, and their father died soon afterwards. **Tdh Nepal, testimonies**

Families/parents or caretakers

Only few programs provide psychosocial support to adults. To a certain extent, parents can be beneficiaries of Tdh actions since helping a child requires often helping the parents or the family. Severe difficulties met by parents (one or both) in emergency situations frequently generate problems within the family structure. The answer has to be systemic. As key actors of the child's well-being, parents or caretakers need specific support in order to ensure proper care and attention for their children. Action undertaken towards and with adults can be in the form of individual support, family support, or by means of large scale group activities (i.e. awareness raising, education, health, hygiene etc). According to different contexts and needs, target groups will include mothers, fathers and/or both.

Communities / key GO or NGO actors

Working through the community is a principle fundamental to Tdh. In most crises, the involvement and support of key members of the community (i.e. community or religious leaders, teachers, social workers, health workers etc.) is essential for the organization and ownership of the intervention. Moreover, the community can be targeted directly by the program. Empowerment of existing structures can be done for example through awareness raising, material support, training and information dissemination on Tdh activities.

> In 1996, the Communist Party of Nepal (Maoist) announced the 'People's War' against the government of Nepal. Today, the armed conflict affects all 75 districts of the country and has resulted in over 13,000 deaths. The number of people displaced by the conflict is unknown, but likely exceeds 150,000 to 200,000 people. Three profiles of internally displaced persons can be identified: a/ government officials, local party members and affluent landowners b/ 'collateral victims' of the armed conflict, primarily poor villagers c/ youth, primarily boys and young men above the age of 12 that have fled due to fear of abduction and recruitment by Maoist forces or fear of harassment and violence by Maoists or security forces (or both). **Tdh Nepal, Research** *Study Asylum of Exploitation*, **2006**

2.5. Setting up the intervention

Taking into account the country specific needs for humanitarian assistance (see section 1.1.), Tdh activities attempt to focus on responsive, remedial and environment building action[19]. It is important that every project operates on the assumption of sustainability. Although often heavy resources (financial and human) are injected into a country for a short period of time, Tdh assumes that long term investment such as mobilizing communities and governmental institutions will have a long-term impact on the community of intervention.

Following a decision for intervention[20], every Tdh project can be broken down into successive phases. According to the Tdh Project Cycle[21], a project goes through seven stages, making up the project cycle: (1) prerequisites (assessment), (2) strategic planning, (3) operational programming, (4) implementation/execution, (5) monitoring/evaluation, (6) capitalization, (7) readjustment or withdrawal. This chapter gives an overview of essential Project Cycle Management elements, specifically relating to emergency preparedness, assessment, planning and monitoring. The last section gives an overview of the Tdh mode of action.

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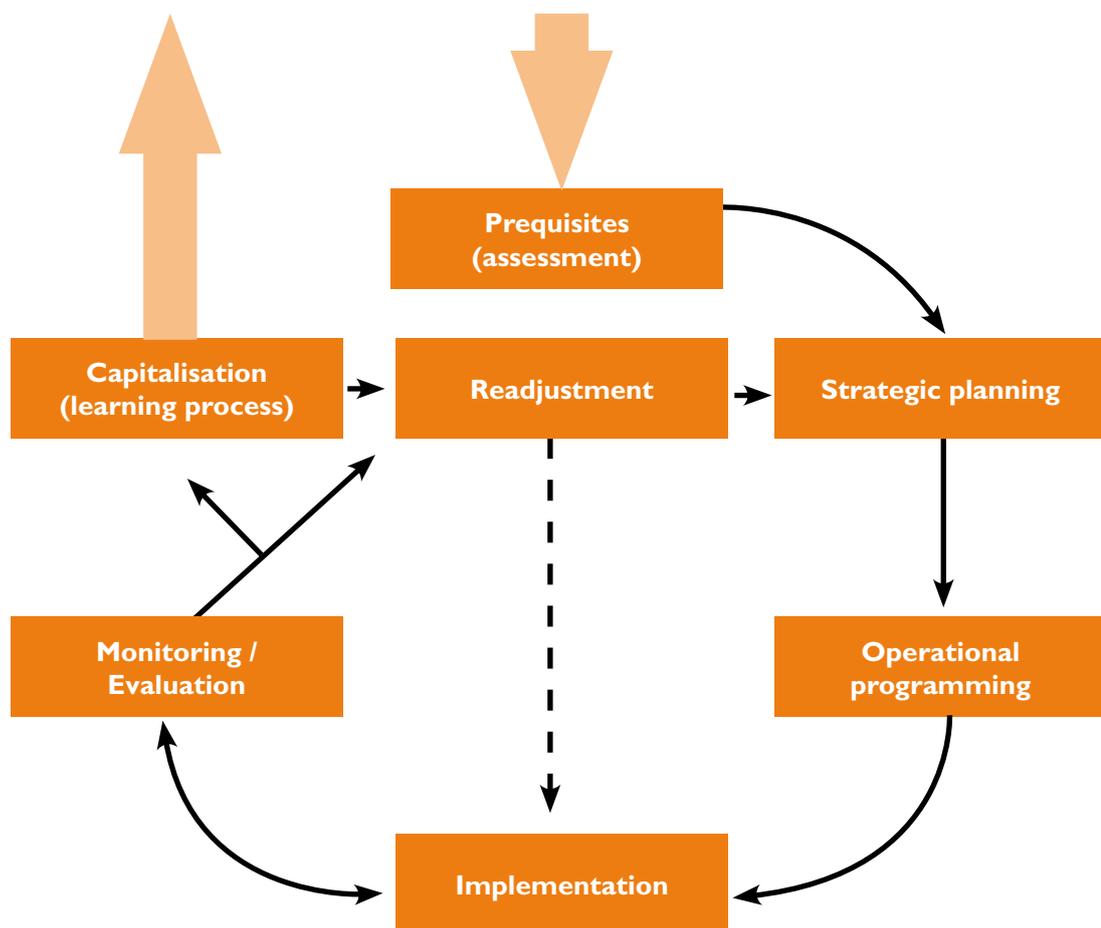
[19] ICRC Strengthening Protection in War, ICRC, 2001
[20] Tdh Policy in Emergency Situations / La politique de Tdh en matière d'urgences.
[21] Tdh Project Cycle Handbook/ Manuel Gestion de Cycle de Projet, 2002 (Gedys/Kit)

2.5.1. Emergency reparedness - in case of natural disaster

Before providing further detail on the different phases of the project, a brief look is taken at the phase prior to intervention; emergency preparedness. Within its mandate the Tdh emergency unit may take the responsibility to identify and develop a response to natural disasters that could affect the country. Through pre-positioning Tdh can:

- Offer support to Tdh country team or government within a specific area of intervention
- Respond to a demand from the government
- Create a network and/or workforce in case of disaster
- Locate itself in a specific region

Sources of information to prepare for an emergency are:

- The Humanitarian Early Warning Service website (www.HEWSweb.org)
- Analysis through internal research or country visits could include: previous history of disasters, geography and topography, national and local disaster response and management capacity, existence of early warning and other alarm systems, existence of relief agencies as well as local laws, customs and other information about common and possible natural hazards.

The overall objective is to make the community aware of their resources and identify risks so as to improve the quality of their preparedness for child protection issues following a natural catastrophe.

2.5.2. Assessment

The main objective of an assessment (otherwise known as situational analysis or diagnosis) is to create a broad picture of the needs of the community, their resources and the stakeholders present (formal and informal). Assessments are conducted at various stages. Initially a rapid assessment will be carried out within the first several days. As the situation stabilizes, a follow-up assessment

will be carried out. While many tools have been developed and evaluated, the Module on Assessment gives a summary of Tdh guiding principles and practical tools.

> After the tsunami, the initial assessment was based on several interviews and focus group discussions organized with victims of the Tsunami (men, women and children). Communities did not directly participate in the assessment but were intensively consulted. Today they participate very actively in the program through community-based children centres functioning thanks to volunteers from these communities. **Tdh Sri Lanka.**

> In Darfur, internally displaced populations frequently demonstrated mistrust towards international organizations, suspecting them to collaborate with the Government. During the assessment phases, basic data collection processes were often made impossible. **Tdh Sudan.**

2.5.3. Planning/Programming

While more information can be found in the Tdh Project Cycle Handbook, this segment provides some key elements linked to strategic and operational planning.

Strategic and participatory planning is focused on the objective and design of the project. It should involve all stakeholders. The Logical framework (also called "follow-up matrix") summarizes the whole intervention logic and is constructed with the following elements:

- Final aim
- Objective
- Results
- Indicators
- Means of verification
- External assumptions

It is important to take note of the fact that the final aim of protection projects is that: children will benefit from concrete protection measures. Based on this final aim,

objectives, results and strategies will be defined according to the different issues and specific context of the project.

Validation of the strategic plan, or logical framework, varies depending whether it is a project of a partner or of Tdh. Final validation always lies with the programme/desk manager at Headquarters, following mandatory consultation with the relevant resource persons and the head of department. In the case of a partnership, the agreement – of which the strategic plan forms an integral part – is signed by the head of the relevant programme department.

Operational programming, the third stage in the project cycle, makes it possible to organize the means available, as well as those to be raised in order to implement actions identified in the intervention strategy. The product of this exercise is the annual operational plan and includes the budget. It is essential to have all stakeholders participate, beneficiaries in particular, by seeking the most appropriate methods to do so in each instance.

2.5.4. Monitoring/Evaluation

The logical framework serves as a general scaffold for planning and monitoring implementation. The next task is to develop tools that will 1/ permit evaluation of the intervention and 2/ allow the follow-up of children along the way.

The list on the following page, developed by the Psychosocial Working Group (PWG)[22], gives some examples of objectives and indicators for evaluating an intervention. Indicators fall into two basic categories. Quantitative indicators can be measured using numbers or percentages that can be compared during different stages of implementation. Qualitative indicators are based on observations, interviews and the perceptions of those affected by programming. Additional information on expected results and indicators can be found in the modules relating to the different axes of the project (i.e. recreational activities, social work and community mobilization).

Objective 1:
Enhanced environment for child protection and social integration, through increased awareness among local authorities, NGOs, communities and community leaders of protection principles and rights, risks and appropriate psychosocial responses to separated/orphaned children.

Indicators 1
■ Change in the number of protection, rights and advocacy groups formally registered in community.
■ Change in the percent of knowledge improvement among local authorities, NGOs, communities and community leaders, in protection principles, rights and risks faced by children.
■ Change in the number of response mechanisms (i.e., community action plans, interventions, information sharing) to address protection, rights and risk issues initiated by local authorities, NGOs or community groups.
■ Change in children's level of perceived safety or security.
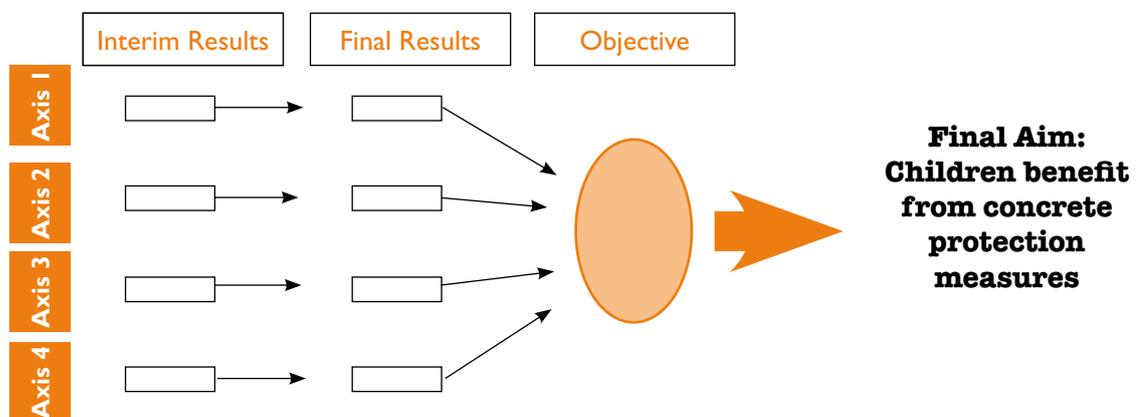
Objective 2
Improved social well-being among separated or orphaned children as defined by pro-social behaviour, cognitive/emotional functioning, and positive coping.

Indicators 2
■ Change in the proportion of affected children displaying culturally defined pro-social behaviours.
■ Change in the proportion of affected children able to express fears or concerns and seek care from others during stress.
■ Change in the proportion of affected children using positive coping strategies.

While project monitoring is used to follow the results of the project, it remains important to follow-up children on an individual level. Using the category of interest (i.e. self-esteem, family relationships, health etc.) the qualitative follow-up is accomplished through regular discussions with the beneficiaries and written reports about each beneficiary. Individual follow-up, carried out by the animateurs and social workers, will allow to measure advan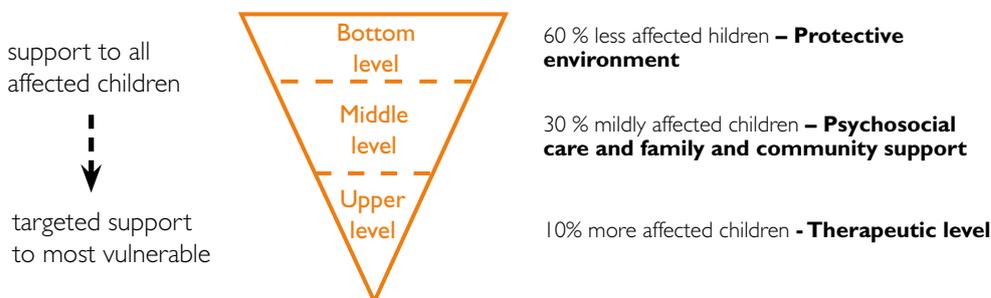ces of the child and the impact of the involved staff. The child should be regularly involved and consulted in the follow-up of his development!

2.5.5. Implementation / Mode of action

When building effective protection programs, Tdh focuses on different needs at different moments in time:

To begin with, Tdh attempts to create a protective environment for the target population. This includes the provision of basic needs (food, shelter, information etc.) and initiating contact with children and their families through family visits and community activities.

Simultaneously, and as long as necessary, Tdh offers a safe haven for the children. Through active outreach in homes and schools, Tdh provides children with psychosocial care such as recreational activities and access to services. In addition, Tdh encourages family and community support in the form of community activities, family counselling and information sharing.

Once an environment of trust is created within the community and with the children, the most vulnerable cases are identified, accompanied by social workers and if necessary referred to local institutions. Referral networks are put in place within the limits of capacity[23].

> Besides acting as an important resource where children can focus their energies in positive ways, the "Recreational Activity Centres" can be utilized as a tool to spot and evaluate the more vulnerable children, who then could be referred to the mental health system of the region. (…)Such a programme also compensates for the lack of schools right after a disaster, which in this case, was reduced to ruins. Additionally, the "Recreational Activity Centres" function as an intermediary milestone in the reconstruction process of the education system.
> Tdh Iran, Research by the Centre for Humanitarian Psychology on Intervention in Bam, 2004.

support to all affected children

targeted support to most vulnerable

Bottom level — 60 % less affected hildren **– Protective environment**

Middle level — 30 % mildly affected children **– Psychosocial care and family and community support**

Upper level — 10% more affected children **- Therapeutic level**

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[23] Psychological support, in the form of psychotherapy, is only carried out if resources (i.e. network of psychologists) are accessible within the area of intervention.

