

# Sport and Physical Activity in Post-Disaster Intervention

Second Edition



A Handbook Prepared  
in Conjunction with ICSSPE's International Seminar

Berlin, Germany

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with ICSSPE's International Seminar**

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Hanns-Braun-Straße

Friesenhaus II

14053 Berlin

Germany

Tel.: +49 30 311 02 32-10

Fax: +49 30 311 02 32-29

[icsspe@icsspe.org](mailto:icsspe@icsspe.org)

<http://www.icsspe.org>

Executive Director: Detlef Dumon

Publications Manager: Katrin Koenen

Editor: Jackie Lauff

Design: Anke Thomas

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## Preface

Disasters are continuing to affect many millions of people across the world and are occurring with increasing frequency. Following both natural and man-made disasters, relief efforts provide assistance to help affected communities to cope with the impact. Sport and physical activity can play a valuable role in helping people affected by disasters, particularly in the early phases of relief.

This practical handbook is designed for people who are currently working as disaster responders or those wishing to work in this area. Regardless of your previous experience with either disaster relief or sport, this handbook aims to introduce some of the key themes related to sport in post-disaster intervention and direct readers to relevant information sources.

This second edition is intended to be used to supplement the practical training provided at ICSSPE's second international seminar on Sport in Post-Disaster Intervention held in Rheinsberg, Germany, from 1 to 7 November 2008. This edition has been updated with the latest research and project development in this emerging area of sport and development. As a stand alone resource this handbook would also be a useful resource for field staff, humanitarian organisations, researchers and students with an interest in sport and its potential impact in the post-disaster setting.

Sport and physical activity can play a vital role for people affected by a disaster and provide a unique setting for psychosocial intervention. With your involvement, sport and physical activity can reach the many communities affected by disaster and help them to overcome trauma.

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### **GERMAN FEDERAL MINISTRY OF THE INTERIOR**

The continued financial assistance from the German Federal Ministry of the Interior has enabled a second International Seminar on Sport in Post-Disaster Intervention to take place and with it, a second edition of this handbook.

### **FÜRST DONNERSMARCK-FOUNDATION, GERMANY**

ICSSPE is very grateful to the Fürst Donnersmarck-Foundation for the continued financial support and their valuable assistance in hosting the seminar in their very unique hotel in Rheinsberg.

### **KENNESAW STATE UNIVERSITY, USA**

The staff at Kennesaw State University have once again committed much time and energy into the preparation of the seminar and contributed to the content of the handbook. ICSSPE is very appreciative of their cooperation and enthusiasm.

### **SWISS ACADEMY FOR DEVELOPMENT (SAD), SWITZERLAND**

The professional guidance and cooperation from the Swiss Academy for Development have been invaluable. SAD has provided constant support and advice and assisted with both the preparation of the seminar and the second edition of the handbook. ICSSPE is delighted to work so closely with SAD on this emerging area of sport and development.

### **GERMAN RED CROSS**

The expertise and advice of the German Red Cross has been invaluable and their hands-on experience in disaster management has been vital in the planning of both the seminar and the handbook on Sport in Post-Disaster Intervention.

### **FREIE UNIVERSITÄT BERLIN, GERMANY**

The continued financial support of the Freie Universität of ICSSPE's project is very much appreciated.

We would also like to thank the many individuals and organisations who allowed their photographs, articles and experiences to be included in this handbook. Their pictures and information have provided a clearer understanding of sport in post-disaster intervention.

Additionally, ICSSPE would like to acknowledge those individuals who contributed to the research, preparation and publication processes in the development of this second edition Handbook on Sport and Physical Activity in Post-Disaster Intervention.

## Foreword



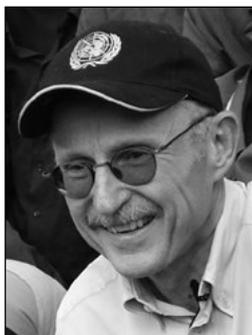
**Dr. Christoph Bergner**

Parliamentary State Secretary,  
Federal Ministry of the Interior, Germany

Almost every day natural and man-made disasters affect millions of people world-wide. In this context we are continually reminded of how important it is to provide for timely humanitarian aid. Sport and physical activities are an innovative approach to making a contribution, in the early stages of disaster relief, to rebuilding and uniting local communities stricken by disasters.

This is why the Federal Ministry of the Interior once again supports the seminar on this important subject. It provides a valuable training opportunity for disaster responders and helps improve humanitarian aid on a global scale.

## Foreword



**Mr. Wilfried Lemke**

Special Adviser to the United Nations Secretary-General  
on Sport for Development and Peace  
Geneva, Switzerland

Since the creation of the mandate of the Special Adviser to the Secretary-General on Sport for Development and Peace in 2001, the United Nations has placed a strong and ever-growing emphasis on sport as a means to promote education, health, development and peace and to encourage dialogue, collaboration and partnerships in this area.

The United Nations recognises that sport can make an important contribution to public health, universal education, gender equality, poverty reduction, disease prevention and environmental sustainability. Increasingly, the United Nations also fosters the use of sport as an instrument in emergency situations such as conflict and post-conflict contexts and in the aftermath of natural catastrophes. We are therefore strongly supportive of ICSSPE's Sport in Post Disaster Intervention seminar which encourages disaster responders to use sport as a tool to help people overcome trauma and begin to rebuild their lives.

We are confident that this seminar will be one of many collaborative efforts that will contribute to the humanitarian response to world-wide crises and social problems, and help the millions of individuals and communities affected by disaster.

## Introduction



**Prof. Dr. Gudrun Doll-Tepfer**

President, International Council of Sport Science and Physical Education

In this 50<sup>th</sup> anniversary year of ICSSPE and my last as elected President, it gives me great pleasure to introduce the 2<sup>nd</sup> edition of our Handbook on Sport and Physical Activity in Post-Disaster Intervention.

In November 2007, ICSSPE introduced the first international seminar on “Sport in Post-Disaster Intervention”. This was the first seminar of its kind aimed at providing practical training for disaster responders on how to develop sport programmes in the early stages of disaster relief. Seventy-eight participants from twenty-two countries spent an action-packed week at Haus Rheinsberg in Germany learning and sharing experiences in sport in post-disaster intervention.

With the financial assistance from the Federal Ministry of the Interior and the Fürst Donnersmarck Foundation and the continued support of our partners Kennesaw State University, USA, German Red Cross and the Swiss Academy for Development, this exciting venture has been able to grow and develop.

This initiative in sport in post-disaster intervention builds on a number of conferences and seminars that ICSSPE developed following the devastating South-East Asian tsunami in 2004. Shortly after the tsunami, ICSSPE hosted a seminar in Bangkok, Thailand, on “Rehabilitation through Adapted Physical Activity and Sport.” This was closely followed by a second seminar on “Sport and Reconstruction in the Tsunami Region” held in Berlin, Germany. It came to our attention after these initiatives that there was a need for a training seminar for professionals on how to implement sport programmes in the post-disaster setting.

Every year there are major natural and man-made disasters that serve to remind us of the devastating impacts that many millions of people face. In 2008, the massive earthquake in China in the lead up to the Beijing Olympic and Paralympic Games impacted hundreds of thousands of people in the Sichuan region of China and also got the world talking about sport and disasters.

ICSSPE initiatives in sport in post-disaster intervention aim to bring together practitioners from diverse professional backgrounds and add a range of new tools to their disaster response toolkit. This second edition of our Handbook on Sport and Physical Activity in Post-Disaster Intervention has been updated with the latest research and programme developments whilst still serving as an introductory resource.

Each of the four parts has been carefully designed to provide you with an introduction to the key themes in sport in post-disaster intervention and direct you to relevant sources of information. Each part contains an introduction, objectives, a chapter summary and useful links to more detailed information.

**PART ONE** introduces the concepts of disaster and disaster relief and also some recent disasters are explored in more detail with a look at the impacts on individuals and communities during the immediate aftermath and the recovery stages.

**PART TWO** explores the response to disaster on psychological and social functioning including some of the latest research from recognised psychologists in relation to trauma, resilience and coping.

**PART THREE** describes the role of sport and physical activity in post-disaster intervention and examines the key principles and considerations of psychosocial sport programmes.

**PART FOUR** provides practical advice and suggestions to help you plan and implement a psychosocial sport programme in post-disaster intervention.

A number of useful sections are included at the rear of the handbook to help you find further information on the topics presented. These include a directory of organisations, glossary of key terms and listing of further reading and resources.

I would like to acknowledge the passion and commitment of the ICSSPE staff in developing this project. We hope you find this edition useful and enabling in the quest for integrating sport and physical activity in disaster relief.

# PART ONE – Disasters and Disaster Relief

**What Is Disaster and Post-Disaster Intervention?  
What Are the Impacts on Individuals and  
Communities?**



## OVERVIEW

*What is disaster and post-disaster intervention? What are the impacts on individuals and communities?*

Disasters have been taking place over many centuries. In the new millennium disasters are occurring with increasing frequency and affecting the lives of millions of people across the world. Many organisations and governments are increasing their efforts to prepare for and respond to disasters more effectively.

PART ONE explores the key components of disaster, the disaster response and the post-disaster phase of intervention.

**By the end of PART ONE, you should be able to:**

- Define disaster and understand the concepts of disaster relief and disaster management
- Be familiar with the terminology often associated with disasters
- Understand the key organisations and agencies that respond to disasters and how disaster relief efforts are coordinated
- Identify some of the impacts of disasters on individuals and communities

You will find at the end of PART ONE a chapter summary and useful links to help you locate further information.

# PART ONE – DISASTERS AND DISASTER RELIEF

## 1. AN OVERVIEW OF THE COMPONENTS OF DISASTER

### 1.1 What Is a Disaster?

Unfortunately, there is no simple answer to this question. Disasters are very complex and multi-dimensional phenomenon. There are over 40 definitions of disaster in the literature and there is no consensus on a scientific definition of the term.

Most definitions stress that a disaster is a severe destruction that *greatly exceeds the coping capacity of the affected community*. For example, The World Health Organisation (WHO) defines a disaster as “... any occurrence that causes loss of human life, deterioration of health and health services on a scale sufficient to warrant an extraordinary response from outside the affected community.”<sup>1</sup>

Disasters are often classified according to their cause and if the cause is natural, such as an earthquake or hurricane, or man-made, such as a war or human conflict. These two types of disasters are believed to have a different quality of impact on the people involved. The basic distinction between natural and man-made disasters is that “... communities who have experienced natural disasters tend to come together, whereas communities impacted by conflict tend to be more torn apart.”<sup>2</sup>

The distinction between man-made and natural disasters is not always easy to make. It may happen that a natural disaster occurs in a region with a long history of conflict or political instability.

A natural disaster is a “natural hazard such as an earthquake, hurricane or tsunami typically characterized by sudden onset and widespread human, material or environmental losses that exceed the ability of the affected society to cope using only its own resources.”<sup>3</sup>

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<sup>1</sup> World Health Organisation. (2005). Emergency and humanitarian action, [http://www.wpro.who.int/media\\_centre/fact\\_sheets/fs\\_20050104.htm](http://www.wpro.who.int/media_centre/fact_sheets/fs_20050104.htm) (accessed September 5, 2007).

<sup>2</sup> Ordner & Schnyder. (2003). *Reconstructing early intervention after trauma*. Oxford University Press, p82 – 92.

<sup>3</sup> OCHA Emergencies: Natural disasters, <http://ochaonline.un.org/News/Emergencies/tabid/1088/Default.aspx> (accessed September 12, 2007).

Man-made disasters are now beginning to be referred to as ‘complex emergencies’ which generally refers to disasters involving armed conflict and political instability, but is also sometimes used to refer to disasters that are further complicated by a combination of natural and man-made factors. A complex emergency is a “humanitarian crisis typically characterized by extensive violence and loss of life, massive displacements of people, widespread damage to societies and economies, and hindrance of humanitarian assistance by security risks and political and military constraints.”<sup>4</sup>

In addition to natural and man-made causes there may be technological disasters such as nuclear incidents, fire and explosions or transport incidents such as a chemical spill.

A further distinction is made as to whether a disaster is fast-onset or slow-onset as this also has implications for the timing and type of response required. A fast-onset disaster, such as an earthquake for example, may strike with very little warning, whereas a slow-onset disaster, such as a HIV/AIDS pandemic can have equally disastrous impacts that build up over many years.

The Centre for Research on the Epidemiology of Disasters (CRED), based in Brussels, Belgium, maintains a database on the world’s disasters. It contains essential core data on the occurrence and effects of more than 15,000 disasters in the world from 1900 to the present and includes natural, man-made and technological disasters.<sup>5</sup> For a disaster to be entered into the database, at least one of the following criteria must be fulfilled:<sup>6</sup>

- Ten or more people reported killed
- 100 or more people reported affected
- Declaration of a state of emergency
- Call for international assistance

In this handbook, the term ‘disaster’ will refer to natural disasters, technological disasters and complex emergencies. The most important things to remember are that no two disasters are the same and that the type of disaster may have consequences for people affected by the disaster.

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<sup>4</sup> Ibid.

<sup>5</sup> Centre for Research on the Epidemiology of Disasters. (2007) History, CRED, <http://www.cred.be/cred1/who.htm> (accessed September 7, 2007).

<sup>6</sup> International Federation of the Red Cross and Red Crescent Societies. (2006). *World Disasters Report 2006: Focus on neglected crises*. Kumarian Press: Bloomfield, p197.

## 1.2 Disaster Terminology

There are many terms associated with disaster that are sometimes used interchangeably:

<b>Disaster</b>	<ul style="list-style-type: none"> <li>• Catastrophes</li> <li>• Emergencies</li> <li>• Conflicts</li> <li>• Complex emergencies</li> </ul>
<b>People affected by disasters</b>	<ul style="list-style-type: none"> <li>• Survivors</li> <li>• Disaster affected person</li> <li>• Victims</li> <li>• Sufferers</li> <li>• Clients</li> <li>• Recipients</li> </ul>
<b>Disaster relief</b>	<ul style="list-style-type: none"> <li>• Humanitarian response</li> <li>• Disaster recovery</li> <li>• Disaster management</li> <li>• Disaster preparedness and response</li> <li>• Emergency response</li> </ul>
<b>Post-disaster intervention</b>	<ul style="list-style-type: none"> <li>• Post-emergency intervention</li> <li>• Post-conflict intervention</li> </ul>
<b>Disaster responders</b>	<ul style="list-style-type: none"> <li>• Response/relief/aid workers</li> <li>• Humanitarian staff</li> </ul>

Some organisations provide intervention for either natural or man-made disasters but use the same terminology. It is important to recognise that although the same words are used, they may have slightly different meanings. The word 'disaster' may be used to refer to natural disasters only or in reference to both natural and man-made disasters. The use of the word 'victim' is not encouraged since it implies that the people affected by disasters are passive and not able to take control of their lives and make decisions for their futures.<sup>7</sup> The preferred terms are people affected by disasters or survivors.

<sup>7</sup> NSW Health. (2000). Disaster mental health response handbook. NSW Health, p12.

### 1.3 Phases of Disaster

The following representations of different phases of disasters provide a broad overview of the evolution of disasters:<sup>8</sup>

<b>Pre-impact phase</b>	Consolidation Phase:	The period during which the disaster is known to be threatening.
	Warning Phase:	The period when the disaster is imminent and warnings have been announced.
<b>Impact phase</b>	The period during which the disaster event occurs.	
<b>Post-disaster</b>	Rescue Phase:	Involves efforts for survival and rescue.
	Inventory Phase:	Basic needs are being attended to and a willingness to help others emerges.
	Disillusionment Phase:	The reality of the destruction and loss settles in, along with grief and depression, and requires considerable work to stabilise structures.
	Reconstruction Phase:	Communities are emerging out of the despair towards empowerment and renewal (and in some cases more chronic health and mental health problems emerge).

The duration of each of these phases is dependent on the type of the disaster, its severity, the pre-disaster standard of socio-economic development and level of preparedness, the availability of resources and the stress tolerance of those affected.

Disasters do not follow any strict timelines. The length of time that each phase requires may vary significantly. For example, the impact phase of an earthquake and a famine, civil war or other slow-onset disaster may be vastly different.

<sup>8</sup> Pan American Health Organisation. (2001). Stress management in disasters, Bryce, C.P, <http://www.paho.org/english/ped/stressmgn2.pdf>, p2.

## 1.4 Who Is Affected by a Disaster?

It is often difficult to define who is most affected by a disaster. Essentially, disasters affect populations and will have consequences for individuals and communities, and also disaster responders.

One way of classifying those affected by disasters is as follows:<sup>9</sup>

Primary survivors: Those who experienced maximum exposure to the disaster

Secondary survivors: Grieving relatives and friends of the primary survivors

Third level survivors: Rescue and recovery personnel who may also need help to cope with similar stress and trauma

## 1.5 Characteristics of Disaster

A number of factors influence the impact of disasters. The following characteristics may have consequences for individuals and communities affected by disasters.<sup>10</sup>

1. Type of disaster
2. Familiarity of the individuals or community with the disaster
3. Predictability of the disaster
4. Avoidability of the disaster
5. Suddenness of onset
6. Intensity of the impact
7. Severity of the consequences
8. Course and duration
9. Degree to which it could be controlled
10. Threat of recurrence

It is also important to consider that almost every segment of a population will be touched by a disaster.<sup>11</sup> The impact of a disaster differs for men, women, children, people with disabilities, poor people and other minority groups. The needs of all members of a community must be acknowledged to ensure that everyone receives appropriate assistance.

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<sup>9</sup> Disaster mental health response handbook, p11.

<sup>10</sup> Stress Management in Disasters, p4.

<sup>11</sup> Ibid., p5.

## 1.6 Impacts of a Disaster

Some of the possible consequences of a disaster include:<sup>12</sup>

---

### **Morbidity and mortality**

Injury  
Suffering  
Disease  
Starvation  
Death

---

### **Material losses**

Damage  
Destruction  
Pollution  
Economic loss  
Resource depletion

---

### **Social disruption**

Disruption of normal activities  
Homelessness  
Unemployment  
Antisocial behaviour  
Civil unrest

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### **Psychological distress**

Helplessness  
Hopelessness  
Grief  
Guilt  
Stress

---

After a disaster has struck, things do not return to normal in a few weeks. In fact, the economic, psychosocial and environmental consequences may become long-term disasters in their own right and their effects may last for years.<sup>13</sup>

Communities may be altered significantly after a disaster has occurred. Disaster can completely change the affected communities. There may be occasions where people are

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<sup>12</sup> Ibid., p3.

<sup>13</sup> Stress Management in Disasters p3.

unable to return to their communities and due to degree of physical destruction or the political situation, people may require temporary or permanent relocation.

Each disaster presents different challenges for individuals and communities. Their ability to cope with the disaster will have an impact on the immediate and long-term recovery process.

## **1.7 Recent Disasters**

In recognition of the human cost of disasters, the United Nations General Assembly designated the 1990's as the Decade of Natural Disaster Reduction which highlighted the growing international significance of disasters.<sup>14</sup> In recent years, budgets for emergency and humanitarian aid have skyrocketed and disasters continue to affect millions of people throughout the world.

“From 1996 to 2005, disasters killed over 934,000 people – nearly double the figure for the previous decade – while 2.5 billion people were affected across the globe.”<sup>15</sup> Developing countries are much more severely affected and “various United Nations studies have shown that 90 percent of disaster victims live in developing countries.”<sup>16</sup>

An overview of some recent natural disasters and complex emergencies highlights the scale of impact of disasters around the world:<sup>17</sup>

### **INDIAN OCEAN TSUNAMI**

On December 26, 2004, an earthquake in the Indian Ocean triggered a series of devastating tsunamis along the coast of Asia. It was the longest earthquake recorded to date, lasting between 8.5 to 10 minutes, and the second largest recorded earthquake to date reaching 9.1 to 9.3 on the Richter scale. The power of the eruption triggered 100 foot waves to crash down on coastal regions destroying anything in the water's path.<sup>18</sup>

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<sup>14</sup> World Health Organisation, 1988.

<sup>15</sup> World Disaster Report, 2006, p195.

<sup>16</sup> United Nations General Assembly, *Implementation of the international strategy for disaster reduction*, Report of the Secretary-General, 8 May 2001, p3.

<sup>17</sup> Emergency Disasters Data Base (EM-DAT), <http://www.em-dat.net> (accessed September 13, 2007); United Nations Office for the Coordination of Humanitarian Affairs, <http://ochaonline.un.org/Default.aspx> (accessed September 13, 2007).

<sup>18</sup> Tsunami 2004.net, <http://www.tsunami2004.net> (accessed July 24, 2008).

## Aftermath

Indonesia, Sri Lanka, and Thailand had the most deaths and greatest destruction. According to the United Nations, 229,866 people across 12 countries were lost, including 186,983 dead and 42,883 missing. It is estimated 500,000 people lost their homes, or access to food and clean water.<sup>19</sup> Children comprised one-third of the victims in some parts and three times as many women were killed as men.

There was quick and widespread humanitarian response from both local, national and international aid agencies and organisations. Much humanitarian aid was needed because of widespread damage to infrastructure, food and water shortages and economic damage. The estimated cost of aid and reconstruction following the tsunami is US\$7.5 billion. The total international aid promised to tsunami-ravaged nations was US\$7 billion.<sup>20</sup>

One of the main concerns of humanitarian and government agencies was to provide sanitation facilities and fresh drinking water.<sup>21</sup> Epidemics were of special concern due to the high population density and tropical climate of the affected areas. Diseases such as cholera, diphtheria, dysentery, typhoid and hepatitis A and B became rampant.<sup>22</sup>

The economic impact of the tsunami was high for the devastated areas as well as areas that were not directly hit. There was great impact on coastal fisheries, with the result that some of the poorest people in the region face high losses of income earning capacity as well as boats and fishing gear.<sup>23</sup> The negative impact on tourism was immense.<sup>24</sup> The tsunami also damaged wells, soil, agriculture and plantations including thousands of rice, mango and banana plantations that will take years to recover.<sup>25</sup>

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<sup>19</sup> Ibid.

<sup>20</sup> Pickerell, J. (2005). Facts and figures: Asian tsunami disaster. NewsScientist.com <http://environment.news-scientist.com/channel/earth/tsunami/dn9931-facts-and-figures-asian-tsunami-disaster.html> (accessed July 24, 2008).

<sup>21</sup> Forced Migration Review. (2005). Tsunami: Learning from the humanitarian Response. <http://www.fmreview.org/FMRpdfs/Tsunami/full.pdf> (accessed July 24, 2008).

<sup>22</sup> Fleury, M.K. (2008). Indian ocean tsunami: The world's worst tsunami disaster since 1885, [http://tsunamisfloods.suite101.com/article.cfm/indian\\_ocean\\_tsunami\\_2004](http://tsunamisfloods.suite101.com/article.cfm/indian_ocean_tsunami_2004) (accessed July 24, 2008).

<sup>23</sup> Tsunami Reconstruction. (2007). <http://www.fao.org/tsunami/fisheries/index.htm> (accessed July 24, 2008).

<sup>24</sup> NY Times (2005). Directions: The tsunami's impact on tourism, the latest information. Times Online. <http://www.timesonline.co.uk/tol/travel/article407419.ece> (accessed July 24, 2008).

<sup>25</sup> BBC News (2005). Tsunami's salt threat to islands. <http://news.bbc.co.uk/go/pr/fr/-/2/hi/science/nature/4151653.stm> (accessed July 24, 2008).

## Recovery

As survivors of the December 2004 tsunami continue to recover and rebuild, many humanitarian agencies are continuing their efforts to empower communities by helping them to better prepare for future disasters. Disaster preparedness trainings are being facilitated for thousands of people in more than 430 communities in Indonesia, Sri Lanka and Thailand.<sup>26</sup> Planting mangrove trees in Indonesia, providing life vests to fishermen in Thailand and mapping evacuation routes in Sri Lanka are a few examples of disaster preparedness efforts of the Red Cross and Red Crescent Societies.

## HURRICANE KATRINA

Hurricane Katrina, a Category 5 hurricane, formed in the Atlantic Ocean and hit New Orleans in Louisiana, USA, with a vengeance on August 29, 2005. It then went on to cause great devastation when it moved inland along the U.S. Gulf Coast (100 miles from Mississippi to Alabama).<sup>27</sup>

### Aftermath

At least 1,836 people lost their lives in Hurricane Katrina and the subsequent floods, making it the deadliest U.S. hurricane since 1928. The storm is estimated to have been responsible for US\$81.2 billion in damage, the highest damage bill from a natural disaster in U.S. history. The most severe damage occurred in New Orleans where the federal flood protection/levee system failed in more than 50 places a few hours after the storm had moved inland. As a result, 80% of the city and neighboring areas were flooded. People that could not be evacuated fled for shelter at the Superdome in New Orleans. In spite of significant damage, the dome sheltered 35,000 individuals (mainly the poor, homeless, and frail) and maintained small medical stations to assist the wounded.<sup>28</sup> The situation at the dome then became a crisis because of the lack of water, food, sanitation and public safety.

