



**IMPROVING
PSYCHO
SOCIAL
SUPPORT
SERVICES FOR
DISASTER
AFFECTED
COMMUNITIES
IN PAKISTAN:**

A needs analysis
and review after
the 2010 floods
in Pakistan.



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CONTENTS

INTRODUCTION	01
About Rozan	01
Rozan & Psychosocial Support work	03
The Pakistan Floods of 2010	03
Understanding Psychosocial Support	04
CHAPTER 1: THE RESEARCH PROJECT	09
Project Rationale	09
Project Aims	10
Project Design and Methodology	11
Level 1: Psychosocial Needs Assessment	11
Level 2: Review of Key Models	11
Level 3: Development of Recommendations	11
Sampling, Recruitment and Participants	12
Data Collection and Analysis	14
CHAPTER 2: THE FLOOD AFFECTEES	19
Experiences, Responses and Perceptions	19
Initial Reactions	19
Journeys	21
Displaced	25
Return	27
Grief, Trauma and Emotional Distress	28
Key Psychosocial Issues Identified	35
General – All Groups	35
Gender-Specific	36
Age-Specific	36
Situation-Specific	37
CHAPTER 3: CURRENT PSYCHOSOCIAL INTERVENTIONS	41
Models of Intervention Being Employed	41
Child-Friendly Spaces	41
The Mental Health Model	42
Women-Friendly Spaces	42
Key Findings	42
CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS	51
Examining the Fit between Community Needs and Existing Psychosocial Models	51
Recommendations	54
REFERENCES & LIST OF ACRONYMS	61

About Rozan

Rozan is an Islamabad-based non-governmental and non-profit organisation working on issues of emotional and mental health. Rozan was officially registered in December 1998 under the Societies Act 1860 and was awarded tax-exemption status in 2005.

Rozan's Mission

Rozan's mission is "To have worked with all people, especially women, youth and children, to collectively strive for a society that is violence free, self aware and accepting of it self and others". Priority concerns for interventions that have been selected by Rozan are emotional health, gender, violence against women and children and sexual and reproductive health.

Rozan Objectives

- ✿ To facilitate the process of self-reflection and self-growth in order to foster good emotional health;
- ✿ To provide psychiatric and psychological support to all women;
- ✿ To provide psychiatric and psychological support to children/adolescents and especially those children who are victims of child sexual abuse and adults survivors of sexual abuse;
- ✿ To develop and maintain a resource centre on Child Sexual Abuse and Gender;
- ✿ To facilitate and conduct research and studies on all program areas;
- ✿ To provide trainings on Gender, Child Sexual Abuse and other aspects of emotional health;
- ✿ To educate and increase awareness, and sensitise the community especially key professional groups such as the police about gender issues and violence against women and children and emotional health.

Rozan's Programmes

Rozan currently has four programmes and two projects:

- ✿ Aangan (Rozan's programme for children) works as a resource centre on the emotional health of children, focusing on child sexual abuse.
- ✿ Zeest (Rozan's programme for women) works on the emotional health of women focusing on issues of gender and violence against women (VAW).
- ✿ Rabta (Rozan's programme working with Police Force) works with the Police to create capacity and ownership to deal with issues of violence against women and children.

- ❖ Youth Helpline (Rozan's telephone counselling service for the youth) is a toll free telephone counselling service working on the emotional and sexual health of young people.
- ❖ Munsalik (Rozan's media sensitisation programme) works with different media professionals and students in an attempt to encourage gender sensitive reporting.
- ❖ Humqadam (Rozan's programme working with men and boys) conducts research on masculinities and works with men and boys in the community to mobilise them against VAW.

Rozan's Strategies

All Rozan programmes are structured around one or more of the three core primary strategies: awareness raising; psychological support and referral; and capacity building and training. However, the relative emphasis on each varies from programme to programme depending upon the needs assessed, emerging opportunities and programme's maturity and capacity. Two new and distinct strategies are now emerging: research and advocacy.

The rationale for each core strategy is detailed below:

Awareness-raising: Recognising that the issues that Rozan works with are often socially tabooed or neglected, a core area of intervention recognised by Rozan is raising consciousness or awareness. The inability of the community to recognise these issues as important severely undermines its ability to strategise or address these problems. Rozan recognises that awareness and ownership must be raised and work has to be done within communities, with all key stakeholders and across all classes. Also recognising the importance of increasing ownership within the community on these issues, Rozan considers it important to involve volunteers in this work.

