Training on Community based Psychosocial Care and Support for Community level workers

A collaborative initiative of

NDMA, NIMHANS, CBM, EHA, CEE Himalaya and Sphere India

Date: 8-10\textsuperscript{th} Feb 2013
Venue: Hotel Shivlinga Resort, Uttarkashi
Background:

India being a country of diverse geographical features and also with diversity in the people faces a large number of disasters. The nature of hazards and vulnerabilities of the people are very diverse and require context-specific interventions for effective solutions. Largely it’s the most vulnerable groups, including the marginalized communities, women, children, disabled who get affected the most, as their socio-economic vulnerability is further exposed by disasters, making them victims of circumstances.

Impact of disaster on psycho social health of the people:
The recent disaster in Uttarakhand has tremendously affected the psycho social health of the people. This disaster has caused colossal damage to human lives and property. The major brunt of this situation has been inflicted on the mental health status of the people. Apart from psychological trauma caused due to depletion in resilience after the massive devastation it has also lead to impeded ability amongst the survivors to raise a living and lead a normal life. The current challenge includes enhancing community resilience and addressing the psychosocial needs in the trauma-torn areas. The insights from communities and key informants from the Government are important for coordinated response.

CBM is an international Christian development organisation, committed to improving the quality of life of people with disabilities in the poorest communities of the world.

CBM supported Sphere India in conducting the first pilot training on community-based psychosocial support in district Uttarkashi to test the existing modules on psychosocial support and to ensure psychosocial interventions reach the affected communities.

The training programme entailed seeking inputs from the steering committee which comprised of representatives from NDMA, NIMHANS, CBM, EHA, EFICOR on existing psychosocial modules from NIMHANS, NIDM, EHA, IFRC. Efforts were also taken to implement the programme with the support of local organizations including CEE Himalaya and district Red Cross Society. The UNDMT and district administration also provided their valuable support vis a vis identification of the participants.

The training was organised from 8th to 10th February 2014, in collaboration with NIMHANS, CBM, EHA, CEE Himalaya and IRCS and technical support from NDMA, at Hotel Shivlinga Resort, Uttarkashi.

The programme schedule is attached as Annex 1

The training was attended by 22 participants, out of whom 11 were ANMs and 11 were school teachers.

The list of participants is attached as Annex 2

The training team included the following
1) Dr. Sanjeev Kumar, NIMHANS, Bangalore
2) Dr. Henna Hejazi, Sphere India, New Delhi
3) Jagmohan Arora, District Red Cross, Uttarkashi
4) Ajeet Negi, CEE Himalaya, Uttarkashi
5) Jagroshan, CEE Himalaya, Uttarkashi

Objective:

- To develop capacity of the ANMs and Teachers in psychosocial care and support in district Uttarkashi.
- To demonstrate activities/interventional approaches to enhance the coping capacity of the affected population particularly children and women.
➢ To strengthen the mechanism to support the psychosocial interventions in district Uttarkashi.

**Outcome:**

a. Creating a cadre of psychosocial advocates in district Uttarkashi.
b. Resilience and coping capacities of families affected by disaster are enhanced through psycho social interventions and catering psycho social needs of the affected people.
c. Re-strengthening community (psycho social resilience) structures, village working groups, through building capacity and advocacy.

**Output:**

a. 20 trained psychosocial care givers in Uttarkashi district of Uttarakhand.
b. Psychosocial interventions in 40 villages of Uttarkashi.

**Day 1:**

**Session Observations:**

| Introduction and Background | Facilitator: Dr. Henna Hejazi |

**Session Objectives:**
At the end of the session the participant will be able to:

➢ Get introduced to the broader objectives of the training
➢ Establish their expectations from the training
➢ Adhere to ground rules during the course of the training.
➢ Assess their understanding of psychosocial care and support.
➢ Describe the impact of disasters on psychosocial well being.

**Topics covered:**

➢ Background
➢ Introduction of the participants
➢ Course overview
➢ Participants’ expectations noted.
➢ Ground Rules set.
➢ Pre assessment

The day started with the Registration of participants. 22 participants attended the training programme.

**Session 1: Introduction to the Course (Background, ground rules, expectations, ice-breaking):**

The opening session was facilitated by Dr. Henna Hejazi, Sphere India, gave a brief background of the training programme. She welcomed all the participants to the training programme and complimented them on their hands on experience from the field. She was enthusiastic that the training will meet its objectives and outcomes. The session started with an introduction to the course and its conceptualization. The participants were taken through each session of the programme schedule and its broad objectives.

The ground rules were set through brainstorming with the group. The agreed ground rules were noted on a flip chart and kept on display inside the training hall. They included the following:

<table>
<thead>
<tr>
<th>Do’s</th>
<th>Don’ts</th>
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<tr>
<td>Mobile on silent</td>
<td>Avoid criticism</td>
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<tr>
<td>Time management</td>
<td>Avoid side talk.</td>
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<td>Respect for each others opinion.</td>
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<tr>
<td>Active participation.</td>
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<td>Time managers appointed</td>
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</table>
Each participant was asked to write down his/her expectation from the training. The expectations included the following:

- Information on Psychosocial Impact of disasters on psychosocial well being.
- How to address stress in children.
- Psychosocial issues related to women.
- How to identify stress.

This was followed by an ice-breaking session on impact of disasters on the affected population. A feedback was taken from the participants on what they feel are the impacts of disaster. They mentioned the following:

**Impact of Disasters:**
- Houses damaged
- Roads blocked
- Livestock damaged
- Water scarcity.
- Poor/no health facility.
- Fearfulness in children.
- Epidemic outbreaks.
- Children cannot go to school.
- Fear of recurrent disaster.
- Economic breakdown.
- Psychological impact.

