

upon when patients had to be supported. The psychosocial teams were seen to raise the spirit among patients, because of the positive atmosphere they created. Delegates and staff in both hospitals agree that the group of volunteers made a remarkable difference. One delegate working in the operation theatre expressed how having access to this service made “a world of difference” for patients before or after operation. Another shared of how psychosocial support was “a big extra to the care given by the medical team, by helping patients to share what they experienced to ease their healing process and improve their sense of well-being”. It was also described how psychosocial support “was essential to the healing process of patients.” Several Red Cross Red Crescent staff, described watching the children in the tents and the effect it had on them, how they sensed a bit of happiness – something that was not common in Haiti during the aftermath of the earthquake – and how that helped them face their own tasks.

The work ahead

Six months on from the tragedy,

tens of thousands have been reached and given psychosocial support. Findings of all assessments and reports that have been compiled show that deploying psychosocial delegates as part of Red Cross Red Crescent responses from the very beginning of the operation, has been a success; that it had a broad and positive effect in terms of supporting the emotional and social well-being of beneficiaries. Adding psychosocial support to ERU hospital work seems to have successfully supplemented what was already being done and enabled a holistic approach to the healing process of patients and their relatives.

An enormous task still lies ahead of the Movement, with regards to psychosocial well-being and mental health. Signs that indicate that the crisis has significantly exacerbated already acute vulnerabilities and problems facing many Haitians are apparent. Haiti is currently experiencing a typical impact of a large crisis where hundreds of thousands of lives are lost, communities are separated, social fabric is ruined, basic services disrupted or overwhelmed and informal

protection mechanisms weakened.

A whole society; entire generations are currently rebuilding their lives, having to face a completely changed reality. All have been marked for life, some carry visible scars, but all carry wounds on their souls. Thousands have to rebuild a new identity, having lost a limb, livelihoods or loved ones. Infrastructure has to be reconstructed and an entire society has to adapt to and integrate thousands of disabled people. Psychosocial support is and will remain an urgent need, and the Red Cross Red Crescent is committed to continuing its work.

This article is based on IFRC Updates and reports of psychosocial delegates deployed in Haiti, as well as a Real-time evaluation of the ERU Psychosocial support component deployment to Haiti earthquake 2010, written by Lene Christensen, former technical advisor of the IFRC Psychosocial Centre.

UNICEF Field diary and VIDEO: http://www.unicef.org/infobycountry/haiti_53025.html

The Psychosocial Support Component is an optional and additional component to the Health ERU. It was developed in 2008 by the IFRC Psychosocial Centre with the support of Norwegian Red Cross. The component consists of kits with sports items, and toys and games for children. The kits also contain material for workshops and educational and communication materials, i.e. brochures and hand-outs about normal reactions to abnormal events, psychological first aid and the stress that humanitarian workers may be exposed to. For more information, visit www.ifrc.org/psychosocial



Photo: Jacob Dall



Photo: Jacob Dall

“All of a sudden they are back to normal”

Haiti - An interview with psychosocial delegate Ea Akasha
By Hedinn Halldorsson, Communications Advisor, IFRC Psychosocial Centre

“What we did was to try to restore normalcy. Restoring daily life helps survivors back upon their feet,” says Ea Suzanne Akasha, a psychosocial Red Cross Red Crescent delegate, that arrived in Haiti a week after the earthquake hit, to work in a Norwegian/Canadian Emergency Response Unit Field hospital in the capital Port-au-Prince. This was Ea’s second mission; her first was in Myanmar in 2008, in the midst of the aftermath of cyclone Nargis. Along with another psychosocial delegate and more than 20 Haitian psychosocial volunteers, Ea’s team managed to assist and care for hundreds of people every day. “I am confident that we managed to plant a seed”, says Ea.

“When I arrived, the hospital was flooded with patients. Most buildings were crumbled, totally disintegrated, so most of the treatment carried out took place outside in the open. There were tents coming up every day for treatments, wards, operational theatres. Although it seemed chaotic in the beginning, everything was very organized within the ERU”.