Psychological support and referral: Emotional and mental health is an essential service that Rozan provides. Its centrality draws from the fact that we work with vulnerable groups and while breaking the silence and mobilising women, children, youth and men on social injustices like violence is essential, it must be done in ways where individuals feel supported and have opportunities to heal emotionally, express and clarify confusions. All campaigning done with a view to raise awareness on these issues wherever possible must be supported by counselling services (phone, email or letter) or referral support.

Training and Capacity Building: A strategy that has increased within Rozan is training and capacity building. Two distinctions in terms of groups trained are: individuals (e.g., members of the community or professionals e.g. the media) or institutions (e.g., police department, women centres or CBO/NGO's). Where in the former case, it serves to deepen Rozan's awareness raising agenda and aims to create change agents within the community, in the latter it is also used as a tool to systematically enhance capacity of key state or non state institutions on Rozan issues.

Rozan & Psychosocial Support Work

Rozan first entered the psychosocial support field in response to the 2005 earthquake that struck the northern parts of Pakistan. While the immediate physical needs of earthquake survivors were being met by other aid organisations, Rozan immediately responded by addressing the emotional, psychological and social impact of the associated trauma and grief on the survivors. As part of the Joint Action Committee's Emergency Relief team (JAC ER), Rozan's early activities in the emergency phase included providing a) direct 'psychological first aid' to earthquake survivors in hospitals and shelters around Islamabad/ Rawalpindi; b) basic support skills to relief workers and volunteers working with affectees and c) psychosocial debriefing to relief workers.

Within the first month, Rozan realised the need for a more intensive and sustained psychosocial support programme to support the earthquake affectees in their long road to recovery. Recognising that it had a unique role to play in this regard, in November 2005 Rozan organised an intensive psychosocial support training for its staff and set up a 6-months project, '*Umeed*' (an Urdu word for hope) in collaboration with the Pakistan Red Crescent Society (PRCS), the Danish Red Cross (DRC) and the International Federation of the Red Cross (IFRC). Umeed aimed at facilitating the psychosocial recovery, well-being, and rehabilitation of affected communities of KPK by training, supervising and supporting PRCS field workers working in camps and affected villages in the province to run psychosocial support/information sessions and social programmes for the earthquake affectees.

At the end of the project, Rozan's psychosocial support activities, with an additional focus on gender issues, were absorbed into Rozan's Zeest program, of which it has been a part ever since. This expanded into a partnership with Oxfam-Novib aimed at building the capacity of various aid organisations and interns in providing psychosocial support from a gender perspective.

As part of Rozan's psychosocial work, a range of support and information material – training manuals and modules; articles, information packages in Urdu and English and pictorial educational material – was also developed. This included the 'Checklist to Facilitate Gender Sensitivity of Relief and Reconstruction Efforts for Survivors of the Earthquake in Pakistan', developed in collaboration with UNFPA.

Rozan's increasing expertise on psychosocial support was called up once again during the Swat IDP crisis in 2009 when Rozan offered trainings to aid organisations working with the affected population. A psychosocial support needs assessment was also conducted with the IDPs.

The Pakistan Floods of 2010

The 2010 Pakistan floods began in late July 2010, as a result of heavy monsoon rains in the Khyber Pakhtunkhwa (KPK), Sindh, Punjab and Baluchistan. Almost one-fourth of

Pakistan's land area was underwater, about 2000 people were killed and approximately 20 million people, including millions of women and children, were affected, mostly by destruction of property, livelihood and infrastructure (United Nations, 2010a; IASC, 2011; OCHA, 2011a)

UN Secretary-General Ban Ki-moon called it a "slow motion tsunami" and "probably the biggest emergency on the planet today" (BBC, 2010b; United Nations, 2010b). The damage caused by the flooding is considered greater than the 2010 earthquake in Haiti, the 2005 earthquake in Kashmir and the 2004 tsunami combined (United Nations, 2010).