References
- Tdh Log Frame Pakistan
- Tdh psychosocial follow-up form Brazil
- Tdh psychosocial follow-up form Sudan

B
Human Resources

Human resources are key for the optimal functioning of humanitarian interventions. In emergency interventions teams are often large. This section gives and overview of field posts, highlights the importance of implementing the Child Protection Policy and provides information on how to deal with stress following critical incidents.

Field recruitements and posts 3

While the composition of teams (expatriate and local) will depend on the nature of the project and existing resources, an organigram can be constructed from the same elements. Generally, the post of delegate and coordinator is ensured by expatriate staff. Posts requiring a direct contact with the children and families are filled by local staff. Wages will be implemented in accordance to years of professional experience and national standards. Participation of volunteers, as animateurs or community agents, is an essential element to reinforce local capacities and ensure sustainability of the project. It is important to highlight that in smaller projects, several posts can be filled by the same person (i.e. Protection Manager / Child Protection Officer).

Organigram with focus on Protection/Psychosocial Posts[24]

* The Social Worker spends 50% if his/her time with the children and 50% with the families /communities

Administration and **Logistics** in support of Projects I, II,...
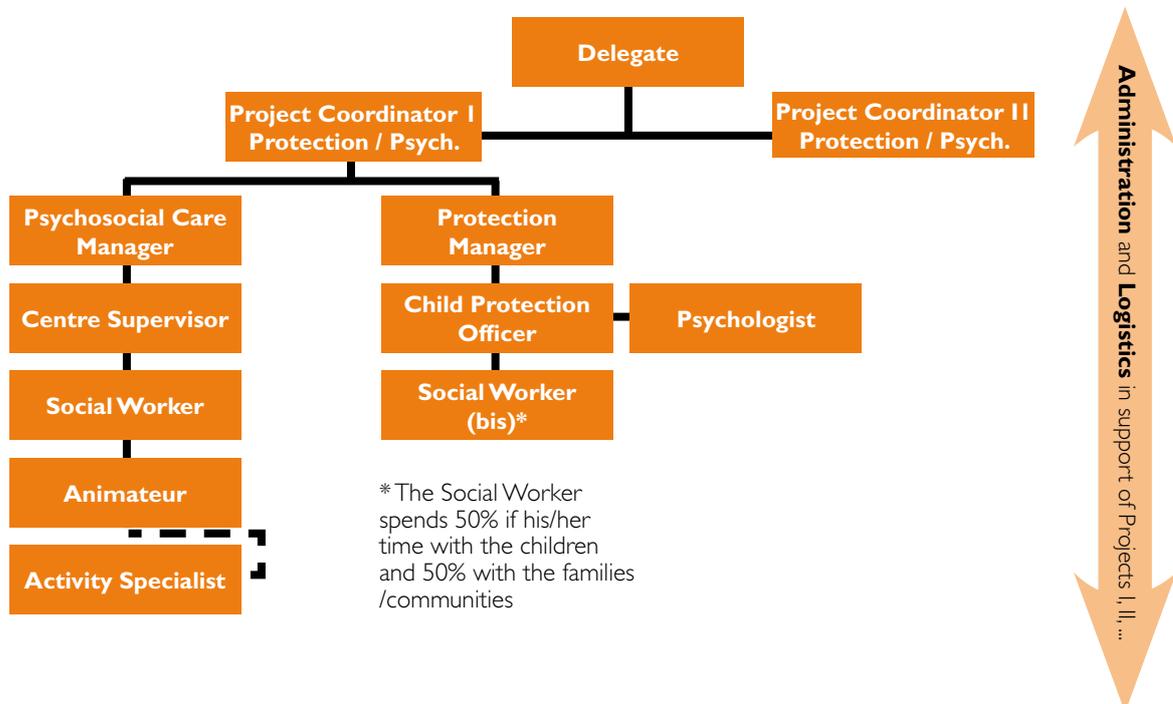
[24] Organigram is functional, not hierarchal in terms of line management and salaries.

Animateur / community agent

Animateurs are the heart of the project as they are in direct and daily contact with the child. He/She is overseen by the centre's supervisor. In addition he receives support, through advice and technical assistance, from the social workers and pedagogical supervisor. In order to ensure the quality of the project, a maximum of 25 children per animateur can be expected. Above this, the animateur is not able to guarantee the proper development of activities and provide appropriate attention to the children.

In many Tdh projects, animateurs are not professionals. Animateurs may have benefited from limited education and suffer from uncertainty as to what the future holds in store for them. An incentive scheme is imperative for staff to cover their basic needs. It may consist of material or financial resources. The incentive question is problematic in many areas and it is essential to work in relation with other NGO's to consider the economic standards at hand. In terms of working hours, it is important to remember that working with children is very tiring, especially when one lives in difficult conditions. In the majority of emergency areas volunteer animateurs work only a certain amount of hours a day.

Devoted and motivated animateurs will stay and grow with the project. They need to feel central to the project and, as much as possible, be involved in the decision making process. In order to maintain motivation, constant attention must be paid to the development of their competences, through training and workshops.

Activity Specialist

Activity specialist is not a function that exists in all projects. His/Her role is to reinforce the competences of the animateurs in a specific area. This job is particularly important in areas where there are many centres and where distances between each are significant. As it is generally quite difficult to find people with this background, it is important to provide the proper support and training.

Social Worker

The social worker creates an important link between the child, the family and the animateur. He/She offers a personal approach to a collective group by identifying and following-up the most vulnerable cases. He/She has regular contact with the teams (animateurs), the centre supervisors and the family in order to share the experiences of the child at the centre and vice versa. The work is often carried out by a team of males and females in order to consider personal, gender and safety issues.

Centre Supervisor

The centre supervisor ensures coordination and quality control between the different centres. His/Her function is to encourage the animateurs and be liable for the programming and implementation of activities. He/She is in charge of finding qualitative and quantitative information, identifying the needs (professional and material) and putting into effect special activities (i.e. organization of events).

Child Protection Officer

The child protection officer works in the office with the protection manager and the social workers. He/She ensures an appropriate protection response for the most vulnerable children by collecting and reporting information from social workers and providing guidance on follow-up action.

Psychologist

The psychologist is essential namely when the project targets a population which has been severely affected (cf. Palestine). This can only be done if local competences exist. Psychological intervention by Tdh will always be in harmony with Tdh principles such as family support and systemic approach.

Managers

Managers will guarantee planning and implementation of protection and psychosocial activities according to the strategic plan. They will ensure a good understanding of the issues as well as coordination at local, national and international level.

Coordinator

The coordinator is in contact with the delegate and the managers. Since He/She has little contact with the children and the families his/her responsibility is to coordinate the development of the project. Activities include analysis of the situation, diffusion of information within the project, expansion of the project, recruitment of personnel, implementation of activities and evaluation.

Delegate

The delegate has a strategic vision of the project as a whole. He/She is in contact with the coordinators from the various areas within the project (i.e. nutrition, wat/san, protection, etc.). The delegate represents Tdh to external parties. Activities include the creation of the project, coordination of the various areas within the project and regular contact with headquarters.

Pedagogical Supervisor.

The post of Pedagogical supervisor can be attributed if necessary and resources available. His/her principle task is to support and provide advice and training throughout the program. Although this post may initially be filled by an expatriate, time should allow a local professional to take over.

References: Job Descriptions

Child protection policy 4

Tdh recognizes that abuse of children occurs in all societies, in all cultures and historically in many organizations. Employees and partners are likely to be faced with concerns of abuse at some point. Following critical incidents within the organization itself, the Tdh policy was set up to prevent child abuse in all forms; neglect, physical, emotional and sexual abuse. The Policy aims to:

- raise awareness throughout the Foundation about child abuse
- provide guidance on preventing, raising, reporting and responding to concerns of child abuse
- reduce the risk of child abuse through the recruitment and selection of employees and others
- reduce the risk of child abuse by developing an open and aware management culture within the organisation.

For obvious reasons, projects linked to child protection must pay particular attention to the implementation of the Child Protection Policy. Tdh employees are expected to:

- appoint delegate or line managers responsible for the implementation of the policy
- organize formal trainings and briefings for all employees and partners
- develop procedures for reporting concerns (i.e. signing code of conduct, who reports to who)
- emphasize that reporting is mandatory for all employees and partners
- assess the risk of posts according to the level of contact with children
- update and improve recruitment and selection procedures

References
- Model for implementing the Child Protection Policy in Sudan
- Tdh child protection procedures and support material (available on Gedys/Kit)
- Keeping Children Safe (www. keepingchildrensafe.org.uk)

Field stress and incident management 5

Staff working in humanitarian settings tends to work many hours under in situations of extreme stress; pressure and difficult security constraints. Minimum action undertaken by supervisors should include[25]:

- Ensure availability plans to protect and promote well-being in the midst of emergencies
- Prepare staff for their jobs and for the context
- Facilitate healthy working environments and the provision of rest and recuperation
- Address potential work-related stressors
- Ensure access to support if necessary

A critical or traumatic incident is any event that, whether personally experienced or witnessed, involves death, serious injury or threat to one's personal security, leading to reactions of intense fear, helplessness or horror and overwhelming an individual's usual coping mechanisms. Reactions to stress are normal. Getting support from both colleagues and professional counsellors is the first step to managing stress. Some actions that can be undertaken after a critical incident include the following[26]:

- Defuse what happened by holding a group meeting of staff members who experienced or witnessed the critical incident. Discuss the experience together and consider the group's ensuing reactions and feelings. Limit any outpouring of negative or angry emotions and ensure that the meeting is supportive.
- If a critical incident was severe and many staff members were affected, provide support and debriefing by a professional trained in traumatic stress to all affected staff immediately after the event in a safe, quiet environment.
- All shared information will be kept confidential.
- Report all critical incidents to Tdh Headquarters

[25] IASC Task Force on Mental health and Psychosocial Support, 2006
[26] Emergency Field Handbook, UNICEF, 2005

C

Practical Modules

The Practical Modules seek to provide guidance and concrete tools for activities linked to protection. Following consultation with staff from the field, the Practical Modules cover the following issues: Assessment, Community Mobilization, Recreational Activities, Social Work and Training. Every subject is covered in a similar manner, namely through the definition of justification, beneficiaries, partners, objectives and results, indicators, activities, tools, staff, tips, and references and resources.

I
module
Assessment / Situation Analysis

✔ Justification

This module focuses on the overarching principles, methodology and information required in conducting a situation analysis. It describes the first in-depth analysis to be conducted before initiating a project in an emergency situation; further situation analyses may be conducted subsequently at different times during the implementation of a project.

A situation analysis, also known as an assessment, is the process of collecting and analysing qualitative and quantitative data so as to understand a situation at any given moment[1]. It provides an overview that facilitates the identification of needs, stakeholders, available resources and constraints.

Initial assessment
An initial assessment should be conducted in the first 5–15 days following an emergency such as a natural disaster or conflict outbreak. It serves as the basis on which to respond to urgent population needs and develop a funding proposal. On the basis of this assessment, Terre des hommes (Tdh) decides whether or not to intervene and thereafter determines its overall project design.

In-depth assessment
An in-depth assessment is accomplished over a longer period of time (1–2 months) when the initial emergency-relief actions may have already started. It helps define a logical framework – strategic and operational plans – and an action model (intervention modalities).

Monitoring
Monitoring comprises a range of tasks conducted at different times during project implementation. Strategic and operational monitoring allows, respectively, the evaluation of objectives and the assessment and adjustment of activities and resources to guarantee that the project stays on track.

Evaluation
Evaluation aims to determine a) if the project has met its objectives; b) the consequences of the project on the well-being of the children; and c) the long-term impact of the project.

Relevant chapters in the Tdh Project Cycle Handbook (1)

VII.	Problem analysis
7.1.	First step in problem analysis: pinpointing the main problem
7.2.	Second step in problem analysis: confronting points of view
7.3.	Placing a situation in its context
7.4.	Setting a situation in its historical background
VIII.	Stakeholder identification and analysis
8.1.	Inventory of main stakeholders
8.2.	Analysis of main stakeholders
IX.	Favourable forces: resources and potentialities
X.	Unfavourable forces: limitations, obstacles and risks
10.1.	Limitations
10.2.	Obstacles and risks
10.3.	Example

[1] A "situation analysis" differs from the narrower concept of a "needs assessment" in that: a) it has a broader scope, focusing on the wider context of a situation, and b) it identifies not only needs and problems but also capacities and resources.

ⓘ Overarching principles

Participation of affected populations

Base a situation analysis on consultation with concerned populations so as to motivate joint identification of problems and action required, and also encourage participation of the community in the project. To help restore the community's capacity to make decisions and undertake activities, emphasize its strengths and pre-existing means of coping with difficulties. Although participatory mechanisms cannot always be set up in the beginning of a situation analysis, collaboration with beneficiaries and/or key members of the community should be maintained as a priority and constantly encouraged.

Consultation of all

Consider different points of view and situations in all aspects of a situation analysis. Frequently, groups within a population – such as women, the elderly, social or ethnic groups, the poor or the less educated – are either forgotten or are not consulted because of various cultural factors that make them less visible and/or accessible. Children are also often overlooked and not consulted, even though they may be the first beneficiaries of the potential project. Experience has shown however that children and youth are significant resources and provide very specific input.

Collaboration with key representatives

Involve key community actors (traditional leaders, religious or political leaders, traditional healers, teachers, health workers, etc.) in the situation analysis; this facilitates entry into a community, helps in the provision of support and the supply of information. It is not always simple to identify these resources as some individuals may be physically and/or emotionally unable to participate in the exercise. On the other hand, some individuals (e.g. people belonging to religious, political, ethnic or armed groups) may have a particular interest in proclaiming themselves to be leaders or participants in the work of a non-governmental organization (NGO). While new leaders may be identified, take care to prevent the misuse of leadership. In some cases, if community leaders are given too many additional responsibilities they are unable to continue to fulfil their original commitments.

Respect people's well-being, confidentiality and privacy

Asking people to share experiences and concerns can be inappropriate and harmful, especially in the first phases of an emergency. For the psychological well-being of some individuals it is preferable to avoid talking about sensitive issues as this can bring deep wounds to the surface. The quality of a situation analysis will depend on the capacity of the "assessors" to respect and handle people's feelings with sensitivity and to listen to what they need to or can express (without acting as a psychotherapist). It is essential that staff have the skills to do this – to allow sufficient time, select an appropriate space, etc. Always keep sensitive information confidential and manage it with caution.

