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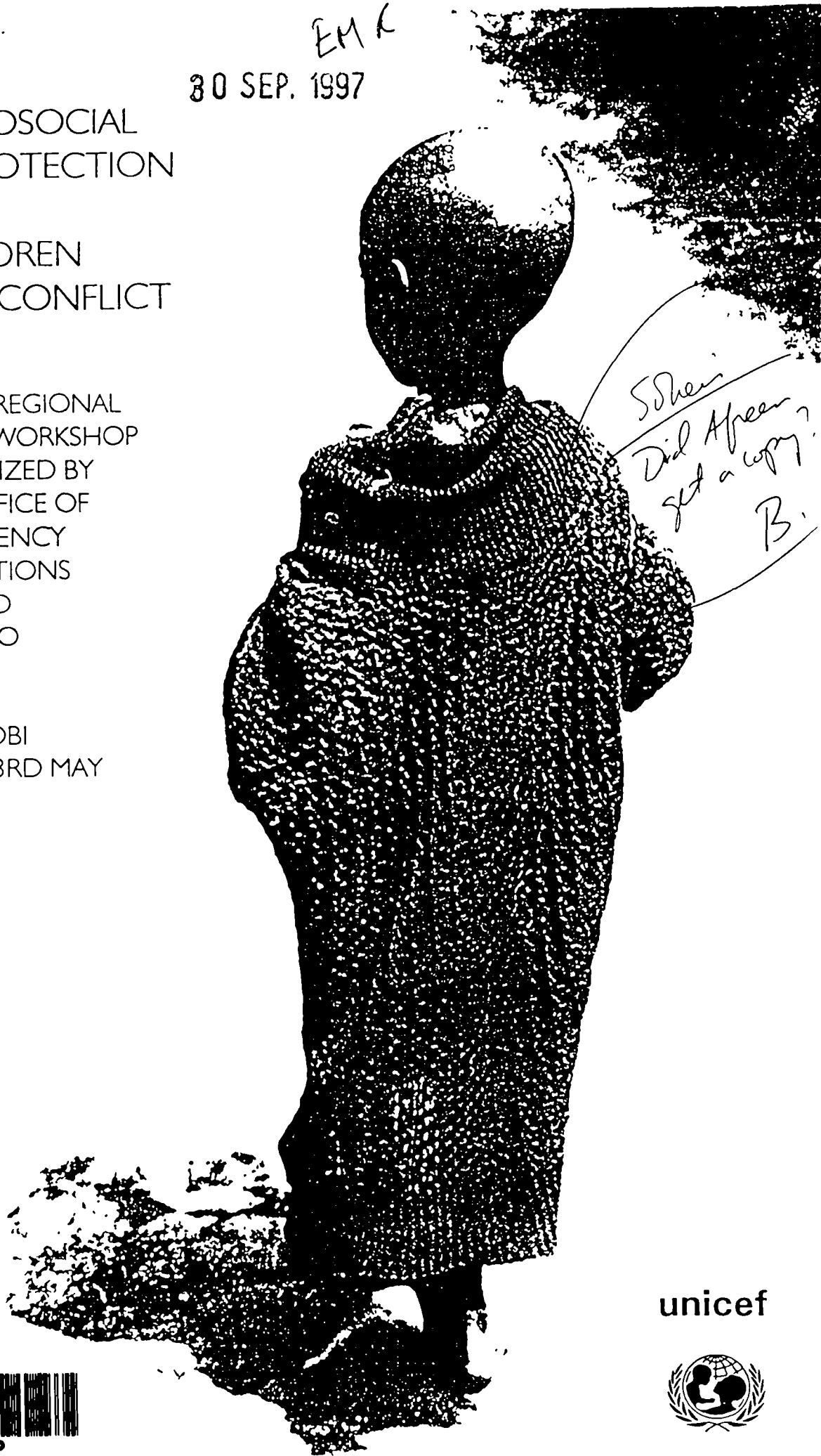
30 SEP. 1997

PSYCHOSOCIAL
CARE & PROTECTION

CHILDREN
IN ARMED CONFLICT

AN INTERREGIONAL
TRAINING WORKSHOP
ORGANIZED BY
THE OFFICE OF
EMERGENCY
OPERATIONS
AND
ESARO

NAIROBI
28TH APRIL-3RD MAY
1997



*Sherrin
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get a copy?
B.*

unicef



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United Nations Children's Fund
Fonds des Nations Unies pour l'enfance
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New York, New York 10017
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22 May 1997

Dear Colleagues and Friends,

It is my pleasure to preface this report of the training workshop on Psychosocial Care and Protection of Children in Armed Conflict, which was held in Nairobi from 28 April to 3 May 1997. The workshop brought together 33 participants from 15 African countries, most of which are either in the midst of armed conflict or are in the process of post-conflict recovery.

The Office of Emergency Programmes is in the process of developing a series of strategic and programming guidelines for UNICEF action in emergencies which, when applied within a coherent policy framework, will ensure consistency and high quality in such action. Our aim is two-fold: first, to achieve a better understanding of the depth of suffering of children in emergency situations; and second, to help alleviate this suffering and to enable children to develop healthily in body, mind and spirit.

