



The Consultative Group on Early Childhood Care and Development

CHILDREN AS ZONES OF PEACE: WORKING WITH YOUNG CHILDREN AFFECTED BY ARMED VIOLENCE

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All of us find it hard to believe that at the end of the 20th century children are targets, children are expendable, children are victims, children are refugees, and even perpetrators — in one conflict after another, on virtually every continent . . . I am under no illusion about the size of the task. But with the necessary political will, substantial progress can be made towards our common goal of making the rights of children in situations of armed conflict the rule rather than the exception . . . The task that we face is indeed a challenging one. But the cost of failure — for this generation's children and the next — is simply too high to bear.

—Graça Machel, Former First Lady of Mozambique. Comments to United Nations General Assembly, 1996

Within the last five years, due to wars and civil strife, the conditions for children have worsened. Children affected by armed violence face a specific set of stressors and challenges, different in many ways from the silent and chronic emergencies such as poverty, hunger, and lack of appropriate care, addressed by many early childhood care and development programmes. There are some specific characteristics of—and therefore appropriate programming for—young children affected by organized violence. In *Coordinator's Notebook No. 10*, published in 1991, the focus article was: *Protecting Children from the Scourge of War*. It described what was going on in different parts of the world in terms of wars and civil strife. Because the situation for children has worsened, in this issue of the *Coordinators' Notebook* we revisit the topic and focus on how to actually work with children involved in and/or affected by organized violence, in order to provide them with the best possible early childhood experiences.

The Situation

Organized violence in the form of civil and ethnic strife, armed conflict, and political oppression is one of the most serious problems affecting the world's children today. It is also anticipated that this is not a short-term issue. At the present time, for example, there is armed conflict for which there is no end in sight within 21 of Africa's 45 countries.

Despite diversity among the peoples affected by these conflicts, there are some common characteristics. The first is that *cultural factors now play an important role in the origins of conflict*. In contrast with the past, when conflicts were ascribed mainly to political or economic motives, conflicts today are localized and have ethnic, civil and/or religious causes. They stem from longstanding intergroup rivalries; these often lead to political instability. Such culturally motivated conflicts have occurred in Lebanon, Afghanistan, and the West Bank; Cambodia, Myanmar, Lao PDR, and Vietnam; in various African countries—Mozambique, Angola, Liberia, Sierra Leone, Somalia, Rwanda, South Africa and Burundi; in Latin America in El Salvador and Guatemala; and in ex-Yugoslavia, to name a few. No part of the world has been spared.

The second characteristic is the *increased intensity of the violence and the seemingly irrational behaviour* typical of people involved in ethnic and civil conflicts. For example, civilians are increasingly the specific targets of armed conflicts as evidenced by the rising number of civilian casualties in proportion to the total. Women and children in particular are now more likely to suffer casualties. Families and communities are now more likely to disintegrate and lose their cohesion. While young children play no part in negotiations or even the conduct of war, they are subjected to severe injuries—visible and invisible. They experience destitution, abandonment, neglect, abuse, exploitation, and long-term emotional and psychological effects.

During the last decade it is estimated that child victims of war have included 2 million killed, 405 million disabled, 12 million left homeless, more than 1 million orphaned or separated from their parents, and 10 million seriously psychologically traumatized. UNICEF 1996a, 2

Another example of the intensity of the violence and the irrational behaviour of those involved is the use of land mines. Of all the weapons of modern warfare, the landmine is one of the most lethal to children. Mines are not only a common cause of mortality, injury and disability, but the cause of widespread social and economic disruption and psychosocial distress. Land mines threaten not only individual survival, but the survival and continuity of whole communities. (Landers 1995, 9) “Since 1975 land mines have exploded under more than one million people and are currently thought to be killing 800 people a month . . . In 64 countries around the world there are an estimated 110 million landmines still lodged in the ground—waiting.” (UNICEF 1996a, 4) What this means is that farmers are cut off from their fields. They are forced to leave their lands and seek work in urban areas, increasing the number of displaced persons. “Even under ideal conditions, when the layout of minefields is known and is even mapped, it takes a hundred times as long to remove mines as to lay them.” (ICRC 1995b, 181-191) In most cases there are no maps indicating where mines are laid.

In some parts of Asia, children mutilated for life because of the millions of mines strewn over the countryside are abandoned to their fate and forced to eke out an existence as best they can. Anti-personnel mines often look like brightly coloured toys, but when mines are picked up or stepped on they maim and kill indiscriminately. In some places troops send children on ahead, thereby testing the route. ICRC 1994

The third characteristic of conflict today is the *significant involvement of children and young people as participants in the conflict*. There are increasing numbers of child soldiers. While this group of children is not the direct concern of this article, since we are focusing on the youngest children, child soldiers form a significant population whose unique needs must be addressed.

The fourth characteristic is that *most of today's conflicts can be categorized as complex emergencies*. What this means is that two or more of the following elements are a part of the event: civil strife, armed conflict, migration of the population—internally or across neighbouring borders—collapse of the economy, scarcity of food and water, and famine. In reality most of these conditions exist as a part of the majority of today's conflicts. As Foster (1995) notes, since most organized violence takes place in the poorest nations, children's welfare is further undermined by poverty

and the lack of basic services. War-shattered economies are unable to meet even the most basic of needs.

Malnutrition, measles, diarrhoeal, diseases, and pulmonary infections can cause the death of 50% to 95% of children under five in wartime. ICRC 1994

The Impact on Children

At its least disruptive, organized violence interrupts a child's healthy growth and development; at worst it debilitates children physically and/or emotionally. The physical impact of organized violence on children, in terms of mortality, disease, injury, disability and malnutrition is dramatic. "In most conflicts more children die as a result of malnutrition and disease—an indirect consequence of the violence—than the violence itself." (Landers 1995, 5) This is directly related to the fact that during times of war health systems collapse and living conditions deteriorate. There is a lack of clean water and waste disposal systems are nonexistent. As a result, the incidence of epidemic diseases generally increases during conflict, sometimes dramatically. Moreover, diseases that in many regions may have been under control prior to the onset of fighting, such as malaria or small pox, may be reintroduced as a direct result of conflict. Preventable diseases such as cholera, dysentery, acute respiratory infection, and malaria are also common. Malnutrition undermines health as children become more vulnerable to infections. The high incidence of infection also contributes to higher levels of malnutrition.