Respect culture and traditions

In certain contexts, it may not be appropriate to discuss particular topics; some individuals may not be able or allowed to express certain feelings, especially to strangers. "Respect of culture" means that the person conducting the analysis must be aware of cultural variables with regard to expression and the outward show of feelings, psychological distress and coping mechanisms (e.g. death, healing, rituals, etc.). Pay special attention to possible misuse of western concepts and to cultural and linguistic misunderstandings.

Take time to build trust

The quality of the information collected strongly depends on building trust. Prior to group discussions and interviews, it is important to establish a first contact with the people. Child-protection assess-

ments have to begin smoothly, preferably through the collection of basic quantitative information (e.g. the number of children, number of families, etc.). Experience has shown that, to facilitate entry into a community, it is helpful to combine child-protection assessments with other types of assessments, such as water/sanitation, hygiene, food or non-food items and distribution activities. The initial assessment can also be an opportunity to deliver basic information on the impact of the disaster, material support, relocation, etc. Undeniably, this approach adds to the purpose of the visit and can be particularly helpful to the population.

Be clear on the objectives of the assessment and the type of data to be collected

Frequently, crisis-affected populations are approached by several organizations conducting their respective assessments. Pay special attention to give a clear explanation of the purpose and objectives of this assessment and define its possible contribution of the community. Do not make promises at this stage. Give people feedback on the assessment and keep them up-to-date about further undertakings.

Avoid duplication

To avoid duplication of work and confusion within communities, it is imperative that organizations share the results of their assessments with each other. Sharing is not always easy – particularly when, for example, different methods or standards have been used to collect qualitative information. In cases where a community has had several organizations working with it (high saturation), it may be necessary to use a different methodology, target a different area or group or simply to delay the situation analysis.

Terre des hommes Child Protection Policy

Any person participating in a Tdh situation analysis, as a volunteer, consultant or staff member, must act in accordance with the Terre des hommes Child Protection Policy (CPP). Following any crisis, the risks of child abuse are high and it is necessary to be extremely vigilant. Whatever the degree of contact with children, ensure that community members and other partners involved in the situation analysis are made aware of Tdh expectations and practices, in terms of the CPP.

Methodology

The methodology to use in conducting a situation analysis/assessment varies according to: a) the mandate of the organization; b) the resources available; c) the context; and d) the phase of the project. The assessment can be perceived as a learning process – both flexible and structured. A major risk in conducting an assessment is to be subjective and not take into consideration the specificity of each context. There is a tendency to see what one wants to see and thus lose objectivity; it is therefore important to have a flexible approach. Base the assessment on the principles outlined above at all times; this will provide a structure to the process.

In the initial stages of an emergency, the first priority in responding to survival needs is to identify unaccompanied children, register children, reunify families and provide information. The initial assessment must concentrate on these urgent issues.

In order to begin an initial assessment as soon as possible, create a team. Expertise and experience are fundamental in ensuring the quality of a situation analysis. Assessors need to have a clear understanding of protection and psychosocial issues and also be able to anticipate needs and risks, both in the short/long term and at individual/collective levels. Depending on the size of a community, the team consists ideally of 4–5 people: a lead assessor, two national experts in child protection, a translator and a driver. Pay particular attention to the profile of each staff member to ensure that no-one has a bias linked to ethnicity,

gender or religion. Staff from NGOs or community-based organizations (CBOs) may provide valuable human and technical support in an initial assessment. Define a clear plan of action before starting an assessment. Whatever the profile of the team members, they have to be briefed and trained in the basics of Tdh principles, tools for data collection and reporting mechanisms. In most cases, the delicate interviews and discussions with the affected populations – the children – should be undertaken by highly skilled staff members, assisted by a translator who plays a crucial role in conveying the information. Tools used in a situation analysis are different and complementary. Information collected may range from general (about the country) to individual (about a child) and may include qualitative and/or quantitative data.

Key actors and resources include:
- community and religious leaders;
- affected persons, including children;
- teachers, health professionals;
- government authorities (e.g. social welfare, health, education, justice);
- army and armed groups;
- local and national NGOs;
- United Nations agencies and international NGOs working in child protection;
- coordination structures (e.g. health, protection or education clusters);
- newspapers and internet sites (e. g. www.reliefweb.org).

Techniques used to collect information include:
- observation;
- interviewing individuals;
- focus group discussions;
- questionnaires;
- reading (e.g. assessments, reports, books, articles);
- meetings and coordination mechanisms.

Pay attention to the selection of sources of information. People often apply their own perceptions or interpretations to a situation so it is important to consider information according to who or where it comes from (ethnic or religious groups, governments, political parties, etc.). Sources should vary as much as possible.

❓ Information to be collected

Assessment ensures that, through data collection, the understanding of a situation becomes more refined. The Office of the United Nations High Commissioner for Refugees (UNHCR) implements a series steps to achieve participatory assessment (2). Data that does not seem pertinent at first may appear to be relevant later in the project. It is important to get the widest possible overview of a situation before going into the details. A situation analysis can be broken down into four steps, incorporating the actors and techniques listed above.

Step 1: Review information about the situation prior the crisis.
Step 2: Review information about the crisis and its immediate effects.
Step 3: Identify key psychosocial or protection issues and actors.
Step 4: Systematize information.

Step 1: Review information about the situation prior the crisis:

- geographical, environmental and socio-economic data;
- population characteristics (religions, politics, languages, traditions, economic activities, education etc.);
- administrative and political organizations;
- social and family organizations;
- general practices with children, child care and education;
- gender and age-group issues and divisions (roles, rules);
- common psychosocial and protection concerns;
- vulnerable individuals.

Step 2: Review information about the crisis and its immediate effects:

- nature of the crisis – when and how it happened;
- affected population (number of victims grouped by age, gender, ethnic or religious groups);
- material and environmental damage (houses, schools, hospitals, water points, roads, religious sites, etc.);
- situation in terms of basic survival needs and risks (food, water, health, hygiene, shelter, clothes, security);
- location of the population (accessibility, camps, villages, shelters, etc.);
- vulnerable individuals in need of special attention;
- probable upcoming events (new disaster/s, relocation, mass departure, looting, ethnic tensions);
- information given to affected populations (types and ways).

Step 3: Identify key psychosocial or protection issues and actors

Based on a checklist developed by Save the Children (3), key questions related to protection are outlined below.

- How many female-headed families are there, and what particular problems are they facing?
- How many single fathers are caring for children and what particular problems are they facing – especially if there are young babies?
- How are "separated children" defined within the community? How many "separated children" are living with related families, with unrelated families, on their own or in groups? What are their ages? How adequate are their current care arrangements?
- What are the typical causes of their separation? What steps need to be taken to begin a programme to trace their families?
- How many children with disabilities are there? What kind of disabilities are to be found? What are the typical attitudes towards disability within this society and what is its impact?
- How many children of disabled, sick or elderly parents are there? What are their particular problems?
- How have people been affected by their experiences of conflict and flight? Have parents or children witnessed or been victims of violence, including rape? How are people coping with these issues?
- How many children require primary school facilities? What are their previous experiences of education?
- How many teachers are there among the refugee population?
- How many young people require secondary education? What is the impact of the lack of educational provisions?
- What affect has the emergency had on family livelihood systems? What are the economic pressures on families? What is the result – for example, is there pressure on adults and young people to find work? What kind of work? Where might they find work? What is the effect of children's work on their development?
- How are adolescents, in general, faring? What particular issues do they face – e.g. sexual issues, danger of recruitment into armed services, boredom, depression, etc.?
- What is the incidence of child malnutrition? To what extent do camp conditions contribute to this - e.g. nature and quality of food, demands on mothers' time, cultural factors such as favouring boys at times of food scarcity?

- How many pregnant and lactating women are there and what are their particular needs?
- Are there refugee families living outside the camp situation? What are their particular needs and resources and what particular issues do they present in terms of protection and assistance, access to services, etc.?
- Are there any particular factors potentially placing children and adolescents at further risk – e.g. sexual violence or recruitment into armed services?

Step 4: Systematize information

Teams should meet at the end of each day or session to review and discuss the data gathered. For example, if a child mentions during a family visit that he/she is not going to school, teams should systematically record this information on a specifically designed form. As this form is completed by each group, the differences and similarities will become evident and lead to better-targeted planning.

✌ Tips

In carrying out an assessment, it is particularly important to be child-centred. "Hidden" protection issues may not be openly addressed due to the vulnerability of the target population (i.e. children or women).

When talking with children, keep in mind the points outlined below (4).

- Keep the atmosphere friendly and informal so children feel at ease. One suggestion is for the team members to say that they want to learn from what the children have to say. Team members may also share some personal information about themselves so that the children are able to see them as "whole people". They could say, for example, "I have children at home... I have a dog... a cat... I come from… I speak… at home…".

- Acquire some basic knowledge of how to work with children in the specific cultural context of the assessment before engaging with them.

- Use child-friendly language and avoid suggestions.

- Identify in advance what challenges might occur and discuss how best to deal with them. Expert support, such as medical staff, should always be on hand in case complex issues arise. Teams should also agree as a group upon basic guidelines when working with children. This will make it easier to solve problems if a discrepancy in the team's methodology occurs and will also prevent disagreements.

- Compose teams of both women and men when working with girls and boys as some children prefer to speak with members of the same sex.

📚 References and other resources

References

(1) *Project Cycle Handbook*. Lausanne, Terre des hommes, 2001

(2) *Tools for participatory assessment* (draft)
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Stockholm, Save the Children Sweden, 2001 (www.savethechildren.net/arc/files/main.html)

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Geneva, Terre des hommes, 2005

Other resources

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Consultation with and participation by beneficiaries and affected populations in the process of planning, managing, monitoring and evaluating humanitarian action.
ANALP Global Study, Sri Lanka.
London, Overseas Development Institute, 2003

Handbook on psychosocial assessment of children and communities in emergencies.
UNICEF East Asia and Pacific Regional Office (EAPRO) & Regional Emergency Psychosocial Support Network, 2005

📋 Annexes[1]

Annex 1: Themes and sample questions on protection risks

Livelihoods
- What skills do women and men have that will enable them to earn an income?
- How much time do women and men have to engage in income-generating activities?
- Who does what in the community and how much time does it take?
- Do women face problems of lack of access to markets, supplies, technology, credit, skills training, and information, and lack of decision-making powers? Do men face similar problems?
- Who has access to various resources (e.g. who has jobs, access to markets, access to materials such as firewood)?
- Who decides how resources are used? Who decides to integrate locally and who decides to return?
- What is the impact of these problems on girls, boys, adolescents, women, men?

Education
- What do girls and boys do with their time?
- Who goes to school? Who does not get to go to school?
- What do girls who do not go to school do with their time? And boys?
- What do girls who do go to school do outside school? And boys?
- Are you afraid (are your children afraid) of going to school or of anything at school?
- Who stays at home? Who is in charge? What is the impact on the family?
- How are girls and boys looked after if they remain behind to attend school when the parents return home?

Community participation
- Do women participate in committees? Why not or how often? Do children participate in committees?
- Can women make decisions? What do women think about that? And men? What is the impact in the community?
- What would women and men like to do differently? How would you go about change?
- How do women and men participate in reconstruction of their home country or in decision-making when settling locally?

Health/Food/Nutrition/Water/Shelter
- What types of health problems are most widespread in the community?
- Who takes care of people when they get sick?
- Who do people go to see when they are not well? What happens if they get sick at night or over the weekend? What types of health problems are covered? Which are not covered?
- Are there children in the community who do not get appropriate food? Other persons without proper/enough food? Are there malnourished children in the community? How are they treated? Can we visit them?
- Do pregnant and lactating women eat differently from other household members?
- How do you use water? How do you maintain personal/community hygiene?
- How could houses and neighbourhoods be kept clean so as to avoid health risks? What is the lay-out/design of living arrangements? Town/camp?

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[2] *UNHCR Tool for participatory assessment, 2006*

Security and safety
• What are the dangers that you experience in this environment?
• Do you feel that your physical safety and security are at risk? At what time? Why?
• What is the source of the danger? Who is involved?
• What do you worry about when you leave your home?
• What do you worry about for your children/husband/wife?
• Are you aware of any incidents/problems that have threatened your friends or neighbours?
• How can you put a stop to domestic violence?
• Does violence occur? What types of violence?
• What do men think about it? And women? Girls and boys? What do you think about it?
• What can be done about it?
• Where does the violence occur? (See below.)

Coping with risks and developing solutions
• How do you think the situation could be improved? How do you and your neighbours cope with these risks?
• What do you do to protect your children?
• What services or activities are available to you to help address these risks? How can they help?
• How in your culture/traditions were such problems dealt with/avoided before your displacement? How can that be applied now?
• Would you be willing to help in improving the situation? How do you think you could help?

Prioritizing risks:
• Of all the issues just discussed, which do you consider the most important/urgent?
• Who should be involved?
• What might the community do to address this concern?

Annex 2: Systematization form for each subgroup discussion

Group: _____ subgroup: (Sex:_____ Age group:_____) No. of people:_____

Facilitators:_____

Date:_____ Location:_____ Country:_____

Protection risks/ incidents	Causes	Capacities within the community	Solutions proposed by subgroups	Most important issues to address as expressed by people of concern	Urgent Follow-up action

Annex 3: Recording meetings

Enquiry method	Female, age, background	Male, age, background	Total persons met with
Participatory Observation			
Semi-structured discussions			
Focus group discussions			
			Total

Annex 3a: Sample of recording meetings

Enquiry method	Female, age, background	Male, age, background	Total persons met with
Observed	*At schools, water points, food-distribution points*	*Tea breaks, border crossings*	
Semi-structured meetings	*Refugee leaders: 7* *Refugee teachers: 5* *Parents association: 3* *Refugee health workers: 3* *Host community: 10*	*Refugee leaders: 7* *Refugee teachers: 5* *Parents association: 3* *Refugee health workers: 3* *Host community: 10*	*Refugee leaders: 14* *Refugee teachers: 10* *Parents association: 6* *Refugee health workers: 6* *Host community: 20*
Focus group discussions	*Age groups:* *(10–13): 13* *(14–17): 14* *(18–39): 15* *(40+): 15*	*Age groups:* *(10–13): 13* *(14–17): 14* *(18–39): 15* *(40+): 15*	*Age groups:* *(10–13): 26* *(14–17): 28* *(18–39): 30* *(40+): 30*
Individual discussions	*Poorest households: 5* *Ethnic minorities: 5* *Host community: 5* *Implementing partners: 5* *Various govt reps: 5* *Others: 5*	*Poorest households: 5* *Ethnic minorities: 5* *Host community: 5* *Implementing partners: 5* *Various govt reps: 5* *Others: 5*	*Poorest households: 10* *Ethnic minorities: 10* *Host community: 10* *Implementing partners: 10* *Various govt reps: 10* *Others: 10*
			Total: 230 participants

II
module
Community Mobilization

✔ Justification

Often, after a disaster, social structures are disrupted – people are under extreme stress and need to meet basic needs such as shelter, food and health care. Community mobilization[1] is a concept that includes the use of community resources (human and material) and strengths (existing mechanisms), and takes into consideration the wishes of a community and its feedback in order to develop a project. Families, teachers, community and religious leaders, as well as government and non-governmental representatives, all work together to support the re-establishment of existing or new coping mechanisms within a community. In order to achieve this objective, specific community members may be involved at different times during the project – such as the assessment, planning, implementation, or evaluation.