Several months later, the flood-affected areas have still not been fully rehabilitated. While most affectees have returned to and begun rebuilding their homes and villages, many remain displaced (Aazim, 2010; NDMA, 2011). With the massive scale of the destruction that was caused – millions of dollars in damage to structures and wheat crop – recovery and rehabilitation is expected to take years to come (BBC, 2010a; NDMA, 2011; OCHA, 2011b).

Understanding Psychosocial Support

Disasters, whether natural or man-made, cause significant psychological and social issues for affected populations. These may be acute in the short term and have significant implications for long-term recovery, rehabilitation, development and peace.

It is well established, therefore, that working on the affected population's psychosocial wellbeing and mental health is an essential component of emergency and long-term support in a post-disaster situation (IASC, 2007).

The importance of psychosocial well being of individuals and the community gained formal recognition after the Inter-Agency Standing Committee (IASC) issued guidelines on 'Mental Health and Psychosocial Support in Emergency Settings', in 2007 (IASC, 2007). These guidelines provide information to humanitarian organisations to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people's mental health and psychosocial well-being in the midst of an emergency. These guidelines also offer advice on how to facilitate an integrated approach to address the most urgent mental health and psychosocial issues in emergency situations at three levels: before the emergencies occur; minimum responses to be implemented during the acute phase of the emergency; and comprehensive responses to be implemented once the minimum responses have been implemented.

These guidelines describe mental health and psychosocial support as 'any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder'. They further state that 'Mental health and psychosocial problems in emergencies are highly interconnected, yet may be predominantly social or psychological in nature'.

Issues that are of a predominantly social nature include:

- ❖ Pre-existing (pre-emergency) social problems in the affected region, such as poverty, unemployment, discrimination, political oppression, etc. In Pakistan, this would include strong patriarchal gender dynamics, discrimination and violence against women;
- ❖ Social problems caused or aggravated by the emergency, such as family separation, disruption of social networks, destruction of community structures, resources and trust, increased gender-based violence; and
- ❖ Humanitarian aid-induced social problems such as undermining of community structures or traditional support mechanisms; creation of dependency, etc.

Similarly, issues of a predominantly psychological nature include:

- ❖ Pre-existing problems, such as severe mental disorder; alcohol/drug abuse;
- ❖ Psychological issues caused or aggravated by the disaster, such as grief, distress, depression and anxiety disorders, including Post-Traumatic Stress Disorder (PTSD); and
- ❖ Humanitarian aid-related problems, such as anxiety, frustration and anger due to a lack of information about food distribution and uncertainty about the future; a feeling of helplessness, etc.

Based on these guidelines as well as the experience of aid organisations, it is clear that mental health and psychosocial problems in emergencies encompass far more than the experience of PTSD.

Since psychosocial support is a relatively new field, scientific evidence regarding psychosocial interventions that are most effective in emergency settings is still being established. Experts working on post disaster psychosocial issues, nonetheless point to the value and importance of this work. In an open forum on 'Psychosocial Response to Disasters with Focus on Children in Asia', organised by the Bangkok-based Asian Disaster Preparedness Centre (ADPC) in 2010, panellists emphasised the importance of building long-term effective systems, structures and mechanisms to provide psychosocial support (Alcuna, 2010).

Commenting on the lack of importance given to psychosocial support, Dr Satyabrata Dash (2009) of ActionAid Australia's Bangladesh Head of Office stated that, 'even after the December 2004 tsunami that hit the Indian Ocean, people still think of psychosocial support as 'a non-essential, luxury kind of thing.' He further stressed that economic rehabilitation is not likely to work if the people affected by the disaster are not psychologically sound.