Hurricane Katrina's damage went much further than New Orleans. It impacted the entire U.S. economy as it interrupted the oil supply, destroying the Gulf Coast's highway infrastructure, and interrupted exports of commodities such as grain. It damaged or destroyed 30 oil platforms and caused the closure of nine refineries. The forestry industry in Missis-

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<sup>26</sup> American Red Cross (2007). Tsunami recovery program. <http://www.redcross.org/news/in/tsunamis/index.asp> (accessed July 24, 2008).

<sup>27</sup> CNN. (2006). Special edition: Hurricane Katrina <http://www.cnn.com/SPECIALS/2005/katrina> (accessed July 25, 2008).

<sup>28</sup> Hurricane Katrina Relief. (2008). Frequently asked questions. <http://www.hurricanekatrinarelief.com/faqs> (accessed July 25, 2008).

sippi was also affected, as 1.3 million acres of forest land was destroyed.<sup>29</sup> Additionally, hundreds of thousands of local residents were left unemployed which had a trickle-down effect as fewer taxes were paid to local governments.

### **Recovery**

There was an immediate humanitarian response both by other U.S. states and other nations. Over seventy countries pledged monetary donations or other assistance totally over US\$600 million. The American Red Cross, Southern Baptist Convention, Salvation Army, Oxfam, Habitat for Humanity, Service International, A River of Hope and many other charitable and humanitarian organisations provided help to Hurricane Katrina survivors.<sup>30</sup> There was widespread criticism of the federal, state and local governments' response to Hurricane Katrina which resulted in an investigation by the U.S. Congress.

### **EARTHQUAKE IN CHINA**

On May 12 2008, a major earthquake measuring 8.0 on the Richter scale jolted southwestern China's Sichuan Province. The earthquake was felt in Beijing (1500 kilometres away) and Shanghai (1700 kilometres away). The quake destroyed thousands of buildings, roads, schools and hospitals, as well as infrastructure like communication networks and electrical towers.<sup>31</sup> Over 70, 000 people died or went missing, and more than 45 million people were affected by the earthquake – the worst natural disaster to hit China in 30 years.<sup>32</sup> Many of the dead were children.<sup>33</sup> According to an estimate by the Chinese government, over 7,000 schoolrooms collapsed in the earthquake. There were over 5 million homeless survivors.<sup>34</sup>

<sup>29</sup> The Voice of Forestry. (2008). <http://msforestry.blogspot.com> (accessed July 25, 2008).

<sup>30</sup> American Red Cross (2008). Mid Illinois Chapter, <http://www.midillinoisredcross.org/index.php?pr=FAQS> (accessed July 24, 2008).

<sup>31</sup> New York Times (July 25, 2008) Sichuan Earthquake. [http://topics.nytimes.com/top/news/science/topics/earthquakes/sichuan\\_province\\_china/index.html](http://topics.nytimes.com/top/news/science/topics/earthquakes/sichuan_province_china/index.html) (accessed July 25, 2008).

<sup>32</sup> American Red Cross (2008). International Services Response to the China Earthquake, [http://www.redcross.org/news/in/profiles/Intl\\_profile\\_ChinaEarthquake.asp?s\\_src=pre\\_aspLink](http://www.redcross.org/news/in/profiles/Intl_profile_ChinaEarthquake.asp?s_src=pre_aspLink) (accessed July 25, 2008).

<sup>33</sup> Ford, P. (June 3, 2008). China's bereaved parents push for accountability. Christian Science Monitor, <http://www.csmonitor.com/2008/0603/p01s08-woap> (accessed July 25, 2008).

<sup>34</sup> Huus, K. (June 10, 2008). China's quake aftershock: 5 million homeless. MSNBC.com, <http://www.msnbc.msn.com/id/24993083> (accessed July 25, 2008).

## Aftermath

Ninety minutes after the earthquake, Premier Wen Jiabao flew to the earthquake area to oversee the rescue work. China's Health Ministry sent ten emergency medical teams and 50,000 troops and armed police were dispatched to help with disaster relief work.<sup>35</sup> The rugged terrain and proximity to the epicentre made it difficult to get into the rural areas of the province. Parents in the province accused officials and developers of shoddy construction, resulting in the disproportionate destruction of schools. Government officials in Beijing and Sichuan are investigating the charges.<sup>36</sup>

## Recovery

The American Red Cross contributed relief workers and US\$20 million to support the efforts of the Red Cross Society of China for the purchase and distribution of relief supplies, coordination of logistics and transportation of disaster workers to the hardest hit areas. China is still in the process of building or restoring homes (estimated around 3 million homes). Over one hundred thousand housing units were ready to be moved into by June 13, 2008. Another 250,000 are under construction.<sup>37</sup> Officials in Sichuan province have lifted the one child policy for families whose only child was killed or severely injured in the disaster. Some people have returned to work – the government says 80 percent of damaged factories have reopened – but the economy in the earthquake zone is still basically at a standstill.<sup>38</sup>

## CONFLICTS IN UGANDA

The civil war in northern Uganda is Africa's longest running conflict, which is still ongoing. One UN official described Uganda as "the world's worst neglected humanitarian crisis." The war has led to the displacement of 1.7 million people - over 80% of the region - who now live in over 200 displaced person camps. According to some reports, 1,000 people die each week as a result of the poor conditions in these camps. The Lord's Resistance Army (LRA) has abducted over 30,000 children and used them as child soldiers. The LRA is also accused of human rights violations including abduction, sexual enslavement, mutilation and murder. Tens of thousands of people have been killed or injured over the

<sup>35</sup> China View (May 12, 2008). Chinese health ministry sends 10 medical teams to quake-hit areas, [http://news.xinhuanet.com/english/2008-05/12/content\\_8154803.htm](http://news.xinhuanet.com/english/2008-05/12/content_8154803.htm) (accessed July 25, 2009)

<sup>36</sup> Wong, E. (June 16, 2008). How angel of Sichuan saved school in quake. [http://www.nytimes.com/2008/06/16/world/asia/16quake.html?\\_r=2&oref=slogin&oref=slogin](http://www.nytimes.com/2008/06/16/world/asia/16quake.html?_r=2&oref=slogin&oref=slogin) (accessed July 25, 2008).

<sup>37</sup> Ford, P. (June 17, 2008). China's massive postquake tasks. Relief Web <http://www.reliefweb.int/rw/RWB.NSF/db900SID/KHII-7FP4RJ?OpenDocument> (accessed July 25, 2008).

<sup>38</sup> Ibid.

21 years of the conflict.<sup>39</sup> There are more than 216,456 refugees in Uganda from Sudan, Democratic Republic of Congo (DRC) and Rwanda. Furthermore, an estimated 1.1 million people are infected with HIV/AIDS.

The complexity of the conflict has led to inadequate and ineffective policy and strategy. The war is essentially two conflicts in one: first the fighting of the LRA, which is waging war against the Ugandan government and terror against civilian population in the north, and second, the real grievances of Ugandans in the north against the existing government.<sup>40</sup>

### **Recovery**

The military approach proved to be ineffective over the years. It created opportunities for profiteering and arms trafficking and reduced the incentive for peace. In the summer of 2006, the newly-formed Government of South Sudan hosted the Juba Peace Talks to mediate between warring groups.<sup>41</sup> This mediation and the willingness by the parties to negotiate led many to call this the best opportunity in over a decade for peace in northern Uganda. The parties agreed to a Cessation of Hostilities that led to relative calm in northern Uganda, allowing some internally displaced people to return home. However, the talks have since stalled for a variety of reasons. Diplomats unsuccessfully tried to restart the talks in April 2008. The international community has remained largely silent and missed opportunities to strengthen the peace process.<sup>42</sup>

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<sup>39</sup> Reform Judaism. (April 19, 2007). RSY Netzer leaders pack their bags for Uganda. <http://www.reformjudaism.org.uk/news/press-releases/rsy-netzer-leaders-pack-their-bags-for-uganda.html> (accessed July 25, 2008).

<sup>40</sup> Resolve Uganda, <http://www.resolveuganda.org> (accessed July 25, 2008).

<sup>41</sup> Uganda Can, <http://www.ugandacan.org/hi> (accessed July 25, 2008).

<sup>42</sup> Resolve Uganda, <http://www.resolveuganda.org> (accessed July 25, 2008).

**OTHER RECENT DISASTERS****IRAN**

Earthquake  
26 December 2003  
Killed 26,796 people  
Affected 267,628 people  
Approximately 75,000 people became homeless

**PAKISTAN**

Earthquake  
8 October 2005  
Killed 73,338 people  
Affected 5,128,000 people

**RUSSIAN FEDERATION** Hostage situation

1 September 2004  
1200 children and adults taken hostage in a school in Beslan  
344 people killed and over 800 injured  
More than 20 children orphaned

**SUDAN**

Civil war lasting 20 years with ongoing conflict  
5.5 million people need relief aid including 2.5 million in Darfur  
Torrential rain and flash flooding since July 2007 have affected  
over 410,000 people and left 200,000 people homeless

## **2. THE DISASTER RESPONSE**

### **2.1 What Is Disaster Relief?**

It is important to have an understanding of the overall disaster relief efforts to appreciate the complexity of the system and be able to identify where your activities fit into the overall disaster response. Disaster relief refers to the decisions and actions taken during and after a disaster, including immediate relief, rehabilitation and reconstruction.<sup>43</sup> Disaster management is the policy and administrative decisions along with operational activities of various stages of disaster including both preparation and response.<sup>44</sup>

Each disaster will have a unique combination of disaster relief agencies that respond so the picture will vary between disasters. A country affected by a disaster will have involvement from national government and organisations along with assistance from international agencies and governments. The organisational response may also be influenced by the type of disaster, particularly if it is a complex emergency, and the needs of the affected country.

The following types of organisations and agencies are involved in disaster relief and some examples of each type include:

#### **UNITED NATIONS AGENCIES**

- Food and Agriculture Organisation (FAO)
- United Nations Development Programme (UNDP)
- United Nations Children’s Fund (UNICEF)
- United Nations High Commissioner for Refugees (UNHCR)
- World Food Programme (WFP)
- World Health Organisation (WHO)

#### **HUMANITARIAN ORGANISATIONS**

- International Federation of the Red Cross and Red Crescent Societies (IFRC)
- National Red Cross Organisations

#### **INTERNATIONAL NON-GOVERNMENTAL ORGANISATIONS (NGOs)**

- Oxfam International

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<sup>43</sup> United Nations. (1992). Internationally agreed glossary of basic terms related to disaster management. December 1992, Geneva.

<sup>44</sup> Ibid.

Save the Children  
World Vision  
...among many others

### DEFENCE ORGANISATIONS

Host military  
International military and civil defence organisations

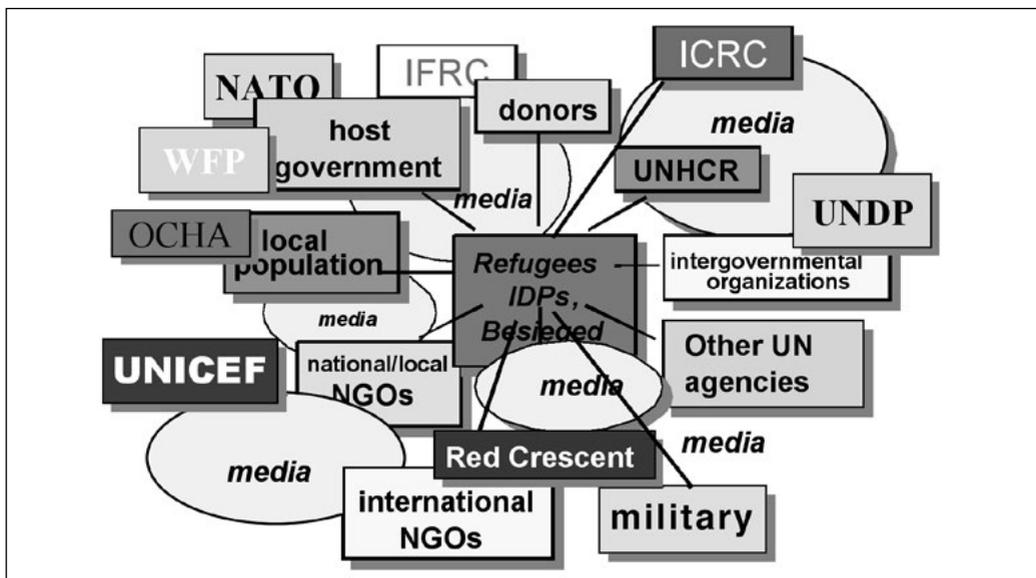
### OTHER INTERNATIONAL SUPPORT

Foreign government agencies (USAID, NORAD, German Foreign Ministry)  
Emergency medical and mental health response teams  
Volunteers who may not be linked to any organisation

### OTHER NATIONAL AND LOCAL RESPONSES

National and local governments  
Local and national non-governmental organisations  
Local, national and international media

This diagram shows the complexity of the disaster response:<sup>45</sup>



<sup>45</sup> OCHA, Introduction to OCHA and the 'Humanitarian Environment' OCHA Field Management Training: January 2006, [http://www.humanitarianinfo.org/IMToolbox/09\\_Training/FIM\\_Training/IM\\_Training.ppt#12](http://www.humanitarianinfo.org/IMToolbox/09_Training/FIM_Training/IM_Training.ppt#12) (accessed September 12, 2007).

## 2.2 How Is the Disaster Response Coordinated?

Many different types of organisations, professionals and individuals are involved in responding to a disaster. In the past, this has provided a significant challenge to humanitarian efforts and attempts have been made to coordinate the disaster response and increase the effectiveness of assistance to people affected by disaster.

In 1991, the United Nations (UN) recognised the need to strengthen their response to disasters and to improve the overall effectiveness of the UN's humanitarian operations. This led to the establishment of the Office for the Coordination of Humanitarian Affairs (OCHA) in 1998 with the role of coordinating the United Nation's humanitarian response, policy development and humanitarian advocacy.<sup>46</sup>

OCHA coordinates its functions through the Inter-Agency Standing Committee (IASC) which includes all humanitarian partners, from UN agencies, funds and programmes to the Red Cross Movement and NGOs.

The United Nations Disaster Assessment and Coordination (UNDAC) team is nominated and funded from OCHA, UNDP, WFP, UNICEF and WHO. The UNDAC team is permanently on stand-by and when a country requests international assistance, the UNDAC team can be deployed within hours to assess the needs of the affected country and to coordinate international relief on-site.<sup>47</sup>

## 2.3 The Code of Conduct for Disaster Relief

In 1994, the International Federation of the Red Cross and Red Crescent Movement established a set of ethical standards for those involved in humanitarian work.<sup>48</sup> It is a voluntary code that is self-enforced by each of the organisations that sign the code to register their willingness to incorporate its principles into their work. In 2007, there were more than 400 organisations who have signed the code.

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<sup>46</sup> OCHA. (2007). A brief history of OCHA. OCHA, <http://ochaonline.un.org/AboutOCHA/tabid/1076/Default.aspx> (accessed September 23, 2007).

<sup>47</sup> OCHA. (2007). Field coordination support section: UNDAC, <http://ochaonline.un.org/Coordination/FieldCoordinationSupportSection/UNDACSystem/tabid/1414/Default.aspx> (accessed September 23, 2007).

<sup>48</sup> The Code of Conduct for the International Federation of the Red Cross and Red Crescent Movement and NGOs in Disaster Relief, <http://www.icrc.org/web/eng/siteeng0.nsf/htmlall/57JMNB#a1> (accessed September 12, 2007).

The *Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief* principles are:<sup>49</sup>

1. That the humanitarian imperative comes first.
2. Aid is given regardless of race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone.
3. Aid will not be used to further a particular political or religious standpoint.
4. We shall endeavour not to act as instruments of government foreign policy.
5. We shall respect culture and custom.
6. We shall attempt to build disaster response on local capacities.
7. Ways shall be found to involve programme beneficiaries in the management of relief aid.
8. Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs.
9. We hold ourselves accountable to both those we seek to assist and those from whom we accept resources.
10. In our information, publicity and advertising activities, we shall recognise disaster victims as dignified humans, not hopeless objects.

## 2.4 The Sphere Project

An important initiative in disaster relief was the development of The Sphere Project. The Sphere Project is a Humanitarian Charter and Minimum Standards in Disaster Response. It was developed in 1997 by a group of humanitarian NGOs and the Red Cross and Red Crescent movements and contains three elements: a Handbook, a process of collaboration and an expression of commitment to quality and accountability.<sup>50</sup>

Sphere is based on the beliefs that all possible steps should be taken to alleviate human suffering arising from disasters and that those affected by disaster have a right to life with dignity and therefore a right to assistance. Thousands of individuals have participated in the Sphere Project from over 400 organisations representing 80 countries highlighting the increasing level of international cooperation in disaster response.

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<sup>49</sup> The International Federation of Red Cross and Red Crescent Movements, *The Code of Conduct in Humanitarian Relief*, <http://www.ifrc.org/publicat/conduct/code.asp> (accessed, September 12, 2007).

<sup>50</sup> The Sphere Project, <http://www.sphereproject.org/content/view/91/58/lang,English> (accessed September 12, 2007).

## 2.5 Human Rights

In all elements of disaster relief the Universal Declaration of Human Rights, along with subsequent Declarations for women, children and people with disabilities must be upheld.<sup>51</sup>

People affected by disasters have the same human rights to life, dignity, freedom and protection as they had before the disaster. In some instances, disaster relief can also result in improvements to the quality of life of affected people compared with their pre-disaster conditions.

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<sup>51</sup> Ibid.

### 3. THE POST-DISASTER PHASE OF DISASTER RELIEF

#### 3.1 What is the Post-Disaster Phase?

Many organisations refer to different phases of disaster and this can be confusing. It is important to know that there are no fixed timelines for each phase of disaster and the situation varies depending on the specific factors of each disaster.

Post-disaster intervention is the phase after the period of impact during which people affected by a disaster are taking stock of the situation, assessing needs and beginning to rebuild their lives.

Researchers have developed a model that provides some indicative time frames and the type of response associated with each phase of post-disaster intervention.<sup>52</sup> Of course, these time frames are only an indication and may vary significantly between disasters but they are useful to help understand the general evolution of disaster relief.

Phase 1	Phase 2	Phase 3	Phase 4
Rescue Phase	Inventory Phase	Disillusionment Phase	Reconstruction Phase
First week	Second week to fourth month	Fourth month to two years	More than two years

Some factors that determine the stressfulness of a disaster at the community and society level include:<sup>53</sup>

- The pre-existing level of resources
- The community's level of preparedness
- The community's past experiences with such an event
- Extent and nature of the damage done
- Consequent social and/or political unrest
- Availability of resources to rebuild

<sup>52</sup> Ehrenreich, J.H. (2001). *Coping with disasters: A guidebook to psychosocial intervention*. Centre for Psychology and Society. Old Westbury, New York, p45.

<sup>53</sup> Stress management in disasters, p4.

Post-disaster intervention refers to each of these four phases and may last for a relatively short time in a small scale natural disaster, for example, and it may last for many years in the event of a large scale or lengthy complex emergency.

### 3.2 What Happens during Post-Disaster Intervention?

The initial emergency response focuses on assessing impact and determining the needs of the affected community along with the provision of food, shelter, clothing, medical aid, family re-unification, and the manpower to provide all these services. Cooperation, information sharing and communication are required between affected communities and disaster responders to provide post-disaster intervention that is best suited to the specific conditions of each disaster.

In response to a disaster, any post-disaster program “should not be implemented too soon, but also not too late,”<sup>54</sup> as there is a need to allow a population affected by a disaster to have time to respond and to access its own resources.

Within a community affected by disaster, different groups of people within the community have different needs during post-disaster intervention. Disaster relief efforts must acknowledge and respond to the specific needs of women, children, the elderly, people with a disability and other minority groups to ensure that equitable assistance is provided. While there are basic disaster response methods that can be utilised in any situation, emergency and post-disaster programmes must be flexible in addressing the specific needs of the situation and the people affected.

It should be understood that there is no single, universally applicable recipe for responding to disasters which occur in many forms and situations. (...) Perhaps the greatest source of variability, both in the effects of disaster and in the most appropriate responses, stems from differences between countries’ level of economic development and the cultures in which a disaster occurs. It would be impossible and inappropriate to give suggestions as to how to respond to every variation of disaster.<sup>55</sup>

Projects need to be developed with long-term sustainability in mind from the outset.<sup>56</sup>

<sup>54</sup> Van Ommeren, M., Saxena, S., & Saraceno, B. (2005). Mental and social health during and after acute emergencies: Emerging consensus? *Bulletin of the World Health Organisation* 83(1), p73.

<sup>55</sup> Ehrenreich, 2001, p5.

<sup>56</sup> Henley, B. (2005). *Helping children overcome disaster trauma through post-emergency psychosocial sports programs: A working paper*. Swiss Academy for Development, p9.

There is a theory called 'handing over the baton' that refers to the stage of a development project when the outside assistance is phased out and the control of the programme, or the stick, is then given back to the local community. To effectively empower communities, outsiders should never have the stick in the first place. In disaster relief, the local population must be encouraged to take control and make decisions about what is needed to rebuild their community from the outset and participate in immediate and long-term planning and intervention.

The needs of all people affected by a disaster will change with time and any post-disaster intervention must be able to recognise changing needs and adapt service provision accordingly.

### 3.3 Common Myths about Disasters

There are many mistaken assumptions associated with disasters. Disaster responders should be familiar with the following misconceptions:<sup>57</sup>

Myth	Reality
Any kind of international assistance is needed, and it's needed now!	▶ A hasty response that is not based on an impartial evaluation only contributes to the chaos. It is better to wait until genuine needs have been assessed.
Epidemics and plagues are inevitable at every disaster.	▶ Epidemics do not spontaneously occur after a disaster and dead bodies will not lead to outbreaks of exotic diseases. The key to preventing diseases is to improve sanitary conditions and educate the public.
The affected population is too shocked and helpless to take responsibility for their own survival.	▶ On the contrary, many find new strength during an emergency.
Disasters are random killers.	▶ Disasters strike hardest at the most vulnerable group, the poor – especially women, children and the elderly.

<sup>57</sup> World Health Organisation. Emergency and humanitarian aid: Myths and realities, [http://www.wpro.who.int/media\\_centre/fact\\_sheets/fs\\_20050104.htm](http://www.wpro.who.int/media_centre/fact_sheets/fs_20050104.htm) (accessed September 12, 2007).

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Locating disaster survivors in temporary settlements is the best alternative.



It should be last alternative. Assisting people to rebuild while they remain within their neighbourhood and close to their neighbours is economically and emotionally cheaper than relocation to temporary settlements.

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Things are back to normal within a few weeks.



The effects of a disaster last a long time. Successful relief programmes consider long term strategies in their operations.

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## 4. SUMMARY OF PART ONE

- Disasters are an occurrence that may have natural or technological causes or be the result of complex emergencies involving human conflict that exceed the coping capacity of communities.
- Every disaster is different and there are no standard timelines or recipes for disaster response.
- Post-disaster intervention refers to the period after the impact of the disaster when people are taking stock of the damage and trying to rebuild their lives and communities.
- The disaster will have an impact on people directly affected, their families and communities and disaster responders.
- People have different needs in post-disaster intervention including women, girls, men and boys, the elderly and other minority groups.
- Disaster relief is the effort of national and international governments, organisations and agencies to assist communities affected by disaster.
- The United Nations Office for the Coordination of Humanitarian Affairs coordinates the United Nation's disaster management efforts.
- Everyone that is exposed to a disaster is affected by the experience.

## 5. USEFUL LINKS

Centre for Research on the Epidemiology of Disasters (CRED)

**[www.emdat.be](http://www.emdat.be)**

Humanitarian-Information.org

**[www.humanitarianinfo.org](http://www.humanitarianinfo.org)**

Inter Agency Standing Committee (IASC)

**[www.humanitarianinfo.org/iasc](http://www.humanitarianinfo.org/iasc)**

International Committee of the Red Cross (ICRC)

**[www.icrc.org](http://www.icrc.org)**

International Federation of the Red Cross and Red Crescent Societies (IFRC)

**[www.redcross.int](http://www.redcross.int)**

Oxfam International

**[www.oxfam.org](http://www.oxfam.org)**

The Sphere Project

**[www.sphereproject.org](http://www.sphereproject.org)**

United Nations Development Programme (UNDP)

**[www.undp.org](http://www.undp.org)**

United Nations Office of the Coordination of Humanitarian Affairs (OCHA)

**[www.unocha.org](http://www.unocha.org)**

United Nations High Commission for Refugees (UNHCR)

**[www.unhcr.org](http://www.unhcr.org)**

World Health Organisation (WHO)

**[www.who.int](http://www.who.int)**

# **PART TWO – Psychosocial Responses to Disaster**

**How Do Disasters Impact on the Psychological  
and Social Functioning of Individuals and  
Communities?**

**How Can Psychosocial Intervention Help to  
Overcome Disaster Trauma?**



## OVERVIEW

*How do disasters impact on the psychological and social functioning of individuals and communities? How can psychosocial intervention help to overcome disaster trauma?*

Thoughts, feelings, physical sensations and behaviour can all be influenced by the experience of a traumatic event. The psychosocial response to disaster depends on the individual and people who have experienced the same disaster may have very different responses.