Specific objectives of community mobilization are:

• to empower a community through reinforcement of its capacities and social networks;
• to create an appropriate and sustainable project through community involvement and ownership.

In an emergency context, when a rapid response is needed, community mobilization can be extremely challenging. If a population is severely affected, community mobilization serves as a means to identify child-protection issues, to inform communities on possible risks and, finally, to strengthen and empower community mechanisms.

> Community mobilization can be a goal in itself (i.e. a community-based intervention) or a means to an end. For example, in Colombia the aim of a project for displaced populations is to "train community leaders in areas such as health, psychosocial care and protection to provide support to their own communities." Throughout the different axes of a project in Sri Lanka, the aim is to "ensure the protection and psychosocial well-being of 5000 children affected by the [2004] tsunami".

The term community can be understood in three different ways (1):
• a territorial unit of society – e.g. a village, town, district, city or refugee camp;
• a unit of social organization – e.g. an academic or residential community;
• a type of social interaction – e.g. a sense of belonging, common goals, cooperation, mutual respect.

In an emergency context – a natural disaster or conflict outbreak – all the members of a community suffer the effects, sharing grief, fear, emotional distress and the lack of many basic needs. Their common life experiences help them build strengths within the group – some take on leadership roles, they develop protection mechanisms and plan organizational strategies. In such contexts, as in a refugee camp, we often speak of the group as a "community" even if it is an artificial community.

After defining the term "community", it is important to decide on the ways and means to engage its members in the process of mobilization. The different levels of participation include activities that range from extremely simple to the highly complex (2). Some of the activities that the community can be involved in are described below.

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[1] The term "community mobilization" is used instead of "community participation" in order to avoid confusion with existing references such as those used in Action for the Rights of Children (1).

Releasing information – offering information and messages that a) update the community on the current situation, and b) help its members to access services. Ensuring that the community is well informed enriches their participation in the decision-making process.

Consulting – asking members of the community their opinions on certain aspects of a situation or problem. Their opinions are then considered when decisions are taken.

The initiative – advising the community on how to solve a problem or transform a situation.

Community watch – observing activities within the community in order to monitor which obligations are being fulfilled.

Negotiation – reaching agreement between members of the community to define the most convenient solution to a problem.

Decision-making – adopting an idea or action with the community, chosen amongst several alternatives.

Management – all the resources that aim to implement activities and procedures to obtain a specific end-result, such as solving a problem, satisfying a need or managing a situation.

Some projects have more possibilities to involve the community than others. Terre des hommes encourages the highest possible level of community mobilization throughout all its projects. The figure below illustrates the ideal situation for Tdh – that is, to be highly present and influential at the start of a project, then progressively hand it over to community organizations or representatives.

Transition of Tdh involvement
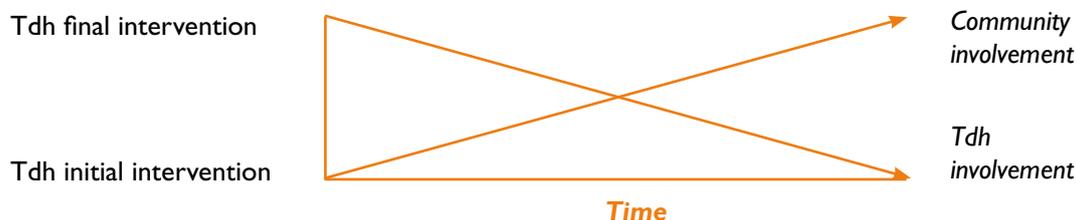
In order to decide how to approach and work with a community, ask the following questions:
• How much is the community able to participate (at the start, in the middle phase, at the end)?
• What role will the community have in assessment, design, implementation and evaluation of the project?
• Will the community be implicated as a direct actor?
• How does the project achieve sustainability?

The information outlined above supports the conceptualization and planning of a community-based intervention plan with a strategy to promote community mobilization.

⊙ Beneficiaries

Direct beneficiaries of community mobilization are the children and families in the target community. Although a large number of actors will be involved, the final aim is to improve the overall well-being of the children and families.

💬 Partners

Groups that are already in direct contact with the community – such as those listed below – are the most relevant partners; they not only know the community well but also have access to it and its existing networks:
• parents;
• school teachers and staff;
• community and religious leaders;
• community-based organizations (e.g. youth groups, mothers groups, national NGOs);
• governmental organization working in child protection (e.g. social affairs, justice, health);
• international organizations (e.g. United Nations' agencies and NGOs);

⇨ Objectives and results

Depending on the extent to which a community participates, the following results can be expected.
a) The community[2] is strengthened through reinforcement of local capacities and networks.
b) The project is sustainable due to the high level of community involvement and ownership.

☛ Indicators

Based on the different results and levels of involvement, the following possible indicators may be observed.

The community is strengthened through reinforcement of local capacities and networks
• The community can identify child-protection issues and knows who to refer them to.
• The community agrees on basic procedures for the care of children at risk.
• The community is involved in activities related to protection (campaigns, social-education activities, children and youth festivals, etc.).

The project is sustainable due to the high level of community involvement and ownership
• Focus groups are created in order to assess needs and to design, implement and evaluate the project.
• People from the community are recruited to work as animateurs, social workers, etc.
• The community participates in the construction and maintenance of centres.
• Parents are regularly informed of the development of their children and included in their activities.

[2] "Community" clearly defined on the basis all possible members.

✄ Activities

In order to ensure community mobilization, a multitude of activities can be carried out.

Strengthen the community (3)

• Identify human resources in the community such as elders, traditional healers, religious leaders, midwives, teachers, existing psychosocial workers, youth groups, women's groups and religious groups. A valuable strategy is to map local resources by asking community members about who they turn to for support in times of crisis. Names of particular groups or people will probably be mentioned repeatedly; this will give an indication of potential helpers within the affected population. Meet and talk with those identified in this way and ask whether they are in a position to help.

• Facilitate the process of community identification of priority actions. Promote a process for collective reflection with key actors or community groups to discuss impact, social organization, existing mechanisms, best practices, etc.

• Support and actively encourage community initiatives that promote family and community support. For example, if local people are organizing educational activities but need basic resources such as paper and writing materials, support their activities by helping to provide the items needed. Ask regularly what can be done to support local efforts.

• Encourage and support additional activities that promote family and community support for all emergency-affected community members and, specifically, those at greatest risk. Such activities include:
  - organizing access to information about services, missing persons, security, etc.,
  - group discussions,
  - structured activities for children and youth,
  - women's support and activity groups,
  - campaigns and advocacy,
  - sports and youth clubs, e.g. for adolescents at risk of social and behavioural problems.

• Provide short, participatory training sessions where appropriate. Combine the training with follow-up support. Where local support is inadequate or too weak to achieve particular goals, it may be useful to train community workers, including volunteers, to perform tasks such as providing simple support, assisting families, tracing separated children, etc.

• When necessary, act as the voice of more vulnerable communities; urge other organizations to bring services that are needed to the community or facilitate access to services outside the community. Typically, people already marginalized before a crisis has begun, remain "invisible" and unsupported both during and after it. This marginalization and "invisibility" causes significant distress. Humanitarian workers should address this problem by linking their work to issues of social justice and speaking out on behalf of such people.

Create a sustainable project (3)

• Talk with a variety of key informants and groups to learn how the community is organizing itself – or how it was previously organized – to confront the crisis, and ask for their ideas on how different agencies can participate in the relief effort. Meet separately with different sub-groups, defined for example by religion, ethnicity, political affinity, gender, age, caste and/or socio-economic class.

• Establish safe spaces early on in the project for meetings, discussions and the dissemination of information. Safe spaces, which can be either covered or open, allow groups to meet to make plans on how to participate in an emergency response and to conduct self-help activities.

• Promote a process for collective reflection involving key actors or community groups. One of the core activities of a participatory mobilization process is to help members of the community make connections between what they had previously, where the community is now, where it wants to go, and the means and ways of achieving that.

The above points should lead to a discussion of action plans and distribution of duties and responsibilities, taking into account priorities and feasibility. It should be clearly understood by all concerned whether an action is the responsibility of the community itself or of external agents (such as the state). If the responsibility is with the community, a community action plan should be developed; if the responsibility is with external agents then a community lobbying and coordination plan should be established.

❗❗ Staff

• Delegate - must be aware of the development of the strategy that addresses the community.
• Project coordinator – monitors implementation of the strategy adopted by the community and participates in associated activities, especially those where she/he can facilitate discussions between the different key actors.
• Programme manager – supervises the development of the strategy as well as the activities, training and meetings required to implement the strategy and meet its objective/s.
• Trainers – train the animateurs and social workers in subjects to help empower them. Trainers may also be central in strengthening community organization.

✌ Tips

• be aware of cultural differences so as to avoid tensions with the community;
• maintain an honest relationship with the community through contact and efficient release of information;
• be open to community initiatives and show flexibility in involving community members in the project;
• build bridges between the community and other organizations.
• do not concentrate all the information on one or two community leaders but, if possible, share it as widely as possible so that it spreads.

📚 References and other resources

References

(1) *Community mobilization. In: Action for the Rights of Children (ARC).*
Stockholm, Save the Children, 2001. (www.savethechildren.net/ arc/files/main.html).

(2) GONZALEZ, Esperanza. *Manual sobre participación y organización para la gestión local.*
Bogotá. Colombia, Servicio Nacional de Aprendizaje (SENA), 2001.
Comment: A handbook addressed to people working in community participation projects; it provides tools, activities and suggestions for efficient community work.

(3) *IASC Guidelines on Mental Health and Psychosocial Support*, 2006 (www.who.int).

Other resources

Triple P, Positive Parenting Program
(www.pfsc.uq.edu.au/02_ppp/ppp.html).

Participatory Learning and Action: A Trainer's Guide. London, International Institute for Environment and Development, 1995.
Comment: Excellent for working with communities, it uses participatory approaches in gathering information and sharing ownership.
Availability: English, possibly French and Spanish.

When people play people. Zakes Mda.
Zed books, 1993.
Comment: Good for community mobilization through theatre; useful for national staff who speak English well.

Capacitación para la organización y participación comunitaria.
Bogotá, Colombia, Servicio Nacional de Aprendizaje (SENA), 1999.
Comment: Training for the promotion of community participation and social organization. Excellent for working with young community leaders.

🗒 Annexes[3]

Annex 1:
Ten Classic Questions to Ask in a Focus Group

1. If you were in charge, what kind of changes would you make?
2. If this project received an award, what would it be for?
3. If you were moderator, what would be the next question you would ask the group?
4. What would you tell a best friend or family member about this project?
5. Assume the project could talk what would it say about itself?
6. If you could change one thing about his project, what would you change, and what's the main reason that one thing needs changing?
7. What would it take for this project to be perfect?
8. Can you tell me five positive things about this project, no matter how small that positive thing is?
9. If you were responsible for selling this project, what key point would you stress to fundraisers?
10. What do you need to know about this project in order to accept or reject it?

Annex 2:
Example Questions for Focus Group on Violence Prevention

1. Let's name some place where you feel safe and some places where you don't feel safe
        (MAKE LISTS ON A FLIP CHART)
2. What doe the word "violence" mean to you? Or what is your definition of violence?
3. Tell me about an example of violence you've witnessed or experienced in the community?*
4. What causes violence?
        (LISTEN FOR: Alcohol, drug, bullying, being abused in the past. PROBE IF NECESSARY)
5. Why are some people the victims or the targets of violence?
6. What can be done to avoid being the target of violence?
7. What can you do to help someone who is a victim of violence?
8. Some people cause violence. They are violent toward others. What can you do to help those who initiate violence?
9. What can others do to stop violence?
        FOLLOW-UP
        9a. Parents
        9b. School personnel
        9c. Police and law enforcement
        9d. Others
10. If you could do one thing that would reduce violence in your community, what would it be?
11. What's the most important thing we talked about today?

Be careful about theses answers. If participants begin talking about personal family violence, you may need to remind them to keep the answers general. If you hear examples of abuse, you may be required to report them. Don't let this become a place for people to swap scary stories of violence, but rather a forum to identify solution strategies. Celebrate the solutions, but don't emphasize the act of violence.

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[3] *Developing Questions for Focus Groups. Focus Group Kit 3. Sage Publications.*

Annex 3:
Example Questions for Focus Group on Community Assessment

1. The word "community" can mean a number of things. Describe your community.
   Who is in it? What are its key values?
2. What are the strengths of your community?
3. How has your community changed in the past five years?
4. If someone from outside the community wanted to fins out what the specific needs and assets of the community are, how would this be done? Who would be listened to? What should be looked at?
5. What traditions of giving or sharing exist within your community?
   (How do people help each other in your community?)
6. What are the obstacles or barriers to working together?
7. In what ways does your community work with other communities?
8. When you hear of the Project, what comes do mind?
9. Think about how the Project might benefit your community. Specifically, think about things other than money. What comes to mind?
10. Think about how the Project might hinder or make things worse in your community. What might happen that would actually make things worse?
11. Our purpose in this discussion was to find out how the Project can better serve your community and people. This could occur in a variety of ways. It might mean providing people in your community with skills, expertise, money or other forms of support. Think about what we've talked about. Have we missed anything?

III

module

Recreational Activities

✔ Justification

In an emergency situation – a natural disaster or outbreak of conflict – time and the space to play are among the first elements to disappear from a child's life. Recreational activities carried out in a safe and structured environment help children to recover, continue to develop and socialize and give them the opportunity to:

• relax physically, mentally and emotionally,
• express feelings and thoughts,
• restore a sense of safety and security,
• restore normal life routines,
• recover confidence and explore new things,
• have fun,
• learn social skills,
• learn social rules, norms and values.

⊙ Beneficiaries

Beneficiaries of recreational activities are for the most part children (1):
• 0 to 2/3 years: infants
• 3 to 5/6 years: pre-school children
• 6 to 12/13 years: school children
• 13 to 18 years: adolescents and pre-adolescents.

Animateurs affected by the crisis and working directly with the children may also be considered beneficiaries. Recreational activities also permit them to engage in a healing and learning process.

> Remember to include children with special needs in the recreational activities. It is important that the centres are accessible for children of all abilities. Ways of including children with special needs may include peer support or hiring a specialized animateur.

🗨 Partners

The historical and situational context of a particular project defines the type of partners involved, including:
• schools, hospitals, religious institutions,
• community-based organizations (CBOs), such as women's groups, youth clubs, etc.,
• governmental organizations (social services, health, justice, education, etc.),
• non-governmental organizations (national and international).

⇨ Objectives and results

Keeping in mind the final aim and objective of the overall project – which may include several axes (2) – the expected result of recreational activities is that children benefit from an increased sense of physical, mental, and social well-being.