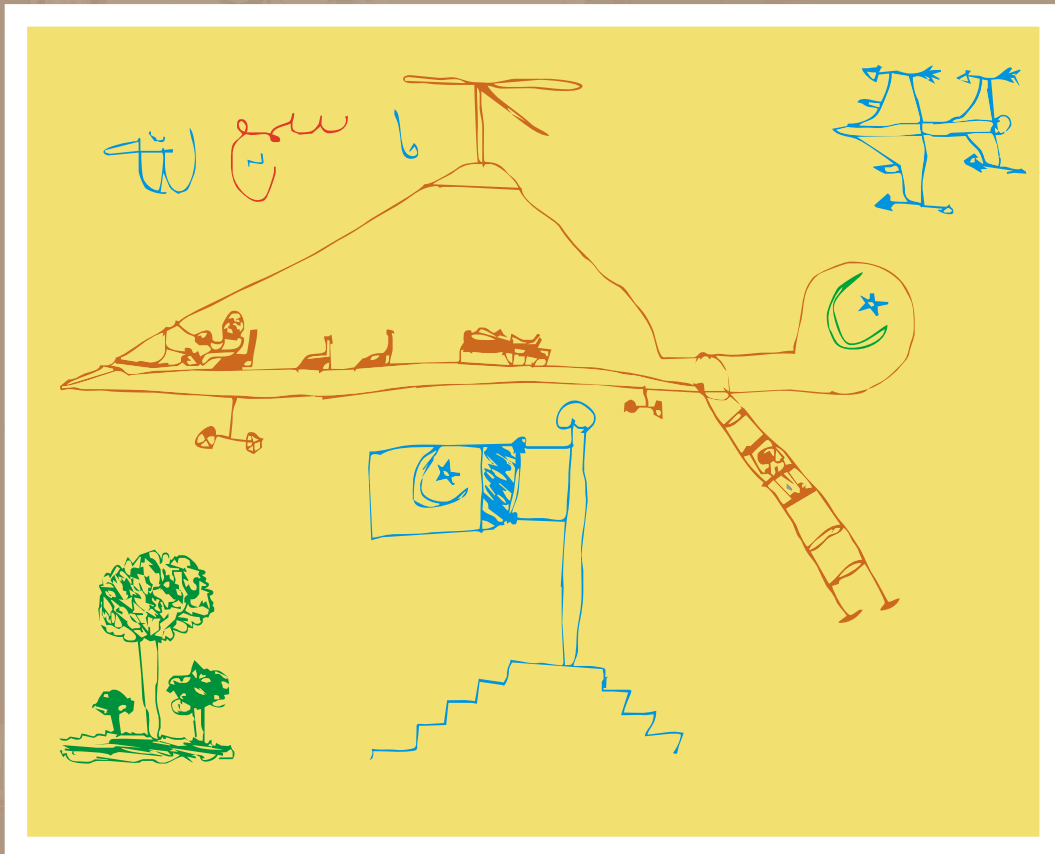
ADPC's Deputy Executive Director, Rego further commented that, 'there are less visible but no less severe psychosocial impacts of disasters on the population. These are, however, often neglected because we don't assign economic values to them.' Despite the recognition of the importance of psychosocial support programmes following conflicts

or natural disasters, Dr. Satyabrata Dash in his paper titled, 'Post-Disaster Psychosocial Support: A framework from lessons learnt through programmes in South-Asia' notes that, 'there continue to remain gaps in application of the psychosocial concepts in form of projects at the grassroots level. Majority of post disaster projects implemented in this sector have been directed towards either mental health or towards economic development (such as livelihood projects).