In order to deliver sport and physical activity programmes in post-disaster intervention it is important to have some knowledge of trauma and its effects.

PART TWO focuses on the psychological and social responses to disaster to increase your understanding of certain types of behaviour to more effectively help people deal with disaster-related trauma.

**By the end of PART TWO you should be able to:**

- Define key terms such as stress, grief and trauma
- Describe some of the signs and symptoms of trauma for adults, children, elderly people and other groups affected by disaster
- Acknowledge the importance of providing services for disaster responders
- Define coping and resilience and understand the importance of building resilience in people affected by disaster
- Be familiar with the principles of psychosocial intervention
- Understand the mental health response to disaster and the multidisciplinary team that provides psychosocial intervention
- Be aware of the signs and symptoms of more serious trauma responses and when to refer to a mental health professional

You will find at the end of PART TWO a chapter summary and useful links to help you locate further information.

## PART TWO – PSYCHOSOCIAL RESPONSES TO DISASTER

### 1. THE PSYCHOSOCIAL RESPONSE TO DISASTER

#### 1.1 Stress, Loss & Grief

Most of us experience stressful events in our lives on a regular basis. Stress is a state of arousal or readiness, caused by some stimulus or demand. An increase in stress levels usually improves one's health and performance and within manageable levels, stress can help sharpen attention as well as help people cope with threatening situations.

However, at some point, stress arousal reaches maximum effect, and all that was gained is then lost and deterioration of health and performance begins.<sup>1</sup> Some events overwhelm almost everyone's ability to cope.

Some examples of disaster stressors are listed below and include:<sup>2</sup>

- Threat to life
- Exposure to death
- Bereavement
- Loss of property
- Stigmatisation
- Injury and fatigue
- Physiological disruption (sleep, food and water deprivation)
- Dislocation or separation
- Loss of community
- Loss of work and livelihood

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<sup>1</sup> U.S. Department of Health and Human Services. (2005). *A guide to managing stress in crisis response professions*. DHHS. Pub. No. SMA 4113. Rockville, MD: Centre for Mental Health Services, Substance Abuse and Mental Health Services Administration, p1.

<sup>2</sup> NSW Health. (2000). *Disaster mental health response handbook: An educational resource for mental health professionals involved in disaster management*. Centre for Mental Health and the NSW Institute of Psychiatry. New South Wales, Australia, p31.

These extraordinary events that result from disasters have several things in common, in that they:

- Are beyond the experience or imagination of most people
- Are beyond any one person's ability to control
- Create great fear, terror, helplessness or horror
- Threaten individuals or their loved ones with death or severe injury

All survivors of a disaster suffer loss. They may suffer loss of safety and security, loss of property, loss of community, loss of status, loss of beauty, loss of health or loss of a loved one.<sup>3</sup> Disasters may physically destroy important community institutions such as schools, hospitals and other areas of public and social interest, and at the same time, disasters affect families through death, disability, family separation and dependency as people are forced out of traditional roles and some are unable to resume their work roles. "Disruption of the family or community may be more psychologically devastating, both in the short run and especially in the long run, than the disaster itself."<sup>4</sup>

Following a disaster, all individuals begin a natural and normal recovery process through mourning and grief. Grief is a process of working through all the thoughts, memories and emotions associated with loss, until an acceptance is reached. The normal process of mourning takes place over a period of several months.<sup>5</sup> Theories of stages of grief provide general guidelines on the possible steps a person may go through prior to reaching acceptance of the event. These stages include denial, anger, bargaining, depression and acceptance.<sup>6</sup>

Symptoms of disaster stress will vary significantly based on an individual person's background and experiences. There are a wide range of emotional responses to disaster, stress and grief reactions, and it is important to recognise that these are normal responses to abnormal situations.

Although stress reactions may seem extreme and cause distress, they generally do not become chronic problems.<sup>7</sup> For most people affected by disasters, the psychosocial responses fade with time, but there may be longer-term emotional effects that do not fade and these may appear immediately or months later.

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<sup>3</sup> Disaster Psychosocial Response, p38.

<sup>4</sup> Ehrenreich, J. H. (2001). *Coping with disasters: A guidebook to psychosocial intervention*. Center for Psychology and Society. Old Westbury, New York, p5.

<sup>5</sup> Ibid., p43.

<sup>6</sup> Ibid.

<sup>7</sup> NSW Health, 2000.

## 1.2 Trauma

Trauma occurs “when a person is exposed to a life-threatening event, and in the experience of this serious threat to life, the person’s response is one of intense horror, fear and/or helplessness.”<sup>8</sup> When faced with a disaster, the experience of terror and helplessness in people is identical all around the world, regardless of their cultural background. Experiencing a traumatic event does not mean that a person is permanently traumatised. It is widely accepted that 90 – 95% of people who have traumatic experiences can eventually return to pre-event levels of mental health.<sup>9</sup>

The word “trauma” is not easily translated in every country, particularly in developing countries. Various experts suggest one should be cautious in using the word trauma in the field as it may have the effect of labelling or stigmatising people as mentally or psychiatrically ill and this may slow down their healing process.<sup>10</sup>

## 1.3 Some Case Studies

“I was not expecting the attack so I was not prepared to defend myself. The rebels cut my leg with a panga. Now I don’t want to see or go near a panga. Whenever I see one, I remember clearly the ambush as if it was happening all over again. At night I have trouble sleeping, and I do not like eating very much. I will never forget that day of the ambush.”<sup>11</sup>

“I was always worried about rebel ambushes and whether I would be able to protect my children. Then one day we were ambushed on the road. There was screaming and confusion and we all ran. I lost sight of my young son and did not know what had happened to him for many hours. Some children were abducted but my son hid and returned home later. Now I cannot walk along that road without constantly watching the

<sup>8</sup> World Health Organisation. (2005). International classification of diseases (ICD-10), <http://www.who.int/classifications/icd/en/> (accessed September 13, 2007).

<sup>9</sup> Sport and Development International Platform. Trauma, sport and resilience. Henley, B., <http://www.sportanddev.org/en/articles/trauma-sport-resilience/index/htm> (accessed September 9, 2007), p2.

<sup>10</sup> W.J.H Mulier Instituut. 2005. *Trauma and sport for development: A toolkit for sport development workers*. Sport and Development Toolkit, CD-Rom, p7.

<sup>11</sup> USAID. (2003). AVSI handbook for teachers, p12. Cited in W.J.H Mulier Instituut. 2005. *Trauma and sport for development: A toolkit for sport development workers*, Sport and Development Toolkit, CD-Rom, p15.

bushes. I fear another attack and jump whenever I see quick movement, even if it just leaves moving in the wind. I do not want my children to go anywhere without me.”<sup>12</sup>

“My older brother was taken by the rebels when they ambushed us. I was scared when the rebels chased us, so I ran. Afterwards, I could not stop shaking and crying for a few hours. Now I cannot sleep because of nightmares about the attack and about what the rebels are doing to my brother. I do not want to leave home to go to school. I just want to stay inside.”<sup>13</sup>

“In a refugee camp in Ghana, there were children and adults, mainly from Togo, Sierra Leone and Liberia. In some cases you could see that people had been tortured. You could see it from their behaviour too. For instance, they did not want to join in group activities or they became aggressive.”<sup>14</sup>

## 1.4 Typical Emotional Responses to Trauma

There are a number of typical emotional reactions that people display when they have been affected by a disaster and having knowledge of these reactions can help you to recognise trauma and increase your insight into how people affected by trauma may feel.<sup>15</sup>

These emotions are described separately but this, by no means, indicates that emotions can be easily identified and explained. People are likely to experience any number of these emotions to varying degrees depending on their circumstances. In delivering a sports programme, awareness and understanding some of these emotional responses may help you recognise some emotions and behaviour displayed during a sport session.

**Anger** Anger is a very complex emotion that can appear to be a very irrational response and is often misunderstood. Anger does not have to make sense. It happens to motivate us to overcome threats to our survival or well-being. People can be angry at a dead loved one for abandoning them or at an earthquake for causing such destruction.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> Mark Bulthuis, cited in Sport and Development Toolkit, 2005, p10.

<sup>15</sup> Sport and Development Toolkit, 2005, p11.

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**Anxiety** Anxiety is a less intense form of fear and it can be expressed in restlessness and agitation or indecision. Unrelieved anxiety can become paralysing because it may prevent people from doing things that were a natural part of their daily routine.

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**Blame** This is when people feel at least partly responsible for bad things happening. People are blamed for not preventing or foreseeing the event or for not having helped others enough. In most cases, feeling that you or others are to blame requires that there was some power or opportunity to have acted differently and that the outcome of those acts was predictable.

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**Despair** A person may feel so heavy and empty that all they want to do is isolate themselves from the surroundings. This may be to avoid being reminded about what happened, or because the feeling of guilt is so much that they cannot stand being close to others.

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**Dread** Disasters can give people cause for dread as they look into a future that includes unpleasant events like burials, relocating from their communities or otherwise rebuilding their lives. People with HIV/AIDS, or other serious physical ailments, may dread nauseating medications, future medical procedures, the deterioration of their health, dying, or leaving others (such as children) behind.

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**Fear** People often feel afraid if they are suddenly faced with something they think might harm them. This emotion is so powerful that it usually captures the full attention, leaving very little reserve for coping with anything else. The object of fear may not always be visible and may include fear of being left alone, fear for the loved ones' lives, fear that the event will happen again, or that it will never be overcome.

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**Frustration** When people try to accomplish something and encounter an obstacle, they experience frustration. Unrelieved frustration can lead to anger or depression.

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**Grief and mourning** People who have suffered a loss, especially of a loved one, experience a very painful reaction that interferes with their ability to go on with their lives. Mourning refers to the expressive or ritual behaviour engaged in by grieving individuals or communities. Expressive rituals can be helpful or necessary for relieving these feelings.

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**Guilt** Guilt is felt when something unfair has happened. A specific kind of guilt found after disasters is called survivor's guilt, in which a person feels guilty for having survived when others did not. Sometimes people feel guilty that they could not prevent the event or guilt over not having acted differently.

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**Regret** This is a painful feeling resulting from reflecting on past decisions or behaviour. People often feel some kind of regret after a disaster because they see how they might have chosen differently, though they may have had no way of knowing at the time. This can be seen as a way of wishing to have been more powerful in the face of overwhelming circumstances.

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**Sadness or sorrow** These feelings have similarities with regret and grief and reveal a person who is mourning some loss. A person who is experiencing sadness may lack energy and appear physically sunken in their face and posture.

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**Shame** Shame is an underlying feeling of being completely bad or inadequate. A person who feels this may find it very hard to talk about it, because they feel undeserving of being cared for or understood by others. Sometimes people feel shameful about how they behaved in the event, even though this may be unfounded.

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**Vulnerability** When people are hurt physically and psychologically, they feel fragile or insecure. This may lead to them misinterpreting their surroundings. They may generally feel misunderstood and betrayed and may be low on patience and easily irritated.

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## 2. WHAT ARE THE PSYCHOSOCIAL EFFECTS OF DISASTER ON SPECIFIC GROUPS?

The following symptoms and emotional responses may be experienced by survivors of a disaster. A person may experience a combination of these symptoms at the same time.

### 2.1 Children

Most children respond sensibly and appropriately to a disaster, especially if they experience the protection, support, and stability of their parents and other trusted adults. However, like adults, they may respond to a disaster with a wide range of symptoms.<sup>16</sup> It is important to understand that a disaster can have lasting impacts on children. Signs and symptoms of trauma differ slightly for children in different age groups and are highlighted in the following table along with some possible responses.

Symptoms	Response
<ul style="list-style-type: none"> <li>• Clinging, fears about separation, fear of strangers, fears of “monsters” or animals</li> <li>• Difficulty sleeping or refusing to go to bed</li> <li>• Compulsive, repetitive play which represents part of the disaster experience</li> <li>• Return to earlier childhood behaviours, such as bed-wetting or thumb-sucking</li> <li>• Crying and screaming</li> <li>• Withdrawal; not wanting to be with other children</li> <li>• Fears, including nightmares and fears of specific sounds, sights, or objects associated with the disaster</li> <li>• Aggressiveness, defiance, “acting out”</li> <li>• Resentfulness, suspiciousness, irritability</li> </ul>	<ul style="list-style-type: none"> <li>• Give verbal assurance and physical comforting</li> <li>• Provide comforting bedtime routines</li> <li>• Avoid unnecessary separations</li> <li>• Permit child to sleep with parents</li> <li>• Encourage expression regarding losses (e.g. death of loved ones, pets, toys)</li> <li>• Monitor media exposure to disaster trauma</li> </ul>

<sup>16</sup> Ehrenreich, 2001.

- Headaches, stomach aches, vague aches and pains
  - Problems at school (or refusal to go to school) and inability to concentrate
  - Feelings of shame
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There are two common misconceptions related to the impact of disasters on children:

1. That children are innately resilient and will recover rapidly, even from severe trauma
2. That children, especially young children, are not affected by disaster unless they are disturbed by their parents' responses

Both of these beliefs are false. A wealth of evidence indicates that children experience the effects of disaster doubly. Even very young children are affected directly by experiences of death, destruction, terror, personal physical assault, and by experiencing the absence or powerlessness of their parents.<sup>17</sup> Children are powerfully affected by the reactions of their parents and other trusted adults to the disaster. They look to adults for clues as to how to act and if they see their elders overcome with loss, they feel their own losses more strongly. Children are even more susceptible to trauma through the loss of siblings, parents and other family members following a disaster.

Another barrier to recognising children's responses to disaster is the tendency of parents to misinterpret their children's reactions. Their behaviours may be misunderstood and parents may not be able to recognise their child's reactions and may punish children for behaviours such as poor performance at school. Children's fears may also stem from their imagination. Children have less ability than adults to judge which fears are realistic and those which are not and a child's response to a disaster should be taken seriously. A child who *feels* afraid, regardless of the reason, *is* afraid.<sup>18</sup>

It is an unfortunate reality that children are directly involved in combat more and more frequently. Children as young as nine are kidnapped and used as fighters, sex slaves, cooks, housekeepers or to carry equipment for weeks, months or even years. They may be forced to commit atrocities against their own families or neighbours to ensure they will not try to escape and it is common to drug the children so they are fearless and ruthless in their behaviour. If they are able to return to their homes they find people who are afraid of

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<sup>17</sup> Ibid.

<sup>18</sup> Ibid., p96.

them. These children often display all the characteristics of trauma but the symptoms are often hidden by tough attitudes and behaviour.<sup>19</sup>

For children, the effects of disaster are magnified by the fact that the child’s personality is still developing and their identity must be constructed within the framework of the psychosocial effects of the disaster. Children who have been chronically exposed to trauma may seem cold, insensitive and lacking in emotion in daily life and violence may have come to be seen as normal and legitimate.<sup>20</sup>

## 2.2 Adults

The following table highlights some of the signs and symptoms of trauma in adults affected by disaster:<sup>21</sup>

Symptoms	Response
<ul style="list-style-type: none"> <li>• Sleep problems</li> <li>• Avoidance of reminders</li> <li>• Excessive activity levels</li> <li>• Crying easily</li> <li>• Increased conflicts with family</li> <li>• Hypervigilance</li> <li>• Isolation, withdrawal</li> <li>• Fatigue, exhaustion</li> <li>• Gastrointestinal distress</li> <li>• Appetite change</li> <li>• Somatic complaints</li> <li>• Worsening of chronic conditions</li> <li>• Depression, sadness</li> </ul>	<ul style="list-style-type: none"> <li>• Provide supportive listening and opportunity to talk in detail about disaster experiences</li> <li>• Assist with prioritising and problem solving</li> <li>• Offer assistance for family members to facilitate communication and effective functioning</li> <li>• Assess and refer when indicated</li> <li>• Provide information on disaster stress and coping, children’s reactions and families</li> <li>• Provide information on referral resources</li> </ul>

<sup>19</sup> Church of Sweden, Norwegian Church Aid & Presbyterian Disasters Assistance. (2005). *Community based psychosocial services in humanitarian assistance*. (Version 2), p5-9.

<sup>20</sup> Ibid, p28.

<sup>21</sup> Department of Health and Human Services. (2000). *Field manual for mental health and human service workers in major disasters*. DHHS: Washington, D.C., p15-20.

- Irritability, anger
  - Anxiety, fear
  - Despair, hopelessness
  - Guilt, hopelessness
  - Guilt, self doubt
  - Mood swings
- 

The needs and vulnerabilities of men and women are vastly different and are influenced by the type and specific conditions of each disaster.

Women’s roles and experiences create special vulnerabilities in the face of disaster. They are also at risk of violence from their spouse or exposed to rape and other violence in shelters and refugee camps. In war situations, women and girls may be specifically targeted.<sup>22</sup> Women are often the objects of domestic violence and are less mobile while caring for children and the elderly.<sup>23</sup>

## 2.3 The Elderly

The elderly are also vulnerable to the effects of disaster and are the least documented in the literature. The following symptoms may be present in elderly people following a disaster:<sup>24</sup>

<b>Symptoms</b>	<b>Response</b>
<ul style="list-style-type: none"> <li>• Withdrawal and isolation</li> <li>• Reluctance to leave home</li> <li>• Mobility limitations</li> <li>• Relocation adjustment problems</li> <li>• Worsening of chronic illnesses</li> <li>• Sleep disorders</li> <li>• Memory problems</li> </ul>	<ul style="list-style-type: none"> <li>• Provide strong and persistent verbal reassurance</li> <li>• Provide orienting information</li> <li>• Use multiple assessment methods as problems may be under reported</li> <li>• Provide assistance with recovery of possessions</li> </ul>

<sup>22</sup> Ehrenreich, 2001, p28.

<sup>23</sup> Community based psychosocial services in humanitarian assistance, 2005, p5-6.

<sup>24</sup> Ehrenreich, 2001, p30.

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- Somatic problems
  - More susceptible to hypo- and hyperthermia
  - Physical and sensory limitations (sight, hearing) interfere with recovery
  - Depression
  - Despair about losses
  - Apathy
  - Confusion, disorientation
  - Suspicion
  - Agitation, anger
  - Fears of institutionalisation
  - Anxiety with unfamiliar surroundings
  - Embarrassment about receiving “handouts”
- Assist in obtaining medical and financial assistance
  - Assist in re-establishing familial and social contacts
  - Give special attention to suitable residential relocation
  - Encourage discussion of disaster losses and expression of emotions
  - Provide and facilitate referrals for disaster assistance
  - Engage providers of transportation, chores services, meals programs, home health and home visits as needed
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The elderly are more vulnerable to being victimised and their special needs may take a lower priority. They may feel that due to their age there is not enough time left in their life to rebuild and to recreate their lives.

## 2.4 People with a Disability

People with a disability are at especially high risk in disasters. People with physical, sensory, mental, intellectual or developmental disabilities have distinct needs from one another, but all experience disruptions in normal patterns of care or assistance. Disasters may disrupt their normal levels of functioning and drastically reduce their quality of life. Anxiety and stress resulting from this situation may create disorientation, confusion or deterioration in health status.

Supplies of medication, equipment and assistive devices, family caretakers and previously effective treatment programmes may become unavailable. This population may not be able to care for themselves without help and may be at great risk of marginalisation and isolation. Post-disaster malnutrition, infectious diseases and lack of adequate health care are particular risks since they may have a limited ability to advocate their own needs.<sup>25</sup>

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<sup>25</sup> Community based psychosocial services in humanitarian assistance, 2005, p5-8.

## 2.5 Responders

Disaster workers, including those involved in the immediate rescue efforts, are also at very high risk of disaster trauma. In addition, “many of the same factors affecting direct rescue and relief workers affect human rights workers, officials of humanitarian organisations, reporters, and other who investigate disasters and their aftermaths.”<sup>26</sup>

Disaster relief workers may:

- Themselves be primary victims of the disaster, with the same burdens as other primary victims
- Be repeatedly exposed to confronting experiences (for example, recovering bodies), the powerful emotions and harrowing tales of victims
- Have tasks that are physically difficult, exhausting, or dangerous
- The demands of their tasks may lead to lack of sleep and chronic fatigue
- Face a variety of role stresses, including a perceived inability to ever do “enough”. Even if the limits of what they can do are imposed by reality, or by organisational or bureaucratic constraints beyond their control (for example, lack of supplies, lack of manpower), they blame themselves
- Feel guilty over access to food, shelter, and other resources that the primary victims do not have
- Identify with the victims
- Feel guilt over the need to ‘triage’ their own efforts and those of others or may blame themselves when rescue efforts have failed
- Be exposed to the anger and apparent lack of gratitude of some victims

Some responders may not have any symptoms while others may be affected physically, emotionally, cognitively, and/or behaviourally. In addition to the stress and grief responses similar to those of primary survivors, rescue and relief workers may experience anger, rage, despair, feelings of powerlessness, guilt, terror, or longing for safety away from the disaster area.

Some of the signs of burnout in disaster responders may include: <sup>27</sup>

- Excessive tiredness
- “Loss of spirit”
- Inability to concentrate
- Somatic symptoms (for example, headaches, gastrointestinal disturbances)

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<sup>26</sup> Ehrenreich, 2001, p32.

<sup>27</sup> Ibid., p33.

- Sleep difficulties
- Grandiose beliefs about own importance (for example, engaging in heroic but reckless behaviours, ostensibly in the interests of helping others; neglecting own safety and physical needs (for example, showing a “macho” style of not needing sleep, not needing breaks)
- Cynicism
- Inefficiency
- Mistrust of co-workers or supervisors
- Excessive alcohol use, caffeine consumption, and smoking

Providing psychosocial assistance to disaster responders and ensuring they have adequate shelter, food, and rest, even when these are not available to the victims themselves, is a very high priority in disasters. “It may seem unfair, but if the rescue and relief workers are unable to function efficiently, they can not help any one else.”<sup>28</sup> If the needs of disaster responders are not met, then it is more difficult for them to function efficiently and help others.

It is important for relief workers to be able to monitor and manage their own stress levels both during and after the disaster. Upon leaving the disaster area, most responders are able to overcome stress and anxiety within a short period of time, however some may experience more serious symptoms of stress and trauma and may need to seek professional help.<sup>29</sup>

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<sup>28</sup> Ibid., p34.

<sup>29</sup> U.S. Department of Health and Human Services, 2005.

### 3. PSYCHOSOCIAL INTERVENTION

#### 3.1 Coping and Resilience

Coping is a broad term that refers to anything people do to adjust to the challenges and demands of stress. Each individual has their own ways of coping with problems. Part of coping skills is to express one's feelings, thoughts and beliefs. If the painful feelings are expressed, the person can recover and heal.

A percentage of people affected by disasters recover to normal functioning without any intervention and this is believed to be influenced by an individual's coping mechanisms and resilience. Resilience can be described as an inner strength, responsiveness and flexibility that some individuals have more than others, that either enables them to withstand stress and trauma completely, or helps them to be able to recover to a healthy level of functioning more quickly after a traumatic event.

Resilience is described as a dynamic process encompassing positive adaptation within the context of significant adversity. The notion of resilience has two critical conditions:

1. An exposure to significant threat or severe adversity
2. The achievement of positive adaptation despite major assaults on the developmental process.<sup>30</sup>

Resilient action only occurs in relation to adverse events or ongoing influences so if there is no adverse event or shock involved, then we are not talking about resilience, but something else.<sup>31</sup> The key question is what enhances the capacities of individuals, groups and organisations to deal with threats more competently. In contexts of adversity, diverse capacities are of crucial importance, for instance anticipating threats, changing rules and regulations, creation new options, planning ahead, recognising danger, mobilising assets, organising support, developing new and flexible institutions and organisations.

Resilience building aims at increasing the chances of sustaining livelihoods. It refers to learning from past experience, from one's own experience and from the stock of experience available in a community or society and encompasses pro-active and re-active ca-

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<sup>30</sup> Luthar, S., Cicchetti, D. & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543-562.