☞ Indicators

In the context of a project where recreational activities are provided, we can measure the results using the following indicators.

Children have achieved a state of physical well-being and are in good physical shape:
• the child is nourished,
• the child sleeps well,
• the child is clean,
• the child is safe/not afraid,
• the child shows age-adapted motor skills.

Children have achieved a state of mental well-being and are more resilient:
• the child participates actively in the activities of the centre and goes to school,
• the child has a good relationship with its parents,
• the child believes in spiritual values,
• the child makes plans for the future,
• the child has a good imagination and dreams.

Children have a state of social well-being and have acquired social competence:
• the child plays with other children (shares toys, etc.),
• the child has a positive self-image (knowledge of self) and self-esteem,
• the child is capable of taking decisions,
• the child has achieved a state of independence.

In order to verify progress, create a file for each child included in the project. Fill in relevant forms together with the child and his/her responsible caretaker. Monitor children using a participatory approach in which the child underlines his/her perception of the progress made and proposes the development goals that he/she wishes to achieve.

✂ Activities

In order to serve the objectives, activities can be divided into three categories:

Physical activities
– including free games and sports. Through direct action, animateurs pay attention to the children, providing them immediate pleasure and safety.

Creative arts activities
– including music, drama and handicrafts. Through play-acting different scenarios and making or designing things, animateurs provide a creative environment for learning.

Educational activities
– including games with rules, reading, and lessons on hygiene and basic life skills. Through structure and guidance, animateurs can create and/or reinforce social skills[1].

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[1] It is important to remember that Tdh does not aim to replace the existing school system or, indeed, encourage children to miss school in favour of attending a Tdh centre.

Some underlying principles to keep in mind are outlined below.

• Ensure a balance between the three types of activities (physical, creative and educational).
• Ensure that activities are appropriate to age, needs and culture (developmental needs and gender).
• Ensure progressive steps from the more simple to the more difficult activities.
• Ensure maximum participation for all (work in pairs or in small groups so that everybody is included and gets an opportunity to learn).
• Ensure clear objectives for each activity (e.g. drama to improve self-esteem and communication skills).
• Follow the 5-step learning process outlined below:
  1) Explain: Introduce an activity, e.g. a game, very briefly.
  2) Example: Demonstrate it with one person or a small group while the others watch.
  3) Experiment A: The children practise and/or play in small groups, without competition.
  4) Explain: Stop the activity (game); explain anything that needs correcting and highlight the objective[2] of the game.
  5) Experiment B: The children practise or play again, this time keeping the objective in mind – they learn!

Activities are used as part of a process, not as a final objective. Activities enable children to explore their perceptions of the world and their views of reality. It is important to consider children as actors in their own project/s, and to include them as much as possible in the planning, evaluation and daily routines of the centres. The staff and animateurs who work with children should recognise the importance of the children's voices, and actively encourage and facilitate their contribution to, and ownership, of the activities.

hands	head	heart
Physical skills	Mental skills	Social skills
strength speed flexibility endurance resistance orientation reaction rhythm balance	observation anticipation decision concentration strategy	enthusiasm joy self-esteem determination creativity responsibility honesty fair-play respect cooperation communication empathy trust

In planning activities keep in mind the phases of a workshop cycle.

The three phases of a workshop cycle

Warm-up	Main activity	Cool down

Preparation	Activity or game	Checking for understanding
Introduction	Main objective reached	Questions Wind down

[2] The objective may be linked to physical, mental or social well-being.

Tools

- Physical and material resources.
- Guidelines on how to carry out activities.
- Ground rules for activities – these should be set by the children.
- Forms, such as child files, group lists, activity lists, schedules.
- Guidelines on meetings with staff to share vision, procedures and implementation.
- Code of conduct which must be signed by all Tdh staff.
- Establish a "minimum standards" document together with the staff and children. This should outline rules pertaining to the centre – for example, cleanliness duties, equipment storage and responsibility for the first-aid box. Include the name/s of the person/s to whom issues relating to safety and/or child protection and first aid should be reported.
- Establish a resource list relative to the geographical location of the centre in case of an emergency or the need to evacuate. Include details of a previously identified evacuation point and list telephone numbers/locations of the police and health-care services, community leaders and Tdh staff. Display this list in the centre so that it is accessible to everyone.

Staff

Each project has different staffing needs. Depending on the needs and the availability of volunteers and professional staff, the following roles (3) must be filled:
- animateurs,
- activity specialists,
- social workers,
- centre supervisors.

Tips

Minimum safety standards to be adhered to when setting up a centre are listed below.

- The ground must be free of dangerous objects – glass, refuse, etc.
- The centre must have an adequate fence so that animals cannot enter and children cannot go or come unnoticed. The gate must be constructed in such a way that parents can see in.
- When using tents, any tent pegs visible above the ground must be covered with rubber.
- There must be enough space for children to run.
- Water must be available where children can wash their hands and drink.
- Toilets must be available – one for girls and one for boys.
- A hard surface (such as mats, tables or concrete) must be available for drawing activities.
- Wells must be covered with a strong mesh or wire.
- The centre must not leak when it rains, or become too hot when it is sunny.
- If cooked food is provided, the cooking area must be situated away from the shelter area and should have a roof.
- Fire extinguishers must be available and regularly maintained.
- Heaters or fans must be available if necessary.
- A (lockable) first-aid box must be available, with a person trained in first aid assigned responsibility for it. To avoid the risk of overdose the kit should not contain tablets (painkillers) such as Paracetamol, Anadin or Nurofen; it should not include lotions, sprays or creams for burns either. Any tablets given to a child should be given only by the parents or a doctor.
- Each sick child must have access to a cup.

📚 References and resources

References

(1) *Enfants Réfugiés du Monde, Malle de jeux internationale: restaurer l'activité ludique des enfants en situation de crise*, Nicole Dagnini, Philippe Valls, Collection Pratiques, Fondation de France, 2004.
Comment: Very good source book for the theories behind recreational activities.
Availability: English, French.

(2) *Child Protection*; *Manual for intervention in humanitarian crisis*. p.22

(3) *Child Protection; Manual for intervention in humanitarian crisis*. p.29

Resources

Movement, Games and Sport Manual. Lausanne, Terre des hommes, 2006.
Availability: French, English. Printed copy and cd-rom (in PDF).

Manual of 20 Games. Terre des hommes.
Availability: English, French, Tamil available end of August 2006.

Participatory Learning and Action: A Trainer's Guide.
London, International Institute for Environment and Development, 1995.
Comment: Excellent for working with communities, it uses participatory approaches in gathering information and sharing ownership.
Availability: English, possibly French and Spanish.

Yaconelli M, Rice W. *Best of Play It! Over 150 Great Games for Youth Groups* (Youth Specialties S.).
Zondervan Publishing House, 2000.
Comment: Very good for working with older children; includes several group and team building activities.
Availability: English.

Brandes D and Philips H. *The Gamesters Handbook* (Volumes 1 & 2). Nelson Thomas Publishers, 1998.
Comment: These two volumes are excellent; very highly recommended. They include helpful activities to use in addressing issues and may be used solely as source books for activities.
Availability: English.

Boal Augusto. *Games for Actors and Non Actors*.
Translated by Adrian Jackson. Routledge, 1992.
Comment: Very focused on drama as a tool for change and group work; not suitable as a simple source of games. A good resource for those interested in using theatre for development or focused games with a very specific objective. This book is a companion to the Theatre of the Oppressed approach.
Availability: English, French, Spanish, Portuguese.

Jouons ensemble, Jeux coopératifs, 40 jeux de groupe pour les 6-12 ans... et les autres.
Edition Non-violence actualité, 2001.
Comment: Handy format, using individual game cards; includes some useful games.
Availability: French.

🗍 Annexes

Annex 1:
Standards for Child Friendly Space/Environment

1. Capacity of a center
Each space is supposed to accommodate a minimum of __ and a maximum of ___ children below the age of ___ years.

2. Physical Facilities
2.1. Location of site
The location of a space is supposed to meet the following criteria
a) Accessible – not far from shelters and/or residence of the community
b) Secured- open view, risk free, and distant from main road
c) Convenient-to install tent, receive children and adequate play ground
d) Well known by the villagers and their children
e) Conducive to get access to water supply, power supply and toilet

2.2. Infrastructure – Basic physical facilities
Each space is supposed to fulfill the following standard equipment
a) A shelter with capacity of accommodating minimum 40 children at a time.
b) Play ground for football, Volley ball and installation of other game facilities.
c) Water Tanker
d) Toilet
e) Compound fence
f) Air cooler
g) Garbage
h) Fire extinguisher

2.3. Material facilities - Materials necessary for program services
Each center is supposed to fulfill the following standard equipment
a) Sport kit
b) Play kit
c) Educational kit
d) First aid kit
e) Other tools and equipment as required by the needs and interests of children.

3. Standard of nutrition for young children
Each child below the age of 18 is supposed to be provided with the following snack:
a) A fruit or piece of sweet
b) A cup of milk or fruit juice

4. Man power/Personnel

Each center is supposed to have the following personnel

Position	Qualification	Profession	Number	Full/halftime
Guard				
Animateur				
Activity specialist				
Social worker				
Center Supervisor				

5. Program
5.1 Components of Activities

Each space ensures the following activities and adapts them to the interest of the children and cultural practices of the villagers.

A. Physical activities
B. Artistic activities
C. Educational activities

5.2. Schedule of program service

Each space provides the following opening hours, depending on school hours:

Monday	From	…hrs	to …hrs
Tuesday	From	…hrs	to …hrs
Wednesday	From	…hrs	to …hrs
Thursday	From	…hrs	to …hrs
Friday	From	…hrs	to …hrs
Saturday	From	…hrs	to …hrs
Sunday	From	…hrs	to …hrs

Annex 2:
Golden Rules for a Child Friendly Space/Environment

Every Adult working with Children,

1. Should be aware that he or she is not affecting the well being of a child in any ways.
2. Should be committed to share concerns, whenever he or she suspects or observe Child maltreatment.
3. Should be aware of omission or commission of the Rights of Children means committing child abuse.
4. should respect the Rights of the Child
   - to live, grow and develop,
   - to the possible level,
   - to have equal chance and,
   - to participate in decisions affecting him/her,
   - every decision to be for his/her best interest.

5. Should not go beyond the boundary between a Child and an Adult in any form of relationship.
6. Should be aware of his/her moral obligation to protect children from any form of abuse.
7. Should not enter the centre with explosive or any kind of harmful objects like knife and drugs.

Role of Animators in Community Children Centers

The animator is a resource person. The responsibilities entrusted in her/him are many folds. Therefore, needs to play the following roles:

1. Respect the times
2. Be self-controlled
3. Be an example of what he says
4. Be available for children
5. Know her/his limits of capacity
6. Evaluate her/himself
7. Constant in involvement
8. Be patient at all times
9. Be proactive to protect children
10. Keep on learning at all times
11. Communicative
12. Respect rules
13. Establish permanent dialogue with children
14. Listens to children and adapts approaches to their needs.
15. Guide the child, to make decisions.
16. Teach the child respect for others, environment & property
17. Love the child
18. Contributes in the making of child friendly environment.
19. Master her/his activity, required knowledge and skills.
20. Takes all possible physical, mental, emotional, social & moral cares for the children.

Annex 3: Individual follow-up form

Camp/centre: _____ Supervisor: _____

Referent animateur: _____

Name of the child: _____ Age: _____

Date of beginning of follow up: _____

Referred to Tdh Social Worker?   □No   □Yes   Date of referral _____

What is the child's attitude/ difficulties during activities?

□ Physical disability   □ Aggressiveness   □ Impolite/ never listen to adult

□ Isolated / no contact with other children □ Difficult contact with other children

□ Too active – no concentration   □ Extreme shyness   □ Sadness, depressed

□ Extreme attachment to adults   □ Mental disability

□ Other, what?_____

Add details on child's attitude/ difficulties (if necessary)

_____
_____
_____
_____

Suggested approach /strategy to help the child in the center (objective of support)?

_____
_____
_____
_____

Information: changes, progression, specific events	Date

Annex 4: Supervisors weekly report form

Camp:

Supervisor:

Center:

Date:

Children

Has any child with specific needs / problems been identified? □No   □Yes, how many? _____

Name and age	Problem identified	What has been done?	Follow up
			Center follow up form □No □Yes Referral to social worker □No □Yes
			Center follow up form □No □Yes Referral to social worker □No □Yes
			Center follow up form □No □Yes Referral to social worker □No □Yes
			Center follow up form □No □Yes Referral to social worker □No □Yes
			Center follow up form □No □Yes Referral to social worker □No □Yes

Overall health status of children

□Eye problem (number) _____   □Stomach problem (number) _____   □Malaria (number) _____

□Yellow fever (number) _____   □Nutrition problem (number) _____   □Other problem / What? _____

□Child awareness   □Family awareness   □Direct referral to hospital (number) _____   □Other, what? _____

What has been done?

Overall hygiene status of the children   □Good □medium □bad   Generally, is it □stable □deteriorating □improving   known reason:

Incidents in/out of the center   Details

Have you noticed any long absence of children coming regularly?   □No   □Yes, known reason:

How is the children attendance?   □stable □significant increasing
□significant decreasing (nb/reason) _____ known reason:

Centre team

	Main issues addressed	Cooperation with team	Relationships with supervisor
Weekly meeting with animators			
Team relations	Relationships between animators □Good □medium □bad		Relationships with supervisor □Good □medium □bad
Staff's attitude during activities	Staff's attitude during activities. All children are encouraged and helped to participate in activities, especially the most vulnerable ones	□Good □medium □bad	Details
	Staff knows how to be obeyed by children without any aggressiveness and to manage conflict between children	□Good □medium □bad	Details
	Children are consulted, involved in decision making and are given responsibilities in the centre	□Good □medium □bad	Details
	Staff ensured safety of the children at any time	□Good □medium □bad	Details
	Staff talks nicely to children and display warm attitude	□Good □medium □bad	Details
	Staff is able to propose various activities, takes initiatives as regard activities	□Good □medium □bad	Details
	Staff is dynamic and joyful during activities	□Good □medium □bad	Details
	Staff manages to identify children in need of specific attention and support in the centre	□Good □medium □bad	Details
	Staff manages to adapt itself to various needs of children	□Good □medium □bad	Details
	Staff keeps time for individual interactions with children	□Good □medium □bad	Details

Activities			
Has the activity schedule been respected?	☐ Yes	☐ No, Why?:	
Type of activities	**General quantity / week**	**General quality**	**Variety**
Physical activities	☐ Enough ☐ Not enough	☐ Well conducted ☐ Difficulties	☐ Various activities ☐ Always the same
Artistic, creative activities	☐ Enough ☐ Not enough	☐ Well conducted ☐ Difficulties	☐ Various activities ☐ Always the same
Life skills / discovery activities	☐ Enough ☐ Not enough	☐ Well conducted ☐ Difficulties	☐ Various activities ☐ Always the same
Language activities	☐ Enough ☐ Not enough	☐ Well conducted ☐ Difficulties	☐ Various activities ☐ Always the same
Collective and individual games	☐ Enough ☐ Not enough	☐ Well conducted ☐ Difficulties	☐ Various activities ☐ Always the same
Hygiene care and awareness	☐ Enough ☐ Not enough	☐ Well conducted ☐ Difficulties	☐ Various activities ☐ Always the same
Action suggested for improvement of centre activities:			

Logistics	
Shelter condition	☐Good ☐medium ☐bad — if bad, why?
Water supply	☐Good ☐medium ☐bad — if bad, why?
Cleanliness	☐Good ☐medium ☐bad — if bad, why?
If you faced any problem in this topic, what have you done?	
Do you need support from coordinator assistant?	☐No ☐Yes, Details:

Community and Sheikhs	
Complains Incidents	☐No ☐Yes, Details:
Any contact with the community menbers?	☐No ☐Yes, Details:
Security problem	☐in the center ☐in the camp Details:

Other issue / information to share

Annex 5: Examples of Activities

* Physical Activity *

Streets and Avenues (Wind down/Warm up)   *8 years upwards*

This is a physical activity, and continues on the theme of working together started in the previous activities.