When one finds himself in the aftermath of a disaster on that scale, what is the first thing a delegate working on PSP in the Health ERU does?

“I immediately got briefed by my colleague, Karine Giroux from the Canadian Red Cross, who had set up a structure for our work. And an hour after I arrived I was conducting a

meeting with our 22 volunteers. I was simply thrown into it. And from there we just kept on. You do get a grasp of the situation, find out what to do and how to intervene and from there you go on working.

How long did you stay and how did your work change from day one to the day you left?

“I spent five weeks in Haiti; the first three weeks was the intense period right after the disaster. Then the transition phase started, which we had already prepared and made plans for how to proceed. Our ERU field hospital was for instance to move to another location out of the capital, to Petit Goave, a town of 200.000 people. In Petit Goave there was an abandoned

hospital and a population in need of treatment and medical attention. I only spent a day there to try to help them with the move. When I left other delegates took over”.

Is there a typical day when you are a psychosocial support delegate in a sudden emergency?

“Everyday is different. And even though a day seemed straight forward, you always had unforeseen tasks. We get up at 6, eat a quick breakfast, check e-mails, plan the day and discuss different interventions. We ask ourselves if there is anything special we need to pay attention to, what to present at staff meetings, what to report and which cluster meetings to attend. The Psychosocial

Support Component Kit has lots of toys for plays such as ball games but in Haiti we had amputees and very few children that could actually move, and the majority was immobilized. That demanded different approaches. At 9 am we would have the first meeting of the day with our volunteers. We put a lot of effort into supporting them and we also had them on a very close rein. We showed interest for how they were feeling, instructed them in what we were going to do for that day, discussed different interventions with different groups. Then all the

was just aside, so there you would have women in labour, screaming”.

How was it working with the volunteers, you have already told me how engaged they were although they all suffered severe loss themselves and all but one had lost their homes?

“We had 22 volunteers. The local branch sent 10 volunteers, all medical students, and 12 were recruited on the spot. In the beginning I was worried about how one recruited volunteers and that it would take time, but when you walk around in your vest with



Photo: Jacob Dall

volunteers went to the wards. During the morning I walked around to see how they were doing and to assist them. It was moving witnessing what the people were going through. Often the relatives of abandoned children were without all means, and how were they going to cope with one more child? At lunchtime we had a meeting with all the volunteers again, to hear if there was anything that needed to be adjusted or if anyone had encountered difficulties. In the afternoon we would work again, and then had debriefings with volunteers and Red Cross Red Crescent staff, and gathered statistics to get an overview of how many people we had reached that day. Very often a journalist would come; people would approach us, because everyone had learned that we were the ones who knew about ICRC tracing services. The rest of the day would be spent on meetings with other delegates, staff from other aid organizations, writing reports and then early to bed! You often woke up during the night because the tent where women were giving birth

the emblems, everyone will come to you and ask you for a job. And those that approach you will be medicine, sociology, or psychology students, all very capable of doing the job. Our volunteers were highly motivated and at the same time in process of grieving, that's something you have to be aware of, that they would like to help, but they have also lost everything. So on one hand you work with people that want to offer support and on the other hand people that have lost their future, homes, friends, relatives. That's why they need your undivided attention if you are to succeed. And then you need to get skilled volunteers onboard”.

Who takes care of the psychosocial delegates? One must feel drained when listening all day long and giving support to others?

“Well, we had one another. On a personal level, I had a blog or a diary that I kept for the Danish Red Cross to publish on their web site. That was one way to process what I had witnessed during the day. One day I

was really desperate because of some misunderstanding with a colleague. For the first time in a disaster The International Federation had someone that you could just approach and talk to and get some support. And that's what I did, just walked in and said: “I'm beat”, and started crying. She was wonderful, it took 15 minutes and she offered psychological first aid; just listened and showed some understanding. Most of the time I felt, what many delegates feel during missions, you perform at your peak. I was totally confident and it felt natural. It's strange but everyday you have to manage a situation you have never been confronted with before and you feel totally competent. An example is when we were going in a camp with 30.000 people. It was overwhelming. At some point I said: “Well, this is where we will put up a tent”. We found some cardboard and markers, wrote Psychosocial support, and put the cardboards up, and within 10 minutes it was crowded with people. That morning we spoke to around 100 people”.