As the report indicates, participants advanced our thinking on how to help children caught in the turmoil and destruction of armed conflict. However, our understanding of the short- and long-term effects of war on children continues to evolve. The debate concerning the traumatic impact of violence and armed conflict on children and the most appropriate methods by which to counter this impact; the subtle interplay between the child's innate resilience, familial and cultural strength, the "psychological" and the "social" anchored in specific culture and time; - these forces make it difficult to achieve consensus on how best to help the child towards psychosocial recovery and well-being. I believe that the workshop, in providing participants with the opportunity to discuss different approaches and to review concepts and practices in relation to specific cultural and social parameters, significantly contributed to the growing body of knowledge in the field of psychosocial care.

In acknowledgment of the efforts and commitment of the participants in preparing recommendations for policy guidelines on Psychosocial Care and Protection of Children in Armed Conflict, UNICEF will review the recommendations of the workshop with great care.

Yours sincerely,

A handwritten signature in dark ink, appearing to read "Nigel Fisher", written over a horizontal line.

Nigel Fisher

Director

Office of Emergency Programmes

PSYCHOSOCIAL CARE AND PROTECTION, CHILDREN IN ARMED CONFLICT

The UNICEF training workshop on Psychosocial Care and Protection - Needs of Children in Situations of Armed Conflict, was held in Nairobi, Kenya, from 28 April to 3 May 1997. Organised on the initiative of the Office of the emergency Programmes, UNICEF New York, and supported by the UNICEF Regional Office in Nairobi for East and Southern Africa, the workshop brought together thirty-three participants representing UNICEF country programmes, local and international NGOs from 15 African countries. The majority of countries represented are either still in a state of armed conflict or in the process of post-conflict reconstruction. The UNICEF regional offices and headquarters were also represented.

INTRODUCTION

The report of the workshop is intended for as wide a readership as possible within and beyond UNICEF. The workshop highlighted a wide range of significant issues relating to child development, the impact of armed conflict on children and priorities for their psychosocial care and protection. The next step is to develop the themes and priorities which were the focus of the workshop into a comprehensive set of guidelines and framework for action that can be used not only by UNICEF, but by its partners also. Following the spirit of the Nairobi workshop, UNICEF hopes to take this next step with partners and sister organisations, so that we can jointly develop shared guidelines and standards that will be applied consistently in the best interests of children caught in the horror of armed conflict.

The report is a summary of the key precepts, principles and practices developed and discussed in the course of the training workshop. The field of psychosocial care and protection is vast and complex, and there are a number of very different programmes which directly address the psychosocial needs of children in situations of armed conflict. The report documents the current current issues and debates in the field and notes the key components of programmes in the domain.

The document is broadly organised as follows:

- ◆ Objectives and expected outcomes of the training workshop;
- ◆ Recommendations for policy guidelines;
- ◆ Principles of child development, well-being and healing;
- ◆ Child development and psychosocial needs;
- ◆ consensus definition of "Psychosocial";
- ◆ Trauma;
- ◆ Child rights;
- ◆ Ethical issues;
- ◆ Best practices;
- ◆ Assessment;
- ◆ Monitoring and evaluation.

The monitoring and evaluation facilitator and resource person, M Jean-Claude Legrand, was taken ill during the workshop. His presence at the workshop was greatly missed as both a discerning and active participant and as a source of rich training, and monitoring and evaluation experience. It is hoped that any subsequent workshop will include some of his very accessible monitoring and evaluation material.

OBJECTIVES OF THE WORKSHOP AND EXPECTED OUTCOMES

Overall objective

- To strengthen the internal capacity of UNICEF to respond appropriately to children's needs for special care and protection in armed conflicts

Secondary objectives

- To review and learn about best practices in the field of psychosocial care and recovery
- To test the pilot training material developed by EMOPS in collaboration with ESARO
- To develop a framework for discussion of key issues on the approaches UNICEF should take and promote for the psychosocial care and protection of children affected by armed conflict

Expected outcome

At the end of the workshop, participants should be able to.

- Carry out or organize an assessment of the main factors in armed conflicts which affect child well-being and development, with particular emphasis given to unaccompanied and displaced children.
- Determine unmet needs, establish priorities, and competently analyze essential components of required programmes.
- Make informed decisions on appropriate implementing partners
- Establish a monitoring system

It is hoped that workshop participants will also:

- Make recommendations to NYHQ for UNICEF's policy and programme guidelines for the psychosocial care of children and youth in emergency situations

RECOMMENDATIONS FOR POLICY GUIDELINES

In addition to the stated objectives, the purpose of the workshop was to synthesise some of the key areas of on-going discussion within UNICEF concerning the basic principles governing psychosocial care and protection of children in the context of armed conflict. The framework of these debates is the recognition that children are very frequently direct and indirect targets of armed conflict.

From 1986-1996 SOWC recorded the impact of armed conflict on children as follows

<p>2 million children killed 4 - 5 million children disabled 12 million children made homeless More than 1 million children orphaned or separated from their parents</p>
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The approaches presented and developed in the workshop are not new approaches. However, the integration of previously disparate theories, concepts and practices which form the basis of our understanding of children's needs and rights and influence the way psychosocial care and protection programmes and practices evolve, marks a new approach for UNICEF.

