

## CHAPTER SIX – DISCUSSION

### 6.1 General reflections on the Programme

#### A. *The Tdh recreational activity program has many strong points:*

- First, it respects the main recognized psychosocial principles generally recognized in the practice of humanitarian psychosocial assistance: the empowerment of the community which help the children heal through their own community, so they can draw directly on their psychosocial resources, thus supporting the resiliency process;
- It is a well thought out "child friendly" and safe environment, which offers predictability to children, as well as to families and staff, which, as we have seen, helps bring down the level of PTSD;
- It has a good overall strategic planning, which helps integrate the Centres into the communities' life. There is a large choice of activities helping the children develop their coping skills at all levels. The programme also includes cultural and sports activities outside of the Centres. The sites are well-thought out, functional and safe, well implanted on the village territory;
- The recruitment, coaching and monitoring of the staff is a very strong point of the programme, as far as such a complex program can allow.

#### B. *The weaker points can include:*

- The program is functionally and structurally oriented and could be more "child-centred";
- The whole project seems to be too broad: the number of staff cannot match the general objective of targeting 5'000 children; and the number of activities is also too high and thus difficult to manage practically. Therefore it is difficult not to put the accent on the building of the Centres and the required logistics for them. Actually, too much effort has been put into the material side of the project to the detriment of the training and support of the human resources.
- As has been said, empowering the community in a general sense has been one of the principles that have been respected and integrated in the project. However, the families in particular have been overlooked. Some efforts could have been granted for instance to offering more focus groups to mothers and introductory trainings on education in a disaster context. In particular, there was not enough attention given to fathers: as 50% of them were unemployed, there could have been perhaps some kind of support given there. This in order to help the children of course on the way to more resilience.
- The staff working in the Centres, animators and supervisors, could have benefited from some psychoeducative training and personal support.
- A last point has to be made on the Referral system. It was planned by the government together with the Task Force that some kind of psychological first aid would be given to the more vulnerable children. As we have seen, this was not done for multiple reasons, mostly because of the terrible destructions, which included health institutions. However, this is a subject which should be generally reflected upon, in particular for the next Tdh programs elsewhere. After disasters, which unfortunately happen in countries with already poor health institutions,

most of them are then completely destroyed. How can any NGO with best intentions replace the mental health knowledge needed to take charge of vulnerable children, such as psychotic ones?

## 6.2 What has the survey taught us?

1. Differences in coping competences between genders; and a more problematic 7 to 10 age group: this means more support should be given to the boys in that age group, as well as for boys in general. Perhaps a thorough review of the recreational activities should be done with this problem in mind, focusing on both parameters: the needs of children and the traumas they are suffering from in the context of their age group. This is all the more important as the new Centres have a young level of attendance, a mean age of 10.5.
2. A thorough review of the list of activities should be done, discarding the ones that have not been used in the last month or two, focusing on the ones that are definitely helping the children, such as the ones in the creative/artistic activities – including boys in them as well – and the psycho-educative ones, according to the findings of the survey. For the latter, it would be interesting to build a concept around them in order to have a more coherent programme with an effective strategy.
3. The Davidson Trauma Scale shows us that if not all mothers/caregivers suffer from PTSD, the overall level of trauma is still quite high (52/76), especially in the socioeconomic class of the independent workers (daily workers?) and the unemployed population. Some kind of support system should definitely be created for them on an ongoing basis (such as regular focus-groups and psycho-education done by the supervisors).
4. For future assessments, it is recommended to plan a research design with at least two assessments: a pre-intervention assessment (before the beginning of the recreational activities) and a post-intervention assessment (after one year). This would enable the team to really document the benefits for children of attending the Centres. Ideally, scholars in the field also recommend a follow-up (18 to 24 months later, after the post-intervention assessment) in order to show either “sleeping-effects” (some children showing no immediate but later benefits), or further progress, or deterioration. It also helps improve the model for the Recreational Activity Centres on a longer term. The pre-intervention assessment could be used to rapidly identify those individuals (children and / or parents) who possibly need more (or less, or different) activities and interventions. This would give the opportunity to differentiate interventions according to individuals needs.

## CONCLUSION

According to the mandate, this report is to bring to **Terre des hommes** the fruits of a three week mission in Bam, with a survey answering the question on the benefits of recreational activities to the children attending the Tdh Centres. Recommendations were intended to help improve the Programme with a special focus on the future hand-over to the community next October.

The survey has shown that the Programme has largely reached its initial objectives and was implemented with a level of high psychosocial competence. It also shows that "play" is not just putting a few toys in the middle of a tent. Recreational activities can have a positive impact on the beneficiaries, not only the children but their environment as well, insofar as there is a careful and professional planning of a psychosocial strategy. Only under those conditions will the Programme be beneficial.

The recommendations above do not put into question the psychosocial concept at the basis of the recreational activities. On the contrary, it builds on it and suggests refining it in order to enhance this Programme.

From this experience, it has become obvious that a model has to be created for the future recreational centres as well as new assessment tools, that are not just derived from either the mental health approach or from the field of social psychology only.

This is becoming common research grounds for a number of NGOs now involved in humanitarian psychosocial assistance. And Terre des hommes, as well as the Centre for Humanitarian Psychology, are both involved now in that process. Hopefully the combination of theoretical exploration and practice will build an efficient model for the future.

## THE AUTHOR

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