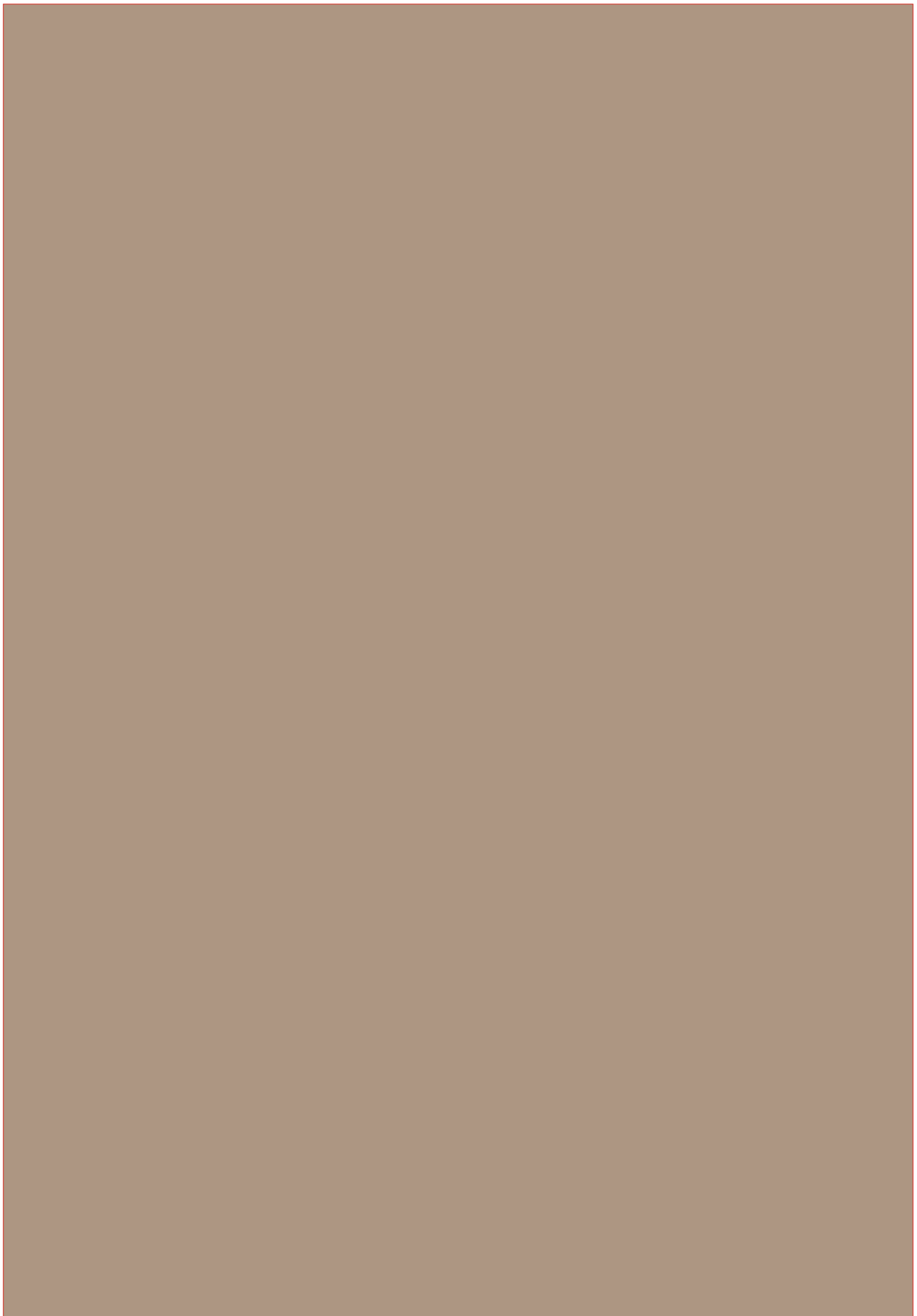
However, projects for enhancing the general psychological well being and the healthy social relationships have been rarely considered. Also longer term programmes addressing the changing needs in the different phases after disaster have been uncommon! His article reviews programmes on ground in three South Asian countries including Maldives, Bangladesh and Sri Lanka and based on the review he concludes that 'there is little reflection on the course of post traumatic stress and Post Traumatic Stress Disorder (PTSD) that is important for programmes designing, the linkage between mental health outcomes (and psychological recovery) and social factors, the feasible and effective community based basic psychosocial interventions that have been used to manage post disaster psychosocial issues, and the connection between disaster recovery and national developmental initiative's.

Based on global research and understanding, the Inter-Agency Standing Committee recommends a combined and holistic approach to support provision, referring to any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder and enhance immediate coping and long-term recovery of disaster-affected communities. This includes providing and building on basic services and security, family and community supports, focussed non-specialised supports and specialised (i.e., clinical) supports.

CHAPTER 01



THE RESEARCH PROJECT



Project Rationale

In Pakistan, disaster situations are exacerbated by the fact that regions most susceptible to the damage caused by natural and man-made disasters are typically also the most disadvantaged; rural areas in Sindh, Baluchistan and KPK (formerly NWFP) are the poorest, remotest and least developed in the country. These regions are also the most traditional and conservative, with strong family structures, well-knit communities and strongly entrenched gender segregation, the 'purdah system' and gender-based discrimination. Socio-economic development and support services are already severely limited.