Aim: To encourage children to work together
Objective:
• Children have to work together to reach a shared aim
• Children move physically
• Children relax and release tension
• Children have fun

Methods:
1. One child is the chaser, and one the chased. (cat and mouse)
2. The other children make four parallel lines, each child an arms width apart, fingers touching those of the child beside them. (Arms outstretched, fingers touching)
3. Each child should be directly behind the child in front, with the same distance between the child beside and in front- like a grid. Example: (X= one child)

X   X   X   X   X   Children face one direction: STREETS

X   X   X   X   X

X   X   X   X   X   Children face another direction: AVENUES
X   X   X   X   X

4. The animateur says STREETS, and all the children face one direction, their fingers touching an arms length apart
5. The cat and mouse must chase each other up and down the streets, without crossing under the arms of the dividing lines on either side- they can only go in and out at the end of the grid
6. The animateur can change at any time and call AVENUES, at which point every child must turn to the right, and the cat and mouse must chase each other as before
7. Each time the animateur calls STREETS or AVENUES, the children must make a half turn, keeping the same position but changing direction
8. Change the cat and mouse around so that everyone gets a turn

Try and balance your use of Free and Guided activities- namely, provide the children with opportunities for free play and expression, and also more challenging, guided exercises.

* Creative arts Activity *

Statues and Photographs (Main activity - Pycho educational)　　　　　　　*5- 18 years*

This activity leads on from "Action Freeze", and works well if done straight afterwards. It is based on "Image" exercises developed by Augusto Boal. Please see "Games for Actors and non Actors" in the reference section.

Aim:
• To encourage children to work together
• To provide an entry point into drama or role play
• To explore an idea, theme or attitude in a visual/ non verbal way

Objective:
• Children have to work together to reach a shared aim
• Children learn from others and learn to decode non verbal images
• Children move physically and use their imaginations without speaking
• Children learn how to accept ideas offered to them by others

No. of children: Groups of 5 to 7

Methods:
1. Depending on whether you want to explore an issue ("Friendship", for example) or just have fun, find a simple word which will suggest something to the children
2. If leading on from the last activity, Action Freeze, call out your word as the last word in the game- again, "Friendship" as an example. Otherwise, ask the children to make a freeze of "Friendship" if not playing Action Freeze beforehand
3. When the children are in their Freezes, ask them to change their position slightly if they are uncomfortable
4. Ask them to remember carefully the positions they are in, and where they are in relation to the others
5. Ask one group to hold their freeze, and everyone else can relax
6. The other children are now free to walk around the frozen image and look at it from all angles, but NO TOUCHING!
7. Ask the children what they see, using open questions. For example, "What is happening here?" "What is Mary doing?" "What does it mean when someone is holding hands with someone?" etc. And finally, "What do you like about the picture group 1. has done?"
8. Ask all the groups to share in turn, validating each groups' work and discussing what you see

Alternatives:
You can stop here, or you can use it as a starting point for role play or drama, using the following:
9. Pick a frozen image, and ask them to move to a freeze one minute in the future, or one hour, or two minutes in the past etc. (You can use the language of a video recorder if you like- "Fast forward, stop, play, rewind")
10. Freeze at any time, and add sound if you wish- "If Mary was to speak here, what would she say?" or, "Mary, what are you thinking here?" etc. depending on the comfort level of the group
11. If you are exploring a difficult theme, try exploring the journey from one image (friends fighting) to the next image (friends making up) in stages, with different freezes, discussing each stage
12. Discuss the activity with the children when you have finished

It is important to have a physical activity at the end of this exercise, as it can be quite focused and concentrated.

* Educational Activity *

Zip, Zap, Boing! (Warm up)   *8 years upwards*

Aim: To break the ice between a group of new participants
             To encourage children to work together

Objective:
- Children to use their bodies
• Children use eye contact
• Development of group awareness

Methods:
1. Everyone must stand in a circle where each person can look each other in the eye without bending forward
2. Put the palms of the hands together, fingers pointing outwards from the body
3. Imagine that you want to pass an invisible line of electricity around the circle, to anyone you like- beside, on front, across the circle
4. To Pass this electricity, you must say either ZIP! ZAP! Or Boing! Pointing your joined hands out in front at the person you want you give it to
   ZIP! To pass to the person on your immediate left or right
   ZAP! To pass to someone more than one person away- across the circle, or next to your neighbour
   BOING! To send it right back to the person who sent it to you. (Boing is like a mirror)
5. You must make eye contact with the person you want to ZIP, ZAP, or BOING!
6. The Boing action involves the whole body. Arms raised, knees wobble and you must face the person and do the action while you say BOING!

Tips:
• Do not allow the same people to ZIP or ZAP each other more than three times, otherwise two people will play only with each other and exclude the others
• Emphasise the eye contact between people, and the body language

Round up of rules:
Eye contact! Body actions!
ZIP beside you; ZAP far away!
NO more than 3 ZIPS or ZAPS to the same person!
You can not Boing a Boing!

IV

module

Social Work

✔ Justification

In times of emergency children become particularly vulnerable. The risks they face include loss of birth certificates, difficulties in accessing formal education, neglect, exploitation, separation from caregivers and violence. In addition to the immediate impact of a crisis on children, the impact on their parents, extended family or community has supplementary effects on them. In most crisis situations – disasters or conflicts – previously existing formal or informal protection mechanisms collapse at family, community and institutional level.

Within the project the two major objectives in assisting the most vulnerable children are to:

a) create a culture of child protection in the workplace, based on an understanding of the principles and value of doing this; and
b) provide an action-oriented child-protection response that supports children individually and collectively, using the broad intervention principles of social work.

Creating a workplace culture of protection is a cornerstone in carrying out social work. While the social worker or child-protection officer is responsible for direct activities, protection concerns must be integrated into all sectors, including food distribution, provision of shelter, health services, access to education and delivery of water/sanitation facilities. In addition, at the outset of a project, every Tdh delegate must ensure that all staff members, including social workers, animateurs, water sanitation specialists, cooks and drivers, receive basic training in Tdh values and protection principles. Every staff member must sign the child-protection policy and be made aware of standards of behaviour, complaint mechanisms and sanctions.

It is the responsibility of each staff member to know how child protection functions within the project, regardless of the project's aims (title). Managerial leadership is paramount in creating a workplace culture; all expatriate and national senior staff members should be aware of the value and overarching presence of this leadership. Through a combination of leadership, induction processes and language, a child-protection culture will thrive and trickle down to all employees. In order to ensure that protection concerns are raised, provide regular training and clearly describe and identify reference points. The basic message is to know what to do if a child-protection issue becomes apparent. The project staff members are responsible for mapping resources that provide assistance and clear responses in child-protection issues. A simple starting point is to ask questions, such as: What are we going to do if we come across a child abuse case? What are we going to do if we see a severely malnourished child? Who can help us? What can we do to help the child or children?

One of the great challenges faced in social work is the fact that the problems are often numerous, complex, deeply rooted and not always related to the prevailing crisis. Lessons learnt over the past years have provided the guidelines outlined below.

• Work with responsibilities and evidence-based tools e.g. documents – electronic and/or printed.
• Assess every case individually and respond accordingly – no single case is identical to another.
• Focus on an immediate response rather than seeking to change a chronic problem.
• Create and make use of referral systems – governmental and/or non-governmental.
• Empower existing community-protection mechanisms.
• Understand that not all protection problems can be solved.
• Focus on the children and work outwards to assist them.
• Do not replace the role and responsibilities of existing government services.
• Make every staff member aware of his/her responsibility regardless of his/her position in the project.

⦿ Beneficiaries

Although most children are vulnerable in a crisis context, problems become particularly acute for those who were already vulnerable prior to the crisis, such as:

• mentally or physically disabled children,
• children running a household,
• children with careless or absent parents,
• children with vulnerable parents or guardian/s (e.g. elderly, disabled, poor or alcoholic),
• children in street situations,
• children working,
• separated or displaced children,
• children without birth certificates or formal documentation,
• children at risk of recruitment into armed conflicts,
• children from minority populations.

💬 Partners

Protecting children intrinsically implies working with their caretakers, communities and/or service providers. Keeping this in mind, there may be several key partners.

- **Caretakers and families**
  Since parents and families are often part of the problem and the solution, they must be considered principal partners. They can be targeted directly at the family level (home visits, family sensitization, counselling, etc.) or empowered through group activities such as parents' committees and discussion groups.

- **Community actors**
  Key actors in the community include political or religious leaders, teachers, health workers, government representatives or members of the police force; they may be strong resources and/or serve as facilitateurs in addressing problems and setting up support mechanisms.

- **Local non-governmental and/or community-based organizations**
  These organizations have generally had extensive experience in the area and will be familiar with existing networks so are often relevant and valuable partners.

- **Government institutions**
  Activities should be undertaken in partnership with existing governmental structures (for social work, health, education, law and order (police), etc.). Although the functioning of these services may have been disrupted or becomes inadequate following an emergency, make ongoing efforts towards support and partnership.

- **United Nations' agencies and international non-governmental organizations**
  International organizations can play a role in providing emergency care, creating referral systems, sharing information and pressuring government authorities.

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[1]*Beneficiaries – as described above under Section 2: Beneficiaries.*

⇨ Objectives and results

Keeping in mind the final aim and objective of the overall project – which may include several axes (1) – the expected result of social work is that the most vulnerable children[1] from the region of intervention are accompanied individually and concrete action is undertaken to respond to their needs.

☛ Indicators

Intermediate results	Indicators
a) Children in immediate danger are identified and cared for.	The community has less children in immediate danger.
b) An information-management system exists to formalize practices.	The information system is used in all social-work activities.
c) A referral system is set up.	The referral system is used in all social-work activities.
d) Children and families are assisted.	The number of families who are asking for help has increased. Sustainable solutions are found for each child or family.

In the context of a project where social work is provided, intermediate results and indicators are outlined in the table below.

✄ Activities

Addressing individual protection needs can become particularly complicated so it is crucial for the project to be both structured and flexible. Without a structure, any organization can become overwhelmed and ineffective. Efficient and accountable management systems are necessary but must be flexible to allow for individual differences. Pre-structured responses can have a negative effect and lead to inappropriate case management. The main steps for providing social assistance are to:

1. identify children in need of immediate care;
2. develop an information-management system, including monitoring and evaluation;
3. set up a referral mechanism;
4. establish a systematic process to assist children and their families
5. establish an clear action plan that includes exit strategies

Bear in mind that it is, however, important to avoid developing project activities to the point where the project is in danger of replacing the role and function of the responsible government services.

Identify children in immediate danger

Identification of children at risk is the first step towards protection.

a) Outreach/screening:

Immediately after a disaster or a major crisis, implement a rapid but large data collection process in order to detect children (unaccompanied, separated, disabled, orphans, etc.) in need of immediate protection and to obtain an overall picture of the area where Tdh is operating. Outreach activities can be carried out through family, school and community visits.

b) Centre-based activities:

Identify children in need of particular assistance by attending centres or child-friendly spaces. Clear indicators for protection concerns include:
• a child attends the centre irregularly,
• a child is not attending school,
• a child is demonstrating on-going health problems,
• a child is not participating in activities,
• a child has inexplicable or suspicious physical injuries,
• a child is aggressive, overly sensitive, passive, clingy or is displaying sexualized behaviour outside his/her age group or social context.

> The most vulnerable children (e.g. the disabled, exploited or victims of violence) have limited access to the centres so it is important to bear in mind that outreach activities are complementary to centre-based activities.

c) Community collaboration:

A high level of involvement of the community is decisive for identification of vulnerable children. Communities must be made aware of risks and problems faced by the children. Maintain regular contact with the community and identify specific people to be empowered and trained in the detection of vulnerable cases. Such people may include health workers, teachers, staff from non-governmental organizations, religious and community leaders, members of community-watch groups or womens' groups.

d) Information sharing:

Each Tdh staff member is responsible for reporting and sharing concerns and information with the government, United Nations' agencies and other coordination bodies. Highlighting risks and needs facilitates advocacy for improved services.

Develop information-management systems

Once cases of vulnerable children have been identified, collect information, evaluate it and guarantee professional follow-up, not only to create a demand but also to respond to the demand created.

a) Information collection:

In order to guarantee accuracy, one or several meetings with the child and/or the caretaker are necessary. Social workers must also meet with other people involved in the child's life (e.g. teachers, neighbours, friends, doctors, animateurs, etc.). A clear difference needs to be made between a) basic information collected to achieve and provide an overview of the child's situation (i.e. name, address, caretakers, socio economic status, educational status, health situation, etc.), and b) in-depth information that is necessary to manage the individual case. The latter must be kept confidentially in a file (paper or electronic) in a secure place. Do not leave any confidential documentation behind in the event of an evacuation – either take it with you or destroy it (burn or erase it).

b) Risk assessment:

Once cases have been identified and information has been collected, document and assess child-protection cases on the basis of the type of issue, urgency of the response required, possible risks, existing resources and possible actions. Many cases require a complex and coordinated response that involves different actors within the project and region. Most protection cases involve all aspects of the project, implicating logistic, administrative and support staff.

c) Internal procedures:

Establish a simple filing system, accurate referencing, clear classification methodology and follow-up procedures. Internal procedures have to be simple and clear in order to allow easy monitoring. Collect enough information on the case, analyse the situation and take a decision that will provide the most appropriate response. In each case, children and parents must be fully part of the decision-making process. All actors possibly linked to the problem or solution must be heard. Consider consequences in the short, mid and long term.

A sample form:

	Issue(s)	Urgency	Risks	Resources/ Actors	Actions
Child 1					
Child 2					
Child 3					

d) Staff accountability system:

Develop and implement a formal review process to ensure staff accountability and appropriate follow-up and management of cases. This quality assurance process is necessary to maintain a clear structure for liability and responsibility and must be adhered to closely. Each employee in the process has specific responsibilities.