<sup>31</sup> Luthar, S. & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies, *Development & Psychopathology*, 12, 857-885.

pacities. Resilience involves planning, preventing, evading, mitigating, avoiding as well as coping with and reacting to challenging livelihood conditions.<sup>32</sup>

Resilience is influenced by individual characteristics as well as family relationships and social networks. Encouraging supportive social networks, caring for the family system and encouraging a sense of mastery and competence all help to foster resilience. There are a number of protective factors and qualities of resilience:<sup>33</sup>

- Learning and utilising a solution-focused coping style
- Ability to think before acting
- Social support: having connection with others and experiencing belongingness
- Nurturing and caring interactions between unrelated adults and children
- Being independent and able to request help when necessary
- Able to play actively
- Curiosity and exploring the environment
- Able to adapt to change
- Able to make contributions to others
- Community involvement and community contributions
- Participation in cultural practices and routines

There are four key protective factors that support and promote resilience:<sup>34</sup>

1. The presence of healthy, supportive relationships between adults and youth
2. Healthy peer-to-peer relationships
3. The ability of youth to develop and utilise internal and external problem-solving strategies, in order to effectively mediate adversity (including developing cognitive skills and understandings in order to better deal with stressful and uncertain situations)
4. Healthy involvement with and commitment to broader community, which includes the encouragement to contribute to the common good of that community

It is important to understand what the characteristics of resilience are, what makes one person more resilient than the next, and most significantly, how resilience might be promoted in people via participation in a sports programme.

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<sup>32</sup> Obrist, Pfeiffer & Henley. (2008). *Social resilience in context: A new approach in mitigation research*. Perspectives of the Swiss National Centre of Competence in Research (NCCR) – in press.

<sup>33</sup> Henley, R. (2005). *Helping children overcome disaster trauma through post-emergency psychosocial sports programs: A working paper*. Swiss Academy for Development. Bienne, Switzerland, p15.

<sup>34</sup> Henley, B. (2007) Trauma, sport and resilience, p1-2.

### 3.2 What Is Psychosocial Intervention?

The term psychosocial refers to the “dynamic relationship that exists between psychological and social effects, each continually inter-acting with and influencing the other.”<sup>35</sup>

Psychological effects include systems that affect different levels of function such as cognitive (perceptions and memory necessary for thought and learning), affective (emotions), and behavioural. Social effects refer to relationships, family and community networks, and economic status and how these have changed.<sup>36</sup>

A number of principles of psychosocial intervention have emerged in recent years that are based on a non-medical model of rehabilitation. The principles of psychosocial intervention focus on empowerment, respect of local culture and traditions, and on helping the community to support each other. It is important for psychosocial programmes to be tailored to specific situations in order to meet local needs and resources and operate with local cultures.<sup>37</sup>

The following eight principles have been identified by the World Health Organisation (WHO) as crucial to consider when implementing any psychosocial programme (and this includes sport programmes):<sup>38</sup>

1. Contingency planning before the acute emergency
2. Assessment before intervention
3. Use of a long-term development perspective
4. Collaboration with other agencies
5. Provision of treatment in primary health care settings
6. Access to services for all
7. Ongoing staff training and supervision
8. Ongoing monitoring and assessment of program effectiveness

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<sup>35</sup> UNICEF et al. (Ed.) (2005). *Psychosocial care and protection of tsunami affected children: Guiding principles*, [http://www.unicef.org/emerg/files/Psychosocial\\_Guiding\\_Principles\\_Tsunami.doc](http://www.unicef.org/emerg/files/Psychosocial_Guiding_Principles_Tsunami.doc) (accessed September 9, 2007), p1.

<sup>36</sup> *Ibid.*, p1.

<sup>37</sup> Henley, R. & Colliard, C. (2005). *Overcoming trauma through sport*. Input paper for break-out session. 2nd Magglingen Conference on Sport and Development, 4-6 December, 2005, p4.

<sup>38</sup> van Ommeren, M., Saxena, S., & Saraceno, B. (2005). Mental and social health during and after acute emergencies: An emerging consensus? *Bulletin of the World Health Organisation*, January, 83 (1), p72.

The Declaration of Cooperation between WHO and Humanitarian NGOs<sup>39</sup> in 2005 stated that personnel providing mental health care, education, social welfare, recreational, cultural, sports and other activities for refugees, displaced persons and other populations affected by disasters, should centre their efforts on:

- Physical, mental and social well-being of children
- Promoting respect for human rights
- Fostering abilities to cope and resilience
- Attending to the special needs of families with children as heads of household
- Prevention of violence against and among children and adolescents
- Prevention of delinquency and other anti-social behaviour
- Prevention of substance abuse
- Prevention of sexual violence and exploitation
- Prevention of family and school drop-outs
- Prevention of harmful and exploitative labour
- Organisation of cultural, creative and recreational activities
- Introduction of mental health and psychosocial activities for children in educational and other settings
- Introduction of conflict resolution activities

It follows from these principles, that psychosocial interventions should be multi-disciplinary, and should be targeted towards communities rather than working with individuals or families in order to make the best use of available resources and also to build resilience in a greater number of people. The focus is on building social structures as well as overcoming trauma in individuals.

### **3.3 Who Provides Psychosocial Intervention?**

Traditionally, psychosocial intervention falls under the mental health response to disaster. Mental health teams are generally comprised of psychologists, community health workers, social workers and occupational therapists from disaster-affected communities and from international response teams.

In 2005, an International Task Force on Mental Health and Psychosocial Support in Emergency Settings was established with members from WHO and other UN agencies, and

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<sup>39</sup> Petevi, M. (ed.) (2005). *Declaration of cooperation for WHO and humanitarian NGOs, including ACT network and mental health or refugees, displaced and other populations affected by conflict and post-conflict situations*. (Version 2), May 2005, WHO, Geneva, p2-10.

international humanitarian organisations which highlights growing international focus on mental health services in post-disaster intervention.<sup>40</sup>

Another recent development is the introduction of a standard on “mental and social aspects of health” which has been added to the health chapter of the Sphere Handbook on minimum standards in disaster response. This is important in that it gives clear messages to health planners to improve mental and social health in humanitarian assistance.

In terms of reaching many people, it is more efficient to use social interventions than basic psychological interventions.<sup>41</sup> However, social interventions are typically not in the domain of expertise of mental health professionals and recent consensus statements have identified that “health and mental health professionals should work in close partnership with colleagues from other disciplines to ensure that relevant social interventions are fully implemented.”<sup>42</sup>

Cooperation and partnerships between governments, international NGOs, United Nations agencies, the communities affected by disaster and the host community’s scientists, donors, health authorities are essential for good mental health practice, cost-effective and sustainable services.<sup>43</sup> These may include the following disciplines and professions:

- Social work
- Psychology
- Occupational therapy
- Physiotherapy
- Rehabilitation specialists
- Community rehabilitation teams
- Education
- Sports trainers and coaches
- Communication
- Community development
- Disaster coordination

In designing a psychosocial sport programme in a post-disaster setting, it is important to cooperate with these other disciplines in order to increase information gathering and assessments and prevent duplication of services and programmes.

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<sup>40</sup> Task Force on Mental Health and Psychosocial Support, November 2005. *Minutes of IASC 63rd Working Group Meeting*. 21-22 November 2005 (circulated September 7, 2007), p1.

<sup>41</sup> WHO (Ed.). (2005). *Mental health assistance to the populations affected by the tsunami in Asia*. WHO, [www.who.int/mental\\_health/resources/tsunami/en/print.html](http://www.who.int/mental_health/resources/tsunami/en/print.html), (accessed September 9, 2007).

<sup>42</sup> van Ommeren et al., 2005, p72.

<sup>43</sup> WHO, 2005, p2-7.

### 3.4 Community-Based Rehabilitation

Most people affected by disasters will not see themselves as needing psychosocial or mental health-related services.<sup>44</sup> It is important that disaster responders take services to the survivors, and do not wait and expect survivors to come to them. In this sense, community based services that are targeted at group interventions are favoured over individual services or intervention.

A number of organisations and agencies play key roles in rehabilitation following disasters. It is important to gather information on the organisations and services that are active in the community where you will be working. This is essential to ensure that you are able to refer people who attend your sports and physical activity programme to the appropriate service.

At the international level, for example, the International Committee of the Red Cross and Red Crescent Societies (ICRC) have provided rehabilitation services and assisted more than eighty-five projects in thirty-six countries.<sup>45</sup> They provide prostheses, orthoses, crutches or wheelchairs, along with physiotherapy to promote long-term functioning and independence.

Occupational therapy is an example of a discipline that provides community-based rehabilitation in many parts of the world and is increasingly concerned with promoting health and well-being in post-disaster intervention. Occupational therapists use everyday activities including games and sports to facilitate recovery and have education that enables assessment of mental health status, counselling and training of volunteers to provide these services to greater numbers with the community.<sup>46</sup>

These are only a couple of examples of local community service providers to help you get started in building your multi-disciplinary rehabilitation team. Not only do you need to actively seek participants for your sport and physical activity programme, you also need to take the initiative to gather information and actively seek cooperation with other services.

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<sup>44</sup> Department of Health and Human Services, 2000, p67.

<sup>45</sup> ICRC. Discover the ICRC: Health services, [www.icrc.org](http://www.icrc.org) (accessed September 9, 2007).

<sup>46</sup> Kit Sinclair. (2007). *World federation of occupational therapists: Occupational therapy in disaster preparedness and response*. Summary of WFOT Situational Analysis Report (2005), WFOT DP&R phase 2 report and report of WFOT-Indonesia DP&R workshop (2006), unpublished.

### 3.5 Signs and Symptoms of More Serious Responses to Trauma

Not everyone who experiences a disaster will need professional help to overcome his or her trauma and many people are able to cope with the social support that is around them, including the help of sport, games and other social networks. A smaller group of people will need professional help for a limited period of time and it is important to be aware of some of the signs and symptoms of more serious mental health responses to disaster and know when to refer a person for more specialist help.

If stress is extreme and not managed, some individuals may experience post-traumatic stress disorder (PTSD) which is a psychiatric disorder that can occur following a disaster. People who suffer from PTSD often re-live the experience through nightmares and flash-backs, have difficulty sleeping, and feel detached or estranged.<sup>47</sup>

Some of the characteristic signs and symptoms of post-traumatic stress disorder (PTSD) include:<sup>48</sup>

<b>Hyperactivity</b>	Inability to sit still, difficulty concentrating, learning difficulties, dangerous risk-taking behaviour
<b>Hopelessness/helplessness</b>	Feels sad and cries a lot, does not eat, wants to stay in bed, talks about ending his or her life
<b>Constantly thinking about the event</b>	Nightmares, withdrawal from usual social activities, intense anxiety or avoidance that is triggered by reminders of the event
<b>Physical problems</b>	Nausea, headaches, weight gain or loss (for example)
<b>Alcohol or drug abuse problems</b>	

If you notice these signs in a person affected by a disaster, it is recommended that they be referred to a specialist with specific training and skills in dealing with these trauma responses.

<sup>47</sup> U.S. Department of Health and Human Services, 2005, p5.

<sup>48</sup> Sport and development toolkit, 2005, p21.

In some countries it may be difficult to find local mental health workers, therefore it is important to identify potential referral services very early in your programme so you know who to contact in your specific situation and how to find them.

Remember that the goal is to meet the specific needs of each individual and it is important for professional disciplines to work together to best meet those needs. Having an understanding of the typical psychosocial responses to disaster for different population groups will help you plan and implement a sport and physical activity programme that is best suited to the community and individuals you are working with.

## **4. KEY THEMES IN PSYCHOSOCIAL INTERVENTION**

The following information sheets have been prepared by the Centre for Humanitarian Psychology:<sup>49</sup>

### **4.1 Resilience – I've Got What it Needs to Pull Through**

Much of the research in recent years has been done on the basis of the concept of “resilience”. It is the ability to overcome the trials of life by relying on one’s own resources.

It has been observed that, when faced with the same difficulties, some people pull through better than others. They can be called resilient personalities or coping personalities. These individuals are found to have certain general characteristics:

#### 1. Social abilities

- Good ability to communicate, sense of humour, sociable behaviour, empathy, ability to form relationships
- Ability to put matters into perspective

#### 2. Sense of autonomy

- Ability to act independently, a strong notion of identity
- An ability to control the environment based on the knowledge of one’s needs

#### 3. Ability to resolve problems:

- Ability to form abstract ideas and to reflect. Thinking is both concrete and flexible
- Ability to find alternative solutions

#### 4. Having objectives in life and being determined to achieve them:

- Knowing one’s expectations of other people and being able to manage them
- Ability to set goals for oneself
- Ability to think ahead
- Perseverance
- A hopeful disposition
- A feeling of cohesion, a feeling that one’s life plans are coherent. In other words, one knows where one is going.

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<sup>49</sup> Centre for Humanitarian Psychology. Info sheets borrowed from <http://www.humanitarian-psy.org/pages/fiches.asp> (accessed, October 9, 2008), with the CHP’s kind permission.

Of course none of us has all these wonderful qualities. But the general picture gives some ideas on aspects of personality which one should develop BEFORE being caught in life's predicaments.

## 4.2 Traumatic Stress

One enters what is called a state of traumatic stress when a potentially traumatising situation or event is experienced. An event which is:

- Sudden
- Unexpected
- Violent
- Life threatening

Regardless of the event, one has become intensely conscious of having escaped the worst and of being a survivor. Life is felt to be precarious and one feels vulnerable. Any person who experiences such an event is never the same again, and when he or she returns home they feel different from their family and friends.

This is a **normal reaction** to an abnormal situation!

At the time of the incident, or just following it, you may experience the following signs:

- Feel very tired
- Tremble
- Break out in cold sweats
- Suffer from nausea, vomiting, diarrhoea
- Increased blood pressure with possible chest pains similar to that of a coronary angina
- Strong feelings of guilt and anguish about the fate of the other victims
- Feeling sad, downhearted and inert
- Feeling angry, irritable and wrongly accusing those around you
- Feeling vulnerable or overexcited

Mentally, you may suffer from:

- Temporary confusion
- Slowness in thought, in concentration and in your ability to make decisions
- Or thought and speech patterns may have become abnormally rapid

Your behaviour may also change:

- You tend to drive dangerously
- You are becoming hyperactive
- You work late in the evenings and on weekends
- You explode for no reason, argue endlessly or burst into tears

Once again, all these constitute a normal reaction and should clear up in the weeks following the traumatising event.

### 4.3 Critical Incident Stress and Post-Traumatic Stress Disorder

Of course, everyone reacts differently to traumatic stress. You may:

- React immediately in the hours or days following the event in which case the recovery prognosis is good. We speak then of Critical Incident Stress.
- React only after some months, or even some years, and the consequences for your well-being will be more serious as this can lead to a mental health disorder called PTSD (Post Traumatic Stress Disorder)

It is then more serious than traumatic stress in that:

- The victim experiences “flashbacks”, i.e. emotional and sensorial reliving of the scenes which have affected the person the most (it may feel like hallucinations when severe). At night, this causes nightmares which, in the long term, can lead to chronic insomnia.
- There is a tendency to avoid anything concerning the traumatising event (thoughts, emotions, situations...), which can make interpersonal relations difficult in the long time.
- Hyper-arousal of the nervous system: the least noise causes jumpiness, there is difficulty going to sleep, frequent waking-up during the night, chronic digestive problems etc.

The condition is serious if these signs do not diminish and last **more than 2 months**.

If you feel you're suffering from PTSD, you should know that it is considered more and more as an illness, and therefore may be covered by health insurance, on condition that it is diagnosed by a medical doctor.

What can be done?

- You must realise that you need to stop and rest.
- Don't suffer in silence and don't be ashamed or afraid to ask for help. What you are suffering from is, in reality, an “emotional wound”. You are neither a hero nor a heroine. Don't think: “the victims are suffering more than me, I shouldn't complain”.
- Remember that asking the advice of a psychiatrist or a psychologist does not mean that you are crazy! You are having normal reactions to an abnormal situation.

If one of your colleagues is suffering, following a traumatising event, offer them your calming presence and listening skills. This may help recovery and avoid PTSD.

Never be afraid to offer support. It's not so hard. There is no need to be a specialist in compassion!

## 4.4 Debriefing

The debriefing technique was first used by Dr. Jeffrey Mitchell in the USA in the eighties during his work with natural disasters and in the development of the theory of crisis intervention. It was further developed by Dr. Atle Dyregrov, a Norwegian, and was re-modelled a number of times, particularly in Great Britain.

Experience in the matter of psychological support for victims accumulated in the course of the 20th century and has shown that emotional reactions to a traumatising event are normal and not the sign of a weak character. Consequently, victims should not be considered as “psychiatric” cases, even if they have strong emotional reactions.

- Support should be provided as soon as possible after the traumatising event
- The victim and those close by must be able to talk about their experience
- Information on the situation and the trauma should be maximised, so that the victim can appreciate the facts properly and make sense of what has happened

Debriefing is a psychosocial technique derived from Emergency Psychology, which aims to reduce potentially harmful reactions to a traumatising event. It is not a therapy, nor a mental health treatment for traumatic stress. Rather, it is based on the principle that most victims have the ability to react adequately and have some degree of resilience.

Debriefing follows some simple but important rules:

- The intervention must take place as soon as possible after the incident
- The victim should be able to talk freely about what has happened
- He or she must also feel free to relive emotions, cry, express anger, tremble, without the feeling of being judged

Debriefing is one of the therapeutic tools of a psychological support system called Critical Incident Stress Management (CISM). It may be used by non-professionals as long as they have received adequate training in the use of this technique.

## 5. SUMMARY OF PART TWO

- Trauma and grief reactions are normal responses to abnormal situations.
- Everyone who experiences a disaster will have an emotional response.
- The psychosocial responses and vulnerabilities vary for adults, women, children, the elderly and people with disabilities.
- Disaster responders are also at risk of disaster trauma and need to take steps to prevent and respond to their own emotions in order to help others.
- Most people are able to use their coping skills and resilience to deal with traumatic experiences of a disaster.
- Resilience is an inner strength, responsiveness and flexibility that some individuals have more than others, that enables them to withstand stress and trauma.
- Psychosocial intervention aims to build the internal coping capacities and resilience in individuals and communities affected by disaster.
- Psychosocial intervention traditionally falls under the mental health response to disaster.
- A multi-disciplinary approach to psychosocial is the best approach.
- If signs and symptoms of more serious trauma responses appear, people should be referred to skilled mental health professionals.

## 6. USEFUL LINKS

Child Trauma Academy

**[www.childtraumaacademy.com](http://www.childtraumaacademy.com)**

Centre for Humanitarian Psychology

**[www.humanitarian-psy.org](http://www.humanitarian-psy.org)**

IFRC Psychological Support: Community based psychological support training manual

**[www.ifrc.org](http://www.ifrc.org)**

Sphere Project

**[www.sphereproject.org](http://www.sphereproject.org)**

Sport and Development Toolkit

**[www.toolkitsportdevelopment.org](http://www.toolkitsportdevelopment.org)**

Swiss Academy for Development

**[www.sad.ch](http://www.sad.ch)**

UN High Commissioner for Refugees

**[www.unhcr.org](http://www.unhcr.org)**

United States Department of Health and Human Services

**[www.hhs.gov](http://www.hhs.gov)**

IASC Task Force on Mental Health and Psychosocial Support in Emergency Settings

**[www.who.org](http://www.who.org)**

World Federation of Occupational Therapists

**[www.wfot.org](http://www.wfot.org)**



## **PART THREE – Sport in Post-Disaster Intervention**

**How Can Sport and Physical Activity Help People Overcome Disaster Trauma?**

**What Do You Need to Consider Before Planning a Psychosocial Sport Programme?**

## OVERVIEW

*How can sport and physical activity help people overcome disaster trauma? What do you need to consider before planning a psychosocial sport programme?*

Sport is rapidly becoming a valuable tool to help people affected by disaster to deal with trauma and build resilience. Sport and physical activity programmes must be planned to meet specific psychosocial goals and adapted to needs of individuals and communities in a specific disaster-affected region.

PART THREE describes the practical considerations that must be taken into account including planning, delivery and evaluation, keeping in mind that any programme must be tailored in order to meet specific needs.

**By the end of PART THREE you should be able to:**

- Define sport, physical activity and play and understand their potential in post-disaster intervention
- Understand the role of sport and physical activity in building resilience and helping people to overcome disaster trauma
- Be aware of specific consideration in planning a psychosocial sport and physical activity programme such as safety, age, gender, culture and disability
- Understand the value of monitoring and evaluation and know where to find information to assist in developing an appropriate strategy to measure specific aspects of a programme
- Be able to acknowledge the difference between post-disaster intervention, long-term reconstruction and development, and the importance of empowerment and sustainability

You will find at the end of PART THREE a chapter summary and useful links to help you locate further information.

## **PART THREE – SPORT AND PHYSICAL ACTIVITY IN POST-DISASTER INTERVENTION**

### **1. SPORT AND PHYSICAL ACTIVITY**

#### **1.1 What Is Sport and Physical Activity?**

It is important to recognise that people have different ideas and interpretations of what is sport and physical activity. Your values and beliefs about sport and physical activity are shaped by your knowledge, education and experience, and may be very different from those of people from other cultures. It is crucial that you consider what sport means to the community where you work.

There are many definitions of sport but the latest internationally accepted definition states that sport includes:

...all forms of physical activity that contribute to physical fitness, mental well-being and social interaction. These include play; recreation; organised, casual or competitive sport; and indigenous sports or games.<sup>1</sup>

This definition appropriately highlights the fact that sport and physical activity is much more than organised or competitive sport and it involves all kinds of activities that get people moving, and may include kicking a ball, flying a kite, doing a traditional dance or playing with friends.

#### **1.2 How Can Sport and Physical Activity Help Build Resilience?**

Participating in sport and physical activity can lead to a number of positive health benefits in any situation for people of all ages and abilities. Decades of research have documented that sport and physical activity have a crucial role in the optimal growth, learning and development of children from infancy through to adolescence, and continues to benefit people as they get older.<sup>2</sup>

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<sup>1</sup> UN Inter-Agency Task Force on Sport for Development and Peace. (2003). *Sport as a tool for development and peace: Towards achieving the millennium development goals*, United Nations, New York, p1.

<sup>2</sup> Henley, R. & Colliard, C. (2005). *Overcoming trauma through sport*. Input paper for break-out session. 2nd Magglingen Conference on Sport and Development, 4-6 December, 2005, p5.

In post-disaster intervention, sport and physical activity is a useful and valuable tool for building resilience and helping people affected by disasters to overcome - trauma. Psychosocial sport programmes are more than simply teaching sport skills and the underlying principle is not that doing something is better than doing nothing.

**Lessons from the field:**

As was experienced in Bam (Iran) after the December 2003 earthquake, in a sport and play programme where the project coordinator inaugurated the football field by kicking the ball to start a game, he was surprised to see the children just standing there frozen. The children were so traumatised by the earthquake and resulting losses that they did not remember how to play. And actually, this was the case in the first months with most sport and play activities.<sup>3</sup>

Sport and physical activity can be used during the immediate response phases and throughout all phases of post-disaster intervention. It can provide a safe, structured and friendly environment for people to begin to share their emotions through verbal or non-verbal communication. The emphasis is on building social cohesion, to encourage community members to interact and communicate with each other. Sport and physical activity can allow brief periods of relaxation, focus attention away from the experience of loss, and provide an opportunity to reinforce educational and safety messages along with welcome respite for parents and caregivers.

Psychosocial sport and physical activity programmes do not have a primary focus on competition and winning but rather an emphasis on the cultivation of a cooperative and supportive environment. The culture of cooperation will contribute significantly to the restoration of psychological and social functioning, especially after the trauma of disaster has caused upheaval. People benefit from having regular contact with providers of physical activity who provide trustworthy and reliable role models which is an important aspect of building resilience and overcoming trauma.

In order to achieve maximal effectiveness, psychosocial sport programmes must:

- Deliver well-structured and planned interventions based on identified psychosocial goals
- Aim to meet the specific needs of all community groups

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<sup>3</sup> Henley, R. (2005). *Helping children overcome disaster trauma through post-emergency psychosocial sports programs: A working paper*. Swiss Academy for Development. Bienne, Switzerland, p7.

- Actively recruit the less-powerful or mobile members of a community (including poor people, people with disabilities, women and elderly people)
- Be developed in collaboration with local organisations and agencies
- Consider long-term sustainability from the outset

All members of a community can build their resilience and coping skills through post-disaster sport and physical activity programmes as long as programmes are targeted towards the specific needs of each group.

Furthermore, sport and physical activity can also assist disaster responders in coping with stress. Regular physical activity can help disaster responders to build up their own resilience and coping capacity.