**Session 2: Pre test psychosocial evaluation**

*Facilitator: Dr. Sanjeev Kumar*

This session was facilitated by Dr. Sanjeev Kumar, NIMHANS. He distributed the pre-assessment formats among the participants to assess their existing understanding of psychosocial issues. They were instructed to tick the most appropriate option in an evaluation pre-test questionnare. It was explained to the participants that this is a self evaluation which will be repeated at the end of the training also to assess the level of improvement in the understanding of the basic concepts in psychosocial.

The pre/post test questionnare and analysis is attached in Annex 3.

**Session 3: Group Activity, Car & Driver Exercise**

**Session Objectives:**
At the end of the session participants will be able to
- Identify how to play different roles during disasters.
- Describe techniques to manage disasters.

**Session highlights:**
- The disaster is intense & leads to haplessness, isolation and apathy.
- No one who witnesses a disaster is untouched by it.

**Methodology:**
Group activity
The participants were divided into two groups. Participants were further broken into pairs in which one played the role of a car and another one that of a driver. All the participants were instructed to drive the car. They were told that the car is always blind and should be driven by a driver and it is dependent on the driver on whether he drives carefully or not. After the exercise each participant assuming the roles were asked to share their personal experiences.

Key message of the activity was to show that if a blind car can be driven by any one, then anyone can learn and help others in managing disasters. It also emphasized that support system and team work is very important during & after disaster time.

**Session 4: Group Activity, Needs spread -sheet**

**Session Objectives:**
At the end of the session the participants will be able to
- Explain the different needs during disasters

The participants were asked what the different needs of an individual in disasters. They came out with the following inputs
- Food
- Clothing
- Shelter
- Medical Care
- Transportation
- Livelihood
- Road
- Education
- Drinking water
- Rehabilitation
- Emotional support
- Psychosocial care

They were instructed to fill the same in the psychosocial workbook provided to them.

**Session 5: Group Activity, Multitasking**

**Session Objectives:**
At the end of the session the participant will be able to
- Learn techniques to master their abilities.
- Explain the importance of multitasking during disasters.

A group activity was done wherein the participants were made to show the below mentioned techniques
- Shape of Coconut
- How to make Chapati?
- How to make Jalebi?

The participants enjoyed the game. The facilitator emphasized the importance of optimum utilization of one's abilities to be able to master them. He also explained that in disasters multitasking becomes very important and all the survivors must be equipped with all the skills eg, rescue etc.

**Session 6: Understanding disasters and their impact**

This session was facilitated by Dr. Sanjeev and supported by Dr. Henna

**Session Objectives:**
At the end of the session participant will be able to
- Describe the types and forms of disasters.
- Explain the impacts of disasters.
- Understand various experiences of stress during disasters.

Dr. Sanjeev while giving a brief overview of disasters explained that in India we tend to see four major kinds of natural disasters: floods, earthquakes, cyclones, and droughts.

He also explained the types and forms of disasters. While describing the forms of disasters he explained that few disasters are predictable like cyclones, which mean preventive measures if taken at the correct time will reduce the destructive capacity of that disaster while others like earthquakes happen suddenly giving no time for the people to prepare and save the amount of loss. Disasters that happen suddenly cause more traumas, as people are less prepared for the same. Understanding the nature of disaster and the dimensions of the disaster will help to facilitate disaster preparedness in long term. Reduction of vulnerability is one of the major concerns for reducing hazards due to disasters.

The impact of each disaster also varies for instance an earthquake causes more loss to structure of living and accessibility like buildings, homes and roads etc. Any disaster leaves a profound trail of suffering to the community. To work with the disaster affected community, it is essential to understand the different nature of impact due to the disaster. The categorization of the impacts on the survivors will help to deal with the situation in more organized and systematic ways. Hence the impacts are mainly categorized under four headings.

**Physical Impact**
- Most disasters result in a lot of physical injuries.
- The impact varies depending upon the kind of disaster.
- People would be displaced and living in camps, there would be problems that could arise out of the cramped living conditions like epidemics, allergies etc. Sudden displacements, loss of privacy become major physical problem for the survivors to deal with after the disaster.
- Some other kinds of physical impacts like fever, cough, colds, headaches, tiredness, body aches and a general sense of illness are seen to be common in all the disasters, as these would be the manifestation of the trauma that people have undergone.
- If there were many expectant mothers, there would be premature deliveries or other maternity complications after a disaster. There could also be complications during childbirth for many women.
- Some people may lose their sense of hearing or speech for sometime after being through a traumatic situation.

**Economic impact:**
- Places of work maybe inaccessible or damaged.
- There may be total breakdown of communication and lack of basic supplies like food or raw materials causing a breakdown in the normal lives that people have been leading.
- For some time people may be unable to return to work and thus their livelihood could be affected.
- If their work was land based and due to the cyclone the land is inundated, it may become totally worthless and the family may lose their source of income totally.
- The effect on the livelihood is one of the main impact, which affects the whole community.
- Unemployment and under employment become the major issues after the disaster.
- People lose their personal belongings, houses and property which cause huge economic losses for the survivors and nation too.
Social impact:
- The living structures maybe damaged forcing people to live in camps with little or no privacy.
- There is discontinuity of normal life routines and things like education etc too get totally affected.
- Family structure may undergo change like becoming a single parent family or losing the only earning member or a child becoming an orphan, losing life partners and becoming a widow or a widower.
- In some disaster areas, it is found that the society gets divided according to the caste groups and religion.
- The education system gets affected greatly.
- There may be increase in corruption in the post disaster society.

Emotional impact:
- The change it brings in life seems unbearable and people often feel helpless, hopeless and frustrated in the aftermath of a disaster.
- Often they seem unable to cope with the consequences of the loss they have experienced.
- Fear is another reaction seen among survivors of a disaster. There is fear regarding its recurrence and this can lead to continued feelings of anxiety, sleeplessness and an inability to find strength to regain confidence to lead a normal life.