It was the hope of the workshop to bring together a diversity of approaches as a coherent whole in order to assist UNICEF in both the preparation for future policy and to inform future training and programmes and action.

The following guidelines were, thus, developed and written during the course of the workshop to be presented in NY in May 1997:

"Despite the growth, in the last fifty years, of the international human rights movement and a plethora of international conventions and treaties to promote human rights and international humanitarian law, the reality of present and recent conflicts is that civilians continue to be the principal victims of conflict and even children are often the direct targets of warring parties.

Armed conflict deprives children of their families and care givers, their schools and their health centres. It forces them to suffer, witness and even take part in acts of violence. It creates an environment of disturbed relationships and erosion of values. The impact of these and other events is often physically, psychologically and socially traumatic with catastrophic consequences for their development and well-being. The fact that many of today's conflicts are of long-duration means that children may never know peace or stability during their formative years.

In addition to the direct impact of conflict on children, the severe disruption to their countries' functioning undermines opportunities for child development.

Such effects on children represent unacceptable violations or neglect of their rights.

According to Article 39 of the Convention on the Rights of the Child, child victims of conflict have a right to physical and psychological recovery and social reintegration. The participants of the workshop on Psychosocial Care and Protection of Children in Conflict, meeting in Nairobi from April 28 to May 3, make the following policy recommendations:

Recommendations for UNICEF Policy Guidelines on the Psychosocial Care and Protection of Children in Armed Conflict

1. That the definition of psychosocial (see page 7) as elaborated by the participants be accepted.
2. All psychosocial programmes for children must be based on the fundamental principles of the Convention on the Rights of the Child and internationally-recognised humanitarian principles. Any strategy for the care and protection of affected children must also include initiatives to protect children from further violations of their rights.
3. All such programmes must be based upon an understanding of the principles for the promotion of healing, psycho-social well-being and development and must ensure that children participate in their own healing. These principles include the restoration of attachment through promoting the cohesion of family and community; the re-establishment of trust, self-esteem and a more normal daily life; and the opportunity to express and share feelings in an environment which provides safety and security. Fundamental to this is the recognition that healing is a process which takes time.
4. Programmes for the Psychosocial Care and Protection of children in armed conflict should be implemented from the onset of any emergency. Such programmes should be given greater priority and visibility in UNICEF emergency programming.
5. The field of psychosocial response is a developing one and it is to be expected that new approaches and ideas will emerge and will need to be integrated into existing programmes.
6. Psychosocial care needs to build upon communities' cultural and traditional approaches to healing and child development, while ensuring that current knowledge is applied in the best interests of the child.
7. More effort and resources must be devoted to the development of capacity and understanding in this area amongst UNICEF, partner and counterpart staff.

Nairobi 3 May 1997

PRINCIPLES OF CHILD DEVELOPMENT, WELL-BEING AND HEALING

The core component of the workshop was the presentation, elaboration and consensus-building around principles of child development, well being and healing in the context of armed conflict. These fundamental principles are derived from two primary sources: a generally accepted body of knowledge in the field of child development, and the rights of the child as embodied in the CRC. Participants and facilitators brought to the discussion their own understanding of the effects on children of armed conflict, and their knowledge and experience of the culturally specific ways in which families and communities heal themselves. As a result of the process, a number of principles of well-being and healing in relation to child development emerged:

PRINCIPLES OF WELL-BEING AND HEALING

- * establishment and maintenance of safety
- * (re)-establishment of significant attachments
- * (re)-gaining self-esteem
- * (restoration of) structure to daily life
- * (re)-gaining a sense of competence
- * development of social networks
- * (re)-establishment of trust
- * opportunity to express and share experiences and feelings
- * (re)-establishment of personal identity
- * (re)-connection with cultural identity and values
- * (re)-establishment of a secure economic base

The above principles represent both the culmination of the workshop discussion on child development, psychosocial needs and child rights, and the starting point for the development of recommendations for policy and programming guidelines.

CHILD DEVELOPMENT AND PSYCHOSOCIAL NEEDS

The training model for the workshop addressed psychosocial needs within the framework of child development. A wholistic view of the development of the child includes physical, psychological and social development. While the physical needs of children are generally well-understood and are usually addressed immediately and systematically in situations of armed conflict, the psychological and social needs are less well-understood and, as a result, less well-articulated and frequently overlooked in policy and programming. The perspective taken argues that a child cannot develop and fully reach his/her developmental potential nor can a state of well-being be achieved if his/her psychosocial needs are unmet.

An important task of the workshop was to understand and agree upon a definition of psychosocial needs as applied to the effects of armed conflicts on children.

The first step in building a definition was to review the content of psychological and social needs:

Psychological needs relate to:

- emotions;
- learning capacity;
- cognitive development.

Social needs relate to:

- Interaction with family and community
- participation in the social environment

The second step required participants to consider the impact of armed conflict in relation to those fundamental needs from the view point of the child at the various stages of his/her development. By eliciting the *kind* of events and circumstances which act upon children that occur as a result of armed conflict, it was possible to then consider the effects on the psychosocial dimension of a child's development.