Disabilities among children are common in many conflict zones. These result from injury, lack of immunization services, malnutrition, and Vitamin A and iodine deficiency. Simple eye and ear infections can lead to blindness and deafness due to a shortage of basic drugs. Amputations are common in conflict zones, and lack of emergency care contributes to the large number of deformities. Disabled children face bleak prospects: rehabilitative services are entirely absent in most conflict areas, and the demand for artificial limbs far outweighs supply. (Landers 1995)

In terms of psychosocial and emotional development, violence and wars can be devastating. There is frequently the impact of *displacement*; there is an added insult if children are displaced without their families and are *unaccompanied*; life in *refugee camps* may also be debilitating; and the experiences that children have during the violence may lead to *psychological traumas* that must be addressed.

■ DISPLACEMENT

According to a UNICEF (1996a) report, "The waves of violence that have swept across the world in recent years have uprooted enormous numbers of people. The total number is currently about 53 million—one out of every 115 people on earth has been forced into flight, and at least half of these are children." (3) In 1994 alone some 24 million people were driven by conflicts to seek a safe haven in neighbouring countries and an estimated 27 million people were displaced within

their own countries—80% of whom were women and children. Within Mozambique one out of three people has been displaced.

A child whose family becomes displaced or is forced to flee into exile is profoundly affected in wartime since displacement is threatening to a child's well being. It also threatens learning, socialization and cultural continuity. Displacement is also associated with a decline in traditional intra-familial authority structures and informal mechanisms for adoption and shared child care, and it disrupts traditional survival skills.

Family attachments, which are essential for children's growth and development during normal circumstances, often take on increased importance in emergencies. If parents and children remain together, and if parents are able to continue providing care, comfort and some degree of protection, children are likely to be able to cope with the stress and disruption of most emergencies. However, parents are seldom able to provide the required care. Adults are traumatized and, being cut off from subsistence activities, they are frequently unable to provide their children with the basic elements of survival—shelter and food.

■ UNACCOMPANIED CHILDREN

While most refugee and displaced children travel with their families, many children are separated from their families as a result of organized violence. This separation may result in children being *unaccompanied*—on their own. The underlying causes of separation vary and include: the death, disappearance, conscription, or imprisonment of one or both parents, the abandonment of sick or disabled children, the abduction of children by military forces, and the exclusion of children from the home for their own safety. Many are also lost, separated or orphaned in the panic of flight. Approximately 3.5% of all displaced and refugee children are unaccompanied. (Djeddah and Shah 1996, 53)

When family attachments are broken, children's developmental well-being is greatly endangered and the child is at increased psychological risk.

War . . . has eroded or destroyed the most important source of emotional security and stability that children might have enjoyed—a family environment. Parents are a buffer to the destruction and deprivation of war. They are typically more resourceful than outsiders in protecting their children from terrifying events. These children [are] separated from their families precisely when they experience an increased need for them. (Zutt 1994, 29)

It has been argued that “one of the most significant war traumas of all, particularly for younger children, is simply separation from parents—often more distressing than the war activities themselves.” (UNICEF 1996a, 4) Thus unaccompanied children constitute one of the most vulnerable groups. Isolated from services and community support mechanisms, they suffer disproportionately from educational deprivation, abuse, exploitation, physical impairments and psychosocial trauma.

In Rwanda at the end of 1994 an estimated 114,000 children were lost, abandoned, orphaned or otherwise separated from their parents. Some 70,000 were displaced within Rwanda, while most

of the remainder crossed the border into Uganda, Tanzania or Zaire. (UNICEF 1996a, 3) Most of the unaccompanied children in the Rwanda genocide were between the ages of two and eight. “At that age a child is too big to be carried on its mother’s back, so has to walk on its own. Being so much smaller and weaker than an adult, it is easily left behind, swallowed up by the huge crowds of fleeing people.” (ICRC 1995a)

■ REFUGEE CAMPS

The realities of war may force even the families that stay together into situations that are damaging to children. During the formative years, long-term internment in crowded refugee camps, where poverty and epidemics are widespread, can have a lifelong disturbing effect on the development of a child.

Some refugees have spent their whole lives in camps; there are camps in Cambodia that have been in existence for 20 years. But this ‘stability’ has its own consequences.

Refugee camps easily become ‘total institutions’ to the point where a dependency syndrome may develop which reinforces the helplessness that quickly emerges in the wake of war or natural disaster. This can happen especially in camps that reproduce the authoritarian regimes from which the refugees escaped. (De Jong 1995, 13)

For the most part children within refugee camps do not have the opportunity to be socialized into productive citizens. If children know only refugee camps, they grow up with a distorted view of the outside world and they do not have the opportunity to develop practical skills such as farming or herding. Their schooling is likely to be disrupted, so they also lack opportunities to acquire basic literacy and numeracy skills.

In addition, refugee camps are not necessarily safe places. Mothers who fled from ethnic strife, only to become caught up in the terrorist conflict in Sri Lanka, commented:

Since we became refugees we have lost the capacity to be motivated and work hard—there seems to be no point in anything. Perhaps we should have stayed where we were. There we knew who our enemy was. Now we don’t know who is safe. We are afraid of everyone. We keep our men indoors for fear. We sleep as it gets dark. We are all afraid and so are the children. (As quoted from Ressler et al. 1989, as cited by Jacobs 1991, 5)

On the other hand, refugee camps are not all bad! Some refugee camps are safe and provide a modicum of stability. In the Sudan, some of the unaccompanied children were sent from home because parents believed their children would have better access to food and health services in refugee camps than at home. There are some innovative programmes in refugee camps, such as the Mobile Kindergarten in the Ban Vinai Refugee Camp in Thailand, which houses refugees from Laos.

In some instances, the services provided in the refugees camps are better than those provided to people who continue to live in a war-torn country where the infrastructure has collapsed. Those working in conflict zones need to be cognizant of the situation for children who have remained behind.