### 1.3 Case Studies

The following case studies have been provided by “The Kids League” in Uganda:<sup>4</sup>

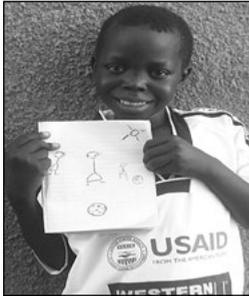


John is 14 years old and from Kitgum, Uganda. In 2003, John was abducted by rebels. During that time he witnessed and committed atrocities until he managed to escape in 2005. John has been playing football with The Kids League (TKL). Before he started the programme, he was without any friends and much of his time was spent in idleness. Through teamwork in football, sport has helped John to make friends. He is now popular and a role model for other children in his village.

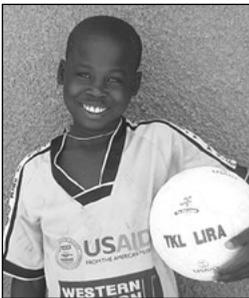


Samuel is 14 years old and from Kitgum, Uganda. He was abducted by rebels in 2003 and spent over one year in the bush. Samuel was trained to be a soldier and he witnessed and committed atrocities. He managed to escape in 2005. Samuel was friendless, idle and lonely. He joined TKL and walks 10kms to play football. Samuel has gained his first social and personal contacts through sport. In his third game he scored a goal and was hugged for the first time in his life.

<sup>4</sup> Dudley, T. (2007). *Case histories*. The Kids League. (unpublished).



Prossy is from Lira, Uganda, and is 8 years old. Her only relative died in 2004 leaving her homeless and unwanted. Prossy is deaf and TKL provided her with an artbook to communicate. She joined TKL in 2006. Her early drawings were based on death and despair. She is a tough girl. The boys accepted her as an equal player in their team. Now her drawings are of sunshine and colour.



Robert is 12 years old from Lira, Uganda. He was abducted by rebels in 2003 and escaped in 2006. He stays at the Rachele Centre and had terrible nightmares. Robert joined TKL in 2006 and he now sleeps peacefully and tells us he now dreams of playing football against Brazil!

## 1.4 Establishing a Sport and Physical Activity Programme

It is not possible to prescribe specific sports and activities that are suitable for any disaster. There are so many factors that influence the way that sport and physical activity can be implemented. However, it is essential that sport and physical activity is provided in a planned and organised manner to meet specific goals.

Following any disaster, assessment of needs is important in order to plan an appropriate sport and physical activity programme. During this very early phase while people are taking stock of the situation, even providing designated safe areas for people to play and participate in any form of recreation can be very effective.

Including sport and physical activity in the post-disaster setting does not need to be complicated. It just involves identifying needs, collaborating with local services and organisations and designing a programme that is tailored to meet the needs of specific community groups. Programmes may begin small and over time develop into larger programmes with more activities, coaches, equipment or even league or competition formats.

## 1.5 The Coaching Role of a Responder

In post-disaster intervention, a disaster responder may fulfil the role of a coach. A coach is a person who supports people to achieve their goals with goal setting, encouragement and support. The term coach will be used in this handbook to describe the person who provides sport and physical activity. You may have heard many other terms to describe this role such as:

- Facilitator
- Instructor
- Leader
- Trainer
- Animator
- Caregiver

In post-disaster intervention, sport and physical activity may take many forms and consequently, be delivered by people with different backgrounds and skills. For example, an international sports federation may send trained sports coaches in a specific sport, such as table tennis, volleyball or football, to provide and develop activities in a disaster affected community. Alternatively, a disaster relief worker who works in a different area within disaster management, may choose to use physical activity to help deliver a message of health and safety to children or other groups.

Being a coach in a psychosocial sport programme requires the skill, desire and interest in teaching sports and games, but also the ability to understand emotions, behaviours and facilitate interpersonal communication. A coach may often have to interact and deal with traumatised people and should therefore have basic skills in counselling, especially with children and youth, who might open up themselves to the coach once trust has established.

## 1.6 Potential Impact of Sport and Physical Activity

Sport programmes have a positive contribution to make only under certain conditions. There is a common assumption that sport and physical activity is internally good and will always have positive effects. However, sport is actually filled with meanings, values and ideas by the culture in which it takes place and the individuals who take part.<sup>5</sup>

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<sup>5</sup> Guest, A.M. (2005). *Thinking both critically and positively about development through sport*. Sport and Development International Platform, [www.sportanddev.org](http://www.sportanddev.org) (accessed, September 21, 2007).

This has significant implications for the implementation of sport programmes in a disaster context:

1. The usefulness of sport depends entirely upon the manner in which sport is employed.
2. The understandings of sport employed by organisations using sport for post-disaster psychosocial intervention may be very different from the meaning of sport for the communities where the services are provided.
3. Any characteristics that are developed through sport come through in the process of interacting with coaches, leaders, teammates, parents, friends, and organisations who are in their daily lives, all of whom can have positive or negative influences.
4. Sport experiences have the potential to develop antagonism or affection; the choice often depends upon the nature of the competition, and the care with which programmes are designed and implemented.

As such, the role of the coach is extremely important in promoting positive experiences and safeguarding against potentially negative influences on individuals.

Coaches can also be mediators for sport between parents, siblings, teachers and other family members. The power of the coach as a role model for participants and the wider community is very important.

Accordingly, the training of coaches is essential in providing them the necessary skills to not only facilitate psychosocial intervention and build resilience, but also to provide quality coaching and communication.<sup>6</sup> Training should be ongoing and must consider the psychosocial needs of the coaches to build and develop their coping skills in order for them to be able to best meet the needs of people affected by disaster.<sup>7</sup>

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<sup>6</sup> W.J.H. Mulier Instituut. (2005). *Trauma and sport for development: A toolkit for development workers*, Sport and Development Toolkit, CD-Rom, p7.

<sup>7</sup> Henley, 2005, p13.

## 2. RECENT DEVELOPMENTS TOWARDS SPORT AND PHYSICAL ACTIVITY IN POST-DISASTER INTERVENTION

### 2.1 Increasing International Attention

Up until recently, the potential of using sport and physical activity as a tool for post-disaster intervention has been widely ignored by humanitarian experts. However, there is increasing support from international bodies for the successful role that sport and physical activity can provide in overcoming disaster trauma.

Firstly, in 2003, the Council of Europe adopted a recommendation known as “Ballons rouges”, which outlines the contribution of sport to alleviating the consequences of humanitarian disasters.<sup>8</sup> The recommendation states:

An increasing number of humanitarian organisations working in crisis situations are now convinced that once the preliminary emergency situation has stabilised and basic necessities are assured, sporting activities and games play an important role, especially in helping children and young people cope with the trauma they have experienced and in rebuilding confidence between different groups.<sup>9</sup>

Also in 2003, the United Nations developed a report titled “Sport for Development and Peace” which emphasises the value of sport and physical activity in working towards the Millennium Development Goals.<sup>10</sup> The efforts of ICSSPE and many other sporting federations reinforce the potential value of sport in post-disaster intervention.

The massive scale of the tsunami in South East Asia in 2004, and its devastating impact stimulated an intense focus on humanitarian efforts from across the world. The international sporting community came together with the UN in 2005 to discuss the response from the world of sport. The declarations made from many international sporting federations endorse their commitment to ensuring a stronger coordination in response to disasters, and to jointly implement sport-related projects of trauma healing and infrastructure reconstruction.<sup>11</sup>

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<sup>8</sup> Council of Europe. (2003). *Recommendation of the committee of ministers to member states on the contribution of sport to alleviating the consequences of humanitarian disasters: “Ballons rouges”*. Adopted by the Council of Ministers, 30 April 2003, p7.

<sup>9</sup> *Ibid.*, p1.

<sup>10</sup> UN Inter-Agency Task Force on Sport for Development and Peace. (2003).

<sup>11</sup> *Roundtable on the Response of the World of Sport to the Indian Ocean Tsunami*, 14 April 2005. Report and Press Clippings, United Nations.

Using sport as a tool for overcoming trauma is gaining increasing attention and many organisations are developing sport programmes in the post-disaster setting.

## 2.2 Examples of Psychosocial Sport Programmes

The following examples highlight the diversity of psychosocial sport programmes that have already been developed:<sup>12</sup>

<b>Location</b>	Bam, Iran
<b>Disaster</b>	Earthquake
<b>Activities</b>	Football, volleyball, basketball, karate
<b>Target group</b>	Children
<b>Organisation</b>	Swiss Academy for Development (SAD)
<b>Dates</b>	2005 – 2007
<b>Description</b>	Psychosocial sports programme for children in Bam, Iran, following the earthquake in 2005. The project also involved cooperation with SAD's Gender and Sports research



Children participating in a sport and play programme (Picture: Iran)

<sup>12</sup> See for example: SAD and Schwery Consulting. (2007); Basel-aids-Darfur, 2007; Gschwend, A., & Selvaraju, U. (2007). *Psycho-social sport programmes to overcome trauma in post-disaster interventions: An overview*. SAD, Biel/Bienne.

**Location** Beslan, Russian Federation  
**Disaster** Hostage situation in a school  
**Activities** Sport, art and play  
**Target group** Children  
**Organisation** Univeristy of Zurich, Switzerland, in collaboration with the Swiss Agency for Development and Cooperation (SDC)  
**Dates** 1 November 2004 – 31 December 2007  
**Description** Horseriding, outdoor activities, outings with military, safety and education and emergency preparedness

**Location** Darfur, Sudan  
**Disaster** Civil war  
**Activities** Volleyball  
**Target group** Women in refugee camps  
**Organisation** Basel-aids-Darfur  
**Dates** 2007  
**Description** Train the trainer programme for women in two refugee camps in Darfur to develop a volleyball programme for other women in the camps

**Location** Northern Uganda  
**Disaster** Civil war  
**Activities** Football  
**Target group** Children and youth  
**Organisation** The Kids League  
**Dates** 1998 to present  
**Description** Football league to reintegrate children living in post-conflict areas to their communities and build social structures

**Location** Israel  
**Disaster** Conflict between Israel and Palestine  
**Activities** Football  
**Target group** Youngsters aged 6 to 15  
**Organisation** The Twinned Peace Soccer Schools  
The Peres Center for Peace, Israel  
**Description** Sports training, sports equipment and educational support for Palestinian and Israeli children

**Location** Zambia  
**Disaster** HIV/AIDS Epidemic  
**Activities** Football  
**Target group** Street children  
**Organisation** Grassroots Soccer (Running Street Football)  
**Dates** 2003 to present  
**Description** A series of activities that allows youth to explore issues relating to HIV/AIDS and gain the skills necessary to lead healthy lives

**Location** Kenya  
**Disaster** Post-election conflict  
**Activities** Football, (wheelchair) basketball, boccia, (sitting) volleyball, dancing, table tennis and (wheelchair) badminton  
**Target group** Children and youth with disabilities  
**Organisation** Adapted Physical Activity International Development (APAID) in cooperation with Mathare Youth Sports Association (MYSA), Kenya.  
**Dates** March 2008 to present  
**Description** Various sports and games for children and youth with disabilities in the slum areas of Nairobi in order to promote social inclusion.



Children with disabilities enjoying a ball game in Nairobi (Picture: Kenya)

## 2.3 A New Initiative

### MOVING > FORWARD

#### **Purpose**

For a child whose life has been affected by a natural disaster or conflict, time and the space to play are among the first elements to disappear. In an emergency, children's physical needs (food, water, shelter) should be followed by trauma-healing interventions that address mental, social and emotional development.

Sports, games and play-based interventions are a valuable part of children's psychosocial healing process and re-learning of social and emotional skills in these situations. Organised recreational activities provide a safe and structured environment that creates a sense of normalcy and stability, alleviates stress and builds resiliency. Through structured sports and games, *MOVING FORWARD* helps children and youth express their feelings, build their self-esteem, resilience and teamwork skills, ultimately "moving forward" from emergencies to recovery and development.

#### **Toolkit Development**

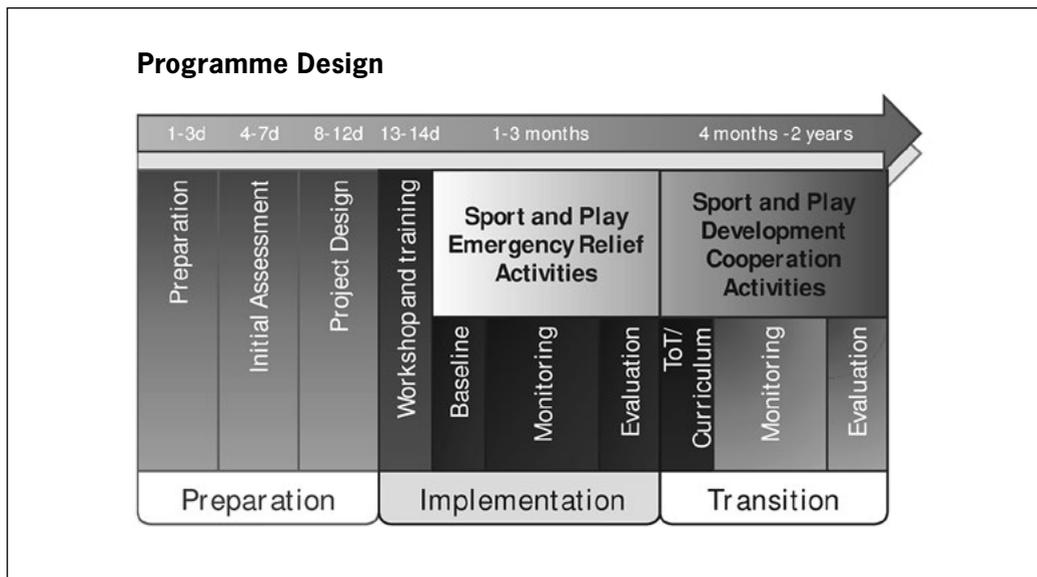
In June 2007, Nike joined Mercy Corps and CARE to develop a toolkit that would serve as a guide to practitioners interested in using sport and games to support the psychosocial recovery of youth in post-emergency settings. *MOVING FORWARD* pilot projects have been implemented in response to the 2007 earthquake in Peru and political violence in Kenya, in addition to a longer-term programme developed following the 2008 earthquake in China. This body of field-based experience and learning has provided critical inputs into the ongoing development, revision and application of the *Moving Forward* toolkit. The toolkit will serve as an all-in-one resource guide for practitioners seeking to assess, design, implement and evaluate a post-emergency youth psychosocial support programme.

#### **Programme Design Overview**

*MOVING FORWARD* identifies caregivers in schools or communities and trains them to facilitate structured interactive sports and games that provide youth with needed psychosocial support. Caregivers receive a multi-day training – typically 3-4 days – on how to cope with one's own trauma, identify signs of trauma in youth, understand core psychosocial themes and their application through sports and games, facilitate structured sports and games with youth, and monitor and evaluate programme activity and outcomes. After completing this training, caregivers initiate the programme by facilitating sports and games with youth during weekly sessions.

*MOVING FORWARD* is typically implemented on the following timeline:

1. Preparation Phase – (days 1–12)  
Create partnerships and adapt programme materials including the *Moving Forward* Activity Guide into local language and cultural context.
2. Implementation Phase – (day 13–3rd month)  
Identify programme sites and recruit programme staff, caregivers and children to participate in programme. Form training workshop team, conduct training and caregivers begin activities with children and M&E.
3. Transition – (4th month to 2nd year)  
Local partner sustains capacity to conduct training workshop and incorporates curriculum into ongoing programming. Supplemental development activities delivered. Outcome evaluation conducted.



### Beneficiaries

The *MOVING FORWARD* programme has three categories of beneficiaries:

- Tier 1: Youth who participate in weekly game and sports activities specially designed to provide them with psychosocial support. Caregivers (coaches or instructors) who receive training and build their confidence to work with groups of children.

Tier 2: Families of children participating in the programme through improved psychosocial well-being of their child. The larger community made up of families willing to work together to meet the challenges of recovering from the emergency.

Tier 3: Practitioners who are interested in designing and implementing psychosocial support programmes for youth using sports and games.

### **Monitoring and Evaluation (M&E)**

The *MOVING FORWARD* programme uses a variety of M&E tools to measure effectiveness and impact.

1. Process Monitoring of Youth Participation  
Track youth participation, demographics and observed psychosocial condition through caregivers' weekly entries in monitoring book.
2. Quantitative evaluation of Psychosocial Indicators among Youth Participants and Caregivers  
Pre and post survey on psychosocial scales, including Pearlin's Scale of chronic stressors, Rosenberg Self-Esteem Scale, Children's Hope Scale, and Security and Trust Scale.
3. Qualitative Evaluation of Overall Programme Impact  
Focus groups with participants, in-depth interviews with caregivers and semi-structured interviews with parents and community leaders.

### **Materials**

*MOVING FORWARD* Toolkit, Activity Guide and Monitoring Book

Detailed programme assessment, design, implementation and evaluation toolkit for programme managers. Activity guide provided to each caregiver to assist with delivery and monitoring of activities.

*MOVING FORWARD* Sport Kit

A variety of sports and games equipment that caregivers use during activities to keep children engaged and having fun.



Trained caregivers lead children in a structured group activity to help them recover from the 2008 China earthquake (Picture: China)

### 3. WHAT DO YOU NEED TO CONSIDER BEFORE PLANNING A PSYCHOSOCIAL SPORT PROGRAMME?

#### 3.1 Safety and Security

Any programme implementation must be able to ensure the provision of safety and security measures for all participants as well as for coaches and any other people who are involved with the programme. If poor sport facilities (hygiene), dangerous debris (iron, rods, barbwire, etc), or damaged material bear the risk of causing injuries, such deficiencies can prevent children from participating in sport programmes.

Since injuries still occur despite all precautions, coaches and teachers should be certified in basic first aid knowledge and there must be adequate equipment at hand. Parents who have to treat wounds and bruises themselves, are not likely to let their children participate in sports activities anymore.

#### **Lessons from the field:**

When they were no longer able to use the facility closest to where the participants lived, a minibus was organised to transport children to the warehouse as it was quite far from the camp. This made parents at ease and ensured that children were not walking long distances away from their families and at risk of violence or other threats.

“Sport in Action” in Zambia provided crutches and paid hospital expenses for a boy who broke his leg playing soccer during its lesson. In poor communities such costly incidents can cause serious trouble to families concerned, damage reputation of sport and eventually wipe out entire programmes.”<sup>13</sup>

“One problem that occurred was that untrue rumours spread about imminent violence, so people would become fearful and stay in their homes, keeping their children in as well and not socializing or mixing in public. This resulted in a great deal of community isolation.”<sup>14</sup>

<sup>13</sup> Meier, M. (2005). *Gender equity, sport and development*. Swiss Academy for Development, Biel/Bienne, p11.

<sup>14</sup> SAD and Schwery Consulting. (2007). *Considerations in establishing sport programs for youth in disasters and complex emergencies: Landscape document*. Draft document, May 14, 2007 (unpublished), p18.

## 3.2 Culture

It is important to recognise the different values that people in many communities place on sport and acknowledge this before attempting to introduce a sport programme to a community affected by a disaster. Sport reflects cultural and social norms within communities and societies. Individual people's values of sport are impacted by their personal experiences, values of parents and other role models. Any sport and physical activity programme will need to be respectful of local culture and political and economic environments. You also need to be aware that our perception is based on our own cultural background.

Many disasters happen in already pre-existing ethnically and politically volatile situations, and the people responsible for implementing sports programmes should be knowledgeable and aware of this element. If a team sport is implemented incorrectly, it can actually exacerbate existing conflicts and divisions, and thus create (or recreate) more problems than it solves. It is therefore crucial that care and awareness are present in making sure that teams are composed of members of different groups, with effective facilitation of communication, and awareness of each member's culture.<sup>15</sup> Sensitivity to the local political situation also requires attention. For example, if you are working with members of a culture that were in civil war, members of gangs, or where one group has traditionally more power than the other, recreating these divisions can be disastrous.

## 3.3 Age

Sport needs to be adapted for different age groups. People's physical capacities and emotional responses to trauma all vary with age along with the type of activities selected for a programme. For example, walking may be more appropriate for older adults but would not be stimulating enough for children. The structure of your programme will need to reflect the age of your target group and the type of activities, intensity of activity and the specific goals.

The needs of children will change with age, therefore a psychosocial sports programme intervening with an 8 year-old child will be different to a sports programme for a 16 year old child, and the coaching and treatment of the children needs to be adapted according to their age.<sup>16</sup> You may find yourself working with people of different age groups and the challenge will be to adapt the sport and activities to the different capacities of your participants.

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<sup>15</sup> Henley & Colliard, 2005, p5.

<sup>16</sup> Henley, 2005, p9.

### 3.4 Gender

The gender of both coaches and participants must be considered when designing your programme. You may need to alter your planning to incorporate gender considerations. For example, if separate sessions are required for men and women, you may need additional coaches or to schedule additional sessions to cater for this. The impact of having male and female coaches may differ between cultures and may also have very large influences on the programme structure and design.

Women are often expected to conform to gender stereotypes and assume accepted socio-cultural norms, often facing serious repercussions if they fail to comply.<sup>17</sup> In some cultures, girls are not allowed to participate in sport programmes, or are not allowed to take part in any activities where girls and boys participate together. In cultures that allow joint activities it may still be necessary to adapt rules and activities to encourage equal participation for people of both genders.



The gender of coaches and participants should be considered (Picture: Iran)

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<sup>17</sup> Ibid.

**Lessons from the field:**

Some interesting gender roles emerged in Darfur while women were being trained to coach volleyball:<sup>18</sup>

In Darfur, some women had never participated in sport before and did not know how to move their bodies. Additional sessions were run to introduce body experiences. Special sports trousers were introduced for the women trainers to enable them to participate in sport.

Women were not used to taking instructions from other women.



In some settings, separate sessions for girls and women are culturally appropriate (Picture: Iran)

### 3.5 Inclusive Sport and Physical Activity

Sport and physical activity can also benefit people of all abilities whether they have a physical, sensory, mental, intellectual or developmental disability. In post-disaster intervention you may find people who had disabilities prior to the disaster, or those that have new injuries or disabilities.

Including people with disabilities in sport and physical activity is not as difficult as many people might think; you simply need a commitment and positive attitude to including all participants as much as possible in an activity. Each individual may have different skills and abilities. Including people with a disability in sport and physical activity is basically about

<sup>18</sup> Basel-aids-Darfur. (2007). *Workshops: Teach the teacher*. Report October 2005. Base-aids-Darfur, p12.

good coaching and requires you to know the activity and the participants, in order to be able to adapt and modify the session.

There are four key principles of adapting and modifying activities; you can change your teaching style, the rules and regulations of the activity, the equipment or the environment in order to encourage all participants to be actively included in your activity.<sup>19</sup>

There are a number of projects emerging that highlight the diversity of sport and physical activity in post-disaster intervention. A number of organisations provide services for people with a disability who have been affected by disaster including for example:

- Handicap International
- Landmine Survivors Network
- Special Olympics
- International Paralympic Committee

Sport and physical activity programmes can benefit people of all abilities in post-disaster intervention. The types of projects that have been introduced include:

- Introductory sport activities for people with physical disabilities affected by the tsunami in Sri Lanka<sup>20</sup>
- Provision of rehabilitation services, training and prostheses to earthquake survivors in Pakistan<sup>21</sup>
- Football games for women with intellectual disability in Iran and Iraq<sup>22</sup>
- Introductory sport programmes in Canada for returned soldiers injured during service<sup>23</sup>

<sup>19</sup> Australian Sports Commission. (1995). *Coaching athletes with disabilities: An Australian resource*. Australian Sports Commission, CD-Rom: Canberra.

<sup>20</sup> International Paralympic Committee, (2007). *Successful RESTA project in Sri Lanka*. International Paralympic Committee, [http://www.paralympic.org/release/Main\\_Sections\\_Menu/News/Current\\_Affairs/2007\\_01\\_11\\_a.html](http://www.paralympic.org/release/Main_Sections_Menu/News/Current_Affairs/2007_01_11_a.html) (accessed September 9, 2007).

<sup>21</sup> Handicap International. (2007). *Earthquake in pakistan*. Handicap International, [http://www.handicap-international.org.uk/page\\_518.php](http://www.handicap-international.org.uk/page_518.php) (accessed September 8, 2007).

<sup>22</sup> Special Olympics. (2005). *A brotherhood of athletes*. Special Olympics Spirit newsletter, 2005, Quarter 4, p27. [http://www.specialolympics.org/Special+Olympics+Public+Website/English/About\\_Us/Spirit\\_Magazine/Quarter+2%2c+2005/default.htm](http://www.specialolympics.org/Special+Olympics+Public+Website/English/About_Us/Spirit_Magazine/Quarter+2%2c+2005/default.htm) (accessed September 8, 2007).

<sup>23</sup> Canadian Paralympic Committee, *Soldier On*, [www.paralympic.ca/page?a=290&lang=en-CA](http://www.paralympic.ca/page?a=290&lang=en-CA) (accessed September 3, 2007).