Interconnection between different impacts:
It is important to understand that all the four impacts are interconnected. All these are having cyclic effect on each other. Therefore intervention in one area will help bring change in other areas and also in developing a holistic care model. A person maybe for instance is hospitalized due to a fractured arm and be unable to go to work. This may lead to a negative economic impact on his family because of him being the sole earning member. In another cases, the loss of job after a disaster may lead to the development of depression in individuals. A person may be grieving and thus become suicidal and harm himself physically. If a person is facing a particular impact then they need to be supported simultaneously in dealing with the spiral effect it can have in terms of other related impacts.

Session 7: Demystifying the term psychosocial
The session was facilitated by Dr. Henna
Session Objectives:
At the end of the session the participant will be able to
- Differentiate between psycho and social processes.
- Describe the inter relationship between psycho and social.
- Distinguish between the psychological and social impact after disasters.
Methodology:
- Lecture-based
- Handouts
She explained the terms Psychological and Social and the various processes involved in each one.

![Psycho-Social Diagram](image-url)
She also explained the impact scenarios with support of case studies explaining the following

- Psychological processes leading to social manifestations and
- Social processes leading to psychological manifestations

**Session 8: Principles of Emotional Support**

The session was facilitated by Dr. Sanjeev Kumar and supported by Dr. Henna.

**Session Objectives:**

At the end of the session participant will be able to

- Identify the various psychological responses to the disaster among the affected population.
- Understanding about normal & abnormal reaction of people at disaster.

**Methodology:** Lecture & Discussion

In this session, Dr. Sanjeev explained, the principles of psychosocial care and principles for providing emotional support to survivors of any disaster.

**No one who experiences or witnesses the event is untouched by it.**

- Disasters, depending on the nature and magnitude, cause enormous loss to life, property and the environment of the area. Grief, sadness, anxiety, anger are common in such situations.
- Almost all the individuals who are part of this event experience such reactions.
- Some people may not on the surface seem very distraught or affected, but give them space and they will share their experiences and feelings about the event.
- It’s not only the people who have been overwhelmed by the event, but everyone needs support.

**Disaster stress and grief reactions are normal responses to an abnormal situation.**

- Disaster is an abnormal event beyond the coping mechanism of an individual and people are not prepared to meet the disaster, hence they manifest their trauma and stress in the form of varied reactions.
- These reactions are normal and within some time most people would be able to overcome their trauma and get back to a sense of normalcy, given the right support and care.
- However people need to be helped to understand that what they are experiencing is normal, this would ease the stress they are experiencing as a result of the reactions.

**Disaster results in two types of trauma.**

- Disaster-affected population has individual and collective trauma.
- Individual trauma manifests itself in stress and grief reactions, while collective trauma can severe the social ties of survivors with each other.
- These ties could provide important psychological support in times of stress.

**Most people pull themselves together during and after a disaster. However they function with less effectiveness.**

- A disaster survivor faces multiple stressors.
- In the initial phases there is much energy, optimism and altruism.
- There is often a high level of activity with low level of efficiency.
- As the reality of loss becomes clearer frustrations and disillusionment set in, leading to more stress reactions.
- This can impair the survivor’s ability to make decisions and take necessary steps towards recovery and reconstruction.
Daily living problems cause emotional reactions in many survivors.

- Disaster disrupts all aspects of daily life resulting in practical problems like finding temporary housing, food, clothing, etc.
- Timely and appropriate relief and support measures are very vital to help survivors handle the disruption.
- The stress of living in cramped living spaces with limited resources adds to the stress of the people who have survived a disaster.
- Lack of adequate supplies to meet their basic necessities is also problematic for the survivors.
- The inadequate place, lack of privacy, lack of sanitation facilities and other basic amenities are causing more emotional problems.

Disaster mental health services must be uniquely tailored to the communities they serve.

- It is also essential to consider the ethnic and cultural groups in the community so as to provide help in a manner, which is culturally relevant, and in the language of the people.
- Again understanding the village set-up and the cultural restrictions on women who had been widowed and other such details greatly helped in establishing rehabilitation programs that could be sustained and were effective.

Interventions must be appropriate to the phase of disaster.

- In the initial phase listening, supporting, ventilation, catharsis and grief resolution helps.
- In the latter phase handling frustration, anger and disillusionment become important.

Support systems are crucial for recovery.

- The most important support group for individuals is the family.
- Attempts should be made to keep the family together and members should be encouraged in getting involved in each other's recovery.

Attitude of the caregiver.

- The caregiver needs to set aside traditional methods.
- Use of mental health labels like 'neurotic', 'counselling', 'psychotic', 'psychotherapy', etc needs to be avoided and an active outreach approach is required to intervene successfully in disaster.

Uttarakhand Flash Flood (16-17 June 2013)

If the situation of Uttarkhand Flash Flood incident is considered it is seen that there was enough time to evacuate the people from the affected areas in Low altitude places but there was no time available for the higher altitude places. Human loss rate is very high in Chamoli District which is very high altitude place of Uttarkhand and in there is no human loss in Uttarkashi district but infrastructure wise it damaged very affectively. But there was lack of initiatives, as a result people were very badly affected. If the warning would have been given adequately before hand, than, it would have been possible to save many lives. Lack of knowledge about the disaster preparedness also increased the vulnerability.

Day 2
Session Observations:

A recap of Day 1 was done by few participants. After the recap session, Dr. Sanjeev briefly explained the topic disaster preparedness.