SOME EVENTS AND CIRCUMSTANCES

- violent death of mother or father;
- separation from parents and family;
- physical injury;
- forced flight and displacement;
- witnessing violent acts;
- forced abduction;
- forced carrying out violent acts;
- disruption of everyday routines;
- interruption of schooling;
- dislocation of community and former life.

SOME OBSERVED, PERCEIVED AND FELT EFFECTS

- emotional withdrawal;
- pain;
- numbness;
- delays in physical and psychological development;
- feelings of mistrust and sense of betrayal;
- feelings of shame, guilt and worthlessness;
- anti-social behaviour and aggressiveness;
- premature sexual activity;
- despair for the future;
- excessive responsibility.

The definition of "psychosocial" which evolved from this discussion permitted a more profound and detailed analysis of a child's vulnerability in times of conflict and the harm that conflict inflicts on a child's development and well-being.

CONSENSUS DEFINITION OF PSYCHOSOCIAL

The diverse and often violent experiences of armed conflict have profound effects on child development and well-being. The word "psychosocial" simply underlines the dynamic relationship between psychological and social effects, each continually influencing the other.

"Psychological effects" are those which affect emotions, behaviour, thoughts, memory, learning ability, perceptions and understanding.

"Social effects" refer to altered relationships due to death, separation, estrangement and other losses, family and community breakdown, damage to social values and customary practices and the destruction of social facilities and services. "Social effects" also extend to the economic dimension as many individuals and families become destitute through the material and economic devastation thus losing their social status and place in their familiar social network.

This expanded notion of psychosocial needs and effects led to rich debate on the ways in which the development of the child can be conceptualised in both situations of peace and calm, and of armed conflict. Although the debate centred on aspects of child development, it integrally involved discussions of best practices and child rights. Participants were able to insert their understanding of programmatic best practices into a framework of child development.

The presentation of child development as a process towards competent adulthood took the river as an analogy. The analogy, which is described pictorially opposite, allows child development to be seen not only as an extended period of physical and cognitive growth but as *a social and socialising process* i.e. a ever-continuing interaction and interchange between the child and his/her environment. The river analogy also describes the innate force and momentum of the process - children are inherently structured to proceed towards adulthood.

- ▶ *See Pictogram # 1 - River of "normal" child development - sources and tributaries represent the sources of nourishment and stimulation upon which healthy development depends.*

Events and circumstances of situations of armed conflict, using this analogy, can be seen to disrupt, divert and in some instances arrest the developmental flow and momentum. To highlight how and when this can occur, participants took their own case studies and presented them pictorially. One example - the story of Dada - is also shown opposite.

- ▶ *See Pictogram # 2 - River of the damaged development of a child in armed conflict - note , in this case, the disappearance of the tributaries i.e, sources of support.*