Set up a referral mechanism

A priority is to identify potential partners – this activity should have been intiated during the assessment. The goal of identifying partners is to identify possible resources in the child-protection network. It is an on-going process because actors alter over time. However, referral systems must be formalized and standardized so as to guarantee efficiency. Create a referral guide that includes the following information for each partner organization:

• name of organization, address, telephone, focal point;
• main activity, additional activities;
• type/s and age/s of beneficiaries;
• office hours – opening and closing times.

As far as possible, give community and governmental services (e.g. hospitals, schools, institutions and police) priority for referral. Formalize clear agreements for collaboration – a memorandum of understanding (MoU) for example. In addition, it is vital to verify and promote the adherance of partners to Tdh standards of quality and child protection. In emergency and development contexts, community and government services may be weakened and unable to provide quality assistance. International organizations can offer training, material and financial support to improve the provision of these services.

Assist children and families

A high level of community involvement is essential to establish self-help mechanisms. Module II (Community mobilization) provides additional information on activities that can be undertaken with the community.
• Identify human resources in the community (e.g. leaders, midwives, teachers, mothers).
• Facilitate the process of identifying priority actions (e.g. promote a process of joint reflection).
• Support community initiatives (e.g. provide material support to set up a school).
• Encourage and support additional activities (e.g. communication campaigns, youth groups).
• Provide short, participatory training sessions (e.g. in first aid, provision of care).
• When necessary, act as the voice of more vulnerable communities.

Activities that can be undertaken by social workers include those listed below.

• Oriente children to child-friendly spaces.
• Mediate in family conflicts.
• Obtain birth certificates
• Promote and facilitate school attendance.
• Promote contacts with health services.
• Work with government services to find safe homes, if remaining in the family home is not possible for a child/children.
• Train resources on child protection.
• Conduct community awareness-raising activities.
• Reunify families and/or communities.
• Promote the Best Interest of the Child with the family, community, government and non-government actors.

In an emergency context, Tdh does not conduct in-depth clinical psychological or psychotherapeutic activities. As stated by the Cochrane Review (2), psychological debriefing is either equivalent to, or worse than, control or educational interventions in preventing or reducing the severity of PTSD (Post Traumatic Stress Disorder), depression, anxiety and general psychological morbidity. Support provided by protection staff, psychologists or social workers mainly consists of listening and providing information, supportive communication, advice and guidance.

Fundamental principles related to social-work activities include:
• respect for the best interest of the child;
• respect for the person's emotional status;
• respect for the person's privacy and confidentiality;
• respect for the person's right not to answer;
• respect for the person's cultural background and beliefs;
• clarity (with adults and children) on the objectives of the visit;
• respect for child-counselling and interview guidelines.

Staff members who conduct interviews should receive clear guidelines and in-depth training on communication principles, supportive communication and case management.

Establish a clear action plan

It is crucial in any social-work function not to become part of the problem for those in need. From the start of any intervention have a clear end-point. Intervention activities linked to case-management involve many actors. Each actor contributes to, or relieves, the child's problem; the opinions or actions

of each actor must therefore be considered. The primary actors are the child, the family and/or carers. The secondary actors can include the government, extended family, community members or people in the social structure.

It is important to meet with both primary and secondary actors to discuss their desires for the child and establish a clearly understood action plan and goal. The goal must be made clear to the child, regardless of whether it is seen to be favourable to him/her or not. For Tdh staff it ensures that all actions are goal oriented and not ad hoc. Through the establishment and maintenance of information and risk-management systems that are based on accountable decisions, it is easier and more possible to achieve goals. Some suggested activities are described below.

• Set realistic and achievable goals that address the protection issue within the context of the child's social context.
• Record all information gathered and decisions made.
• Map the desired goals of intervention for each actor.
• Set a clear exit point of intervention for Tdh and work backwards to achieve it.
• Focus on the child and work outwards, taking into consideration his/her opinion.
• Convene regular case-management meetings to ensure adherence and clarity of action.

Do not replace the role and function of responsible government services

Any social-work style of intervention programming must not replace the role and function of the existing government services. It might be the case that a Tdh programme is better funded, staffed and/or equipped than the government's child-care services. This can lead to a relationship where the government becomes over reliant or inactive. Be vigilant in this respect. Tdh programmes should not provide services to the point where they overtake or undermine the position and authority of the existing child-care services, regardless of whether these services are seen to be ineffective. If the services are in fact ineffectual, the Tdh project should have the capacity to empower, train and support them – this eventuality should have been highlighted in the initial assessment process. The basic operational principle is to work with the government services, to utilize their legislative power and processes in assisting the children and, at the same time, to offer assistance to their services when needed.

It is important to remember the following key points.

• Tdh staff have no legislative power to intervene to remove children.
• When projects are being designed give careful consideration to the presence, role and function of social-work activities.
• Set clear boundaries for staff to know what Tdh does and does not do within the operation of the project.

❗❗ Staff

Responsibilities are usually shared between field staff and specific protection staff.

Social workers, often in the field, manage simple cases such as those related to hygiene, education, referral for simple medical problems, etc., and establish regular contact with the family/families and the community by:
• working at the grassroots level in close association with the communities, families and centre staff;
• identifying vulnerable children and families;
• managing simple cases;
• carrying out collection of basic information and family visits;
• referring most serious cases to the protection officers;
• identifying local resources and partners at the community level;
• disseminating information regarding Tdh activities;
• participating in awareness-raising activities carried out at the community level.

Child-protection officers are specialized staff members who systematically handle the most sensitive and urgent cases that require specific skills, confidentiality, immediate action and very strict monitoring. Their duties include:
• managing the most sensitive cases,
• monitoring all cases (including those managed by social workers),
• identifying resources and partners at a higher level (city, district, national),
• referring cases to external partners,
• managing data collection,
• being in charge of training in child protection for grassroot-level staff,
• organizing and conducting community awareness-raising activities.

✌ Tips

Carefully design and create forms to manage information. Forms must be easy to use, provide staff with clear guidance and allow a direct transfer of information, especially if they are to be used by staff with minimal training or skills. Forms should be translated into the common local language and, as much as possible, incorporate checklists and partially-standardized interviews. Each time a form is created, test it before use to guarantee that it is well adapted and efficient. The basic principle is to keep forms simple, practical and as useable as possible.

Consider who will conduct the interview with the child and family when an individual case is identified for action. Be sensitive to the topic and select the most appropriate person to conduct the interview.

When collecting data, pay attention to the importance of the questions to be asked, the length of the questionnaire and the fact that all information should be relevant and useful. Data collection can be extremely expensive in terms of time and staff mobilization, especially when it covers a large number of children.

📚 References and resources

References

(1) *Child Protection; Manual for intervention in humanitarian crisis* p.24
(2) Cochrane Review, *Psychological debriefing for preventing post traumatic stress disorder.*

Resources

Trainer's guide: observation, listening and communication, the prerequisite for intervention.
Lausanne, Terre des hommes, 2005.
Comment: A short manual with practical exercises on identity, motivation, appropriate intervention with information on observation, analysis and action.
Availability: French and English; printed and cd-rom (in PDF).

Safety Certificate (Tdh Palestine)
Comment: An awareness-raising tool developed in Palestine to prevent different forms of exploitation and violence. It comprises 10 sessions and is presented as a teaching manual, a manual for parents, a booklet for children, and a safety pin.
Availability: Arabic, and eventually English.

Livro sobre Mim. (Tdh Brasil)
Comment: A tool for individual follow-up of children who lack attention and self-esteem. It comprises 10 sessions with the child with discussions on issues that range from school, family, and friends to daily activities, emotions and lifeplans.
Availability: Portuguese, and eventually in French.

Aimer et elever son enfant. Cameroun, (EMDA), 2005.
Comment: A guide for working with parents on their role as parents.
Availability: French.

Minimum Standards for Education in Emergencies, Chronic and Early Reconstruction.
Paris, (INEE), 2004.
Comment: A handbook on core beliefs and principles for teachers.
 Availability: English.

Interagency Guiding Principles on Unaccompanied and Separated Children. Geneva, 2004.
Comment: Information for NGOs on how to deal with seperated children. It touches upon issues such as tracing and family reunification, care arrangements and childrens' rights.
Availability: English

Annexes

Annex 1. Tdh Child File Sri Lanka

I. General Information					
Centre		Centre Code			
Filed by				Function	
Date of first registration				Child Code	

II. Child's personal data				
Short Name			Given Name	
Family Name				
Gender F/M		Age	Date of birth	
Place of birth				
Today's place of residence			Coming from (village, district)	
ID card number				Lost ☐
Ethnic group			First language	
Religion				

III. Child family's data						
Family members	**Name(s)**	**Alive Y / N**	**Age**	**Living with the child Y / N**	**Profession**	**Location if not living with the child**
Father						
Mother						
Grand-parents Maternal						
Grand-parents Paternal						

							Registered in school Y / N	In centre Y / N
Brothers								
Sisters								

Did any family members die in the tsunami or was reported missing?
Father ☐   Mother ☐   Grandmother ☐   Grandfather ☐
Siblings ☐ _____   Other ☐ _____

IV. If the child doesn't live with his/her parents, the responsible person is:

Name		Age	
Profession			
Reason why the child is living with this person / explain			
Nature of the link with the child		Official fostering procedures: yes ☐ no ☐	

Other persons living with the child

Name	Gender (F/M)	Age	Link with the child

Child's family situation

At present the family is:
     ☐ back in their own house   ☐ living in a shelter in an IDP camp
     ☐ hosted by relatives or friends   ☐ living in a new house

If the family is not back to their previous house it is because
     ☐ the house is still totally or partially destroyed
     ☐ they are afraid to go back to their house
     ☐ their house is in a zone where building is now impossible
     ☐ other_____

During the tsunami	☐ the house was partially or totally destroyed ☐ the family lost most or all of their property and belongings

Is the family's income sufficient to meet the family's needs? Yes ☐ No ☐ Details: Do they have special material needs? Yes ☐ No ☐ Details:	

V. Education

Was the child going to school prior to the tsunami?
Yes ☐   School name _____   Level _____
No ☐   Why? _____

Is the child going to school now?
Yes ☐   School name_____   Level _____
No ☐   Why? _____

Does the child go to tuition classes?	Yes ☐	No ☐
Does the child go to a religious school?	Yes ☐	No ☐
Does the child go regularly to the temple or the mosque	Yes ☐	No ☐

Names of the child's best friends	
	Registered in the centre Yes ☐ No ☐
	Registered in the centre Yes ☐ No ☐

VI. Child's health / mental status

	Y	N	Explain
Does the child present any disability (mental or physical)?			
Has the child received any specific assistance or support for that? (Special school, artificial limb…)			
Has the child been physically affected by the tsunami?			
At present, is still the child's health affected?			

Does the child have physical problems without known medical cause, such as:

	Y	N			
Headaches			nausea, feels sick		
eye problems (not if corrected by glasses).			rashes or other skin problems		
aches and pains (not stomach or headaches)					
vomiting, throwing up					
Has the child been seen by a doctor since the tsunami Yes ☐ No ☐					

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Before the tsunami		
Did the child suffer from any chronic disease?		
Had the child been seriously ill or injured in the last 12 months?		
Has the child been operated in the last 12 months?		

VII. Since the tsunami, have there been changes in the child's behaviour and emotions?

Spontaneous answer given by:
☐ close family member, who?_____ ☐ other, who?_____

Does the child	Y	N	Does the child	Y	N
have difficulty leaving the house, the family or the caregiver, and or/clings to the mother/caregiver?			have more problems in concentrating or remembering, for example in school homework?		
have more sleep difficulties than before, such as getting to sleep or sudden awakenings?			show signs of having lost his /her appetite and eat less than before?		
have recurrent dreams or nightmares which refer to the tsunami?			show signs of being more afraid of strangers than before?		
show more difficulty in controlling emotions, such as getting upset, angry…?					
show signs of being afraid of another tsunami and talks about it frequently?			show signs of being less interested in education and future life?		
never want to talk about it and avoid everything – places or situations – that remind him/her of it?			show signs of being more aggressive than before, both with caregivers and family members, or at school?		
seem more withdrawn or shy than before?			often cry and look sad?		
often seem distracted, dreamy or deep in thoughts?			when playing or drawing, act out his/her experience of the tsunami?		
say he/she has pictures of his / her tsunami experience coming suddenly in the mind?			seek more attention from adults caring for him / her?		

Has the family or the child received support since the tsunami from a professional counsellor for these problems? Yes ☐ No ☐ If yes, from who?_____
Have you noticed any improvement after that? Yes ☐ No ☐

Other detail or information to be mentioned:

TDH to follow up   Yes ☐   No ☐

Annex 2.
Case Management Form Sri Lanka. PRIVATE AND CONFIDENTIAL

Child Protection Report Number:
These forms are to be stapled inside the original Child Protection Report or to the original Child Registration Form when family visits are conducted by Social Supporters.
This purpose of this form is to provide current and relevant information on action taken and/or recommendations regarding child protection reports and family visits.
Remember to record:
•Date and time of action or family visit •Who you spoke to and a location for further contact •Telephone numbers •Referral agency name and any contact names •Any actions you take •Recommendations you make and why?
Child Protection Reports can only be finalized by the Child Protection Officer
Child's Details
Name:
IDP camp name/Address:
Centre name:
Action Taken

Annex 3.
Child Protection Report Sri Lanka. PRIVATE AND CONFIDENTIAL

Report number (this number will be determined by FPO):
Date and Time of completing report: Date: Time:
Name and work location of TDH employee who completed this report:

How you became aware of the child protection issue?
child report   Tdh employee recognition   community member   community leader doctor   police   NGO employee   parent   other ……………………………………………
Has this matter been referred to the Police?   Yes   No Has this matter been referred to the GS?   Yes   No Has this matter been referred to a hospital?   Yes   No Has this matter been referred to the DCPC?   Yes   No Tdh protection staff?   Yes   No Any other authority?   Yes   No   Who? ………….……………….
Do the parents of the child know about the matter?   Yes   No

Reporting Person's details – who told you about the matter?
Name:
Age:
Gender:
Home/work location:
Sub-district location:
IDP camp name:
TDH employee: Yes   No

Child's Name
Name:
Age:
Gender: Male   Female
Home location:
Sub-district location:
IDP camp name:

Parent's Details
Mother's name
Mother's home location
Father's name
Father's home location
Who is the child living with? - Relationship: Address:

Date or period of the incident(s):

Where did the incident(s) take place?:

Describe the child protection issue:

Immediate safety of the child
Where is the child now?
Who is the child with?
Is the child in a safe place?   Yes   No

How did the child appear to you?
crying   shocked   angry   violent   passive   compliant   tired   quiet   normal other ……………………

Immediate health needs of the child
Health Problems or Special Needs: Yes   No
What?:

The person(s) who created the problem
Name:
Age:
Home location:
IDP camp name:
Relationship to child: father   mother   brother/sister   neighbour   stranger   friend relative (list) …………………..   other ……………………..

Contributing factors in the protection issue
alcohol   drugs   boredom   lighting   lack of security   toilet location   building location sleeping arrangements   other …………………………..