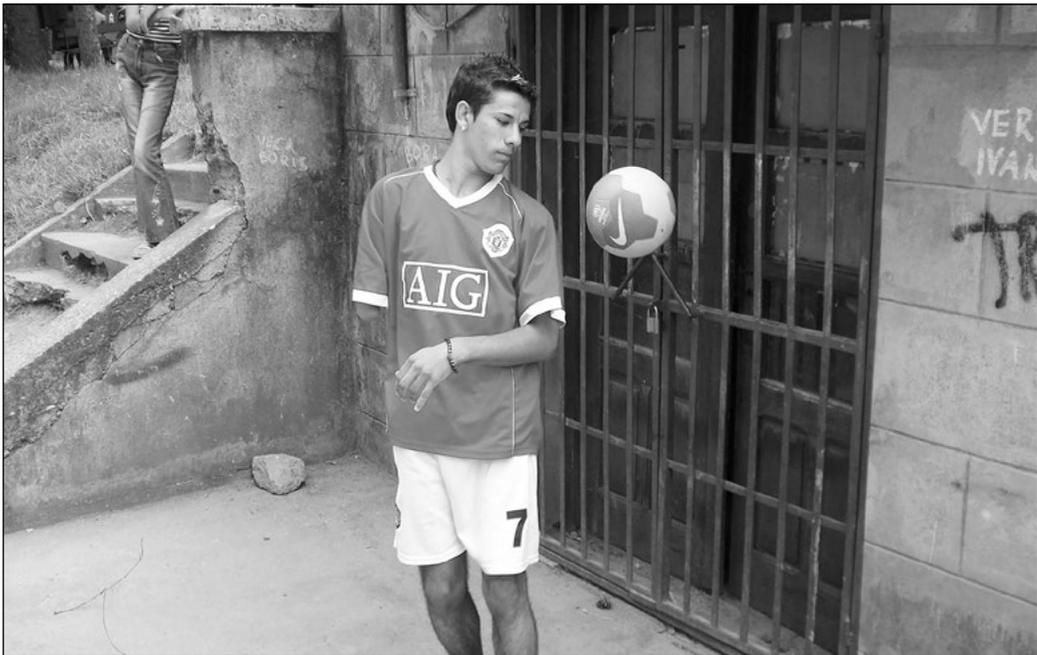
### Lessons from the field

Here are some extracts from coach's weekly reports at the sport and play project in Bam, Iran.<sup>24</sup>

“ ... she has fallen from the roof and it has affected her memory, so she would prefer to play alone and not with anybody, so I talked to her and tried to be a friend of her and now she is coming to the class regularly [...] and now mostly when we come, she is sitting behind the door waiting for us.”

“She is now one of our good players and she has lots of friends (comparing to the first days when she was not getting along with anybody).”

From an interview with her mother: “My daughter had some mental problems as she had fallen from a roof, but from the time she is going to the classes, she has changed a lot; she is trying to be more kind to her friends and she is helping me at home; even her grades at school have become better.”



Always focus on abilities and what people can do (Picture: Serbia and Montenegro)

<sup>24</sup> Kunz, V. (2005). *Sport and play for traumatized children and youth: An assessment of a pilot-project in Bam, Iran* by the Swiss Academy for Development (SAD), published by the Swiss Academy for Development, Biel/Bienne, p17.

### 3.6 Monitoring and Evaluation

Monitoring & Evaluation or 'M&E' is about how we determine whether or not a programme is meeting its goals. Extensive M&E may be difficult to carry out because the conditions during post-disaster intervention are usually chaotic.<sup>25</sup> Meeting immediate safety and health needs will take higher priority. However, some level of self-reflection and evaluation of what has taken place is necessary and will help you to identify areas of improvement for your programme.

M&E is an integral part of every programme or intervention that allows you to ensure its quality. Determining whether a session or programme is meeting its goals does not have to be a formal or complicated process, but it does require you to have set S.M.A.R.T. (specific, measurable, achievable, realistic and time-bound) objectives to help you reflect on how successful your programme is. By setting clearly defined objectives, you help to describe the planned areas of activity by which your programme is to achieve its aims.

Monitoring is the systematic and routine collection of information from programmes for four main purposes to help you:

- Learn from experiences to improve practices and activities in the future
- Have internal and external accountability of the resources used and the results obtained
- Make informed decisions on the future of the initiative
- Promote empowerment of beneficiaries of the initiative

Monitoring is a periodically recurring task beginning in the planning stage of a programme. Monitoring allows results, processes and experiences to be documented and used as a basis to steer decision-making and learning processes. Monitoring is checking progress against plans and the data acquired through monitoring is used for evaluation.

Monitoring can be as simple as asking yourself a series of questions at the end of each session. For example:

- Were all of the participants included in the activities?
- Was there any observed improvement in the skills or behaviour of participants?
- Did any new participants attend the session?
- Did the plan need to be adapted during the session?
- What strategies could I include in the next session to improve?

It is useful to record your observations and feedback after each session as this will help you evaluate your results.

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<sup>25</sup> Henley, 2005, p13.

Evaluation is assessing a completed programme or phase of an ongoing programme, as systematically and objectively as possible. An evaluation involves analysing data and information and using it to inform strategic decisions which can help you to improve the programme in the future.

Evaluations should help you to draw conclusions about five main aspects of the intervention:

- Relevance
- Effectiveness
- Efficiency
- Impact
- Sustainability

Information gathered in relation to these aspects during the monitoring process provides the basis for the evaluative analysis.

The type of tool you use to measure the success of any psychosocial sports programme will be influenced by the aims of the programme. However, measuring psychosocial performance is more than counting and recording how many participants attended each session.

Some examples of the type of indicators that may be considered that can show progress or improvement include:<sup>26</sup>

- Degree of social functioning
- Degree of independence and creativity
- Ability to utilise problem-solving skills
- Attachments to and involvements with others
- Improved child-child/child-adult relationships
- Reduction in sleep problems
- Diminished isolation behaviours
- Reduced aggressive/violent behaviours
- Decrease in excessive watchfulness for danger
- Improved school attendance
- Improved classroom behaviour and cooperation
- Reduced concentration problems
- Increased hope and positive attitudes towards the future
- Increased pro-social behaviours (helping others in the community)

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<sup>26</sup> Duncan, J., & Arnston, L. (2004). *Children in crisis: Good practices in evaluating psychosocial programming*. The International Psychosocial Evaluation Committee and Save the Children Federation, Inc. p43.

### **Sport and play for traumatised children and youth – A M&E example from a pilot project in Bam, Iran**

The purpose of the M&E in the Swiss Academy for Development (SAD)'s project in Bam was to determine the contribution sport and play activities can make towards the psychosocial rehabilitation process of the participating children and youth. The project, a pilot project in the field of psychosocial rehabilitation through sport and play, focused its M & E approach on an impact evaluation with ongoing internal project monitoring. Such an ongoing project monitoring provides the flexibility to capture the many facets of rehabilitation in a post-disaster context while allowing the process of the project and its goals to evolve. M&E was thus integrated into the project planning and implementation right from the start. Monitoring was conducted in a participatory manner to examine the feasibility of the interventions to reach the project's objectives. It was crucial to learn why some strategies led to success and others did not.

Main sources of data were the structured weekly reports of coaches and semi-structured family interviews. The findings from these two monitoring methods were triangulated with results from a gender survey conducted with the participating children in the framework of another research project of SAD. Integration into the on-going planning process allowed the local project manager, – who was working closely together with the involved coaches, children and parents – to adapt the monitoring system in order to make it more useful and accurate for the context. Insights about the potentials and constraints of the sport and play activities were identified by the monitoring system and informed the planning to further improve the impact of the project.

### **Sport and play for Lebanese children and youth affected by conflict**

The objective of this SAD project was to help overcome emotional stress and enhance the psychosocial rehabilitation of children and youth affected by conflict in the south Beirut suburb through guided sport activities. The project was accompanied by a comprehensive M&E-programme, using quantitative and qualitative methods, in order to assess the impact of the activities on the resilience of the participants.

M&E programmes should aid the assessment of programme progress and impact as well as the planning of future measures. Hence, the choice of tools and methods have to reflect these two needs, in the sense that different methods and different sources of information produce data on different aspects of children's lives and psychosocial

wellbeing. In the Lebanese case, project-relevant indicators were identified together with the local partners in the planning phase. These pre-defined indicators were measured by the following methods and tools:

- Structured weekly reports filled in by the coaches of the project
- Regular meetings with the local project manager and the coaches were held in order to share problems, observations and suggestions more in detail. Qualitative data was recorded and was incidentally involved in the evaluation process
- Participatory photo-monitoring to encourage the participants to be involved in a creative way in the monitoring process. In each of the sport classes, one of the participants had the responsibility of documenting the activities by taking pictures. At the end of the session the participant had to choose three pictures and explain why for her/him they are representative of the activities. The discussion was conducted and recorded in a semi structured interview
- Guideline interviews with parents to investigate the changes in children perceived by the parents triggered through the sport intervention
- Quantitative research with standardised questionnaires among participants and a control group focusing on physical and psychological wellbeing of participants

The comprehensive information gathered during the project implementation phase was extremely helpful for the project management to take the right measures in order to improve the impact of the project. At the same time the M&E procedures were scrutinised and adapted continuously in order to make them more practical and feasible.

There are a number of challenges with M&E in post-disaster intervention and consequently there is a lack of solid scientific research to date in this field. Care must be taken in selecting tests as not all tools are easily adapted to each and every social context. Many such tools also require special training in order to use them. Furthermore, you should always obtain permission to conduct assessments from the beneficiaries of your programme.<sup>27</sup>

There is no common understanding of what an evaluation is. Very few organisations have, to date, evaluated their projects according to scientific guidelines with even fewer of them giving this task to an independent institution. There is also a danger that, in trying to satisfy multiple donors, practitioners may try to meet unrealistic objectives. This is why setting clearly defined, or S.M.A.R.T., objectives in the initial stages of your programme is crucial.

<sup>27</sup> Henley, 2005, p9.

**Examples of measurement instruments<sup>28</sup>****Scales to consider for measuring psychosocial effects:**

Strengths and Difficulties Questionnaire (SDQ)  
 Children's Hope Scale  
 Connor-Davidson Resilience Scale (CD RISC)  
 Rosenberg's Self-Esteem Scale  
 Child's Attribution and Perception Scale  
 Youth Coping Index – Hamilton-McCubbin  
 Sense of Coherence Scale (SOC)  
 State Hope Scale  
 Trait Hope Scale – Snyder  
 Worry Scale

**Cross-culturally sensitive trauma screens:**

Harvard Trauma Questionnaire  
 Resettlement Stressor Scale  
 War Trauma Scales

**Trauma tests that are sensitive for culture and children:**

Impact of Events Scale – Revised

**Tests that have been adapted to screen for psychological distress in refugee populations:**

Hopkins Symptom Checklist-25  
 Beck Depression Inventory  
 Impact of Events Scale-Revised  
 Post-Traumatic Symptom Scale-30

**Behaviour focussed scales:**

Strengths and Difficulties Questionnaire (SDQ)  
 Child Behavioural Checklist (CBCL)

<sup>28</sup> Henley & Colliard, 2005, p30.

## 4. SPORT, DEVELOPMENT AND LONG-TERM RECONSTRUCTION

Given that there are no concrete timelines for disaster relief, there is no distinct line between sport in post-disaster intervention and long-term development initiatives. Sport in post-disaster intervention is a prelude to long-term development and both the short-term and long-term goals of the community must be considered from the outset in cooperation with local organisations and community members.

There are plenty of resources already developed for sport and development and these include coaching manuals and suggested activities, along with tools for evaluation.<sup>29</sup>

Empowering communities to take responsibility for their own lives and futures is a key principle of long-term community reconstruction and development. Sustainability and long-term goals must be incorporated in early planning.



Your programme may develop over time into a league or structured competition (Picture: Sudan)

<sup>29</sup> See for example: Right to Play, [www.righttoplay.org](http://www.righttoplay.org); International Platform on Sport and Development, [www.sportanddev.org](http://www.sportanddev.org).

## 5. SUMMARY OF PART THREE

- Sport is all forms of physical activity and is much more than organised or competitive sport.
- Sport and physical activity can build resilience through consistent contact with supportive and reliable coaches, building social cohesion through group interaction and provide a safe environment for expression of emotions.
- Key aspects such as safety, age, gender, culture and disability should be considered when planning your programme.
- Sport can be a safe and neutral tool.
- Ongoing training and support must be provided to coaches in order for them to provide quality sports coaching but also to be able to develop the psychosocial capacities of their participants.
- There are simple and more complex ways of monitoring and evaluating sport programmes in post-disaster intervention and these may positively influence your efforts.
- Sport and physical activity can also be a valuable tool for long-term development and reconstruction after a disaster.

## 6. USEFUL LINKS

CARE

**[www.care.org](http://www.care.org)**

Handicap International

**[www.handicap-international.org](http://www.handicap-international.org)**

International Paralympic Committee

**[www.paralympic.org](http://www.paralympic.org)**

Landmine Survivors Network

**[www.landminesurvivors.org](http://www.landminesurvivors.org)**

Mercy Corps

**[www.mercycorps.org](http://www.mercycorps.org)**

Nike

**[www.nike.com](http://www.nike.com)**

Right to Play

**[www.righttoplay.com](http://www.righttoplay.com)**

SCORE

**[www.score.org.za](http://www.score.org.za)**

Swiss Academy for Development

**[www.sad.ch](http://www.sad.ch)**

International Platform on Sport and Development

**[www.sportanddev.org](http://www.sportanddev.org)**

Sport and Development Toolkit

**[www.toolkitsportdevelopment.org](http://www.toolkitsportdevelopment.org)**

UN Office of Sport for Development and Peace

**[www.un.org/themes/sport](http://www.un.org/themes/sport)**



## **PART FOUR – A Practical Guide to Psycho- social Sport Programmes**

**Practical Advice and Suggestions to Help You Plan  
and Implement a Psychosocial Sport Programme in  
Post-Disaster Intervention**

## OVERVIEW

*Practical advice and suggestions to help you plan and implement a psychosocial sport programme in post-disaster intervention*

While it is not possible to offer a “ready to use” method for working with people who have had a traumatic experience, there are a number of helpful hints that can assist you in planning and developing an effective psychosocial sport programme in post-disaster intervention.

PART FOUR covers the essential processes involved in designing a psychosocial sport programme. The broad concepts are presented and regardless of whether or not you have conducted a sports programme before, they are intended to help you get started.

**By the end of PART FOUR you should be able to:**

- Apply the theory presented in previous chapters
- Be able to identify the steps involved in planning your programme
- Be able to find solutions to practical issues of identifying coaches, equipment, scheduling and selecting appropriate activities
- Be aware of cultural and communication aspects of planning a psychosocial sport programme
- Understand the practical elements of conducting a sport and physical activity programme including warming up, stretching, general coaching considerations and cooling down

You will find at the end of PART FOUR a chapter summary and useful links to help you locate further information.

## **PART FOUR – A PRACTICAL GUIDE TO PSYCHOSOCIAL SPORT PROGRAMMES**

### **1. ASSESSMENT, PLANNING AND PREPARATION**

#### **1.1 Assessment and Identification of Needs**

Gathering information and assessing the needs of the individuals and communities that you work with is the first crucial step in disaster response. Information gathered during this early stage will enable you to plan a programme that is, as far as possible, geared towards the specific needs of your target group.

You need to be as informed as possible on the local political and economic situation, culture, religion and language. Also, information on local sports infrastructure both pre- and post-disaster will help with your planning in terms of local sports, local facilities and coaching capacity. Information gathering needs to commence as soon as possible whether you are a local, national or international responder.

Be aware of what is happening around you, as you will not be the only person trying to gather information quickly to determine the best course of action. Working with other disciplines is the best approach and you need to initiate contact with key professionals in order to make sure that you are not overlapping.

Be aware of security risks and your own safety and keep well informed of security and safety warnings. Regardless of the phase of disaster and if it is five days, five weeks or five months after the disaster, safety and security is of primary importance.

***To think without acting leads to nothing, but to act without thinking leads to a disaster.*** Japanese proverb

## 1.2 Building a Multi-Disciplinary Team

Taking the time to plan and prepare your programme is an investment towards success. In order to ensure sustainability of sport and physical activity, it is useful to identify potential local individuals or organisations that may have an interest in continuing the programme.

Including relevant stakeholders right from the start and having their input will contribute to the long-term success of the programme. Regardless of your skills and background it is essential to build a multi-disciplinary network in the community that your programme will take place.

Determine whether the following services existed in the community before the disaster and the status of these services after the disaster:

- Psychologists
- Occupational therapists
- Physiotherapists
- Physical education teachers
- Interpreters or translators (if you need them to communicate)
- Local sports organisations

It may be helpful to have regular contact with some of these professionals or to know where and how to find them, in the event that you need their assistance.

For example, knowing if there are local or international psychologists available will help you in the event that people with more severe trauma responses are identified during your programme. Similarly, if you are a health professional it can be useful to link with local sports organisations that may be able to assist with coaches, facilities, sports equipment and other resources.

Long-term planning must be considered in the initial establishment of a programme. Building relationships and networking with local services is an essential part of planning your programme.

Once your planning team is established, it is important to develop clear roles and responsibilities and hierarchical structures in order to share the workload, prevent burnout and create a healthy and sustainable project environment. The project management, coordinators, coaches and participants will benefit from a setting with open and safe communication and management structure.

### 1.3 Recruiting and Training Coaches

Coaches are essential in providing the psychosocial intervention for your programme. Based on the experiences of previous programmes, it is beneficial to identify and train people from the local community to provide psychosocial intervention.<sup>1</sup> This is helpful considering that they will have the benefit of existing knowledge about the community compared with someone coming from another region or country. They may have existing knowledge of language, culture, customs, traditional sports and games, local services, and be available outside of the programme sessions.

Whilst sports coaches have the benefit of existing knowledge and experience in coaching specific sports, additional training must be provided to develop their abilities to deal with psychosocial aspects of trauma and how to adapt their behaviour and coaching style to the needs of the participants.<sup>2</sup>

Coaches also need to be able to commit to the programme for a period of time in order to provide continuous contact with the participants and enable them to facilitate their



Coaches provide a key role in psychosocial intervention and require continuing training and support  
(Picture: Coaches being trained in Iran)

<sup>1</sup> Henley, R. (2005). *Helping children overcome disaster trauma through post-emergency psychosocial sports programs: A working paper*. Swiss Academy for Development. Bienne, Switzerland.

<sup>2</sup> Meier, M. (2005). *Gender equity, sport and development*. Swiss Academy for Development, Biel/Bienne, p13.

psychosocial healing and build up resilience. Well-trained coaches should also be able to do proper warm-ups, show exercises according to participant's age and skill levels, and observe overexertion, fatigue, aggressiveness, frailty, progress and difficulties.<sup>3</sup>

You must also be aware that coaches from the local community may have been affected themselves by the disaster and may need additional support to deal with their own trauma in order for them to be able to help others.

The gender of the coaches is important and needs to be considered on the basis of the target group. For example, it may not be appropriate to have female coaches for a group of men and alternatively, men may not be permitted in the playing space for female sports so female coaches would be required.

## **1.4 Selecting Sports, Games and Activities**

Local coaches and contacts will be able to help you identifying appropriate activities and develop the structure of the programme. Care needs to be taken to ensure that activities, games and sports are selected in order to meet specific psychosocial goals. They need to be age appropriate, culturally appropriate and be considered in respect to the gender roles in the community.

Using traditional games and activities are beneficial in post-disaster intervention and it might not be necessary to teach new sports and skills. Building on the existing sporting capacities of participants and coaches will help to make people comfortable if you are encouraging them to perform skills that they already know how to do.

The needs of the participants may change over time and it is important that you are flexible and responsive to their needs. For example, in Bam, Iran, it was noticed that some sessions were not well-attended and the type of sports needed to be altered in order to meet the demands of the children. The sports of interest were also different for boys and girls.<sup>4</sup>

For psychosocial sports outcomes:

- Use sport and games that are accepted and familiar to the community
- Consider traditional and indigenous games that are familiar to the community and also use local resources, limiting the need to acquire sport-specific equipment

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<sup>3</sup> Ibid. p12.

<sup>4</sup> Kunz, V. (2005). *Sport and Play for Traumatized Children and Youth: An assessment of a pilot-project in Bam, Iran* by the Swiss academy for development (SAD), published by the Swiss Academy for Development, Biel/Bienne.

- Team sports or group activities are preferred over individual sports
- Be cautious in using contact sports
- Provide variety in the activities and games within each session
- Try to maintain constant group size to enable bonds to be formed
- Ensure that coaches are reliable and are available for a long term
- Football is popular in many parts of the world but may not be the only option
- Try to avoid a focus on winning and losing
- Be flexible and open to making changes to the programme in response to the changing needs of your participants
- Be prepared to modify the activities during the session, if you notice for example that people are not participating or not engaged in the activities
- Build on the activities from session to session to keep participants engaged
- Provide supervision for coaches and give them an opportunity to express frustrations and emotions that arise in delivering programmes

## **1.5 Where Can We Play?**

In the immediate response, designated safe areas for participants to play should be a priority, particularly in temporary settlements or camps. In many disasters, local sports facilities are damaged or destroyed, and this may provide some challenges in the provision of sport and physical activity programmes. Safety and security is a key concern. Any damaged facilities will need to be assessed and cleared for use prior to conducting any activities. Also, appropriate permission needs to be sought for the use of spaces either indoor or outdoor.

Climate should also be considered in planning appropriate playing spaces. In conditions of excessive heat, shade is important in outdoor locations and heat can be problematic inside as well.

Sport and physical activity programmes should also be provided in close proximity to where participants and their families reside. This is particularly important if women and children are part of your target group.

Gender considerations of the target population will also impact on the spaces that can be utilised to conduct sport programmes. For example, in some cultures women are not permitted to be seen by men while they are playing sport and require a closed venue. In one project, curtains needed to be purchased to cover all the windows which created a secluded space for the girls to participate in sport.<sup>5</sup>

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<sup>5</sup> Ibid.

## 1.6 Sports Equipment

To establish a sports programme in post-disaster intervention, resourcefulness and creativity is required to make use of locally available materials. It is also optimal to plan activities, games and sports that require limited or no equipment.

You can encourage participants to identify solutions and activities. You may be surprised with the type of activities and resources they identify and utilise. Making use of existing resources is the ideal solution since using locally made or available materials will enable the community to be self-sufficient and not rely on external donations or supplies. Care must be taken to ensure that any equipment is carefully maintained, stored and used appropriately.

## 1.7 Programme Structure

In setting up a regular programme, you may need to consider some of the following points:

- Access to facilities and spaces
- Proximity of facilities and playing spaces to participants
- Transportation requirements (how will participants get to the venue?)
- Climate and avoiding hottest times of the day
- Identifying separate times for women if necessary
- Availability of coaches and trainers



Many things found in the local community can be used for sport and physical activity  
(Picture: Democratic Republic of the Congo)

- Religious practices and times of worship
- Traditional roles, daily responsibilities and household chores of participants
- Avoiding main meals times and respect times when people are busy with food preparation or other responsibilities

In designing and structuring a sport and physical activity programme, you should also consider how the participants will be informed about the session. You need to use appropriate strategies to actively recruit participants, ensuring that specific groups have equal access to the information. Care must be taken to ensure that accurate information is included in flyers and promotional material, that information is distributed in accessible places. Support from local authorities or community leaders can also encourage more people to participate.

Even in communities that have not been affected by disaster, it is really difficult to reach hidden populations. In the post-disaster setting it is even more crucial to reach out to excluded and vulnerable groups such as mothers, children, certain ethnic groups, people with disabilities and the elderly. Personal outreach to some of these target groups is necessary and should be incorporated in the planning of your programme, along with strategies to ensure that people return after the first session to get the maximum benefits from participating in sport and physical activity.

## **1.8 Session Planning**

It is useful to plan each session in advance. This will help you to identify the goals of the session and can also assist with your recordkeeping and evaluation of the programme.

A session plan should include:

- The aims or goals of the session
- How much time you plan to spend on each task or activity
- Specific hazards to look for during a safety check
- A list of any equipment or materials that are required
- Specific instructions or coaching points
- Strategies for making the activities easier or more difficult

While participants are cooling down, it is a good idea to reinforce the main themes of the session and this can also be a good opportunity to introduce educational messages or stimulate group discussions about topics of interest.

Planning your session to include structured health or information messages based on identified needs of the participants can be very useful in building resilience. Creating an open

and friendly environment may encourage participants to provide feedback and have some control or input into the sessions.