Psychological trauma

Many of the children who survive wars are likely to suffer trauma resulting in severe psychosocial problems. But not all children are impacted in the same way nor to the same degree by organized violence. There are a number of factors that determine the extent to which children are traumatized as a result of wars and civil strife. These have been outlined by Raundalen, Dodge and Dyregrov (1993), and Djeddah and Shah (1996). In a series of studies conducted by the former, they looked at the ways in which wars and civil violence affected children from different countries. What they found illustrates the wide diversity possible in children's responses to traumatic events. The factors that affect the degree of trauma and children's reactions include:

■ THE NATURE, DURATION AND INTENSITY OF THE EVENT

Children's reactions will differ depending on what happened, how long it lasted, and the degree to which the child was directly involved. For example, it makes a significant difference whether a child is exposed to grenade explosions heard at a distance, whether the child actually witnessed the explosion, or if the explosion was so close that family members were directly threatened or hurt. Also, children who have been confronted with the possibility of losing their own lives are more traumatized than children who have been at a reasonable distance from the threat. (Raundalen et al. 1993, 12) Because of the nature, intensity and duration of the genocide in Rwanda in 1994, children were severely traumatized and experienced nightmares, difficulty in concentrating, depression and a sense of hopelessness about the future.

Children living in families and communities without a history of violence react quite differently from children whose whole life has been dominated by an oppressor. For example, children in Palestine have grown up in a dangerous climate, but few have experienced bombing and mass destruction. Nonetheless, children are constantly confronted with Israeli soldiers whose behaviour they perceive as totally unpredictable. Palestinian parents express feelings of powerlessness and appear to be resigned to a life under occupation. Rather than taking on their parent's attitudes, youth have supported each other and focused their energies on the need to fight for themselves; the result is that they are aggressive in their attitudes and actions. (Raundalen et al. 1993, 110)

In contrast are the children in Iraq, who did not know war until they were bombed, seemingly without cause but for a relatively short period of time. During the bombing of Baghdad, children experienced it as a 'door-to-door' action, with their house possibly being the next one to be bombed. Parents in Iraq were outraged, and resented the imposition of sanctions and all the other negative after-effects of the war. The parents have responded with anger rather than resignation, as is the case in Palestine. Children have "tried to cope with terrible sense-impressions of sounds, smells and burned bodies and even memories of what they had touched." Their experiences of the violence were much more direct than the experiences of most children in Palestine. In contrast to the children in Palestine who are aggressive, the children in Iraq are withdrawn, tense and anxious. (Raundalen et al. 1993, 110)

■ THE CHILD'S AGE AND PERSONAL CHARACTERISTICS

The age and characteristics of the child have a mediating effect on how well the child survives and thrives. Also important is the child's previous experience with violence, the child's degree of resilience, and the child's knowledge, skills and abilities. Physical health plays a part as well; a strong, healthy child is likely to be more resilient emotionally and psychologically than one who is weak or sick.

The child's age. Depending on the child's age and developmental stage, a child will react differently to acts of violence. If the child is young and still dependent on the family for survival, then the loss of a parent or significant caregiver is likely to be more traumatic than if the child is older and functionally independent. In response to organized violence, children under the age of six often demonstrate regressive behaviour. They evidence anxiety, fear, restlessness, irritability, and dependent and demanding behaviour. This may be explained by the fact that their "cognitive immaturity is an obstacle to finding ways to avoid the impact of traumatic events." (Djeddah and Shah 1996, 46)

Generally children 6-12 years of age are better able to deal with trauma. Their "relative cognitive maturity enhances expression and coping." (46) Evidence of their trauma is seen in their lack of ability to concentrate, memory problems, learning difficulties, lack of spontaneity, passiveness, depression and/or aggression, and demanding behaviour. But age alone does not determine a child's reaction.

Children's personal characteristics. An ability to understand and give meaning to the experience of violence, and to adjust to such experiences emotionally can be vital to mental health and even survival. Children who develop constructive coping strategies are better able to manage their feelings and emotions than those who accentuate the difficulties and the sense of hopelessness. A key dimension of children's coping strategies is a child's resilience. Grotberg (1995) provides a definition of resilience and a description of its role in a child's life.

Resilience is the human capacity to face, overcome and be strengthened by or even transformed by the adversities of life. Everyone faces adversity; no one is exempt. With resilience, children can triumph over trauma; without it trauma (adversity) triumphs. (10)

Resilience and how it develops has been the focus of a thirty-nation study, the International Resilience Project. Within the study data were gathered on how people reacted to a variety of adverse situations, and what that meant in terms of the development of resilience. The research is described in *A Guide to Promoting Resilience in Children: Strengthening the Human Spirit*, by Edith Grotberg (1995). While there was a diversity of responses in terms of people's behaviour, an analysis of the data suggests that across the countries there is a common set of beliefs about one's self that serve as the basis of resilience. To overcome adversity, children draw upon three sources of resilience—*I Have, I Am, and I Can*. The elements within these are as follows:

The *I Have* category represents the external supports that provide children with security and feelings of safety.

I HAVE:

- people around me that I trust and who love me, no matter what;
- people who set limits for me so I know when to stop before there is danger or trouble;
- people who show me how to do things right by the way they do things;
- people who want me to learn to do things on my own;
- people who help me when I am sick, in danger or need to learn.

The *I Am* category describes who children are in terms of their internal sense of self and how they present themselves to the world.

I AM:

- a person people can like and love;
- glad to do nice things for others and show my concern;
- respectful of myself and others;
- willing to be responsible for what I do;
- sure things will be all right.

I Can refers to the ways in which children relate to the world. This dimension includes the child's social and interpersonal skills.

I CAN:

- talk to others about things that frighten me or bother me;
- find ways to solve problems that I face;
- control myself when I feel like doing something not right or dangerous;
- figure out when it is a good time to talk to someone or to take action;
- find someone to help me when I need it.

Grotberg (1995) goes on to explain that children do not need all of these features to be resilient, but one is not enough. Resilience results from a combination of these dimensions and is developed as a result of the way in which adults interact with children—through their words, actions and the environment they provide for the child.

It is difficult enough to support the development of these characteristics in children in the best of situations; it would appear to be almost impossible in times of war and violence. But children affected by war and violence exhibit many resilient characteristics. Resilience has made it possible for children to survive and some children have somehow gotten what they need in order to thrive, even within the most devastating contexts.