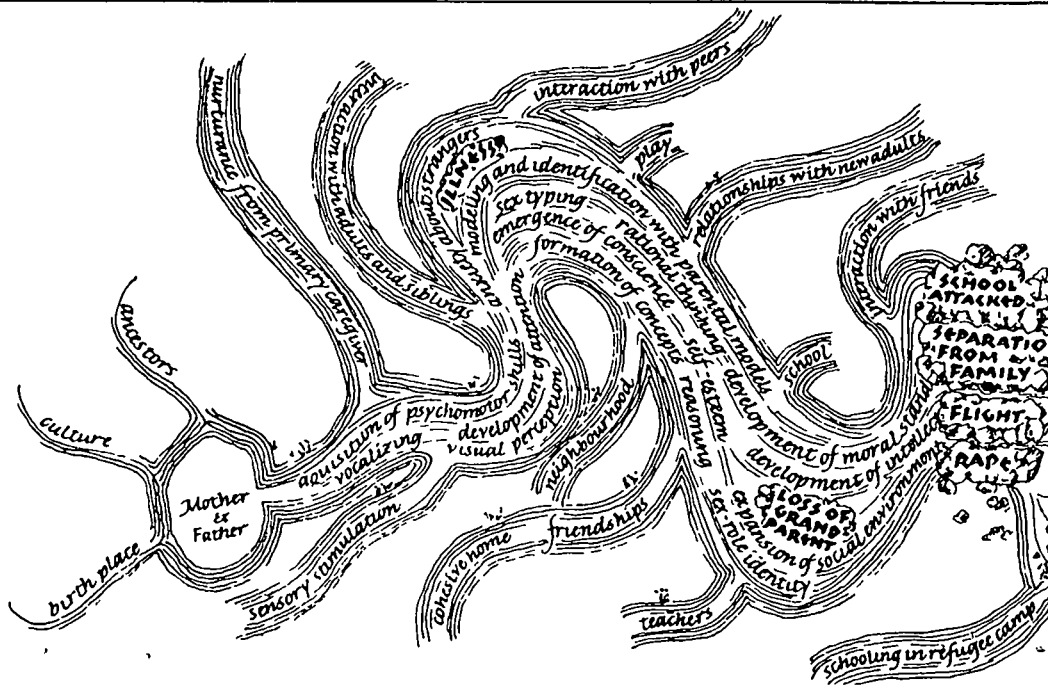
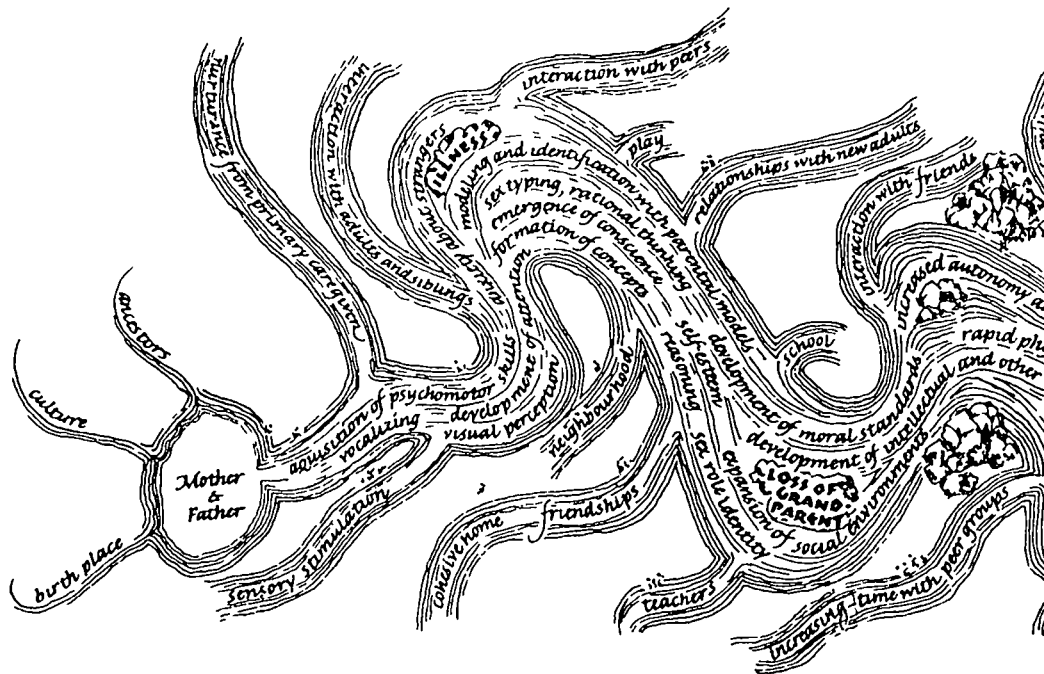
The story of Dada visually demonstrates how a set of circumstances: attack on Dada's school, separation from family, forced flight, the resulting event: multiple rape, led to a sequence of compounding events: social and familial stigma, subsequent rape and pregnancy, cut Dada off from the primary and secondary sources of nurturing and social support. As a consequence, at the point of contact with an external humanitarian agency, Dada was in great suffering, at risk of not reaching her full developmental potential and most poignantly, at risk of committing suicide.

Participants found the process of reconstruction of children's histories in the context of child development a useful tool for analysing the impact of events on individual children and for reviewing rehabilitation interventions and approaches.

TRAUMA

The concept of trauma was introduced and placed within the framework of child development evoking much discussion among participants. Starting with the dictionary and clinical definitions of trauma: respectively "a wound" and a "psychological wounding", a traumatic event was generally deemed to be *an event far beyond usual human experience which overwhelms the senses and the ability to cope with the event at that time.*

Infancy Early Childhood Middle Childhood Pre-Adolescence



Participants were invited to give words and their meanings in their own languages which closely correspond with the above understanding of trauma. As used to describe the affected individual or group, it is apparent that there is within the various words and phrases used an implicit recognition of the need for assistance in order to recover from the event or events.

The critical importance of the debate was the shift in emphasis from the set of reactions or symptoms which are defined as Post-Traumatic Stress Syndrome (PTSS) to an analysis of the social context and the meaning of traumatic events themselves. Two key points emerged from the discussion:

1. How children manifest their inability to cope, and how they can be best helped to heal themselves from the effects of traumatic events is inextricably linked to their stage of development.
2. The initial traumatic event or events e.g. death of, or separation from mother, do not necessarily determine the extent or level of traumatic reactions and their impact. Rather, it can be the sequence of experiences, e.g. no replacement primary caregiver and no secure familial and social setting, which generate additional emotionally and developmentally debilitating events and states (prolonged and minimal institutional care, sexual abuse, absence of schooling) and impede a child's innate capacity to heal.

It is generally recognised that the majority of children present one or more symptoms of PTSS (withdrawal, bedwetting, thumb sucking, nightmares, loss of concentration, flashbacks, clinging behaviour, somatic ailments etc.) in the immediate aftermath of a traumatic event. However, in a large-scale emergency, experience points to the fact that given a safe and nurturing environment the overwhelming majority of children will recover over time.

The appropriateness of individual and early trauma counselling was discussed but first, it was necessary to understand what is meant by trauma counselling. Trauma counselling requires the child to face up to the traumatic event and the feelings associated with that event(s). This process entails that the child is temporarily rendered defenceless. Therefore, for those who demonstrate a continuing need for counselling, participants felt counselling should only take place under the following conditions:

- a) that the child is ready and willing to talk about the experiences and feelings;
- b) that the child feels safe in his or her immediate environment;
- c) that the child will not be exposed to any further trauma in the immediate or near future
- d) that follow-up counselling is ensured.