Some successful strategies that have been implemented in specific settings include:

- “Friendship circles” at the end of each session to allow time to discuss any topics of interest or concern openly with the group.<sup>6</sup>
- Having participants write a note to the coach if verbal communication is too confronting. Anonymous letters can provide another means to identify topics of interest and issues that some of the participants may be facing.<sup>7</sup>
- Basing the entire programme on educational and safety messages such as HIV/AIDS prevention.<sup>8</sup>

There are likely to be times that you are presented with a group of people, and without prior planning may have to organise or initiate sport and physical activity. It is a good idea to know a couple of games or activities that you could implement with little preparation. The more practice you have at conducting psychosocial sport programmes, the more you will learn how to adapt the activities to the participants and the conditions with the specific culture that you are working with.

## 1.9 Competition Considerations

Whilst the initial focus of psychosocial sport programmes is not on competition, it is likely that after time if participants are interacting well together, it may be appropriate to introduce a game against another team.

Many football leagues have been established in Africa based on the popularity of the game and potential to use sport to rebuild communities by including former child soldiers, street kids or warring tribes. However, if not used properly, competition can reinforce community divisions so care must be taken to establish mixed teams and NEVER have one group against another.

In a competition, referees and officials are required and are responsible for ensuring that all players follow the rules of the game. Referees are generally in control of the game on the field of play whilst officials may be scorekeepers or line judges and the type of officials

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<sup>6</sup> Kunz, V. (2005).

<sup>7</sup> Ibid.

<sup>8</sup> US AID. (2006). *Resiliency coach's guide: For a sport-based HIV/AIDS prevention and youth life skills intervention*, Grassroots Soccer.

required is determined by the time of sport that is played. Referees and officials need to be very familiar with the rules of the game and it may be necessary to identify and train volunteers to fill these roles.

### **1.10 Practical Safety Tips**

Safety is a prime concern and the safety of both coaches and participants should never be compromised. The environment must be free from potential hazards in order to prevent injuries during your session. To make sure that the playing space and equipment is safe, it is useful to check the area before each session begins. Even if the space was used the day before, new hazards may present themselves.

Hydration is an important safety consideration when conducting sport and physical activity. People should drink water during and after exercise, particularly in extreme heat. However, water may be a very scarce commodity in post-disaster intervention and this must be taken into account when planning activities and locations. Providing water is not a commodity but a necessity.

The intensity of the physical activity must be tailored to these conditions and considerate of the level of nutrition and hydration of participants. For example, it would be dangerous to engage children in long periods of intense physical activity if they are undernourished or without water, particularly in extreme weather conditions. Think about your own exertion levels and how you would feel in this situation. Children especially, are often caught up in the excitement of the activity and less able to identify their own exhaustion.

The coach is responsible for monitoring the safety of all participants during the session which involves observing the environment, equipment and participants and also being able to respond appropriately to any safety concerns. Prevention of sporting injuries and training coaches in basic first aid is necessary for them to be able to appropriately prevent and respond to any sports injuries or other first aid concerns that may arise during a session. Providing positive experiences with sport and physical activity is essential to ensure that people keep returning to the sessions and participate regularly.

## 2. PSYCHOSOCIAL ASPECTS OF SPORT AND PHYSICAL ACTIVITY

### 2.1 Cultural Considerations

Working within another culture can be very challenging and different to what you may have experienced before. In the early stages of post-disaster intervention, there are many people from the local community, from surrounding communities and from other countries, working under pressure in intense and chaotic circumstances. Cultural awareness is important for disaster responders and also needs to be considered when developing a sport and physical activity programme.

Being culturally appropriate involves you adjusting your own behaviour and being considerate and aware of other people's culture and its influences on their attitudes and behaviour. It may require practical steps such as:

- Adhering as much as possible to local customs and rules such as taking off shoes or bowing your head
- Acknowledging that many subcultures exist within communities and not everyone has the same language, beliefs, religious or cultural practices
- Accepting and respecting other people's habits, traditions and practices. This may include for example, dressing yourself appropriately and following local customs such as covering your head or shoulders
- Asking open questions about the culture you are confronted with and showing curiosity and interest can be helpful to check that you are not breaching local expectations and rules unintentionally

It is not enough to know as much as possible about another culture, but to see it in relation to your own culture and understand that being culturally competent is a dynamic process of adaptation.

It is likely that you may experience some culture shock if you are working in a culture that is foreign to your own. This requires a process of adaptation and adjustment and there are three main areas that can help you deal with culture shock:<sup>9</sup>

- Deal with your emotions
- Analyse your difficulties
- Develop a social and professional network of support

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<sup>9</sup> Centre for Humanitarian Psychology. Culture shock, Centre for Humanitarian Psychology, [www.humanitarian-psy.org/pages/fiches\\_details.asp?id=19](http://www.humanitarian-psy.org/pages/fiches_details.asp?id=19) (accessed August 13, 2007).

In planning and delivering a psychosocial sport programme, cultural sensitivity is required when designing your programme, selecting staff and volunteers, choosing appropriate games and activities and in interactions with participants, families, coaches and other community members.

## 2.2 Communication

In post-disaster intervention, communication is crucial. Communication involves both verbal and non-verbal messages that are given and received.

In relation to your own communication, the following points may be helpful:

- The meaning of simple words can differ within different cultures. For example, the words “yes” and “no” might be used very differently to what you may expect.
- Be aware of your use of eye-contact as in some cultures direct eye-contact may be offensive and not encouraged.
- It can be confusing if your body language does not match your verbal messages. Be aware of your movements and the messages that you are communicating and always be open and honest.
- Be cautious with the use of touch in coaching and in general communication, particularly if people have been abused, tortured or victims of sexual assault or rape. Touch can be very healing if used correctly and safely. Touch needs to be gender and culturally appropriate.
- Be aware when using non-verbal gestures and expressions that they may also have different meanings.

The words that you use are just as important as your non-verbal communication. Here are some tips to help you use appropriate responses:<sup>10</sup>

### **DO SAY:**

These are normal reactions to a disaster.

It is understandable that you feel this way.

You are not going crazy.

It wasn't your fault, you did the best you could.

Things may never be the same, but they will get better, and you will feel better.

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<sup>10</sup> Department of Health and Human Services. (2000). *Field manual: For mental health and human service workers in major disasters*, DHHS, Washington, D.C., p8.

**DON'T SAY:**

It could have been worse.

You can always get another pet/car/house.

It's best if you just stay busy.

I know just how you feel.

You need to get on with your life.

The following characteristics of effective communication highlight some of the values that are important in communicating with people affected by disasters:<sup>11</sup>

- Empathy – A coach must communicate an ability to see and feel from the affected person's point of view. This usually includes a quality of personal warmth.
- Respect – A coach must communicate sincere respect for the dignity and worth of the affected persons.
- Genuineness – This is about more than factual honesty or sincerity. In working with people who may find it difficult to trust others, the coach must be a very genuine person who can earn trust under difficult conditions. This means saying what you mean and meaning what you say. Anything less can lead to a sense of betrayal.
- Positive regard – A coach must demonstrate a sincere regard for the welfare and worthiness of the affected person, who may struggle with a sense of being unworthy and flawed. The coach's positive regard for them is often the seed of a renewed sense of self-esteem.
- Non-judgemental stance – People are often concerned that they will be judged by others to be at fault for the crises that befall them. A good coach can relieve this tension by carefully avoiding judging the affected persons. Otherwise, empathy, respect, and positive regard may be undermined.
- Empowering – A coach is temporarily in the affected person's life. Therefore, it is crucial that you leave the person feeling more resilient and resourceful than when you met him/her.
- Practical – Being practical about what can and cannot be accomplished for a person in crisis is necessary, if you are to succeed in leaving behind a strengthened and functionally whole person even after support is withdrawn.
- Confidentiality – This refers to the coach's duty to keep private those things that are shared by a client. However, certain information must be shared when the good of doing so outweighs the bad. Information, such as knowledge about abuse, requires socially responsible action to help protect others, and should lead to the coach disclosing the information in an appropriate and sensitive manner.

<sup>11</sup> IFRC. (2002). Community-based Psychological support training manual of the international federation of Red Cross and Red Crescent Societies (2002). Cited in Sport and Development Toolkit, CD-Rom, p26.

- Ethical conduct – Ethical codes of conduct vary from context to context. They also, however, have certain principles in common:
  1. Do no harm
  2. Be trustworthy and follow through on your words with appropriate deeds
  3. Never exploit your relationship
  4. Respect a person’s right to make his/her own decisions
  5. Never exaggerate your skills or competence
  6. Be aware of your own biases and prejudices

## 2.3 Active Listening

Disaster survivors typically benefit from talking about their disaster experiences. Survivors respond when they are shown genuine concern, interest and respect. Listening is an essential part of communication and active listening can help you to better understand a person’s needs and situation.<sup>12</sup>

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**Allow silence**      Silence gives the survivor time to reflect, become aware of feelings and elaborate. Simply being with the survivor and their experience is supportive.

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**Attend non-verbally**      Eye contact, head nodding, caring facial expressions, and occasional “uh-huhs” let the person know that you are listening to them.

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**Paraphrase**      Repeat a portion of what has been said to show understanding, interest and empathy. Paraphrasing also checks for accuracy, clarifies misunderstandings and lets the person know that he or she is being heard.

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**Reflect feelings**      Notice the tone of voice or non-verbal gestures that suggest anger, sadness or fear and this can help the person to identify and articulate their own feelings.

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**Allow expression of emotions**      Expressing intense emotions through tears or angry venting is an important part of healing. You should stay relaxed, breathe, and let the person know that it is OK to feel those emotions and to express them.

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<sup>12</sup> Department of Health and Human Services, 2000, p7.

## 2.4 Dealing with Emotions

The following tips have been developed with feedback from sport development workers who have had experience in dealing with people affected by disaster trauma:<sup>13</sup>

- Ensure safety and trust
- Always emphasise the positive
- Treat people with respect
- Create an open and friendly environment
- Focus on sports and communication, not on trauma and how to overcome it
- Establish very clear rules and agreements
- Don't respond to aggressive behaviour with fear or aggression
- Don't go after someone who doesn't participate
- Use positive praise OFTEN
- Be mindful of using contact sports
- Be observant of the behaviour of each participant and try to recognise changes in their behaviour from one session to the next
- Be alert to signs of more severe symptoms of disaster trauma
- Understand your limitations and be aware of your own emotions
- You may not know the answer to every question but be honest and do all that you can to find out the answer
- Be yourself, children especially will pick up if you are not being genuine

## 2.5 Referring to a Mental Health Specialist

If you notice persistent signs and symptoms of more serious trauma responses in any person it is advisable to seek help. You need to be able to recognise the symptoms of more serious reactions such as post traumatic stress disorder, but it is also important to recognise the limitations of your own skills and training. Always work in consultation with your supervisor or the programme manager of the team and seek assistance if you are unsure of the steps to take.

It is advisable to refer a person for specialist help if:<sup>14</sup>

- You realise the problem is beyond your capability, level of training, and the purpose of the psychosocial programme you are delivering
- You have difficulty maintaining contact with the person

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<sup>13</sup> W.J.H Mulier Instituut. 2005. *Trauma and sport for development: A toolkit for sport development workers*. Sport and Development Toolkit, CD-Rom, p24.

<sup>14</sup> *Ibid.*, p17. *Ibid.*, p17.

- A person hints or talks openly of suicide
- A person seems to be socially isolated
- A person presents imaginary ideas or details of persecution. Be aware though, that it might be the truth
- You become aware of abuse or any criminal activity
- You become aware of dependency on alcohol or drugs
- You see the person is engaging in risk behaviour (showing carelessness towards themselves or others)
- You yourself become restless, confused and have recurring bad thoughts or dreams about the case

If you do refer a person to another service provider, it is important that you communicate this with the individual so that they understand the process and what to expect. As a rule, inform the person of your intentions, make sure they know that you will continue to support them, discuss any practical issues and you may even suggest accompanying them for their first visit with the professional.

## **2.6 Managing Your Own Stress**

Working in post-disaster intervention may be stressful to you and it is important that you monitor and manage your own stress levels.<sup>15</sup>

- Recognise, understand and appreciate your own feelings
- Be tolerant of the reactions of other relief workers and survivors as disasters are a time of stress for everyone
- Talk to other people about your feelings. Talking helps relieve stress and helps you realise that others share your feelings
- Take care of yourself. It is necessary to enable you to keep doing your job
- Be physically active
- If an incident occurs that has really shaken you, take a short break
- Take part in regular debriefing sessions that may be offered to you

You can also use sport and physical activity to help build your own coping capacities and resilience to trauma. You may prefer to do activities on your own such as walking, or running. Some people use guided relaxation exercises to help free their minds of stress and tension.

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<sup>15</sup> Ehrenreich, J. H. (2001). *Coping with disasters: A guidebook to psychosocial intervention*. Center for Psychology and Society. Old Westbury, New York, p101.

There may also be times when you prefer to spend time with other disaster responders, friends or colleagues. Participating in sport and physical activity together can provide opportunities for disaster responders to express their emotions and also facilitate team-building to encourage people to work together. Being able to recognise the signs of burnout in others is also important so you can offer support if necessary.

Once you leave the disaster site, you may experience some intense feelings and emotions adjusting to life at home.

- Give yourself a few days to make the transition
- Be tolerant of what others at home want to share
- Anticipate mood swings and strong emotional reactions. You may have unexpected reactions to sounds, sights, or people that remind you of experiences at the disaster site.
- Be prepared and be realistic yourself

It is important to be able to monitor your own stress levels, take steps to look after yourself and be able to ask for help when you need it.

The Centre for Humanitarian Psychology has developed a comprehensive resource for disaster responders to help manage stress in the field, called Stress Management in Insecure Environments: A multi-media training kit for humanitarian field staff.<sup>16</sup>

The kit includes:

- A CD-Rom with case studies, typical situations, video and exercises
- A logbook, where each chapter is a follow-up of the CD-Rom and in which one can record thoughts and progress and integrate learning

It has been developed as a personal companion for every humanitarian worker going to the field.

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<sup>16</sup>Centre for Humanitarian Psychology. (2006). Stress management in insecure environments: A multi-media training kit for humanitarian field staff, Centre for Humanitarian Psychology, [www.humanitarian-psy.org/pages/nos\\_produits.asp](http://www.humanitarian-psy.org/pages/nos_produits.asp) (accessed, October 2, 2008).

### 3. PRACTICAL CONSIDERATIONS FOR SPORT AND PHYSICAL ACTIVITY

#### 3.1 Setting Up

It is important that all sessions are well planned to ensure that the participants achieve the maximum benefit. Once you have developed your session plan, here are some handy tips to help you put your plan into action:

- Make sure you have all the necessary equipment and arrive on time
- Make sure the weather conditions are safe for play
- Check the playing space for any danger or potential hazards
- Know where the nearest toilets are and that they are open and safe (if possible)
- Provide water for participants or know where the nearest water source is (if possible)
- Consider how many coaches and participants are present as it may be possible to divide the session into smaller groups
- Bring the participants together and talk to them about the session
- Introduce the activities and make sure the participants know what to expect

You need to also allow some flexibility with your planning. There may be times when the activities need to be altered or you may need to spend more time on an activity than you anticipated. Good planning also involves planning for unexpected situations and being able to adapt your plan on the spot.

#### 3.2 Coaching Principles

The theory of teaching and practical application of teaching and learning is called didactics. In implementing a psychosocial sport programme, coaches will need to assess the skill level of a group to determine the most appropriate level to begin. Teaching techniques is a fundamental skill of successful coaching.

Coaches need to develop a number of skills in order to effectively plan and deliver sport and physical activity. These include:<sup>17</sup>

- Organising** Planning how to manage the participants, the equipment and the area
- Grouping participants accordingly depending on the number that attend
- Keeping participants focused on the set tasks

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<sup>17</sup> See for example: [www.ukssport.gov.uk](http://www.ukssport.gov.uk), [www.ausport.gov.au](http://www.ausport.gov.au).

<b>Safety</b>	<p>Assess any risks in the area, equipment and participants</p> <p>Continue to assess risks throughout the session</p>
<b>Building Rapport</b>	<p>Learn and use the participants' names</p> <p>Smile and make eye contact (in accordance with local culture)</p> <p>Show interest in and respect for the participants</p>
<b>Providing Instruction</b>	<p>You should think about and plan what you are going to say</p> <p>Gain the participants' attention</p> <p>Keep it simple and stick to the point</p> <p>Check that the participants understand</p> <p>Plan skills for sessions and introduce the easiest skills first</p> <p>Teach one skill or part at a time</p>
<b>Demonstration</b>	<p>Make sure you are in a position where participants can see and hear you</p> <p>Focus on one or two key points</p> <p>Repeat the demonstration (from different views if necessary)</p> <p>Highlight what to do, not what not to do</p> <p>Try to use a variety of participants as demonstrators to promote self-esteem and group dynamics</p> <p>Allow participants to practice the skill after each demonstration</p> <p>Ask if there are any questions and check if they understand</p>
<b>Observing and Analysing</b>	<p>Break the action down into phases</p> <p>Focus on one phase at a time</p> <p>Observe the action several times</p> <p>Compare the action with your demonstration</p> <p>Determine what corrective instruction or guidance is required</p>
<b>Feedback</b>	<p>Encourage the participants to analyse their own action by asking questions</p> <p>Provide specific and simple advice</p> <p>Limit the advice to one or two points</p> <p>Check the participants understand</p> <p>Ensure the whole process is a positive experience for the participants</p>
<b>Variety</b>	<p>Vary your sessions</p> <p>Change the format and the activities regularly</p> <p>Ensure equal opportunity for all players</p>

Avoid elimination games where players sit out  
Include plenty of non-competitive teamwork

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### 3.3 Tips for Inclusive Physical Activity

Inclusive sport and physical activity is based on the principle that people with and without disabilities are in interaction:<sup>18</sup>

- At the same time
- At the same place
- In the same activity

Treat people with disabilities the same as other participants. It is important to focus on what the participants can do and have the potential to do and not what they cannot do. Coaches should be aware that a lack of skill does not necessarily indicate the lack of potential ability. The following tips might help you to include people with a disability in your session:<sup>19</sup>

- Use the participant as a resource of information on themselves, and ask them what they can do and how specific tasks may be modified to suit their skill level.
- Do not make allowances. Participants should be encouraged to meet the requirements of the sport or activity to the best of their ability. Often not enough is expected of people with a disability.
- Assist when and where requested. The coach should anticipate when assistance is required, but not offer sympathy.
- Avoid the role of the 'protector' from failure. A coach should recognise and adapt to the participant's ability for handling risks.

People with a disability may be able to be actively included in the activities without any assistance, so you may only need to adapt and modify your session if people are not participating equally in the activities. Remember that including people with a disability is about good planning and good coaching.

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<sup>18</sup> Handicap International. (2007). *Sport and fun for all: A way for persons with disabilities to be included in community life*. Handicap International Bangladesh Program, Dhaka, Bangladesh.

<sup>19</sup> Australian Sports Commission. (1995). *Coaching athletes with disabilities: An Australian resource*. Australian Sports Commission, CD-Rom.

### 3.4 Warm Up

Each session of sport and physical activity should begin with a warm up and end with a cool down routine. The warm up prepares the body for activity and helps to prevent injury to muscles, which are more susceptible to injury when they are cold.

The warm up aims to:

- Prepare the body and mind for the activity
- Increase the body's core temperature
- Increase heart rate
- Increase breathing rate

The warm up should incorporate the muscle groups and activities that are similar to those that will be used during the session (for example, warm up the legs if the session involves lots of running).

### 3.5 Stretching

Stretching activities should be included in the overall warm up and involve all muscle groups that are going to be used. It is important to warm up before stretching. If you stretch without warming up, muscles are more prone to injury.

Some general rules when stretching:<sup>20</sup>

- Warm up prior to stretching
- Stretch before and after activity
- Stretch all muscle groups that will be involved in the activity
- Stretch gently and slowly
- Never bounce or stretch rapidly
- Stretch to the point of tension or discomfort, never pain
- Do not push or bend others in order to stretch
- Do not hold your breath when stretching, breathing should be slow and easy

Five to ten minutes is recommended to spend on warm up and stretching. However, in cold weather the duration of the warm up should be increased. If people have difficulty with balance, use stretching activities that can be done whilst sitting, lying on the ground or leaning against a wall or partner. Consider using trust games, teambuilding games and games that help learning names as part of the warm up.

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<sup>20</sup> Australian Sports Commission. (2007). *Conducting a training session*. Factsheets, Australian Sports Commission, [www.ausport.gov.au](http://www.ausport.gov.au) (accessed October 15, 2007).

### 3.6 Conducting the Session

A sport and physical activity session ideally lasts between 45 to 75 minutes, depending on the age of the athletes. After the warm up and stretching there are a number of elements that can be included in your session:<sup>21</sup>

#### **Skill warm up**

Revise a skill that was taught in an earlier session and reinforce the key points as players warm up. Remember to use praise and positive reinforcement.

#### **Skill development**

This involves demonstrating new skills that you have planned for the session, allowing time for the participants to practice the skill, observing all players and correcting the actions of those who need correction.

#### **Modified games**

People generally want to play a game so set aside some time where they can practice the skill in a game situation without too much instruction from the coach.

Remember to consider activities that help to develop psychosocial skills which can lead to better management of emotions, social relations and cooperation. Simply taking part in sport, games and play will not lead a person to develop psychosocial skills. A coach needs “strong personal and social skills as well as the support of a good methodology.”<sup>22</sup>

During the session, try to keep the following points in mind:

- People learn through activity and fun
- Include challenges in each session
- Start with easier activities and progress to more difficult ones
- Encourage all participants to be active throughout the session
- Vary the type of activities to keep the participants interested
- Be flexible to deal with the available facilities and environmental conditions
- Give lots of praise for improvement and effort

Encourage participants to have some control over the session. Invite their suggestions for games and activities and use their feedback to improve your sessions and your coaching.

<sup>21</sup> Ibid.

<sup>22</sup> Meuwly, M. & Heiniger, J.P. (2007). *Laugh, run and move to develop together: Games with a psychosocial aim*, Terre des Hommes, Lausanne, Switzerland.

### **3.7 Cool Down**

Cooling down at the end of the session is just as important as warming up before activity. Cooling down helps muscles recover from exercise and prevents soreness. This is particularly important for people that may have not participated in physical activity for a long time as they may be activating muscles that are not used to the type of movements that your session involves.

During the cool down, passive or low impact activities are used to help the body slow down after physical activity and involves stretching key muscle groups. The cool down period is a good opportunity to discuss key teaching points or things that need to be reinforced from the session. It may also be an opportunity to introduce educational messages or facilitate discussion on issues of common interest in the group.

### **3.8 Monitoring and Evaluation**

At the end of each session it is a good idea to think about how the session was conducted and how it might be improved.

You may consider some of the following strategies:

- Ask the participants to each tell you one thing that they liked best about the session
- Write down on your session plan some ideas for how to improve the session or to deal with specific issues that arose
- If you are working with another coach or a programme with many coaches, it can be useful to meet regularly to discuss what is working, what is not working and share experiences.

If you have planned to use a more detailed method of evaluation, you must also consider the practical aspects of conducting the evaluation and when and how information needs to be gathered.

Reflecting on your own coaching style, communication and performance after each session can be a really useful way to challenge yourself and consider how you can improve your coaching.

To make the best use of whichever monitoring and evaluation methods you choose, make sure you share the results of your evaluation appropriately. That may include providing feedback to your supervisor or programme manager, and also sharing the results with participants.

### 3.9 Sample Games and Activities

There are many coaching resources that have already been developed in physical education, coaching education for specific sports and by organisations that provide sport and development programmes. Without recreating what has already been produced, the following activities are provided to highlight some examples of games and activities that can be utilised to meet some specific goals of psychosocial sport programmes.

These games are only a small selection but you can adapt and modify these activities easily for different groups:<sup>23</sup>

#### **Triple names**

Standing or sitting in a circle. One person begins by repeating their own name three times and then naming someone else in the group, for example, “Emma, Emma, Emma, Richard!” At the same time everyone claps their hands. The person whose name was introduced at the end continues the sequence by repeating their own name three times and then adding another group member.

#### **Circle introductions**

In a circle, first person introduces their name. For example, “My name is ‘Lucy’”. A second person introduces themselves and the first person, “I am ‘John’, this is ‘Lucy’”. A third person says “I’m ‘Claudia’, this is ‘Lucy’ and ‘John’”, and so on around the circle until the last person introduces everyone all the way round.

#### **Simple name game**

Participants throw a ball around a circle. First round they each say their name when they catch the ball. Second round they say the name of the person to whom they wish to throw the ball. Third round they say the name of the person from whom they received the ball.

#### **Identify the voice**

After people have had a chance to interact with each other in their group and know all their names, have them close their eyes and try to identify the voices of their peers. The leader walks around quietly and gently taps a person on the shoulder. That person says “hello”. The rest of the group has to guess the correct name. The person who guesses correctly gets to select the next person to say “hello”. To make the game more challenging, you can ask people to disguise their voices.