■ SOCIO-CULTURAL FACTORS—SOCIALIZATION PRACTICES AND BELIEFS, AND THE STRENGTH OF AFFECTIVE TIES BETWEEN THE CHILD AND THE FAMILY AND COMMUNITY

Cultures have different ways of socializing children and have different attitudes and beliefs about what constitutes appropriate behaviour. These attitudes and beliefs contribute to a child's ability to cope with stress and violence. Grotberg (1995) describes some of the differences among cultures in terms of socialization:

Some cultures rely more on faith than on problem solving in facing adversity. Some cultures are more concerned with punishment and guilt while others discipline and reconcile. Some cultures expect children to be more dependent on others for help in adversity rather than becoming autonomous and more self-reliant. The parents in some countries maintain a close relationship with their children, while others 'cut off' their children at about age five. The resilient children manage this rejection; non-resilient children withdraw, submit and are depressed. (9)

Thus socialization practices that existed within a culture before the violence will determine to some degree how children respond as a result of the violence and what they need to thrive. It is important, in attempting an intervention, to know the extent to which there are coping strategies in the culture and what they are. In addition, those who attempt to intervene during emergencies should be aware of cultural socialization practices, and work with, rather than against, these practices. An example where those working in an emergency situation were at odds with the culture comes from the Sudan.

In 1991 it was estimated that there were 17,000 unaccompanied children in the Sudan. Quite naturally the response was to try to reunite them with their families. But, in fact, in many cases this was counterproductive given traditional socialization practices. In Southern Sudan pre-pubescent boys are initiated together with peers into defined groups, or age sets, which provide a social focus for the remainder of their lives. On being initiated into these groups, "the boys enter manhood and at the same time become quasi-brothers who work productively and pass through many of life's rituals together. Boys within these age sets are generally highly mobile. Organized into smaller groups, they will leave their home communities for extended periods to look after themselves, with minimal adult supervision." (Zutt 1994, 7) Thus some unaccompanied children were already part of age sets and had already turned to peers as 'family'. Although these children are technically unaccompanied, they do not necessarily seek to be reunited with their families of origin. Lacking an understanding of this, some of the international agencies sought to reunite these children with their families. Some of the street children in Addis Ababa feared they would be 'caught' by international workers and thus denied themselves the support that might have been provided. Reconciliation with their parents was not what the children wanted, nor would it necessarily be in their best interest. (Raundalen et al. 1993, 109)

■ THE DEGREE TO WHICH THE CULTURE IS DISRUPTED

Children will experience less trauma if the immediate family and community are displaced together. There is a sense of continuity and security that children are able to maintain if familiar structures and practices are maintained, even though the setting may have changed. But when

the aggressors force changes in rites and ceremonies, when they prohibit practices that once brought the community together and introduce alternative schemes—whether they are in the form of schooling or religious practice or ways of earning a living—then children are left without familiar supports and are more likely to be traumatized. When a child is separated from the family and finds refuge in a cultural group where customs and foods are different, then there are even greater disruption and trauma.

■ THE ACTIONS OF THE OPPRESSORS AND THE REACTIONS OF THE VICTIMS

A significant factor in the way children react to violence is the result of how those around them act and react. In the research conducted in Uganda reported by Raundalen (et al. 1993), the researchers found that children could be divided into two groups. There were the *victims of war* and the *pupils of war*. The victims and the pupils of war came from the same population groups, yet because of experiences immediately after the violence they had different responses and were engaged in opposite kinds of activities.

The *victims of war* were the children who remained in the village immediately after the village was attacked. Subsequently they showed little sign of aggression and expressed few wishes for revenge. They did not identify with the aggressor, but rather, saw themselves as working toward peace. In terms of their affect these children were characterized as evidencing an overwhelming sadness. They also suffered anxiety, depression and grief. Many of them expressed an emptiness and stated that nothing mattered anymore. Nonetheless, as a group they were able to profit from psychological help. They were able to express their horrors of war and also were able to work through their sadness and grief after loss of significant family members. (109)

The second group, the *pupils of war*, was those who ultimately became child soldiers. These children ran away from the village after the violence. They were ‘adopted’ by ‘dads’ in the army. Through their relationship with older men they were “socialized to violence and aggression and taught the power of the barrel of a gun. They had been taught that they could solve conflicts through brutality.” (108) The conclusion from the Uganda study was that “war does not automatically result in aggression and violence in children and young people. If they are cared for, even a very bad situation can be changed.” (108)

Yet another example of children’s experience of and reactions to violence comes from Mozambique. There, children were aggressively sought out to become fighters. Children were kidnapped, and one of the *Renamo* strategies was to ‘burn the bridges’ between children and their families. One way of doing this was to force the child to be part of a group that attacked and looted his village and possibly killed his own family. Children were highly traumatized as a result. In the Raundalen (et al. 1993) study, 75% of the children stated they had been in situations where they were convinced that they would be killed then and there. They expressed feelings that there was ‘no place to hide’, ‘no place to be safe’, ‘no place to be a child.’ One of the ways that these children coped was to become ‘small politicians’. They became political analysts and could discuss in great detail the causes of the conflict and developments over time. These ‘cognitive frames of political information’ helped many of the children cope, not only with the overall situation but their own experiences as well. (109-110)

■ THE IMMEDIACY AND EFFECTIVENESS OF THE INTERVENTIONS

Quite understandably there is less trauma if there is immediate attention to the child's needs and if that attention is appropriate to the child's needs at the time. If children are exposed to violence over a long period of time and there appears to be no likelihood of it stopping, children are likely to be worn down by the constancy. They lose hope. On the other hand, even if the violence they experience is intense, if it comes to an end rapidly, and if there are people and services on hand to address the issue with them, the trauma is likely to be less severe.

In sum, there are a numerous diverse variables that affect how children are impacted as a result of organized violence. Knowing something about these variables helps determine an appropriate response.

Developing Appropriate Interventions

In addition to knowing something about the nature of the violence and how children are likely to react, it is also important to plan interventions in accordance with the various stages of an emergency. The ways in which programmes are implemented for children—the goals, activities and resources available—will depend on the evolution or progression of the emergency. The interventions developed while violence is occurring are not necessarily the same as those that should be undertaken when people are living in refugee camps and/or when they are being resettled. UNICEF has defined three stages in relation to emergencies: *Loud*, *Transition*, and *Rehabilitation/Reconstruction*. (Pigozzi 1994, 7)

Loud is when the violence is actually occurring. One of the characteristics of this stage (which can last from a few hours to several years) is that there is a breakdown of all systems. During the *Loud* phase there are few assistance agencies or mechanisms in place to address the situation. The activities that do exist in relation to young children are likely to focus on basic survival—providing food, water, shelter—and trying to ensure that young children are with parents and/or other family members.