Nevertheless, it is frequently the breakdown and rupture of the child's intimate, familial and communal world which lead to long-term damage. To underscore the centrality of the social dimension in an understanding of a child's development in situations of calm and of armed conflict, child development can be likened to a "dance" between a child's genetic constitution, inherent potential and his/her close and immediate environment.

Accepting the critical importance of a vital and on-going interplay between the child and the social world for his/her full potential to be realised, also points the way forward for programming which includes, takes into account and rehabilitates children's specific familial, social and cultural context.

CHILD RIGHTS

The integration of an understanding of the protection of children and their rights in the broader discussion of psychosocial needs is necessary both to attempt to prevent the abuse and exploitation of children in times of war and to create and ensure the safe and secure environment required for the healing process to occur.

The protection of children operates at two distinct levels: - the protection that is in principle offered by international legal and ethical standards, and the application of these standards in the complex reality of armed conflicts, where the rights of children are often systematically and flagrantly violated.

Protection of children in the context of conflict and emergencies has two objectives:

- ▶ the protection of the humanitarian imperative, ie. the right of civilians and children in need to access to humanitarian assistance;
- ▶ the protection of children from harm inflicted by others (eg. exploitation, abuse, neglect, cruel and degrading treatment, recruitment);

The objectives are ideally achieved through the promotion of legal and ethical standards which form the basis for all emergency activities. The Convention on the Rights of the Child, particularly Articles 19-23 and 32-40, together with the Geneva Conventions of 1949 and their Additional Protocols of 1977 provide the major internationally-accepted legal standards for the protection of children in conflict. Children are further protected under other international and national laws including refugee legislation.

The right to receive and to offer humanitarian assistance is embodied in widely-accepted principles governing humanitarian action. These principles also postulate that humanitarian assistance must be delivered in a neutral, impartial, accountable and transparent way, and that relief supplies and humanitarian workers are to be protected. Such principles are critical to the protection of children.

The issue and concern for participants was in understanding by concrete, practical examples their own role in ensuring that commitments made in international fora are honoured in specific contexts and instances. The disjuncture between law and practice is the dilemma that agencies face who undertake psychosocial work in situations of conflict.

ETHICAL ISSUES

Agencies who work in situations of armed conflict are often faced with a series of minor and major ethical dilemmas. As each situation contains a unique set of circumstances all of which may not, at the time, be known to the agencies involved, simple solutions are rarely available. Perhaps, the most common and pressing of ethical dilemmas is whether an agency should continue to operate emergency programmes if its presence may appear to tacitly condone child and human rights violations.

Participants raised other ethical concerns specifically related to aspects of programming. For example, ensuring due legal process in cases of sexual abuse of children requires persuading children and their families to describe the events in court. Programme officers and social workers in such situations have to balance the rights to privacy of individual children against the need to ensure that justice takes place.

A further strain is placed on care programmes by the need on the one hand to publicise and dramatise the situation of children in conflict in order to ensure funding and to raise public awareness of child rights violations and, on the other, to protect already vulnerable children from unnecessary exposure and publicity.

Time did not permit participants to fully air their ethical concerns in relation to psychosocial protection and care of children in armed conflict. It is hoped that later training workshops can address these concerns.

BEST PRACTICES

The discussion of best practices included an understanding of the interrelationship between care and protection policy and programming as applied to the psychosocial needs of children in armed conflict. Additionally, the discussion introduces into the framework the specific interventions which constitute psychosocial care and protection and which conform to the principles of child development and healing.

The detailed accounts by participants of specific programmes and approaches and the subsequent debates gave the workshop its richness. Further, it allowed participants to organise their thinking and learning around actual and culturally-specific programming and best practices

Education and unaccompanied children's programmes offer good examples of how certain programming interventions create the necessary conditions and environment for healing to occur. Education, in particular, meets many of the criteria implicit in the main principles of well-being and healing in relation to child development. Schooling creates *a structured daily life*, it supports the *re-establishment of trust and self esteem, of identity and a sense of future direction*. Additionally, it allows cognitive, physical and social development to continue in an organised and structured environment. The provision of a centre and a focus of community activity is another important feature of the re-establishment of schooling.

Likewise, the right programmes for unaccompanied children are based upon principles of healing. Tracing, re-unification of families, substitute family care and follow up interventions all address the need for *the re-establishment of significant attachments and prevention of further familial separations*. Returning children to a family and community environment supports the restoration of *sense of identity and/or a sense of belonging*.

Essential components and approaches to addressing psychosocial needs in programming given in individual presentations have been organised schematically. Table #1 relates programmes and their constituent interventions to the principles of child development.