This area is free for you to record any further details regarding the report. This can include, but is not limited to; physical descriptions of injuries, general appearance of the child while reporting, comments made by interested parties or the child themselves and the names and addresses of anyone else that might be involved.

This section is to be completed by the Field Protection Officer (FPO)

FPO received report: Date Time

Remember to record:
- Date and time of action
- Who you spoke to and a location for further contacts
- Telephone numbers
- Referral agency name and any contact name
- Any actions you take
- Recommendations you make and why?

Child Protection Reports can only be finalized by the Child Protection Officer

Child's Details

Name:

IDP camp name/Address:

Centre name:

Action Taken

Field Protection Officer's:	Name:	Date Finalised:
Child Protection Officer:	Name	Date Finalised:

Annex 4. Case Management System Sri Lanka

	Case Types	Description (examples)	Category	Risk	Primary Responsibility (Child Protection Officer/Social Worker)	Minimum Notification Time to CPO	Immediate Supervisory Case Management Responsibility	Ultimate Supervisory Case Management Responsibility
A	Child Abuse	Physical Sexual Neglect Child Labour Child Soldier Child Trafficking	1	High	CPO	24 Hours	CPO	Manager
			2	Medium	CPO	24 Hours	CPO	Manager
			3	Low	CPO	24 Hours	CPO	Manager
			4	No Action	CPO	24 Hours	CPO	Manager
B	Health	Physical/Medical Disability	1	High	CPO	24 Hours	CPO	Manager
			2	Medium	CPO	24 Hours	CPO	Manager
			3	Low	SW	2 Days	CS	CPO
			4	No Action	SW	2 Days	CS	CPO
C	Psychological	Trauma Mental Health	1	High	Psychologist	24 Hours	CPO	Manager
			2	Medium	SW	2 Days	CS	CPO
			2	Low	SW	2 Days	CS	CPO
			4	No Action	SW	2 Days	CS	CPO
D	Chronic - on going	Domestic violence Alcohol / Drug Family breakdown Poverty	1	High	Psychologist	24 Hours	CPO	CPO
			2	Medium	SW	2 Days	CS	CPO
			3	Low	SW	2 Days	CS	CPO
			4	No Action	SW	2 Days	CS	CPO
E	Social	Birth Certificate School Attendance Work (Vocational Training Referral) Displaced or Separated Child	1	High	Psychologist	24 Hours	CPO	Manager
			2	Medium	SW	2 Days	CS	CPO
			2	Low	SW	2 Days	CS	CPO
			4	No Action	SW	2 Days	CS	CPO

V

module
Training

"Tell me and I will forget;
show me and I will maybe remember;
involve me and I will understand."

✔ Justification

In any crisis context the need for professional humanitarian work is indisputable – training staff in this field is therefore a key element in meeting this need.

Each humanitarian institution has a vision that guides its type of intervention and specific approach to training. Terre des hommes (Tdh) has a methodology with precise themes to be acknowledged by its staff and applied in building dynamic teams with clear indicators and objectives. In an emergency, more than in any other context, it is a priority to train staff because, in many instances, there is no time to recruit well-trained staff.

Tdh's field of intervention is complex – in a broad sense, Tdh aims to protect the psychosocial well-being of children and adolescents, an area affected by multiple and complex interrelating factors. Tdh undertakes responsibility to guide and reinforce the knowledge of its team members through initial and ongoing training sessions, focusing on two fundamental elements – staff motivation and skills – to provide direct and efficient support to children.

⊙ Beneficiaries

There are many beneficiaries of Tdh training, including:
• Tdh staff (animateurs, social workers, centre supervisors, etc.);
• staff from partner organizations (national or international);
• community figures (teachers, police, youth clubs, judges, doctors, community leaders, etc.).

Priority in training is to be given to Tdh staff.

🗩 Trainers and partners

At the start of an emergency project, trainers are often expatriates. A trainer should have a background in training as well as expertise in different domains. One person should be assigned the role of training supervisor and given responsibility for pedagogical support and presentation of basic training modules. Training on specific themes given by external experts (e.g. consultants or members of local organizations such as universities or other international non-governmental organizations) is also a valuable support. Ideally, in the long term, the training supervisor will create a pedagogical support team.

Tdh operates on the basis that trainers have previously participated in Tdh training sessions so:
• are already fully aware of Tdh principles and objectives prior to intervention, and
• will a) train staff, and b) train other trainers (TOT). TOT ensures that training competence is passed on to peers.

⇨ Objectives and results

The expected result of training is that: staff members of Tdh (and/or partner organizations) obtain sufficient knowledge of Tdh principles and gain expertise in specific areas of intervention to carry out appropriate activities with the target population.

☞ Indicators

Intermediate results and indicators include those described below.

a) Staff members have acquired a sense of team spirit and a sense of "ownership" of the Tdh model of action:
   • they apply Tdh principles in interventions with children, families and communities on a daily basis;
   • they are aware of their roles and their respective activities are complementary.

b) Staff members have acquired knowledge and competence in child protection and well-being:
   • they apply their newly acquired knowledge in their daily interventions with children;
   • they benefit from regular follow-up training;
   • the personal and social behaviour of the children has improved.

c) Staff members are motivated and share experiences regarding activities and context:
   • they seek information and suggest new themes of study;
   • they share information and experiences among themselves.

📄 Methodology

In training it is crucial to understand the concept of learning. Learning is a complex process during which people become involved, knowing that they will learn new things and modify their own beliefs and behaviour accordingly. Learning is about motivation. A person who values his/her task and has a sense of his/her individual competence is motivated. If, however, a person does not perceive the task (in this case the training topic) to be valuable or useful, or does not have the required competence, he/she will lose motivation.

The methods used in training adults are essential for the transmission of information from trainer to trainees. Learning can be seen either as a supply of information (i.e. teaching) or as experiential learning (i.e. learning by doing practical exercises in a participatory approach). Tdh believes in experiential learning, working on the premise that trainees adapt new information into existing knowledge and understanding; learning is an ongoing process in which new knowledge is linked to past experience. Using a participatory approach also gives trainers the opportunity to learn from the trainees. In participatory training:

• trainees act out their activities;
• trainers focus topics on difficulties encountered in the trainees' daily activities.

Tdh has a three-step approach to training based on the experiential learning approach – group training sessions, individual coaching in field situations, replication. In accordance with the concept that learning is a reflection of experience, trainees need to be personally involved in practical situations. The framework of the training must assure that participants have a sense of security and the confidence to involve themselves in the complex process of learning. Within this framework, training will follow Kolb's cycle of learning (1).

Cycle of learning by Kolb
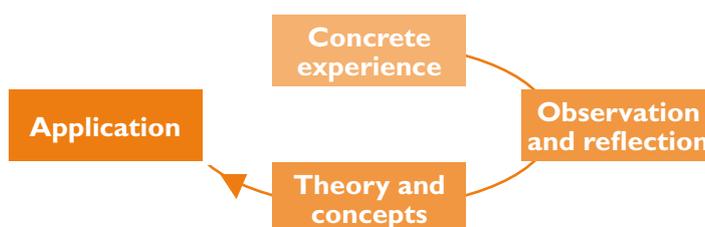
While the first step – group sessions – is the pillar in the learning process, Tdh recommends the second step, inclusion of time for individual coaching, as often as possible. This provides an opportunity for trainees to try out in practice what they have learnt under the supervision of the trainer or a trained supervisor. It is well known that people are slow to change modes of behaviour and/or to use new methods. Learning and improving skills requires personal involvement as well as reinforcement through positive feedback and guidance.

The third and last step, replication, is essential. Tdh recommends that, whenever possible, trainees pass on what they have learnt to other colleagues, that is, replicate their learning to peers. This allows trainees to better internalize what they have learnt and, more importantly, disseminate their newly acquired knowledge and competence to a larger circle. This also provides an opportunity for staff to develop specific exercises that are culturally and contextually-adapted. The third step should, however, be monitored by the trainer or pedagogical support team.

Trainers must bear in mind that there are two different teaching methodologies: one to simply train participants to use certain tools and another to train participants not only to use the tools but also to pass their learning on and thereby train others. In terms of sustainability, training of trainers (TOT) is more beneficial; this is why it is advocated by Tdh.

The three-step approach described above is time consuming but extremely rewarding in terms of efficiency. Tdh has used this approach in its pilot project, Movement, Games and Sport (MGS), and considers it to be a complete training process. This approach can be applied within different contexts and projects according to circumstances.

Movement, Games and Sport (MGS) For Psychosocial Development - an approach developed by Terre des hommes to train animateurs working with children. Testimony by a psychosocial coordinator in Colombia: "… who would think that through sport and games we could have learnt so much about ourselves, our companions, our way of working in a team and our reactions in facing difficulties? … MGS was not only a tool to help us understand why psychosocial work is important, it also became a way of rediscovering ourselves, questioning ourselves, thinking of new ways of interacting and even working. Through coexistence, group exercises, games and sharing daily living, we learnt how to recognize the importance of the development of personal and social skills. … These last months I could not help being surprised by the enthusiasm, dedication and responsibility with which trained teachers and psychosocial agents in charge of the new MGS project assumed the challenge of the training replications. It is a great satisfaction to hear them in their training, to see them interacting with the public, talking about their own experiences and learning from their own successes and mistakes."

✂ Activities: example of a training programme

Setting up a training programme in the context of an emergency, when there are so many other "visible" priorities, is not easy. The training process should be included in the proposal made after the initial assessment at the start of the project. Depending on the extent of the training planned – even if it is minimal – the need for training sessions must be clearly included in the objectives and schedule of activities.

The aim of this section on activities is to provide guidance on the different aspects to consider – when, for whom and for how long. Every project will undoubtedly adapt its agenda according to specific circumstances. The following section lists reference tools and describes the contents of the training sessions.

As mentioned above, the target-group for training is initially Tdh staff, followed by partners and community figures. Staff and community members are not included in the list of participants below as they are integrated into the training according to specific needs at appropriate times. Depending on staff responsibilities (2), participants include:

1. animateurs,
2. centres supervisors,
3. activity specialists,
4. social workers,
5. protection officers,
6. others, such as drivers, guards, cooks and administration staff.

The training programmes fall into four levels.

Level 1: Induction of all staff.
Level 2: Training on fundamental subjects
        (core training).
Level 3: Training on specific subjects according to circumstances.
Level 4: Ongoing training, with in-depth work and group exchanges with daily practice.

Start the preliminary training (using Modules 1–3 below), lasting a total of 10 days, before initiating activities with children. Plan subsequent training in accordance with management of the project – for instance dedicate one day per week to training. In the six months of a project, complete levels 1 to 3 for each post. As of the sixth month schedule ongoing training. The total number of days of training varies from one situation to another; however, approximately 2-4 days of training should be scheduled per month.

Topics/Modules	Content	Participants (see above)						Time	Handouts & materials available
		1	2	3	4	5	6		
Level I									
Module 1. Develop an understanding of Tdh tools, approaches and principles	o International Convention on the Rights of the Child o Tdh mission and framework for intervention o Child protection policy and code of conduct o Different posts and responsibilities o Rules, regulations and security o Systemic approach (child – family – community) o Gender approach o Community participation o Coordination and partnerships	x	x	x	x	x	x	2–3 days	International Convention on the Rights of the Child General presentation by Tdh for large number of staff Child Protection Policy (read and signed by all staff) National labour laws Rules and regulations to be signed Child protection; Manual for intervention in humanitarian crisis. Section A and B, Tdh
Module 2. Develop an understanding of the context of the project and beneficiaries	o Project presentation (objectives, indicators and results) o Context, social impact, community and family level o Child development; needs of a child/adolescent o Psychological and social risks for children ; short, medium and long-term o Identification of vulnerable children (risks and needs) o Signs of behavioural disorder o Distress o Violence o Reinforcing resiliency of children o …	x	x	x	x	x		3 days	Project log frame Information on crisis (earthquake, conflict, etc.) Handbook for teachers and training manual for teachers (AVSI – USAID) DSM IV (Diagnostic and Statistical Manual of Mental Disorders)

Topics/Modules	Content	Participants (see above)						Time	Handouts & materials available
		1	2	3	4	5	6		
Level 2									
Module 3. Develop an understanding on managing and planning activities and coordination	o Role and behaviour of adult with children o Creation of environment for activities (recreational and social work) o Objectives of activities o Organization of activities o Choice and planning of activities o Child participation in activities o Regulations for carrying out activities o Link between activities and the families o Adapting activities to cultural markers and distress o …	x	x	x	x			3 days	Project cycle management handbook, Tdh Module on recreational activities Module on social work
Module 4. Develop personal and social competencies to work with children	o Psychosocial approach o Self-assertion o Needs and resources of a person o Grieving process o Resilience o Management of emotions o Communication o Leadership o Conflict management o …	x	x	x	x			4–5 days	Trainers' guide: observation, listening and communication: prerequisite for intervention, Tdh. Handbook for teachers and training manual for teachers (AVSI – USAID)

Topics/Modules	Content	Participants (see above)						Time	Handouts & materials available
		1	2	3	4	5	6		
Level 3									
Module 5. Develop competencies on animation and recreational activities	o Methodology (organization, animation, evaluation) o Animation techniques o Games and sports o Dance, music o Drama, culture o Education o Health and hygiene o Integrated projects, e.g. exploring a theme through art and drama o …	x	x	x				4–5 days	Module on recreational activities Moving, running and laughing to grow together: games with a psychosocial aim, Tdh Child to child (resource books 1 and 2 on health and hygiene – hard copy)
Module 6. Develop competencies to carry out different elements of social work and child protection	o Unaccompanied and separated children o Traffic and exploitation o Family approach and interviews o Registration of hildren (rapid registration, child follow up etc.) o Referral system set up o Procedures elaboration (case management) o …				x	x		3-4 days	Module on social work UNICEF self-learning tool (draft) Action for the Rights of Children Keeping children safe: a toolkit for child protection
Level 4									
Module 7. Build new practices, enlarge present knowledge and competences on specific subjects linked to practise	o Exchange of experiences (successes, difficulties) o Supervision o In-depth themes	x	x	x	x	x	x		

✌ Tips

Specific skills are required to train adults; it is not sufficient to simply be an expert on a subject. The art of being a good trainer is not in the WHAT but in the HOW. The following tips may be useful.

• Remember that the training supervisor is responsible for understanding and explaining the overarching principles of Tdh; he/she may give the training or may invite other national or international experts to provide it.

• Dedicate time and resources to appropriate training. Closing the centre or postponing activities in order to provide time for training will bear fruit in the long term.

• Evaluate training carefully so as to respond to the needs and objectives of the participants.

• Create an unchallenging atmosphere in the sessions so participants can feel confident to express themselves, to dare to try things and to make mistakes.

• Recognise the experiences and knowledge that the trainees may already have and start by listening to what they know.

• Remember the trainer has a lot to learn from the trainees.

• If possible, organize residential or outside training courses; this helps the learning process and there is a benefit to living in groups.

make training fun
and have fun when training!