Afghanistan has a population of 17 million. Civil war has been going on for the past 18 years. During that time 2 million people have been killed (9% of the total population); 3 million people have become refugees and 2 million have been displaced internally; 10-30 million land mines were placed in the fields, injuring 8,000 people each year; 60-80% of the health centers have been destroyed leading to a rise in the incidence of polio (a major cause of disability), and there has been an increase in severe and moderate malnutrition, and higher IMR and under-5 mortality rates. Most of the schools have been destroyed, and where there are schools girls have limited access to them. While there are groups attempting to meet the needs, the war continues. UNICEF 1996b

Transition. During this stage, the emergency conditions are still in force but structures are being instituted to address needs. A degree of normalcy can be established. Camps are likely to be established internally or in neighbouring countries, and there may be agencies and mechanisms available to provide assistance. During this stage it is possible to create or reestablish a range of early childhood activities. Caregivers/teachers can be trained, curricula can be developed and implemented, and there may be some basic equipment and supplies available.

Rehabilitation/Reconstruction is the stage at which normalcy is established. There is a modicum of stability. Government sources are being recognized and taking more control, and displaced and/or refugee populations are beginning to repatriate and settle. As Pigozzi (1994) notes, although the terms rehabilitation and reconstruction connote physical construction, this stage should not be viewed in such a limited way. Rather, it should be interpreted as rehabilitation of the entire social system. (7)

It is important in planning interventions to not only take into account the present stage of the emergency, but also to build in supports for people's transitions through and beyond emergency situations toward enduring and peaceful structures.

Principles for Working with Children Affected by Organized Violence

During the first half of 1996 there were a series of international gatherings of donors, UN agencies, and International NGOs who came together to discuss how best to respond to the increasing number of children affected by war and violence. There was a meeting hosted by UNICEF in New York in February, a subsequent meeting was held in Geneva in May, and the EFA Mid-Decade Review Meeting in Amman Jordan in June provided the third opportunity for interchange. Across these meetings principles were developed that all the agencies involved are attempting to apply in their work with children affected by organized violence. What follows is a listing of these principles.

- **THE CONVENTION ON THE RIGHTS OF THE CHILD IS A POWERFUL PROGRAMMING AND ADVOCACY TOOL.** The CRC provides an affirmation by the international community that all rights for all children must be universally recognized and protected. The CRC is a powerful document that should be used for advocacy and as a legal framework for specific interventions aimed at the protection of children's rights.

With the approval of the Convention on the Rights of the Child, followed by the Declaration and Plan of Action from the Summit on Children, there is affirmation of a commitment to provide for children in war. These declarations are the result of an understanding of the importance of early experiences in relation to children's later development. All the principles and provisions of the Convention are relevant in time of war when all the rights of children are at risk. Articles that are especially important during wartime include # 22, # 37, # 38, and # 39, which relate to survival, family support, education, and health care and adequate nutrition.

While the CRC and the Declaration and Plan of Action are genuine landmarks that can and should be used to advocate for attention to children who are affected by organized violence, at this point these principles and other international laws are being ignored. Clearly what is lacking are the mechanisms and the will for enforcement. Enforcement requires systematized monitoring, but it also requires a determination to prosecute offenders. (UNICEF, 1996a, pg. 5)

In December 1993, the General Assembly passed a resolution by consensus calling on the Secretary General to appoint an Expert Committee to carry out a study on the impact of armed conflict on children. The resolution was a clear recognition by the international community of the catastrophic conditions to which children have been and continue to be exposed, both as targets and as perpetrators of the atrocities of war. Further, it called international attention to the ever-increasing number of conflicts involving and adversely affecting civilian populations.

The Study on the Impact of Armed Conflict on Children, chaired by Graça Machel, former First Lady of Mozambique, seeks to demonstrate to the world community the necessity of adopting effective measures for the promotion and protection of the rights of children who are victims of armed conflicts, and to stimulate much greater international action to this end. It will establish an important precedent in the general area of human rights, and will also serve to promote in a very substantive way the terms, provisions and effectiveness of the Convention on the Rights of the Child. (See Related Resources on pageXX for more information on the Study.)

- THE CHILD IS AN ORGANIZING FACTOR IN RESPONDING TO EMERGENCIES. IN keeping with the principles of the CRC, the humanistic value of the child assumes a central pervasive position in the conceptual framework for the survival, protection and development of the child in an emergency situation.

In the 1980s, the concept of children as conflict-free zones—*Children as Zones of Peace*—was first put forward. The notion was that children, who are neither the proponents nor the perpetrators of war, should have their rights protected. They should neither be the victims of war nor called upon to wage war. In the horror of war it is vital that children be protected from harm and provided with the services essential to ensure their survival and well-being. Thus children, as zones of peace, can be an organizing factor in the development of interventions.

A step in the direction of proclaiming Children as Zones of Peace is the creation of activities that provide a 'breathing space' in wars and conflicts. These *corridors of peace* or *days of tranquility* have been negotiated to allow for the movement of food and medicine across war zones. The first occasion was in El Salvador in 1985 where the fighting was stopped for three *days of tranquility* during which as many of 20,000 health workers immunized 250,000 children. This process was repeated every year until the end of the war six years later. Similar *days of tranquility* were observed in Lebanon and the various factions even assisted the vaccination campaign by providing vehicles and communications. In Uganda, a *corridor of peace* was negotiated through which food and medicine could be transported. In 1989, Operation Lifeline in the Sudan secured *corridors of tranquility* which allowed for the safe passage of food supplies to starving populations in Southern Sudan. Similar principles have been applied in other disputes. (UNICEF 1996a, 5)

While government leaders at the World Summit for Children pledged to work for *days of tranquility* in conflicts, both this proven method as well as the *corridor of peace* and *Children as*

Zones of Peace concepts have yet to be extended to all wars. They serve as a model, but the international community has yet to organize itself to ensure that all children caught up in warfare benefit from these protections.

- **ESSENTIAL RELATIONSHIPS AND PRIMARY CAREGIVERS MUST BE SUPPORTED.** Services must recognize and support the family as well as a range of non-traditional family units, and must support the many and varied relationships that provide support, comfort, and protection to children in emergency situations. Key relationships vary depending on the ages and circumstances of the child.

Parents are the primary support system for young children. However, at times of disruption, war, and violence parents are not always available; children seek others who can provide them with nurturing, guidance, and direction. They may find this in a member of the extended family, or perhaps in a person from the same community. Key relationships can also be found among peers. Whomever the child defines as ‘family’ becomes so. These relationships should be recognized and supported.