Which feedback did you get from colleagues on the psychosocial support component to the Health ERU?

“Everybody was so appreciative, and many asked why this hadn't been a part of the field hospital before. Whenever the clinical staff had a patient they did not have time for but needed attention, we would have a volunteer that could be assigned. Although they were very caring and good at their jobs, they are trained as nurses and doctors. We, on the other hand, always come and give attention to one person, sit down and talk. The Psychosocial support component comes with pens, notebooks and toys, so you could easily engage children and adults. And by playing you get children back to normal. Just imagine having all these patients, hundreds of immobilized children and grief struck parents, and you can see the shift from them lying passively in their beds, to them playing, drawing, and expressing themselves. All of a sudden, you see that they are back to normal. That's amazing”.

What was your toughest task? And is there a difference between personal and professional challenges?

“My toughest tasks were interviewing unaccompanied minors. You had to interview, perhaps a child

of 7, in a very clear and non-sentimental way, to establish if it wished to go to an orphanage since both its parents were dead. Many children came from the slums and had no idea how old they were, their family name or where they'd lived. Often the volunteers could tell where they came from judging by the way they spoke. In some cases the child would say that it wanted to go to an orphanage because it wanted to go to school”. That was heartbreaking. Some of the children were amputees and when you talked to them what they had used to like most was playing football. My role was to stay professional, I had to enable the children to cope, and then move on. And to strike the balance could be difficult. At the same time, lots of things were going on around us so

you I had to create some intimacy, with a respectful distance. That was tough because the situation of these children really touches you”.

What kind of feeling does it give you when you have 30 minutes with each child, and you know you have to move on to the next? Does one feel like he/she succeeded?

“It was actually quite amazing how such short interventions, just to witness and share the tremendous loss, made a difference. And everyone was so grateful. Of course interventions could take longer time with some. When we met with beneficiaries, it was often the first time somebody listened to their story. And being listened to helped many realize what

had happened. What we do when providing psychosocial support is also telling people that their reactions are normal in abnormal situations. We psycho-educate people, that is, you give them information about their reactions, what they can expect and for how long time that could go on as well as how it will diminish. Before leaving, we had a closing ceremony with the volunteers and they all expressed that they wanted to go on putting the knowledge they had gained into practice. I am of the opinion that each interaction was meaningful. Of course one can always perform better but I don't feel like there is anything left unfinished. I am proud of what Red Cross delegates and volunteers accomplished”.



Joe's story

As the world followed emergency operation in Haiti from the media and the hope of finding people alive dwindled, one of the stories of the Haitian's suffering that touched people the world over was Joe's story.

Photo: Norwegian Red Cross/Olav Saltbones

“When I arrived, one of the first people I met in the field hospital was Joe. All around me, amputees or people waiting to be operated, were lying on the ground. And in the middle of all this chaos, there was Joe”. This is how Ea Akasha describes their first encounter. “Joe was a little cross-eyed boy that had been brought to the hospital in bad state. No one knew his exact age but we assumed he was 4 years old. We did not know where he had come from, if he had been orphaned, or if he had spent days in the ruins. He wasn't hurt, but it was simply impossible to reach him, he didn't talk, eat or drink. He just wanted to sleep. I wasn't sure if he was still severely distressed after the earthquake or mentally challenged. And to be honest, I was afraid that we would never reach him”.

Magelie St. Simon, a Haitian psychosocial support volunteer, was assigned to Joe, and some process was made. To start with, Joe did not communicate directly with Ea and Magelie, but only through drawing and speaking to a teddy bear. “At some point, Joe grabbed Magelie's mobile phone and conducted a conversation”, Ea explains. “When asked who he'd spoken to, the answer was that he'd spoken to his mom and that she wouldn't be coming back. That he didn't have to bother to look, that she was dead. - After some time Joe was submitted to an orphanage. I, Magelie and an Israeli paramedic got to say goodbye to him, and Joe waved back”.