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<sup>23</sup> See for example: [www.gameskidsplay.com](http://www.gameskidsplay.com); [www.funattic.com](http://www.funattic.com), [www.svenskakyrkan.se/psychosocialservices](http://www.svenskakyrkan.se/psychosocialservices).

**“Catch the Chicks” from Taiwan**

This is a traditional children’s game. Children playing the game pretend they are an eagle, a hen, and some chicks. All the chicks stand behind the hen in a row, and the hen tries her best to protect her babies. When the game starts, the eagle tries to catch the chicks. If a chick is caught by the eagle, then the eagle wins the game, and the chick that is caught is the eagle in the next game.

**Chimp Race**

Set up teams and a play area. The first person on each team is to bend over with feet apart and grab their ankles. On “go”, they are to race down the course and back without letting go of their ankles. Each person on the team repeats the relay. The first team done is the winner.

**What is the time Mr. Wolf?**

One player is the wolf and they stand with their back turned to the others about 10 metres away. The others call out, “What’s the time Mr. Wolf” and the wolf shouts out a time. For example, 10 o’clock. The others would then take 10 steps toward the wolf. The group will take the same amount of steps toward the wolf as the amount of hours in the wolf’s time. (2 o’clock = 2 steps, 6 o’clock = 6 steps). When the group gets close to the wolf the next time the group yells “What’s the time Mr. Wolf” the wolf will say “DINNER TIME” and run after the group who are running back to the start line. Hopefully the wolf will catch one member of the group who will then be the wolf for the next game.

**Blanket Volleyball**

Each team should have a blanket or sheet. You can use a volleyball net if you prefer, but it is not necessary. Set up teams with four people on each team with one person holding each corner of the blanket. Have one team serve the ball by placing it in the middle of the blanket. They are to lower the blanket and then raise it quickly as a team, to allow the ball to become air borne. The opposing team must catch the volleyball in their blanket and toss it back again.

**Pass ball**

All players are in a circle. Ask the players to pass a mimed ball to the others (not a real ball but they must pretend to pass it). The coach then explains that the ball becomes heavier or extremely light or really big or small, light or heavy. The aim is to ‘see’ the ball’s characteristics in the way it gets passed.

**Emotional mirror**

Players in pairs face each other. One starts talking in gibberish (words that don’t make any

sense) with a specific emotion (angry, happy, in love etc.) The other instantly copies the emotion of the first player and speaks in his/her own gibberish. There is no need to try to copy the other player's gibberish, both players just keep talking with no pausing allowed. After about 10 seconds, the second player changes emotion, and the first one immediately follows.

### **Stick Olympics**

Divide the participants into groups of 8 to 10 and give each participant a stick. Each team will complete a series of different relays using their stick. You can use your own ideas and adjust this game for participants of all types of abilities. Here are some ideas to get you started:

- Place the stick under your armpit and hop on one leg down a field and back
- Place the stick between the knees and hop down a field and back
- Two team mates toss the stick to each other as they move down the field and back
- Place the stick on the ground and each participant must roll across the stick
- Teammates line up in leapfrog formation and first player hops over players while holding sticks and then tosses stick to next player in the line to repeat

### **“Stop” from Columbia**

Stop is very easy to play. You only need a ball and it is better if played with many participants. To start the game, one person who is selected by the toss of a coin takes the ball. The other players stand around the person with the ball. The person with the ball has to throw the ball up and say one of the other participant's names. The rest of the players have to run away as far as possible. The person named has to say “stop!” and has to get back to catch the ball. If the named person catches the ball in the air, they can immediately say another name and run away. If they don't catch the ball, the nearest person throws the ball up and restarts the game.

### **Hot Potato**

Players stand in a circle and rapidly pass the ball from person to person (either to the right or left) or at random to others in the circle. Each person must not hold the ball longer than two seconds. If a player holds the ball longer than two seconds or drops the ball, they are out. Encourage everyone to throw the ball in a decent manner to make it easier to catch.

### **Pruni**

One person stands with their eyes open and does not say anything. The other participants have their eyes closed and go around trying to shake hands with each other. When they shake hands with another person they say “pruni.” When they shake hands with the child who is not allowed to say anything, they join hands with him/her and they themselves be-

come quiet. Thus the group that is not allowed to talk grows. Eventually all participants will have found the silent group. When this happens the game is over.

### **Bull's eye**

The leader draws concentric circles (a bull's eye) on the ground. The participants try to roll their balls into the centre circle to win the most points. Each larger circle is worth fewer points; the area outside of the bull's eye is not worth any points. The person or team with the most points at the end of the game is the winner. If you have only one ball, after each person throws the ball, you could make the place where the ball lands.

### **Bowling**

Participants try to knock over objects using a ball. Any objects found in the area will do: scrap wooden blocks, sticks planted in the ground. It is best if the playing area is flat with little or no grass.

### **Triangle tag**

A person who is "it" tries to tag another person. This person can find safety by joining a group of three people holding hands. However, as a person joins the group, the person on the opposite end must leave since the maximum number of people in a group is three. The one who is "it" then chases the person forced to leave the group. If a person is tagged they become the next person to be "it."

### **Number off**

Two teams with equal numbers of players line up facing each other. The players count off on each team so there is two of each number. It is better if the players with the same numbers are directly across from one another. The players are told to remember their numbers. A ball (or other handy object) is placed in the middle of the two lines. The leader calls out a number, for example, number four. One player with that number tries to rush out and grab the ball before the other player with the same number gets the ball. To make this game more difficult, you could allow the player who gets the ball to be tagged by the one who did not get it. Thus, the player not only has to get the ball before the other one, but also has to run back to safety behind the line before being tagged. You could also make this game more interesting by calling out math problems. For example,  $2 + 3$ , in which case the number 5s would run.

## 4. SUMMARY OF PART FOUR

- Comprehensive planning is required before a programme is implemented to ensure that it focuses on meeting psychosocial goals.
- Many practical elements must be considered during the planning of a programme including recruiting coaches, selecting activities, locations and equipment.
- Sustainability, safety and monitoring and evaluation strategies should also be included in your plans.
- Being a coach in a post-disaster intervention setting requires the skill, desire and interest in teaching sport, but also requires the ability to understand emotions, behaviours and facilitate interpersonal communication.
- Effective cultural competence, communication and active listening are important elements of conducting psychosocial sport programmes.
- It is important to take action to manage your own stress in order to be able to help others.
- Warming up, stretching and cooling down are essential elements of any session to prepare the body for exercise before activity and help the body to recover after activity.

## 5. USEFUL LINKS

Australian Sports Commission  
**[www.ausport.gov.au](http://www.ausport.gov.au)**

Centre for Humanitarian Psychology  
**[www.humanitarian-psy.org](http://www.humanitarian-psy.org)**

International Committee of Red Cross and Red Crescent Societies  
**[www.icrc.org](http://www.icrc.org)**

International Council of Sport Science and Physical Activity  
**[www.icsspe.org](http://www.icsspe.org)**

International Platform on Sport and Development  
**[www.sportanddev.org](http://www.sportanddev.org)**

Sport and Development Toolkit  
**[www.toolkitsportdevelopment.org](http://www.toolkitsportdevelopment.org)**

Swiss Academy for Development  
**[www.sad.ch](http://www.sad.ch)**

United Kingdom Sport Council (UK Sport)  
**[www.uksport.gov.uk](http://www.uksport.gov.uk)**

# APPENDICES – Reference Material and Further Resources

Where to Find Further Information on Disaster Relief, Psychosocial Intervention, Sport and Physical Activity and Related Topics



## APPENDIX A – ABBREVIATIONS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>CISM</b>	Critical Incident Stress Management
<b>CRED</b>	Centre for Research on the Epidemiology of Disasters
<b>EM-DAT</b>	Emergency Disaster Data Base
<b>FAO</b>	Food and Agriculture Organisation
<b>FIFA</b>	Federation Internationale de Football Association
<b>HI</b>	Handicap International
<b>HIV</b>	Human Immunodeficiency Virus
<b>IAAF</b>	International Association of Athletics Federation
<b>IASC</b>	Inter-Agency Standing Committee
<b>ICRC</b>	International Committee of the Red Cross
<b>ICCSPE</b>	International Council of Sport Science and Physical Education
<b>IDP</b>	Internally displaced person
<b>IFRC</b>	International Federation of the Red Cross and Red Crescent Movements
<b>IOC</b>	International Olympic Committee
<b>IPC</b>	International Paralympic Committee
<b>ITTF</b>	International Table Tennis Federation
<b>LSN</b>	Landmine Survivors Network
<b>MDG</b>	Millennium Development Goals
<b>NATO</b>	North Atlantic Treaty Organisation
<b>NGO</b>	Non-Governmental Organisation
<b>NORAD</b>	Norwegian Agency for Development Cooperation
<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>PTSD</b>	Post Traumatic Stress Disorder
<b>RTP</b>	Right to Play
<b>SAD</b>	Swiss Academy for Development

<b>TDH</b>	Terre des Hommes
<b>TKL</b>	The Kids League Uganda
<b>UN</b>	United Nations
<b>UNDAC</b>	United Nations Disaster Assessment and Coordination
<b>UNDP</b>	United Nations Development Programme
<b>UNESCO</b>	United Nations Education Scientific and Culture Organisation
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organisation

## APPENDIX B – PHOTO CREDITS

<b>COVER PICTURE</b>	UNHCR, B. Baloch	Pakistan
<b>PART ONE</b>		
Title Page	Mercy Corps, E. Huaman	Peru
<b>PART TWO</b>		
Title Page	UNHCR, G.M.B. Akash	Bangladesh
<b>PART THREE</b>		
Title Page	Mercy Corps, R. Burks	China
Page 74–75	The Kids League, T. Dudley	Uganda
Page 79, 88, 89	SAD, N. Eggenberger	Iran
Page 81	APAID	Kenya
Page 85	Mercy Corps, R. Burks	China
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Page 97	German Red Cross, J. Mahr	Sudan
<b>PART FOUR</b>		
Title Page	SAD, N. Eggenberger	Iran
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<b>APPENDICES</b>		
Title Page	UNHCR, H. Caux	Chad

## **APPENDIX C – DIRECTORY OF ORGANISATIONS**

### **United Nations Specialised Agencies**

United Nations Children’s Fund (UNICEF)

**[www.unicef.org](http://www.unicef.org)**

United Nations Development Programme (UNDP)

**[www.undp.org](http://www.undp.org)**

United Nations Educational Scientific and Cultural Organisation (UNESCO)

**[www.unesco.org](http://www.unesco.org)**

United Nations High Commissioner for Refugees (UNHCR)

**[www.unhcr.org](http://www.unhcr.org)**

United Nations International Strategy for Disaster Reduction (ISDR)

**[www.unisdr.org](http://www.unisdr.org)**

United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

**[www.unocha.org](http://www.unocha.org)**

United Nations Office of Sport for Development and Peace

**[www.un.org/themes/sport](http://www.un.org/themes/sport)**

United Nations Volunteers (UNV)

**[www.unv.org](http://www.unv.org)**

World Food Programme (WFP)

**[www.wfp.org](http://www.wfp.org)**

World Health Organisation (WHO)

**[www.who.int](http://www.who.int)**

### **Governmental Organisations and Agencies**

AusAID

**[www.ausaid.gov.au](http://www.ausaid.gov.au)**

Australian Sports Commission  
**[www.ausport.gov.au](http://www.ausport.gov.au)**

Canadian International Development Agency (CIDA)  
**[www.acdi-cida.gc.ca/aboutcida](http://www.acdi-cida.gc.ca/aboutcida)**

Department of Canadian Heritage  
**[www.canadianheritage.gc.ca](http://www.canadianheritage.gc.ca)**

Dutch Ministry of Foreign Affairs  
**[www.minbuza.nl](http://www.minbuza.nl)**

European Commission Humanitarian Aid Department  
**[www.ec.europa.eu/echo](http://www.ec.europa.eu/echo)**

German Federal Foreign Office  
**[www.auswaertiges-amt.de](http://www.auswaertiges-amt.de)**

Irish Aid  
**[www.irishaid.gov.ie](http://www.irishaid.gov.ie)**

Ministry of Foreign Affairs of Denmark  
**[www.um.dk](http://www.um.dk)**

Norwegian Agency for Development Cooperation (NORAD)  
**[www.norad.no](http://www.norad.no)**

Swedish International Development Cooperation Agency (SIDA)  
**[www.sida.se](http://www.sida.se)**

Swiss Agency for Development and Cooperation (SDC)  
**[www.sdc.admin.ch](http://www.sdc.admin.ch)**

UK Department for International Development (DFID)  
**[www.dfid.gov.uk](http://www.dfid.gov.uk)**

United Kingdom Sport Council (UK Sport)  
**[www.uksport.gov.uk](http://www.uksport.gov.uk)**

United States Agency for International Development (USAID)  
**[www.usaid.gov](http://www.usaid.gov)**

## **Non-Governmental Organisations**

CARE  
**[www.care.org](http://www.care.org)**

German Red Cross  
**[www.drk.de](http://www.drk.de)**

International Committee of the Red Cross (ICRC)  
**[www.icrc.org](http://www.icrc.org)**

International Council of Sport Science and Physical Education (ICSSPE)  
**[www.icsspe.org](http://www.icsspe.org)**

International Federation of Red Cross and Red Crescent Societies (IFRC)  
**[www.ifrc.org](http://www.ifrc.org)**

International Olympic Committee (IOC)  
**[www.olympic.org](http://www.olympic.org)**

International Military Sports Council  
**[www.cism-milспорт.org](http://www.cism-milспорт.org)**

Oxfam International  
**[www.oxfam.org](http://www.oxfam.org)**

Save the Children  
**[www.savethechildren.org](http://www.savethechildren.org)**

World Vision  
**[www.worldvision.org](http://www.worldvision.org)**

## **Universities**

Freie Universität Berlin  
**[www.fu-berlin.de](http://www.fu-berlin.de)**

Katholieke Universiteit Leuven  
**[www.kuleuven.ac.be](http://www.kuleuven.ac.be)**

Kennesaw State University  
**[www.kennesaw.edu](http://www.kennesaw.edu)**

## **Organisations Currently Involved in Sport and Post-Disaster Intervention**

Cambodian National Volleyball League (Disabled) Organisation  
**[www.standupcambodia.net](http://www.standupcambodia.net)**

Canadian Paralympic Committee  
**[www.paralympic.ca](http://www.paralympic.ca)**

Centre for Humanitarian Psychology  
**[www.humanitarian-psy.org](http://www.humanitarian-psy.org)**

Commonwealth Games Canada (CGC)  
**[www.commonwealthgames.ca](http://www.commonwealthgames.ca)**

Fédération Internationale de Football Association (FIFA)  
**[www.fifa.com](http://www.fifa.com)**

Handicap International (HI)  
**[www.handicap-international.org](http://www.handicap-international.org)**

International Paralympic Committee (IPC)  
**[www.paralympic.org](http://www.paralympic.org)**

International Table Tennis Federation (ITTF)  
**[www.ittf.com](http://www.ittf.com)**

Kids League Uganda, The (TKL)  
**[www.thekidsleague.org](http://www.thekidsleague.org)**

Landmine Survivors Network (LSN)  
**[www.landminesurvivors.org](http://www.landminesurvivors.org)**

Magic Bus

**[www.magicbus.org](http://www.magicbus.org)**

Mercy Corps

**[www.mercycorps.org](http://www.mercycorps.org)**

Right to Play (RTP)

**[www.righttoplay.com](http://www.righttoplay.com)**

Special Olympics

**[www.specialolympics.org](http://www.specialolympics.org)**

Sport Sans Frontières (SSF)

**[www.sportsansfrontieres.org](http://www.sportsansfrontieres.org)**

Swiss Academy for Development (SAD)

**[www.sad.ch](http://www.sad.ch)**

Terre des Hommes Foundation (tdh)

**[www.terredeshommes.org](http://www.terredeshommes.org)**

US Paralympic Committee

**[www.teamusa.org/us-paralympics](http://www.teamusa.org/us-paralympics)**

Women without Borders (WWB)

**[www.women-without-borders.org](http://www.women-without-borders.org)**

## **Humanitarian - Related Websites**

AlertNet

**[www.trust.org/humanitarian/](http://www.trust.org/humanitarian/)**

ALNAP

**[www.alnap.org](http://www.alnap.org)**

Antares Foundation

**[www.antaresfoundation.org.au](http://www.antaresfoundation.org.au)**

Centre for Research on the Epidemiology of Disasters (CRED)

**[www.emdat.be](http://www.emdat.be)**

Feinstein International Centre

**[www.fic.tufts.edu](http://www.fic.tufts.edu)**

Fritz Institute

**[www.fritzinstitute.org](http://www.fritzinstitute.org)**

Global Impact

**[www.charity.org](http://www.charity.org)**

Integrated Regional Information Networks (IRIN)

**[www.irinnews.org](http://www.irinnews.org)**

Inter-Agency Network for Education in Emergencies (INEE)

**[www.ineesite.org](http://www.ineesite.org)**

Inter-Agency Standing Committee (IASC)

**[www.humanitarianinfo.org/iasc](http://www.humanitarianinfo.org/iasc)**

International Crisis Group (ICG)

**[www.crisisweb.org](http://www.crisisweb.org)**

International Council of Voluntary Agencies (ICVA)

**[www.icva.ch](http://www.icva.ch)**

International Medical Volunteers Association (IMVA)

**[www.imva.org](http://www.imva.org)**

Médecins Sans Frontières / Doctors Without Borders

**[www.msf.org](http://www.msf.org) / [www.doctorswithoutborders.org](http://www.doctorswithoutborders.org)**

People in Aid

**[www.peopleinaid.org](http://www.peopleinaid.org)**

RedR International

**[www.redr.org](http://www.redr.org)**

Relief-Web

**[www.reliefweb.int](http://www.reliefweb.int)**

Sphere Project

**[www.sphereproject.org](http://www.sphereproject.org)**

## **Other Miscellaneous Organisations**

American Council for Voluntary International Action (InterAction)

**[www.interaction.org](http://www.interaction.org)**

Basics

**[www.basics.org](http://www.basics.org)**

Caritas Internationalis

**[www.caritas.org](http://www.caritas.org)**

Child Trauma Academy

**[www.childtraumaacademy.com](http://www.childtraumaacademy.com)**

David Baldwin's Trauma Information Pages

**[www.trauma-pages.com](http://www.trauma-pages.com)**

International Pediatric Chat

**[www.pedschat.org](http://www.pedschat.org)**

International Platform on Sport and Development

**[www.sportanddev.org](http://www.sportanddev.org)**

International Society for Traumatic Stress Studies (ISTSS)

**[www.istss.org](http://www.istss.org)**

Lutheran World Federation

**[www.lutheranworld.org](http://www.lutheranworld.org)**

National Center for Post-traumatic Stress Disorder (NCPTSD),  
United States Department of Veteran Affairs

**[www.ptsd.va.gov](http://www.ptsd.va.gov)**

Natural Hazards Center, University of Colorado at Boulder  
**[www.colorado.edu/hazards](http://www.colorado.edu/hazards)**

Pan-American Health Organisation (PAHO)  
**[www.paho.org](http://www.paho.org)**

United States Department of Health and Human Services  
**[www.hhs.gov](http://www.hhs.gov)**

World Council of Churches (WCC)  
**[www.oikoumene.org/en](http://www.oikoumene.org/en)**

World Federation of Occupational Therapists (WFOT)  
**[www.wfot.org](http://www.wfot.org)**

## APPENDIX D – FURTHER READING AND RESOURCES

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Ehrenreich, J.H. (2005). *The humanitarian companion: A guide for international aid, development and human rights workers*. Bourton Hall: IDTG Publishing.

Green, B.L. (eds.) (2003). *Trauma interventions in war and peace: Prevention, practice, and policy*. Dordrecht: Kluwer Academic.

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- Jong, de Joop (Ed.) (2002). *Trauma, war, and violence: Public mental health in socio-cultural context*. New York: Kluwer Academic/Plenum Publishers.
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## APPENDIX E – GLOSSARY OF KEY TERMS

<b>Adapted Physical Activity</b>	A term that describes sport and physical activity for people with disabilities.
<b>Burn Out</b>	Occurs when disaster responders show signs and symptoms of trauma and stress reactions to a disaster.
<b>Complex Emergency</b>	A humanitarian crisis typically characterised by extensive violence and loss of life, massive displacements of people, widespread damage to societies and economies, and hindrance of humanitarian assistance by security risks and political and military constraints.
<b>Cool Down</b>	The period after sport and physical activity where light activities and stretches help the body to recover more quickly.
<b>Coping</b>	Anything people do to adjust to the challenges and demands of stress.
<b>Didactics</b>	The theory of teaching and learning new skills.
<b>Disaster</b>	Any occurrence that causes loss of human life, deterioration of health and health services on a scale sufficient to warrant an extraordinary response from outside the affected community.
<b>Disaster Relief</b>	The decisions and actions taken during and after a disaster, including immediate relief, rehabilitation and reconstruction.
<b>Disaster Management</b>	The policy and administrative decisions along with operational activities of various stages of disaster including both preparation and response.

<b>Empowerment</b>	A process of increasing the capacity of individuals or groups to make choices about their own lives and futures.
<b>Monitoring &amp; Evaluation</b>	The way that the effectiveness of a programme or strategy is measured to determine if it is meeting its goals.
<b>Grief</b>	A process of working through all the thoughts, memories and emotions associated with loss, until an acceptance is reached.
<b>Impact Phase</b>	The period during which the disaster event occurs.
<b>Natural Disaster</b>	A natural hazard such as an earthquake, hurricane or tsunami typically characterised by sudden onset and widespread human, material or environmental losses that exceed the ability of the affected society to cope using only its own resources.
<b>Pre-Impact Phase</b>	The period during which the disaster is known to be threatening and warnings have been announced.
<b>Primary Survivors</b>	Those who experience maximum exposure to the disaster.
<b>Post-Disaster Phase</b>	The phase after the initial impact during which the affected community is taking stock of the situation, assessing needs and beginning to rebuild their lives.
<b>Post-Traumatic Stress Disorder</b>	A severe and ongoing emotional response to trauma.
<b>Praise</b>	Encouraging people by letting them know exactly what they did well and making them feel good about themselves.
<b>Psychosocial</b>	The dynamic relationship that exists between psychological and social effects, each continually inter-acting with and influencing the other.

<b>Resilience</b>	An inner strength, responsiveness and flexibility that some individuals have more than others, that either enables them to withstand stress and trauma completely, or helps them to be able to recover to a healthy level of functioning more quickly after a traumatic event.
<b>Responder Stress</b>	The effects of stress, loss and grief on disaster responders.
<b>Secondary Survivors</b>	Grieving relatives and friends of the primary survivors.
<b>Sport</b>	All forms of physical activity that contribute to physical fitness, mental well-being and social interaction including play, recreation, organised casual or competitive sport and indigenous sports or games.
<b>Stress</b>	A state of arousal or readiness, caused by some stimulus or demand.
<b>Stretching</b>	Follows the warm up in sport and physical activity and prepares muscle groups for activity and helps prevent sport-related injuries.
<b>Third Level Survivors</b>	Rescue and recovery personnel who may also need help to cope with disaster trauma.
<b>Trauma</b>	Occurs when a person is exposed to a life-threatening event, and in the experience of this serious threat to life, the person's response is one of intense horror, fear and/or helplessness.
<b>Warm Up</b>	An introductory step in sport and physical activity that includes light activity to prepare the body for exercise.



**NAME:** .....

Category: .....

Playing Area/

Environment: .....

Number of Players: .....

Type of Players: .....

Recommended

Duration: .....

Equipment:

- 
- 
- 
- 
- 

**PLAYING THE GAME**

Introduction:

Instructions and Rules:

Safety Tips:

Possible Adaptations and Modifications:

**PICTURES AND DIAGRAMS**

Hints For Next Time: .....

An international organisation which serves a diverse and well-recognised membership, the International Council of Sport Science and Physical Education (ICSSPE/CIEPSS) aims, amongst many goals, to develop physical activity, physical education and sport in all countries of the world and create more opportunities for participation.

To reach this aim, ICSSPE in cooperation with its partners, has developed the International Seminar on Sport in Post-Disaster Intervention to encourage and promote the use of sport and physical activity in the early phases of disaster relief.

#### **ICSSPE/CIEPSS**

**Hanns-Braun Strasse, Friesenhaus II**

**14053 Berlin**

**Germany**

**Tel: +49 30 311 02 32-10**

**Fax: +49 30 311 02 32-29**

**Email: [icsspe@icsspe.org](mailto:icsspe@icsspe.org)**

**Internet: [www.icsspe.org](http://www.icsspe.org)**

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