- **HOLISTIC AND INTEGRATED SERVICES ARE REQUIRED TO RESPOND TO CHILDREN’S NEEDS.** Children’s needs are holistic. Therefore, adherence to holistic principles is critical for effective programming. Attention to physical and survival issues must be complemented by equal attention to psychosocial, emotional and developmental needs. Recognizing that these needs cut across sectoral lines, mechanisms must be created that enable programme linkages and complementary service delivery.

It is denying children their basic rights if an emergency situation is allowed to prevent them from continuing their normal growth and development. Attention to physical and survival issues is dominant among most organizations, but exclusive attention to these concerns is not sufficient. Children also need to be healthy and loved and supported so that their minds develop as well as their bodies. While life-saving strategies are an immediate concern, interventions should also be designed to support the quality of a child’s life.

- **EDUCATION (LEARNING) IS AN ENABLING RIGHT AND CATALYST FOR DEVELOPMENT.** The provision of basic education, defined as a solid base of competencies (not formal schooling), is critical not only to furthering children’s development but to fostering psychosocial well-being and safeguarding possibilities for social reconstruction. Creative approaches, flexible structures, innovative arrangements, enhanced curricula and supportive materials are fundamental elements of an educational strategy.

The world has been struggling to cope with immediate emergencies by providing essential health, nutrition, sanitation and housing services. However, as populations remain displaced and as refugee settlements become the only setting that children know, interventions that meet the early and sustained needs of children in terms of cognitive stimulation and education must become a primary concern. Since learning occurs all the time, regardless of the environment, and learning begins at birth, there is a need to focus on children’s earliest learning experiences as well as to address the educational needs of the school-aged child. While some organizations have focused on the reestablishment of the formal education systems that were in place prior to the emergency, this may not be the best way to promote learning. Emergencies provide an opportunity to explore alternative approaches to education.

- **INTERVENTIONS SHOULD BE AIMED AT TRANSFORMATION.** Crisis provides opportunities to do things differently. Solutions must combine a response to the immediate and short-term crisis with long-term preventive measures, building in strategies that address the deep and central process of reducing social and economic hardships that form the central core of the problem. Interventions must be created that empower and increase the long-term self-sufficiency of communities, families, and children.

One of the opportunities that crisis provides is the opportunity to do things differently. The civil strife and wars in many countries are indicative of the fact that the social systems in place before the outbreak of conflict were not meeting the need. As the conflict ends, new countries are being born. The building of sustainable early childhood and primary education systems could make a significant contribution to the future of the country and prevent the recurrence of ethnic, religious, and civil wars. Thus, rather than rushing in and trying to re-establish and/or stabilize a system that was not working, intervening agencies should work with affected communities in seeking creative solutions. It is a good time to introduce alternative ways of doing things that will lead to peace rather than further conflict. As Pigozzi (1996) notes:

It may be much easier to introduce change into education systems as a result of an emergency than in peaceful, orderly times! Thus emergencies can provide an opportunity for transforming education . . . They allow for the possibility of reconstructing a social institution that helps develop and form the human resources that determine the way a society functions. The challenge for educators is to understand this, plan for it under very stressful and difficult situations and to assist with putting mechanisms in place that facilitate it. (19)

The transition period offers a window of opportunity for educational innovation and development. During this period, democratic development can be enhanced through the decentralization of education systems. Nonformal and formal approaches can be creatively combined to foster the development of a diversified system of education that enhances civic and community education. During this time, careful attention should be paid to early childhood and family education. (IBE 1996, 4)

- **COMMUNITY APPROACHES ARE THE MOST EFFECTIVE.** The recovery and renewal of communities devastated by war and violence can best be perceived within a framework that encourages the community to take an active part in articulating problems and implementing solutions. Programmes must value and acknowledge indigenous knowledge, skills, and coping patterns of community members.

Interventions that empower and increase the long-term self-sufficiency of communities, families and children are the most effective. The question is, how can this be accomplished? In refugee camps and settlement areas, it is important to engage men and women in the management and administration of the area. Community members can also be involved in the organization of tasks in the camp, including setting up child care centres or providing child care themselves. Micro-enterprise projects can be developed. In addition, it is important to identify and strengthen traditional coping strategies, and to re-institute traditional rituals, celebrations, and ceremonies. (For an example of how this can be done, see CN19 "Assisting Angolan Children Impacted by War".)

- **WHEN CHILDREN ARE ALREADY TAKING POSITIVE ACTION, FOLLOW THEIR LEAD.** It should not necessarily be assumed that only the family or the community is able to promote the best interests of the child. In accordance with their age and maturity, children should also be involved in planning and decision making. Children have a great capacity to recognize and articulate their own problems and can provide viable and effective solutions.

Children grow up quickly in times of war and civil strife. They are called upon to take on responsibilities before they are emotionally ready to do so. (In Zambia 10% of the households are headed by children as a result of AIDS.) Sometimes children take actions on their own behalf. For example, in refugee camps Rwandan children restarted their own schools; they knew the importance of education and sought to stabilize their lives through the re-institution of education. Children have tremendous resources. Thus, rather than seeing children merely as victims, a great deal can be gained by building on children's resilience and coping skills. To help children gain a sense of self-worth and competence they need to be involved in identifying the problems and developing viable interventions.

- **TRAINING AND SUPPORT SHOULD BE PROVIDED FOR THOSE WORKING WITH CHILDREN.** There needs to be recognition of the stressful environments and risks unique to working with communities affected by organized violence. Full training, supervision, and support needs to be provided to those working within these highly stressful situations.

In relation to early childhood programmes, the questions to be asked include: Who can provide appropriate interventions for the youngest children? What qualities do they need? What have they been through themselves? What are they required to give to children? To do that, what kind of training and support do they need—in the immediate situation and over time?

Even those who may have had training in early childhood programmes prior to the interruptions will require additional training to take on the new needs that children will have for support and guidance. Adults and youth often seek involvement in programmes as it provides them with a way to focus their attention on something outside of their own lives. Training and support groups can help people work through their own trauma while at the same time providing them with opportunities to learn new skills and helping them feel they are making a positive contribution to the lives of young children.

- **RESOURCES SHOULD BE MAXIMIZED THROUGH THE CREATION OF PARTNERSHIPS.** The magnitude of the crisis and scarcity of resources requires a consolidation of partnerships and a leveraging of existing resources. A major movement away from donor-drive development is critical, and is best achieved by promoting collaboration among all levels of the donor community and the host countries. Old alliances must be solidified and new alliances must be forged, particularly those that recognize and build upon rather than erode existing national talent and resources.