With these already low indicators of social development, psychosocial support work is still in its infancy. The importance of psychosocial support post emergencies gained recognition in Pakistan after the devastating earthquake of 2005, with a magnitude of 7.6 on the Richter scale that left approximately 75,000 dead and millions displaced (ReliefWeb, 2006). The internal conflict in Swat and northern parts of Pakistan, particularly KPK (then NWFP) in 2009 also generated the need for addressing the emotional and psychological impact of the crises and helping communities build a support structure (PRCS, 2009). This terminology has come into even more frequent use by humanitarian organisations after the recent floods of 2010 that have affected 78 districts out of a total of 141 districts in Pakistan and left more than 1,700 dead with at least 1.7 million homes damaged or destroyed (United Nations, 2010).

As a result, today many humanitarian aid organisations in Pakistan, both local and international, offer some level of psychosocial support to disaster-affected communities (IRIN, 2010). Typically, this includes one or more of the following:

- ❖ Child/women friendly spaces
- ❖ Skill development sessions
- ❖ Psychiatric camps/counselling
- ❖ Recreational activities
- ❖ Information sessions
- ❖ Development and rehabilitation activities
- ❖ Group sessions/workshops

Despite this increased recognition, however, the provision of psychosocial support in developing countries, especially Pakistan, remains limited in significant ways. First, there appears to be no collective understanding of what constitutes such support. Typically,

aid agencies outside the health sector tend to speak of supporting 'psychosocial wellbeing' while health sector organisations tend to speak of 'mental health support', but also psychosocial rehabilitation and psychosocial treatment to describe non-clinical interventions for people with mental disorders (IASC, 2007).

In addition, aid agencies working in emergency situations also lack a collective understanding of the extent to which psychosocial support is needed, when and for who, the importance of local community perspectives, local context and participation, the objectives of psychosocial support, its place in the overall aid provided to affected communities and its effectiveness.

International psychosocial support professionals observe that many aid organisations around the world still struggle when it comes to prioritising and taking a holistic approach to psychosocial support provision. The result is that such support services are often provided in an ad hoc manner, without sufficient assessment, understanding and planning, with a polarisation between the psychological (i.e., clinical) and social (recreational and development) models (IASC, 2007; IRIN, 2010). Moreover, such programmes are rarely, if at all, followed up by an evaluation of the extent to which these services meet the psychosocial needs of the community, nor of their immediate or long-term impact.

With more and more global and regional research indicating that the psychological wellbeing of disaster-affected communities is critical to their rehabilitation, this lack of coordination and evidence-based psychosocial support provision can no longer be ignored. Not only is this counter-productive to the affected community, but it may also mean that critical funding may be used to support programmes that are at best ineffective and at worst, damaging to the community.

Since psychosocial work is a relatively new area and may hold different meanings with varying sets of principles for various organisations, the need to understand the current models of psychosocial work in Pakistan post floods was identified as an important step by Rozan towards drawing out best practices, reflecting on challenges as well as recommending a way forward. It was also felt that scientific evidence of the impact of such programmes and interventions cannot be undertaken without understanding the on-ground work in Pakistan around psychosocial issues.

Project Aims

In an attempt to increase this understanding and contribute to an effective psychosocial support strategy tailored to the needs of disaster-affected communities in Pakistan, Rozan conducted a small-scale qualitative study, aiming to:

- ✦ Gain a better understanding of the psychosocial needs of the flood-affected community;
- ✦ Gain an understanding of the psychosocial intervention models currently being

- employed in post-disaster settings in Pakistan; and
- ✦ Inform the development of participatory and culturally-sensitive psychosocial programmes and strategies that are relevant to the needs of disaster-affected communities.

The study aims are part of the broader communication and advocacy strategy developed by Rozan through application of Smart Chart, a tool of communication planning.

As part of this communication strategy, Rozan aims to support humanitarian organizations in improving their understanding of psychosocial issues as well as strengthening their psychosocial programmes within the country context.¹

Project Design and Methodology

The project consisted of 3 levels.

Level 1: Psychosocial Needs Assessment

The first level consisted of Focus Group Discussions (FGDs) with flood affectees, aiming to explore their experiences, reactions, behaviour and current emotional states. The FGDs were conducted in Pashto and Sindhi and translated into Urdu.

For the children's groups, the discussion was facilitated with the aid of pictorial material. At the start of the session the children were shown pictures of 'a young girl and boy whose village has been hit by a flood'. Through this, they were asked to speak about how children in such a situation might feel, what they might do, etc., gradually moving onto their personal responses.

