

Evaluation Report of the Psychosocial Programme of the Terre des hommes Foundation in Bam

Executive summary

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Over one year ago, the town of Bam suffered an earthquake of 6.5 on the Richter Scale, killing more than 30'000 people and destroying 85% of the town. More than 80'000 people lost everything and almost 120'000 lost members of their family.

Any population after a disaster passes through several stages towards its reconstruction. At the present time, Bam has reached what is called a depressive phase, stunned by disillusion and by the awareness of the enormity of the tasks facing it. Unemployment figures are very high, as well as the consumption of opium and alcohol (50% of men, according to government figures), and also violence. Families are torn apart and destroyed. One has the feeling that they are unable to mourn. Reconstruction is slow. The psychological trauma of a whole population, the immense grief, is preventing the beginnings of healing and hope.

The Project

Very shortly after the earthquake, Terre des Hommes launched a psychosocial project of recreational activities, in the form of "centres", with the aim of reaching 5'000 children. At the present time these objectives have been more than achieved: 17 centres have been created, reaching nearly 10'000 children, thanks also to the support given by Tdh to kindergartens, sports clubs, cultural activities, etc.

The concept

For several years, it has become quite evident that the psychological damage after a disaster has been generally overlooked by humanitarian assistance. It is not enough to give bricks and mortar for rebuilding without concern for the traumas, which notably block the process of rehabilitation of victimized populations.

Humanitarian organisations, worldwide now, are therefore beginning to integrate a so-called psychosocial approach into humanitarian programmes. Contrary to the notion of mental health, with its medical and psychiatric overtones, which tends to "treat" the victims according to a Western model of thinking, the psychosocial approach leads to systemic and globalising action: it seeks to take care of the psychological trauma through the dynamics of the community where the efforts of some have an effect on all the others. It stresses also the need to draw on one's own resources in order to heal and rebuild, rather than being locked into an attitude of helpless victim. The notions of vulnerability and of at risk populations are replaced by the notion of resilience.

Moreover all the studies relating to psychosocial programmes for traumatised people have shown that the rate of relapse and of emotional and moral disintegration were notably lessened through the use of this approach.

This new conception of rehabilitation is particularly pertinent in the case of children. The simple fact of placing them in a "healthy" context in which they are given the necessary resources to recover naturally, particularly through play, has an immediate and positive repercussion on the adults around them. Families regain courage to rebuild and the helpers react positively.

Play is central to the idea. Its aim after a disaster or even after a war is not necessarily to improve learning, as it would be in a normal society at peace, but to rediscover the joy of living which will, indirectly, restore the path of learning. Moreover, it is well known that memory and the capacity to symbolise through imagination, are the first elements to be hurt in the context of a trauma. Play restores them. It enables, for example, death and violence to be viewed in a symbolic form and thus provides a certain control over residual anxiety. Furthermore it is therapeutic to the extent that it re-socialises the child and prepares him for return to school.

The Tdh model

After a natural disaster, schools are very often destroyed and may remain so for some time. Often children may be idle for months and left to themselves, because parents and adults are too preoccupied and shattered to take care of them.

In Bam, TdH has created a certain number of "recreational centres", in the form of integrated modules, consisting logistically of a tent placed in the middle of a plot which has been cleared of rubble, fenced, with latrines and a supply of water. For recreational activities, the land can be used for sport and for physical activities, whilst the tents house play material such as toys and creative games. Numerous activities are offered to the children that helps them on the physical, emotional and cognitive levels: artistic and manual activities; physical and sporting; and psycho-educational.

A team of six animators work in each centre, headed by seven supervisors who are university trained.

The centres are also well rooted into the community because the village council is directly involved into the building and maintenance of the project.

Moreover a service for the provision of mental health care has been created with the Iranian authorities of both the Ministries of Health and Education, who provide staff to identify and give psychotherapeutic treatment to the children who are most affected.

My mission

My mission was to assess if this programme had improved the psychological state of the children who had been attending the centres for nearly a year, and thus giving in particular scientific support regarding the impact of the play activities on the traumatic condition of the children. Through making a certain number of recommendations this should improve the model being used and lead to its subsequent development for use in other situations.

The Evaluation Survey

I carried out the study during three weeks, from November 27 to December 16, 2004. It was both quantitative and qualitative and covered a sample of 530 children of all ages, both boys and girls. Two questionnaires were used: one to examine the behaviour of the children, the other to determine the extent of post-traumatic stress disorder in the parents of children below the age of six. I trained 60 animators to administer the questionnaires as well as their seven supervisors.

Moreover, a qualitative enquiry enabled me to analyse the recreational activities and to assess their pertinence to the psychological objectives being sought.

The initial results

The analysis of the quantitative data gathered has been carried out also with the help of Madame Christiane Robert-Tissot, Professor at the Faculty of Psychology, University of Geneva. The first results indicate that the recreational activities offered to the children in the centres has had an impact on them and on their emotional state which is *more than significant*. Quote: "The first results show that there is a highly significant difference (p.000 statistically, which means that there 1 chance of error out of 1000) in favour of the "old" centres, compared to the new ones that opened in November or December. The CBCL questionnaire's mean score is significantly lower for children having participated during 10 months than for children having less than 3 months of activities. This means that the children belonging to the older centres are basically doing well. However the ones from the new centres are within the clinical range."

Moreover, it shows that the activities of the children also had a positive effect on the families as well as on the care teams who had also experienced the devastating effect of the earthquake.

Thus we have now scientific support for the initial working hypothesis. Not only was there a significant improvement in the population of children, but the basic psychosocial concept involving also the families and community around the child is also being validated.

More may be found in the complete report.

Some recommendations

The model has thus been tried and tested. At the same time, it can be improved. Here are some of my recommendations:

- Re-focus, both thought and action, more on the needs of the child and on improving his psychological rehabilitation, rather than on investing most of the energy and resources into structural and logistical implementation. Further quality psycho-pedagogical training for the staff are necessary for that.
- Include psychological support for the mothers in the psychosocial model (focus groups, psycho-education, workshops for manual work...) It is also very important to help the fathers: our survey has shown, as has been known to psycho-traumatology for years, namely that boys reacted much worse than girls in the group of children surveyed and have more difficulty in coming through all right. It is also known that

men are more vulnerable psychologically than women after a disaster. An effort could be made to rehabilitate fathers by means of sports, community activities, etc... Parent meetings would also go in the direction of rebuilding and strengthening the family network.

- Devote more effort to the training of the helpers, as much as to improve their psycho-pedagogical skills as to help them overcome their own traumas.
- Don't forget the adolescents. They are often left out of the programmes. They too are vulnerable and have fewer means of overcoming their vulnerability than the younger ones. For instance, now in Bam, they are more susceptible to drug abuse and violence than the younger ones.

Conclusions

The psychosocial module devised by TdH in the form of child friendly centres for younger victims of disasters is excellent. It offers a very important improvement in the emotional and mental state of the children. Besides, it is flexible and can easily be imported into numerous difficult contexts. It enables the activities and resources to become rooted in the community and, directly or indirectly, it improves morale in the entourage of the children.

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