Session 1: Psychosocial techniques
The session was facilitated by Dr. Sanjeev and supported by Dr. Henna

**Session Objectives:**
At the end of the session participant will be able to
- Learn the minimal psychosocial skills and techniques needed to provide psychosocial care to the disaster-affected population.
- Identify people who may need referral for specialist care.
- Learn the methods to help special groups like children, women and elderly.
- Understand ways to take care of their own emotional well-being.

**Methodology:**
Role plays
Interactive discussion.

This session enumerated seven basic techniques that anyone wanting to help people get back a sense of normalcy can do. These are very simple initiatives that anyone wanting to help people can take. Although intangible in terms of immediate effect it sets the foundation of long term rebuilding to take place. Some people may need one or two, whereas others may need only one to help them normalize their life.

The session started with a group activity wherein a few volunteers were asked to blow balloons by filling air till it blasts. During debriefing it was explained that every single person has a mind of different capacity. At times during stressful situations pressure on the mind is more than its capacity. So it needs vent otherwise it will burst like a balloon.

1. **Ventilation:**
   - It is important for helpers to be able to meet with people and help them talk about what they have experienced and share their feelings and emotions.
   - For instance in a pressure cooker, the whistle is very important. The whistle helps the extra pressure to be released or else the whole cooker will burst. It systematically and periodically takes the extra pressure out slowly and helps in getting the food cooked.
   - Things to be done to allow ventilation:
     - Listen carefully and attentively.
     - Maintain eye contact.
     - Acknowledge distress.
     - Do not interrupt.
     - Never ask them to stop crying.
     - Do not be judgmental.
   - Provide support by physical touch like holding hands, patting on the shoulders when someone cries. However the cultural barriers of the community should be kept in mind in this regard.

2. **Empathy:**
   - Look at things from other person’s perspective, it will give us a clearer picture of what that person is going through.
   - Attempt to find out how it feels to be in his/her position.
   - We can try and experience and imagine what it feels like. The idea of being able to feel and experiences the pain as your own by trying to be in the other person’s situation is the main idea.

3. **Active Listening:**
   - In the camp/temporary shelter situation or in community there will be lack of privacy when workers try and talk with people.
   - There will be a lot of noise and distractions, but good listening is an important skill to provide emotional support.
4. Social Support:
   - Social support networks are extremely important for feeling comfortable and secure. In a disaster situation all of these support systems get disrupted.

5. Externalisation of interests:
   - The women at camps are engaged in the community kitchens.
   - Something purposeful to do during some part of the day.

6. Value of relaxation/recreation:
   - More the people engage in activities or recreational activities, the greater will be the normalization of their life.
   - It is important to take the mind and let it get involved in non-tense situations and experiences.

7. Spirituality:
   - In India, religious belief or belief in a higher power greater than man is an integral part of our being and this gives us great relief and support during testing times. We may question this power at times to ask why we are suffering and why we had to go through the pain, but at the same time we will again lean on the same power to get through any crisis we are facing. So it is important to reinforce this spirituality in anyone we are working with because it has tremendous power to heal the pain and suffering. Thus it is essential to encourage the survivors to practice their spiritual beliefs and rituals. Practicing spiritual beliefs helps in the recovery process.

Session 2: Family Life Cycle and Life Events:
The session was facilitated by Dr. Sanjeev and supported by Dr. Henna.

Session Objectives:
At the end of the session participant will be able to
   - List out the various life stages and Life events
   - Understanding the impact of life events on survivors.

It is important to understand that whether the event is happy or sad, it will produce some amount of stress. Therefore understanding the various dimensions of the events is also important. There are usually fifty two life events in any persons’ life span. These are the normal events that human beings would go through during the course of their life span. There are four main dimensions of these life events which will help us to understand the amount of stress produced by the events.

Understanding Family Life cycle

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<tr>
<th>LIFE STAGES</th>
<th>LIFE EVENTS</th>
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<tr>
<td>Honeymoon</td>
<td>Bonding</td>
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<td>Setting up a home</td>
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<td>Dreaming of a family</td>
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<td>Toddler</td>
<td>Birth of a baby</td>
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<td></td>
<td>Bringing up the child</td>
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<td>Thinking of the child’s future</td>
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<td>School going child</td>
<td>Admission to a good school</td>
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<td></td>
<td>Monitoring the child’s progress in school</td>
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<tr>
<td></td>
<td>Bringing up a good child</td>
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<tr>
<td>Adolescent</td>
<td>Taking care of new needs</td>
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<td></td>
<td>Dealing with career choices</td>
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<td>Trying to get the child to think of his or her future</td>
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<td>Launching the child</td>
<td>Getting the right career</td>
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<td>Marriage of the child</td>
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<td></td>
<td>Get the children started on their life stages</td>
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<td>Retirement</td>
<td>Once all duties are over</td>
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<td></td>
<td>Preparing for old age</td>
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<tr>
<td></td>
<td>Taking care of self</td>
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<tr>
<td>Empty home</td>
<td>One partner dying</td>
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<td>Children leaving home</td>
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<td>Any illness</td>
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**Session 3: Coping with loss**

The session was facilitated by Dr. Sanjeev and supported by Dr. Henna.

**Session Objectives:**

At the end of the session the participant will be able to
- Explain the factors which enhance coping with loss.
- Identify the challenges pertaining to the coping process during a disaster situation.

Losses due to the death of a near and dear one, separation from loved ones and material losses are inseparable part of human existence. Under normal circumstances, everyone goes through this process without much difficulty because,
- Family and relatives come together and share the loss.
- Support from friends and neighbours occur automatically in terms of provision of vehicles, space for visitors, taking care of food and other arrangements.
- Rituals are initiated soon after the death. For example, family temporarily suspends some activities, prayers are offered to the deceased, arrangements are made for cremation etc.,
- Individuals start their daily life routines; get back to their jobs once the rituals etc., are over.