Level 2: Review of Key Models

The second level involved a review of key psychosocial intervention models and frameworks currently being used in flood-affected areas by humanitarian aid organisations, both local and international. The review was based on an examination of models/strategies documented in official (government and UN) documents, interviews and group discussions, with representatives of selected organisations and field observation.

Level 3: Development of Recommendations

At the final level of the project, the findings of the data collected have been used to develop a set of recommendations for the kind of strategies and services needed to meet the psychosocial needs of disaster-affected communities. These will be disseminated to both local and international humanitarian aid organisations as well as to government

¹ Smart Chart is an easy to use guide to planning communication strategies. The tool was developed by a US based organization called Spitfire strategies in 2002. Available: www.smartchart.org

groups working with the affected population.

Sampling, Recruitment and Participants

Two flood-affected communities were selected from two of the most damaged flood-ravaged provinces - Sindh and Khyber Pakhtunkhwa (KPK) as case studies for the research.

Level 1

The Sindh participants of the needs assessment were still 'displaced' and living in a small camp known as the Musharraf Colony.² At the time of the FGDs there were approximately 800 people at the camp, from Sukkar, Larkana, Qambar and Jacobabad. The participants here were identified through the Pakistan Association for Mental Health (PAMH) based in Karachi, which has been working in the Musharraf Colony since soon after the floods began.³

The participants selected in KPK belonged to the Mohib Banda district of Nowshera, where there were about 22,000 people at the time. The affected population had temporarily moved to a school shelter near their village for about a month after the flood and then to a camp on Grand Trunk (GT) Road, but at the time of the discussions, the participants had returned to their homes. The participants were recruited through Blue Veins.⁴

To gain an understanding of the specific gender- and age-based psychosocial issues, the FGDs targeted five groups from within these selected communities: women, men, adolescent girls, adolescent boys and children. As women and children's issues are of special interest to Rozan, one extra group was conducted for each. Table 1 shows the number of groups in each province and Table 2 shows the participant breakdown in terms of gender, age group and province.

Table 1.

	Women	Men	Adolescent girls	Adolescent boys	Children
KPK	2	1	1	1	1
Sindh	1	1	1	1	2
Total	3	2	2	2	3

² A tented village for flood affectees was set up in August 2010 in Musharraf Colony, Kemari Town, Karachi.

³ PAMH, located in Saddar, Karachi offers free outpatient clinical services and community outreach on mental health. Services include community counseling camps, free medication, workshops, training and advocacy.

⁴ Blue Veins is a feminist, rationalist women's organisation working to empower women and improving their status.

Table 2.

	KPK	Sindh	TOTAL/ Participants
Women	32	10	42
Men	15	15	30
Children (6 - 12 Years)	12	27	39
Adolescent girls (13 - 19 Years)	15	11	26
Adolescent Boys (13 - 19 Years)	13	13	26
TOTAL	87	76	163

Level 2

Purposive sampling was employed to select participants for the model review. Information was first gathered about aid organisations providing psychosocial services post floods in Sindh and KPK, including those with prior expertise and experience in psychosocial support work. From this list, varied models were identified so that they were representative of all kinds of psychosocial services currently available in Pakistan. These included:

- ❖ a mental health model
- ❖ a model adopted by International organisations
- ❖ a model adopted by local organisations
- ❖ a model adopted by the government

A list of fifteen short-listed organisations was then developed, including information about types of psychosocial services they offered, the beneficiaries of the services and their geographical outreach. Care was taken to ensure the inclusion of organisations that represented both KPK and Sindh, as well as those that offered services for both children and women.^{5,6,7} The final organisations that were selected for review included:

- ❖ Save the Children - International NGO working with children in KPK
- ❖ IRC – Local organisation with a focus on education, working with women and children in Sindh
- ❖ PAMH – Karachi-based community organisation working on mental health
- ❖ Health NetTPO – International NGO implementing health programmes in Pakistan
- ❖ UN-GBV cluster
- ❖ NDMA (reports only)

⁵ No organisation working with men and boys could be identified.

⁶ Government services could not be identified and were thus not included in the review.

⁷ Since PAMH was no longer working with the flood affected population, no field observations were undertaken there.