Since issues are multi-sectoral and groups working with these populations cut across age groups, the wisdom of mounting separate initiatives is called into question. Interventions must complement and supplement ongoing basic programme strategies in health, education, nutrition and water and sanitation. Attempts to create collaborative relationships have resulted in a series of meetings among donors and NGOs to clarify goals, objectives and programme interventions

(e.g., the Interagency Consultation on Humanitarian Assistance and Refugees, held in Geneva, 9-11 May 1996).

- **PREPARE FOR THE TRANSITION FROM THE EMERGENCY.** Planning for after the crisis should be pursued during the emergency and pursued energetically at the cessation of conflict. This planning should be conducted in close collaboration with agencies, organizations and institutions devoted to economic, political, and social development at local, regional and national levels.

There should be direct, unbroken programme linkages between refugee camps and later settlement locations. An intervention has to start simple, with the basics. Nonetheless it must be designed so that as it is extended and expanded it is not changed in significant ways, but rather provides a continuity of experience for children. The principles of good programming for young children should be put into place from the beginning—programmes should be child-centred and learning should be fun; teachers/caregivers should be respected and supported; parents and community members should be respected partners; and community resources should be drawn upon and maximized.

- **AN INTERNATIONALLY RECOGNIZED ETHICAL CODE OF ACTION SHOULD BE THE BASIS OF ACTION.** It is critical to maintain high ethical standards and constantly assess the intended and unintended impact of interventions. Cognizant that the special vulnerabilities of children and families living in extreme adversity are often exploited, donors and programmers must adhere to an international code of ethics that ensures that programmes heal rather than harm the children, families, and communities they are designed to reach.

This principle speaks to the fact that organizations tend to respond on their own to emergencies. Sometimes it is done without regard to other activities taking place in a given area. For example, when the Peace Agreement was going into effect in ex-Yugoslavia, there were more than 300 organizations entering the area offering trauma counseling of one variety or another. As one worker noted, “Everyone comes in trying to provide a new engine for the car. No one is making wheels or thinking about how all the pieces fit together.” Thus there is a need for organizations involved in countries affected by armed conflict to work together to determine what resources will be allocated to what kinds of tasks.

Early Childhood Programming Guidelines

The principles for working with children affected by organized violence are a starting point. They provide the basis for making decisions about programming from a macro-level. They suggest general approaches in the development of early childhood programmes. In this section some guidelines will be provided to assist in the development of specific interventions.

A comprehensive model for developing appropriate interventions needs to address at least four basic parameters: 1) *timing*—the stage of the emergency; 2) the *status* of those affected by the emergency—whether they are refugees, unaccompanied children, etc.; 3) the *specific characteristics* of the population to be served—age, education level, skills, competencies, and experience with the violence; and 4) the resources available—human and material. The

confluence of these dimensions will determine the specifics of the intervention. It is also important to take into consideration inputs that are required at the macro, community and individual levels. What follows is a description of some of the activities that could be undertaken on behalf of young children. These are organized in relation to the timing of emergencies. Within these categories the characteristics and status of the population are taken into consideration.

Since wars begin in the minds of men, it is in the minds of men that the defenses of peace must be constructed. UNESCO Constitution, 1994

Prevention

A primary goal in all situations is to try to prevent the violence from occurring. Thus much more deliberate effort should be made to address the underlying causes of violence and to invest more resources in mediation and conflict resolution before there is an outbreak of violence. The primary strategy being employed is *peace education*. Peace education is not a course; it is an ongoing process. Unfortunately peace education tends to be introduced too late and does little to alleviate the situation. It needs to be part of young children's experience in all settings, not just in an emergency.

With peace education the underlying assumption is that a conflict is a learned behaviour and that it is possible to change both attitudes and behaviour in situations of conflict. Peace education includes an emphasis on the promotion of children's rights, the concepts and language of peace, the promotion of nonviolent behaviour, and conflict resolution. The goal is to counteract children's exposure to prejudices, and stereotypes, and violence by instilling peaceful values, thus equipping children with the skills to resolve interpersonal conflicts peacefully.

While the specific activities undertaken in relation to peace education differ depending on the age group being addressed and the impetus for the activity, it is never too early to introduce peace education. Early socialization experiences determine children's ways of relating to the world socially. Young children quickly and easily take on the prejudices, stereotypes, hatred, and suspicions that their parents and other significant adults convey in their actions and words. Thus peace education needs to begin with very young children.

Peace is promoted through the ways that adults interact with children, through the stories that are told about other people, through the kinds of games and play that children engage in, through the ways adults facilitate children's interaction and promote the solving of conflicts in peaceful ways; through the kinds of songs that children sing, through children's exposure to violence in the media, and through children's access to and degree of encouragement in the use of toys designed to look like weapons. (For a discussion of how to develop conflict resolution skills in preschool-aged children, see CN19 "Resolving Conflicts and Making Peace".)

In the later stages of emergency, Transition and Rehabilitation, peace education can assist in the reconstruction of societies and should include goals and activities designed to overcome prejudices and stereotypes.

UNICEF and others have been engaged in peace education efforts in Egypt, Lebanon, Mozambique, Sri Lanka, the Sudan, and ex-Yugoslavia. In each setting it takes a different form, depending on the situation and the requirements. The programmes are generally designed for primary-school aged children and youth but many could be adapted to include younger children as well. For example, Child-to-Child strategies are employed to prepare older children to work with younger children and/or serve as peace monitors. The Child-to-Child programmes could be designed to have the older children work specifically with young children prior to school entry.