In a disaster situation, normalcy of the social structure as described above which otherwise plays a crucial role in the healing process does not exist because
- Everyone in the area has been affected, so friends and neighbors are unable to support the survivors.
- The family as a unit may no longer exist leading to a sense of isolation, helplessness and despair.
- There may not be time or space to carry out the normal process of mourning and the related rituals do not occur automatically.
- People may not be able to resume their daily life for sometime and have to continue living under stressful conditions.

**Session 4: Spectrum of Care**

The session was facilitated by Dr. Sanjeev and supported by Dr. Henna.

**Session Objectives:**
At the end of the session the participant will be able to
- Describe the holistic approach to psychosocial care and support.
- Explain the different aspects which need to be addressed under the psychosocial domain.

**SPECTRUM OF CARE**

Psychosocial care is part of holistic care. For rehabilitation and recovery of the survivors of the disaster, providing holistic care is most crucial. **The most important step in psychosocial care and recovery process is to recognise that psychosocial care is essential for all of the population experiencing a disaster.** People differ only in terms of the degree of support needed. There is a need to understand that there are many aspects to psychosocial care. Just like an umbrella there is a need to cover all the aspects rather than focusing on giving emotional support alone. After any disaster there is a need for a multi-pronged approach to relief and care, of which psychological support forms an integral part but is not the only form of help that people require. It is important to note that although not the only form of help, it is an essential and necessary element that must be a part of the relief work for quicker and more effective rehabilitation of the survivors of any disaster. Conclusion of this session was:

**Session Highlights:**
- Disasters are linked directly to human beings.
- We should take care that hazard should not be converted into disasters.
- Impact of Disaster can be reduced if people are well prepared and resources are adequate.

**Session 5: Techniques of psychosocial care with children**

**Session Objectives:**
At the end of the session the participant will be able to
- Explain the techniques of psychosocial care and support with children
- Demonstrate various interventions and psychosocial techniques while working with children.

**Methodology:**
Group activity
The participants were divided into six groups. Each group was assigned a specific activity on the following themes
➢ Story telling of an event choosing story-cards.
➢ Drawing a family picture.
➢ Clay modeling to reflect an event that happened during the disaster which influenced you.
➢ Writing about an event during disaster.
➢ Choosing an expression card and explaining why you chose the card.

All the groups were encouraged to present their group activity. During the debriefing it was explained to the participants that these are some of the activities that can be done with children to identify and address their psychosocial issues.

Day 3:
Session 1: Important Do’s and Don’ts for CLWs:

Do’s
➢ Approach the people actively
➢ Listen attentively
➢ Be empathetic, avoid sympathy
➢ Respect people’s dignity
➢ Accept and appreciate people’s views on their problems
➢ Be aware of the need for privacy and confidentiality
➢ Ensure continuity of care

Don’ts
➢ Do not force your help/support
➢ Do not interrupt people when they share their emotions
➢ Do not pity them
➢ Do not be judgmental
➢ Don’t allow rumours to spread
➢ Do not label people with psychiatric diagnoses. Instead refer them to a medical doctor or mental health professional

Try to show Empathy rather than Sympathy

Empathy
(1) I can understand what you are going through.
(2) I can understand that you are feeling angry at what has happened to you.
(3) I accept that you are very scared
(4) Simply sitting in silence while the survivor expresses his/her feelings or weeps.

Sympathy
(1) Poor you, it is really bad that this happened to you.
(2) It is horrible that this has happened to you
(3) Don’t be scared, I am here to help you however I can.
(4) I am so sorry for you, don’t worry everything will be all right.

Session 2: Increased vulnerability among women during disasters

The session was facilitated by Dr. Henna

Session objectives:
At the end of the session participant will be able to
➢ To explain the factors responsible for the increased vulnerability of women during disasters.

Session highlights:
Methodology: Group Activity, Lecture, Discussion

PREVAILING ATTITUDE IN SOCIETY:
➢ Preference to male children
➢ Gender biased behaviour in childhood and adolescence
Misconceptions about women who have been sexually assaulted/harassed
Popular depiction of women in media (objects of carnal desire, violence against women
Education more important for men
Skepticism about helping women who have been assaulted

Socio-cultural fallouts
- Women becoming widows
- Destitution of single women
- Newly divorced women
- Sexual and physical assault on women
- Increased responsibility
- Increased vulnerability
- Increased use of substances by men
- Increase in domestic violence

Political issues
- State and political complicity in perpetuation of crimes against women
- Lack of legal help for women
- Coercion to keep quiet about the assault

Women as Survivors
- Lack of privacy in camps to discuss intimate details
- Further exploitation of vulnerable women
- Tend to talk about physical problems rather than the assault.

Session 3: Impact of disasters on women
The session was facilitated by Dr. Henna

Session objectives:
At the end of the session participant will be able to
- To explain the impacts of disasters on women.
- To identify emotional reactions of women to traumatic events
- To describe the principles of working with women

Methodology:
- Video.
- Lecture

The session started with the video on MISP to help participants in understanding the impact of disasters vis-a-vis reproductive and gender-based violence among women. The various impacts of disasters on the women include the following

Physical impact
- Soreness
- Sleep disturbance
- Eating disturbance
- Gynecological problems
- Injuries
- Miscarriages
- Aches and pains
- Physical impairments (limbs, sight, voice, hearing)
- Injuries (bullet and others)
- Miscarriage
Rape

**Emotional impact**
- Fear
- Anxiety about pregnancy
- Humiliation
- Degradation
- Disbelief
- Shame
- Embarrassment
- Denial
- Anger
- Irritability
- Depression
- Repeated thoughts about the events
- Dreams and nightmares

**Socioeconomic impact**
- Inability to work
- Listlessness
- Feeling isolated
- Feeling stigmatized
- Withdrawal from external life
- Loss of trust Disorganization and discontinuity of life routines
- Dealing with new societal roles like being a widow, single parent etc

**Emotional reactions of women to traumatic events:**
Emotional reactions of women who have been victims of trauma include initial reactions such as shock, fear for their safety, emotional numbness and withdrawal. Some may deny the event; report disturbing dreams and recurrent and intrusive distressing recollections of the event, also known as flashbacks. The long-term effects are also disabling. It affects multiple areas in a woman’s life. Women may report depression, vague bodily symptoms, difficulty in forming trusting relationships, feelings of guilt, anxiety and having persistent feelings of arousal.