ASSESSMENT

Assessment is a broad area and the workshop assumed the expertise and experience of participants in conducting emergency needs assessments. The discussion focussed on the need to include communities fully in any assessment prior to planning programmes. In the context of emergencies and during programme planning and development, agencies require solid information about the communities in the following areas:

- 1) What resources still exist within the community to support psychosocial care programmes i.e. teachers, social workers, women's associations etc.?
- 2) What are the prevailing attitudes of the community to likely programme interventions such as rehabilitation of schools or fostering of separated children? Are there any cultural practices which need urgent attention and support e.g. rituals of burial?
- 3) Have assumptions about the importance, value and acceptability of prospective programme interventions been verified with the community?
- 4) Does the community have other or very different priorities?

It needs to be emphasised that this necessary and relevant information can be gathered *as part of the initial assessment* of the emergency. It is critically important that such information be obtained at the outset to both facilitate early psychosocial programming and to allow agencies to anticipate children's and community needs.

MONITORING and EVALUATION

The workshop included a short discussion of monitoring and evaluation of psychosocial care and protection programmes. A few monitoring and evaluation concept definitions are given to clarify the discussion.

Goal/Overall objectives describe expected outcome in qualitative terms.

Specific objectives specify outputs quantitatively and to a lesser extent qualitatively

Indicators : *measurable events which document the achievement of objectives. These can be subdivided into **process and impact indicators**, and can be either qualitative or quantitative measurements. For instance, in an education programme, a process indicator could be the number of textbooks purchased, while the impact indicator is the number of people graduating from the programme.*

The challenge of monitoring and evaluating psychosocial programmes is finding indicators appropriate to measuring the extent to which the principles of child development and healing are included in programming and the extent to which healing has occurred. This is a complex issue, because the effects of war have both short-term and long-term impact on child development. Therefore, it may be possible to measure interventions which address short-term impacts (such as malnutrition, interruption of schooling, etc.), but the effectiveness of interventions that address long-term issues (grief and loss, regression of developmental mile-stones. etc.) are more difficult to measure, not only because they require longer-term follow-up, but because to date little research has been done regarding the appropriate indicators which could measure these long-term healing processes.

The discussion during the workshop centred around what kind of information might be used to infer that progress towards healing has been made. This inferential information, ie. *proxy indicators*, may be the best and frequently the only measure that is obtainable in emergency situations of armed conflict. For example, one of the few available measures of good enough foster care may be regular attendance and improving performance in school.

It also has to be remembered that any indicators that are used must be appropriate not only to the intervention, but also to the stage of the development of the child. Finally, it has to be admitted that the desire for sensitive and specific indicators must be balanced against the exigencies of financial and human resources in emergency situations.

SOME PSYCHOSOCIAL CARE PROGRAMS IN RELATION TO PRINCIPLES OF CHILD I

	(Re) establishing Significant Attachments	Express & share experiences & feelings	Re-establishment of trust	Restoration of structure to daily life
UNACCOMPANIED CHILDREN				
Identification /regist /doc /tracing				
Reunification & followup				
Substitute family care		sometimes	sometimes	
Supervised group homes	sometimes			
Family grouping in children's centres		sometimes		
Counselling				
ABDUCTED ADOLESCENTS				
Negotiation of release				
Counselling	sometimes			
Reunification				
Vocational / Skills training				
Supervised group homes	sometimes			
Advocacy				
SEXUAL VIOLENCE				
Counselling				
Comm Awareness - building				
Medical attention				
Security measures				
DISPLACED CHILDREN				
Schooling		sometimes		
Support groups (for ch. and mothers)				
Recreation and sports			sometimes	
Support to / income generating for foster and vulnerable families				

**THEMES AND INTERVENTIONS
DEVELOPMENT AND HEALING**

TABLE 1

Safety ,security and / or protection	Re-establishment of personal identity	Recover self-esteem	Re-gaining a sense of competence	A measure of economic base	Reconnect with cultural identity and values
			sometimes		
sometimes					
sometimes	sometimes				
	sometimes		Sometimes		
sometimes					
sometimes					
sometimes			sometimes		sometimes
			sometimes		

**Psychosocial Care and Protection, Children in Armed Conflict
Training Workshop
Nairobi - 28 April to 3 May 1997**

Day 1 - Monday 28 April		Facilitator	Annex
09:00	Welcome address and introduction to the workshop	Kimberly Gamble Payne Everett Ressler	
09:30	Organisation and administrative matters	Marie de la Soudiere	
09:45	Review of Objectives of the workshop	Kimberley Gamble-Payne	A1-1
10.00	Presentation of participants - Ice-breaking exercise	Kimberley Gamble-Payne	
10:45	TEA and COFFEE		
11:00	The three fundamental tenets of working with children: The story of the circle and the triangle	Elizabeth Jareg	A1-2
11.30	Plenary discussion		
12:30	LUNCH		
Afternoon Session: Trying to Capture the Meaning of Psychosocial... well-being, distress, approach, care, work etc			
14:00	Brief review of a few definitions	Elizabeth Jareg	A1-3
14:30	Group work (<i>See Group work sheet #1</i>)	Marie de la Soudiere	
16:00	TEA and COFFEE		
16.15	Display of VIPP cards and plenary discussion	Group Rapporteurs	
17 30	END of DAY 1		

