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From the editor

Psychosocial and mental health work aims to transform the lives of those who are involved. In the typical 'medical model' that I learned in medical school, this transformation is supposed to occur in 'the other': an active expert provides an intervention to cure a sick and presumably passive patient. This model usually does not fit the complex reality of mental health and psychosocial support work in post conflict settings. Often, drawing a sharp line between 'experts' and 'beneficiaries' can be counterproductive. Beneficiaries can and should be active participants in shaping the very interventions that are meant to improve their wellbeing. And, mirroring this process, the wellbeing of 'professional helpers' can also be addressed by doing psychosocial work. This is particularly true if the helpers have

gone through experiences of war and displacement themselves. This issue of *Intervention* contains several examples of how thin that line can be between 'experts' and 'beneficiaries'.

Rohit Karki and colleagues developed a method to systematically involve children in all stages of the psychosocial planning process in a child-friendly way. They illustrate this through their work with female former child soldiers who provide input regarding issues and concerns, and propose solutions for appropriate interventions. The empowering effects of this participatory process is meant to help the children become active shapers of their own future. Of course, 'participation' is not a solution to all ills, particularly in terms of the structural power imbalances that are inherent in much of our work. This article shows that it is a major challenge to realize 'child participation'.

Rebecca Horn asked displaced Acholi people in Kitgum, Uganda, what they thought were their problems, and their ways to deal with them. Interestingly the interviewed rarely talked about individual level problems, such as mental health, but more about structural, social and economic difficulties affecting them and their communities. Even in the extremely difficult circumstances, many people found ways to survive and generate some income. It is interesting, that in this setting as well, children have an important role to play in contributing to these survival strategies. When taking the perspectives of the people in the camps seriously, one cannot help but consider 'wellbeing' in a broad sense. This means that the interventions should not focus primarily on the individual level, but include other contributors such as economic, political, social, spiritual and cultural factors.

In another contribution on northern Uganda, *Femke Bannink-Mbazzi* & *Ann Lorschiedter* describe an approach to integrate psychosocial counselling within a vocational training programme. The learned points are that their intervention does not single out former child soldiers, but rather uses a multi perspective concept of vulnerability. Secondly, the intervention is framed within another intervention and thus is part of multi layered system of interventions, rather than 'stand alone' counselling. In Southern Sudan, *Boniface Duku* and his colleagues are involved in comprehensive mental health and psychosocial support activities in a setting that is extremely deplete of resources. Many of the programme staff are former Sudanese refugees themselves. In the context of Southern Sudan, where the government is unable to provide minimal services to its citizens, the key word is capacity building. This is true not only for the population, the health care staff and authorities, but also perhaps most of all, for the staff members in the programme.

The final field report by *Abdul Kareem Al Obaidi* and *Sherif Atallah* provides a rare glimpse into the situation of Iraqi refugees in Egypt. They asked more than 200 refugees to fill in a self report questionnaire. This gives a quick scan of this group of Iraqis that is often overlooked. The first author of this field report is an Iraqi refugee himself, a fact that has undoubtedly motivated him to carry out this assessment.

Perhaps the most striking example of how psychosocial work can transform the life of a person and bring out hidden strengths is given by *Laili Samadi* in a moving personal account. Samadi is an Afghan woman who got involved psychosocial work as a 'beneficiary' when seeking help for her sick child. Then she was employed, by the same agency

that had helped her, as a short term interviewer, then as a psychosocial worker, and finally as the project coordinator. She describes how being involved in psychosocial work has changed her life, her outlook on the world and her society.

No doubt, all contributions in this volume could be discussed based on methodological or conceptual reasons (and I invite the readers to do so, we are here to learn from each other!). However, I am very proud of having

these contributions in our journal because they represent serious attempts to utilize 'beneficiary' perspectives in the process of psychosocial and mental health programme planning and evaluation. They all try to give voice to those groups who are typically marginalized. And isn't that what our work is all about?

Peter Ventevogel
editor-in-chief

ANNOUNCING A NEW RESOURCE KIT AND GUIDE

Available on: www.psychosocialnetwork.net

GLOBAL RESOURCE KIT OF ORIENTATION AND TRAINING MATERIALS Used to disseminate and implement the *Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (IASC MHPSS Guidelines).

This Resource Kit contains 43 examples of Orientation and Training materials designed to disseminate and integrate the IASC MHPSS Guidelines globally. It offers service providers with examples of actual power point presentations and seminars, along with descriptions of how to assess a training groups needs, facilitate discussions, use case scenarios and more.

A GUIDE FOR DEVELOPING ORIENTATION SEMINARS

Used to disseminate and implement the *Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (IASC MHPSS Guidelines).

This guide includes samples of Orientation Seminars that service providers can utilise, with modifications for their context, within their work settings. The sample seminars are for:

- Food security staff
- Water, sanitation and hygiene staff
- Donors
- Media

The 6 part seminar design used in these samples is offered as one model that can be used for the development of other Orientation Seminars.

The Resource Kit and Orientation Seminar Guide were prepared by Nancy Baron for the IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings / March 2009