- Initial reactions of shock
- Fear for safety
- Emotional numbness and withdrawal
- Denial of the event
- Experiencing disturbing dreams
- Flashbacks
- Depression
- Multiple bodily complaints
- Feelings of guilt
- Anxiety (feeling of tension)
- Persistent feelings of arousal

**Principles of working with women:**
Some of the principles of working with women include
- Confidentiality.
- Non-judgemental attitude.
- A comforting attitude.
1) Attend non-verbally
2) Give feedback on feelings
3) Repeat ideas
4) Allow silence
   - Encourage expression of emotions.
   - Acknowledge woman's feelings.
   - Highlight personal resources.

Session 4: Demonstration of First-aid kit & Quick rescue response
The session was facilitated by Mr. Jagmohan Arora, IRCS, Uttarkashi.

Session Objectives:
At the end of the session the participant will be able to
   - To explain the contents of the first-aid kit
   - To carry out a quick rescue response at the time of disaster

Key Highlights:
   - How to handle victims after disaster

Methodology:
   - Demonstration, lecture

A mock drill on quick rescue response was carried out demonstrating response techniques during and after disaster. The mock drill/simulation aimed at reducing rural disaster risks by involving the participants. Participants learned how to make a stretcher from a blanket and bamboo for quick response.

Method of rescue carried out
   - Use blanket as a stretcher
   - During Earth Quake - Drop! Cover! Hold!
   - During Fire - stop, drop and roll

He also emphasized on the importance of Emergency and First-Aid kit particularly a well-stocked school-specific first aid kit. He insisted on the regular replenishment of the items in the kit for better preparedness and response. He also explained that while preparing the First Aid Kit, make sure it has all the items you may need such as medicines, emergency phone numbers, and other items your health-care provider may suggest.

Key Message:
How to use blanket as a stretcher

Session 5: Identifying stress in children, helping children cope with stress.
The session was facilitated by Ajeet Negi, CEE Himalaya and supported by Jagroshan

Session Objective:
At the end of the session the participant will be able to
   - To identify the psychosocial issues in children.
   - To demonstrate child-friendly interventions to address psychosocial issues in children

Methodology:
   - Demonstration, presentation, group learning

In this session team CEE Himalaya, gave a brief overview of their work and psycho social care programme(Umang – joy of learning). Along with outdoor games and competitions the methodology included generating awareness on the types of natural disasters and the precautions to be taken during disasters and after them.
The teachers and Asha workers learned about the symptoms of trauma in children, to help identify the level of trauma being faced by the child and also the techniques to handle such children.
The objectives of educating and informing as well as the objective of relieving trauma in children in post-disaster situations have been met successfully by the programme so far. With the more programmes that would be conducted the number of individuals is set to increase and thus the objective of imparting psychological as well as social care to the most vulnerable can be said to have been met.
Some suggestions vis-à-vis disaster, given by the team included

- Always keep handy first aid and emergency kit in disaster prone area.
- During earthquake - don’t use stairs, get under table and hold it firmly.
- During lightning & thunderstorm - do not be bare foot, do not touch metallic objects like pole.
- During flash flood - move to higher altitude and safe place.

**Key Message:**
Activities and outdoor games are a good medium to deal with trauma affected children

In the closing session, Mr. Baranwal, ADM, Uttarkashi and Mr. Pathwal, DPM Disaster cell, Uttarkashi, applauded the efforts of Sphere India and other supporting partners in organizing the training. They shared their experience of recent disaster of Uttarkhand and the need for preparedness and capacity building of community workers to ensure better response.

**Feedback of the participants**
During the feedback session, participants shared their experience of the training which included the following

- Structure of the training innovative and tailor-made to their needs.
- Knowledge on techniques of psycho social support.
- This is the first time that training on the psychosocial theme is organised in the district.
- The group exercises were insightful and enriching and made learning simple and easy.

This learning was an excellent opportunity to explore some questions about psycho social care that may not necessarily be asked in previous small training done by other agencies. It also offered the easy learning of participating on the broader lessons learned individually and collectively. Opportunities of this kind do not come along as often as they should. It was challenging but enjoyable training and the participants acknowledged that they learnt a great deal and would incorporate the same in their respective communities.

**Feedback of Team CEE Himalaya**

- Knowledge of identifying stress.
- Indoor/outdoor game activities.
- Understanding disaster through game.
- Identifying and addressing psychosocial issues in children.

The workshop was held with community workers groups, with a basic orientation on perceptions of psychosocial care and how patients’ needs are met. Sessions were taken by professionally resource persons from Sphere India, IRCs, NIMHANS, CEE etc.

Participants were aware about the standards for the quality of psycho social care, like facilitating effective communication between patients and care providers, identifying each patient’s psychosocial health needs, referral linkages.

The workshop was successful in meeting its objective to impart psycho-social care and training in identifying and handling trauma after post disaster. There is a growing need of more trainings on psycho social in disaster prone districts of Uttarkhand, for community workers. This training has benefitted the community workers who have gained considerable knowledge about the psycho social care and are optimistic in handling trauma affected cases in their respective villages.