Day 2 - Tuesday 29 April

Facilitator

Annex

Morning Sessions : The Effects of War on Child Development

08:00	Participants' feedback on day 1	Sophie Ndanguere	
08:45	Main Issues in Child Development (River of child development)	Elizabeth Jareg	A2-1 A2-2 A2-3
10:45	TEA and COFFEE		
11:00	Group Exercise (see group work sheet #2)		
	Group 1 0-2 y.o	Jacqueline Botte	
	Group 2 3-6 y.o	Joep Kramer	
	Group 3 7-12 y.o	Carlinda Monteiro	
	Group 4 13-18 y.o	Adorata Uwizeyimana	
12:30	LUNCH		

Afternoon Sessions

14:00	Reporting by working groups from the morning session and Plenary discussions	Carlinda Monteiro	
15:45	TEA and COFFEE		
16:00	Promoting Respect for Humanitarian Principles for Children in Times of Armed Conflicts	Presentation by Iain Levine	
18:00	Group work		
19:00	END of DAY 2		

Day 3 - Wednesday 30 April**Facilitator****Annex**

Morning sessions: Using our common sense & trusting our own experience to grapple with the concept of trauma

08:30	Feedback on day 2	Carlinda Monteiro	
08:45	Report from working groups (Humanitarian principles)	Iain Levine	
09:30	Putting Advocacy into Practice	Iain Levine	
10:00	TEA and COFFEE		
10:15	Understanding severely shocking experiences - use and abuse of symptomatology - function of "trauma reactions" - where the true importance of trauma lies	Elizabeth Jareg Marie de la Soudière	A3-1
12:00	The story of Jaya	Elizabeth Jareg	
12:30	Group Work: 4 Groups to prepare case histories for analysis using the "river of development"		
13:00	LUNCH		

Afternoon Sessions : Some approaches which attempt to re-establish normal development in children suffering from shock reactions

14:00	Severe Stress Reactions Among Infants and Under 5 in Children's Centres, Goma: Programme Response	Jacqueline Botte	
15:45	TEA and COFFEE		
16:00	Cultural Issues in Healing: Interventions in Conditions of War in Angola	Carlinda Monteiro	
17:45	Abducted Children in Northern Uganda	Ignatius Oloyi	
19:00	END of DAY 3		

Day 4 - Thursday 1 May**Facilitator****Annex****Morning sessions: Unaccompanied Children**

08:30	Feedback on day 3	Keith Wright	
08:45	Presentation of group work of the impact of war on a child's well-being and development using the image of the river	Joep Kramer	
10:00	Main principles of Healing	Elizabeth Jareg	A3
10:45	TEA and COFFEE		
11:00	Unaccompanied Children - Standard definition vs. programmatic definition - Who and where are the "unaccompanied children?" - Simple ways to better care - Brief review of tracing methods	Marie de la Soudiere	A4 A4 A4 A4
12:15	Follow-up of reunified Children and Children in Foster Care	Gebremeskel Fessaha	
12:45	Plenary Discussion		
13:00	LUNCH		

Afternoon Sessions : Programming for Children in Situation of Armed Conflicts

14:00	Special Programming Issues for the Psychosocial Well-being of Refugee Children	Marie Lobo	
15:45	TEA and COFFEE		
	<i>Participants may choose to attend one of the following presentations:</i>		
16:00	Sexual Violence in refugee camps in Tanzania	Sydia Nduna	
16:00	Working with Rwandan Adolescents in Refugee Camps in Eastern Zaire	Adorata Uwizeyimana	
17:30	END of DAY 4		

Day 5 - Friday 2 May**Facilitator****Annex**

Morning sessions: Programming (continued) and Assessment

08 30	Feedback on day 4	Sophie Ndanguere
09 00	Summary of main points of day 4	Elizabeth Jareg
09 15	Education in Emergencies	Marie de la Soudiere
10.00	Group work and Reporting	Anna Obura
10 30	Viewing of a video of early stages of a current emergency in the region	Marie de la Soudiere
10 30	TEA and COFFEE	
11:00	Child-oriented assessment in emergencies Plenary discussion	Elizabeth Jareg
12 00	Group work (<i>see group work sheet # 3</i>)	
13 00	LUNCH	

Afternoon Sessions : Assessment (continued) and Monitoring and Evaluation

Chairperson		Iain Levine
14:00	Group reports and discussion	Group rapporteurs
15:15	TEA and COFFEE	
15.30	Developing indicators related to the main principles of healing	Marie de la Soudiere Iain Levine
16 30	Psychosocial 'revisited' - Plenary	Elizabeth Jareg
17:30	Three visual illustrations of issues raised	Keith Wright
18.30	END of DAY 5	

Day 6 - Saturday 3 May

Facilitator

Annex

Morning sessions: Recommendations for Policy Guidelines

Chairperson - Iain Levine

09:00 Group work:
Review of draft recommendations
for UNICEF New York for policy guidelines
on the psychosocial care and
protection of children in armed conflict

Elizabeth Jareg
Marie de la Soudiere

10:00 Plenary reporting and discussion

11:30 Proposed follow-up actions at country
and regional level

12:00 Closing

Shitta Kassa

12:30 END of WORKSHOP

**Training Workshop, Psychosocial Care and Protection, Children in Armed Conflicts
28th April - 3rd May 1997**

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