**Future Steps:**

- Psychosocial interventions of the participants in 40 villages of Uttarkashi.
- Monthly report to be submitted by each participant according to the template in the NIMHANS workbook.
- Observational questionnaires (Psychosocial/GBV) to be filled by participants/local CEE team. This will include information on the availability of existing services vis-à-vis psychosocial or gender-based violence in the health care centres in the district.
- Psychosocial monitoring sheet to be filled and updated from time to time by field investigators (participants). EHA templates have been shared which can be used as a reference to prepare a monitoring sheet for psychosocial follow up activities. We have also invited inputs from NIMHANS in ensuring the monitoring of psychosocial cases in Uttarkashi.
- Photo documentation will be carried out, where possible, of the interventions undertaken with women and children during one to one psychosocial sessions by caregivers.

**Feedback at the end of the training:**
At the end of the training many participants came out with a variety of inputs, suggestions, recommendations which were recorded in a Feedback Form. 17 participants were involved in this exercise. The questions included the following:

Q: When asked how confident do the participants feel in providing psychosocial support in their respective areas, after attending the Sphere Training, 11 ppts said 30-70% and 6 said 70-100%.

![Bar chart showing confidence levels](image)

When asked how much has the Sphere Training on Psychosocial support has added to their knowledge, 9 ppts said 30-70% and 8 said 70-100%.

![Bar chart showing knowledge levels](image)

When asked how satisfied are they with the materials provided during the course, 7 said 30-70% and 10 said 70-100%.
When asked that would they recommend this training to their colleagues in their respective areas, 15 ppts said yes and 2 ppts replied with maybe.

When asked do they think that enough time was allotted to all the topics during the course? (Including theory and practice), 15 ppts said yes, while 2 ppts said the training time was less because of which more time was not given to all topics covered.

When asked what was the most interesting topic during the course, most of the participants revealed psychosocial techniques, interventions with children, impact of disaster on women, principles of psychosocial support, empathy, rescue techniques.
### Annex 1:

#### PROGRAMME SCHEDULE

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAY ONE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30-11:00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00-11:40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:40-12:00</td>
<td>Tea break</td>
<td></td>
</tr>
<tr>
<td>12:00-12:30</td>
<td>Pre-assessment</td>
<td>Dr. Sanjeev Kumar, NIMHANS/Dr. Henna, Sphere India</td>
</tr>
<tr>
<td>12:35 AM</td>
<td>Group rules and Introduction</td>
<td>Dr. Henna</td>
</tr>
<tr>
<td>12:55 AM</td>
<td>Sharing of experience</td>
<td>Dr. Henna</td>
</tr>
<tr>
<td>2:15 PM</td>
<td>Lunch break</td>
<td>Dr. Sanjeev Kumar, NIMHANS</td>
</tr>
<tr>
<td>3:15 PM</td>
<td>Understanding disasters</td>
<td></td>
</tr>
<tr>
<td>04:55 PM</td>
<td>Importance of psychosocial care</td>
<td></td>
</tr>
<tr>
<td><strong>DAY TWO</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30 AM</td>
<td>Recap of day one</td>
<td>Dr. Henna</td>
</tr>
<tr>
<td>10:45 AM</td>
<td>Sharing of experience Concept of loss</td>
<td>Dr. Sanjeev</td>
</tr>
<tr>
<td>11:00 AM</td>
<td>Concept of loss (visibility &amp; Invisibility)</td>
<td>Dr. Sanjeev</td>
</tr>
<tr>
<td>11:30 AM</td>
<td>Tea break</td>
<td></td>
</tr>
<tr>
<td>12:00 PM</td>
<td>Normal and abnormal reactions of stress</td>
<td>Dr. Sanjeev</td>
</tr>
<tr>
<td>12:35 PM</td>
<td>Family life cycle and life events</td>
<td></td>
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<tr>
<td>01:20 PM</td>
<td>Spectrum of Care</td>
<td></td>
</tr>
<tr>
<td>02:00 PM</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>02:40 PM</td>
<td>Techniques of Psychosocial care 1 (Ventilation)</td>
<td>Dr. Sanjeev</td>
</tr>
<tr>
<td>03:30 PM</td>
<td>Tea break</td>
<td></td>
</tr>
<tr>
<td>03:45 PM</td>
<td>Techniques of Psychosocial care (detailed)</td>
<td>Dr. Sanjeev</td>
</tr>
<tr>
<td>05:30 PM</td>
<td>Home work assignment</td>
<td>Dr. Sanjeev</td>
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<tr>
<td><strong>DAY THREE</strong></td>
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<tr>
<td>10:30 AM</td>
<td>Recap of day two</td>
<td>Dr. Henna</td>
</tr>
<tr>
<td>11:00 AM</td>
<td>Forms of violence- life span experience woman</td>
<td>Dr. Henna</td>
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### Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Speaker/Details</th>
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<tbody>
<tr>
<td>11:30 AM</td>
<td>Tea break</td>
<td></td>
</tr>
<tr>
<td>12:15 PM</td>
<td>Impact of disasters on women-GBV/MISP Perspective</td>
<td>Dr. Henna</td>
</tr>
<tr>
<td>01:30 PM</td>
<td>Lunch break</td>
<td></td>
</tr>
<tr>
<td>02:15 PM</td>
<td>Demonstration on Quick Rescue Response</td>
<td>Mr. Jagmohan Arora, IRCS</td>
</tr>
<tr>
<td>03:00 PM</td>
<td>Tea break</td>
<td></td>
</tr>
<tr>
<td>03:30 PM</td>
<td>Quick Rescue Response</td>
<td>Mr. Jagmohan Arora</td>
</tr>
<tr>
<td>03:45 PM</td>
<td>Identifying stress in children</td>
<td>Mr. Ajit Singh, Mr. Jagroshan Singh, Mr. Kushpal Singh, CEE Team</td>
</tr>
<tr>
<td></td>
<td>Helping children cope with stress</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group Activities - Riskland, Blind faith etc.</td>
<td></td>
</tr>
<tr>
<td>04:15 PM</td>
<td>Experience Sharing</td>
<td>Mr. Pathwal, DPM Disaster Cell Uttarkashi</td>
</tr>
<tr>
<td>04:30 PM</td>
<td>Post assessment and Feedback</td>
<td>Dr. Henna</td>
</tr>
<tr>
<td>05:00 PM</td>
<td>Closing ceremony</td>
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</table>

### Annex 2: List of Participants

**Teachers of Government Schools**

<table>
<thead>
<tr>
<th>Sr. no.</th>
<th>Teacher’s Name</th>
<th>Name of School/ Village</th>
<th>Mobile no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mr. Jaybeer Singh</td>
<td>JHS Raithal</td>
<td>7579013059</td>
</tr>
<tr>
<td>2</td>
<td>Mr. Dinesh kumar</td>
<td>PS Sherpur</td>
<td>9456168686</td>
</tr>
<tr>
<td>3</td>
<td>Mrs. Sunaina jubli</td>
<td>PS Saari</td>
<td>941151050</td>
</tr>
<tr>
<td>4</td>
<td>Mrs. Prakashi Semwal</td>
<td>PS Mustik Saur</td>
<td>9410522829</td>
</tr>
<tr>
<td>5</td>
<td>Mrs. Meena Pant</td>
<td>PS Rawada</td>
<td>9496358698</td>
</tr>
<tr>
<td>6</td>
<td>Mrs. Usha Badhani</td>
<td>PS Nald</td>
<td>9410910397</td>
</tr>
<tr>
<td>7</td>
<td>Mr. Surma Rana</td>
<td>PS Kamar</td>
<td>9410799827</td>
</tr>
</tbody>
</table>

**Teachers of Private Schools**

<table>
<thead>
<tr>
<th>Sr. no.</th>
<th>Teacher’s Name</th>
<th>Name of School/ Village</th>
<th>Mobile no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mr. Jay singh</td>
<td>SSM Tiloth</td>
<td>9411535487</td>
</tr>
<tr>
<td>2</td>
<td>Mr. Ramesh</td>
<td>SVM Gangori</td>
<td>9758239264</td>
</tr>
<tr>
<td>3</td>
<td>Mr. Geeta Ram Panyuli</td>
<td>MRK SSM Tiloth</td>
<td>9411328087</td>
</tr>
<tr>
<td>4</td>
<td>Yashveer Rawat</td>
<td>SSM Tiloth</td>
<td>9411519186</td>
</tr>
</tbody>
</table>

**Name of Asha Workers**

<table>
<thead>
<tr>
<th>Sr. no.</th>
<th>Teacher’s Name</th>
<th>Village</th>
<th>Mobile no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mrs. Krishna</td>
<td>Joshiyara</td>
<td>9456335602</td>
</tr>
<tr>
<td>2</td>
<td>Mrs. Sarita Joshi</td>
<td>Kotiyal gaon</td>
<td>9411735354</td>
</tr>
<tr>
<td>3</td>
<td>Mrs. Usha Panyuli</td>
<td>Kansain</td>
<td>9760470678</td>
</tr>
<tr>
<td>4</td>
<td>Mrs. Padama Devi</td>
<td>Tiloth</td>
<td>9634854027</td>
</tr>
<tr>
<td>5</td>
<td>Mrs. Veena Gusain</td>
<td>Kotiyal Gaon</td>
<td>9557831569</td>
</tr>
<tr>
<td>6</td>
<td>Mrs. Pramila Mishra</td>
<td>Ladari</td>
<td>9410945852</td>
</tr>
<tr>
<td>7</td>
<td>Mrs. Sona Devi</td>
<td>Tiloth</td>
<td>9634439648</td>
</tr>
<tr>
<td>8</td>
<td>Mrs. Reen panwar</td>
<td>Ladari</td>
<td>9760278014</td>
</tr>
</tbody>
</table>

### Annex 3: Pre/Post Test - Disaster Opinion Questionnaire

<table>
<thead>
<tr>
<th>No.</th>
<th>Statement</th>
<th>pre-test</th>
<th>post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Everyone is affected by disaster</td>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>
2. Emotional reactions are normal during disasters
3. Women experience a greater degree of emotional reactions in disasters
4. Daily life struggles after a disaster create more emotional reactions among people
5. Even when people are distressed they respond if attention and care are shown
6. Psychosocial care and support help people recover
7. Disaster situations affect a person's physical and mental health
8. A strong person is not affected by such disasters
9. It is better to forget such events and not cry
10. Some people remember such events and feel bad. This should be prevented as it makes them suffer even more.
11. Ventilation, active listening and giving guidance is not helpful
12. The earlier he/she starts a normal life routine the better it is for the survivor
13. People should not believe in rumors
14. When stressed by such events alcohol, smoking helps to reduce the tension
15. Eating, sleeping, and relaxing is important at such times
16. Crying is a sign of weakness
17. Psychosocial care needs to be given independent of all other interventions.
18. Talks about suicide should always be taken seriously
19. Subsequent to disasters, schools need to be opened as earlier as possible for the children.
20. It is better to send the orphan or single parent children to some other place for their studies subsequent to disaster.

Pre-test analysis:
Post test analysis:

Average

---

Everyone is emotional, women daily life. Even when disaster. A strong, it is better. Some... Ventilation. The earlier. People. When eating, crying is a psychosocial. Talks about. Subsequent it is better.