Electronic media such as radio and television are frequently employed in promoting peace. They can respond quickly to the situation, be timely and topical, and reach large numbers of people; they are far more responsive and pervasive than written materials. An example of the use of media for peace education comes from Sarajevo (Bosnia and Herzegovina), where 620,000 children have abandoned their homes and 1.5 million children have been traumatized. All normal childhood activities, such as schooling and the ability to interact with peers, have been interrupted by war. A radio programme (Colourful Wall) shares hopes for peace by and for children each weekday for 90 minutes. The programme is produced by children and targets children between five and 14 years of age, encouraging them to communicate their views while providing entertainment as well as educational and psychological support. Programmes cover such subjects as trauma, mine awareness, children's rights, science, languages and maths, as well as providing popular music and discussing fashion and sports. The success of the programme, which is taped and distributed to other parts of Bosnia and Herzegovina, has led to similar radio programmes in Mostar and Tuzla. (UNICEF 1996c)

Another example comes from Pakistan. There the British Broadcasting Company is involved in the Afghan Drama Project, an innovative radio programme being broadcast from Pakistan for Afghan peoples—within the country and in refugee camps in Pakistan. The programme, which reaches 80% of the population—far more than any written material could reach at this point—includes information aimed at survival (e.g., identification of and ways to handle land mines, how to access food and clothing, and maternal and child health messages), as part of the broadcasts. There is a focus on reconstruction, with an emphasis on the role of the community in rebuilding society. To convey the messages a soap opera has been created, *New Home, New Life*, which promotes activities that communities can engage in to meet the demands of a new situation—ways women can be involved in development, how to market agricultural goods etc. There are specific activities for young children as well. The programme does not prop up the traditional but rather seeks alternative strategies that will help build a new society. For example, old textbooks are not appropriate since they promoted the communist ideology. New materials are required but cannot be produced and distributed quickly. So, within the BBC project reading materials are also being developed to build on the messages provided in *New Home, New Life*. There are in the form of comic books or novellas which can be produced cheaply and have a reasonable distribution within the country.

Sri Lanka is another country where the media is important in terms of peace education. Educational materials on conflict resolution have been distributed to schools, are broadcast through television and radio, and promoted through newspapers, posters and comic strips. In the Education for Peace project, resource kits with different games, songs and role plays offer cooperative learning activities for children aged six to 15, some of which can be adapted for younger children.

In Burundi, where communities are profoundly affected by events in neighbouring Rwanda, a nationwide project, Let's Build Peace, was launched in 1994 in 1500 primary and secondary schools. The programme also reaches the general public through radio programmes and nonformal activities. The hope is that this will help to maintain the peace in the country. Yet another medium is being used in Mozambique where a Circus for Peace, an art dance theater, was created to travel throughout the country promoting nonviolent conflict resolution strategies.

Other aspects of successful education for peace efforts include teaching skills of mediation, negotiation and problem-solving, and promoting an acceptance of diversity. If used properly, peace education, with a focus on learning appropriate skills and acquiring good information should eventually reduce the severity of future emergencies and help people cope with current ones. At a minimum, education for a peaceful society is a type of education that can facilitate the participation, collaboration and empowerment of the learner.

Preparedness

In addition to peace education, the international community needs effective early warning systems in relation to the potential outbreak of organized violence to permit speedy mediation. This involves anticipating where civil outbreaks are likely to occur and intervening early enough to make a difference—in the best case scenario this would result in a neutralization of the conflict. When that is not possible, a goal would be to strive to moderate the impact of the violence on young children. A concrete activity that can be undertaken in relation to being prepared is to identify and increase awareness and understanding of family and community coping strategies during hardship and stress. For example, knowing who cares for young children within the family system, and understanding socialization practices in terms of initiation into adulthood such as the peer group structure in the Sudan referred to earlier. With an understanding of these it is possible to anticipate the survival strategies that are likely to be called upon. These can be strengthened so that they are available when children and families are submitted to violence.

When Violence Occurs: The Loud Stage

As noted earlier, UNICEF distinguishes three stages to emergencies — *Loud*, *Transition*, and *Rehabilitation/ Reconstruction*. In *Emergency Programming Guidelines*, Pigozzi (1994) takes these stages and outlines them in terms of what can be accomplished at each stage to support primary education. The steps she outlines and the principles elaborated can be applied to early childhood programmes as well. What follows is an adaptation of Pigozzi's recommendations to focus on young children.

Generally the *Loud* stage is characterized by chaos and little organized activity. A critical task at this point is to determine the status of young children. It is important to engage in information-gathering and do an analysis of the situation to determine what priority needs are and how these will be met, in the immediate situation and in the future. Some of the dimensions to address and questions to be asked include:

DEFINING THE POPULATION

- How many children are there below the age of eight? What percentage are girls/boys?
- To what extent are families intact? Where are the children? Are they being cared for by parents and/or a relative? If not, who is caring for them?
- How many are unaccompanied? How are they being cared for?
- Do children have access to water and food?
- What is the level of education within the population? For women? For men?

DEFINING NEEDS

- What is the nutritional and health status of children?
- What are the greatest threats to health?
- What survival skills are required?
- What coping skills exist within the culture? What other coping skills are required? Who can help?

ASSESSING EXISTING INFRASTRUCTURE

- What kinds of services did the children have before the conflict?
- To what extent have these been disrupted by the violence?
- What services are currently being offered? By whom? Who has access to them?
- What kinds of facilities, equipment and materials are available?

DETERMINING GOALS

- What can be accomplished in the immediate situation that is practical and can be put into place rapidly?
- What should be implemented to support long-term sustainability?

ASSESSING POSSIBLE STRATEGIES

- To what extent can an early childhood programme play an enabling role within the community?
- What type of ECCD programme is appropriate (e.g. centre-based, neighbourhood, parent education, etc.)?
- What type of social mobilization is required to maintain early childhood initiatives under the new circumstances?
- Who can serve as facilitators/teachers in early childhood programmes?
- What training and support do they need?

IDENTIFYING POTENTIAL RESOURCES AND PARTNERS

- Who within the area can take on leadership roles in relation to traditional community?
- Who is available to provide technical assistance in relation to early childhood programming and activities?
- To what extent and in what ways are families able to participate in planning and implementing activities for their young children?
- What UN, bilateral and multilateral agencies, NGOs and other groups are operating in the area?
- What can each of them contribute to programming for young children?

Transition

During this stage it is possible to create programmes based on the data gathered in the Loud stage. While the chaos during the Loud stage does not allow for much continuity in people's lives, during the Transition stage there is the possibility of and the need to work toward normalcy. The return of structure, purpose, responsibility, self-respect and achievement can help mobilize and orient a community and provide the basis for additional development work.

Early childhood activities can be initiated as soon as possible, even if they are simple. They can be built on over time. The creation of early childhood and education programmes can help bring a degree of normalcy to people's lives. A first step is to develop an overall approach to supporting the growth and development of young children, appropriate to the conditions. The questions to be answered include:

- When will the health risks of bringing children together be sufficiently low that it will be appropriate to work with young children in groups?
- Where will the programme be located physically?
- What are the objectives? What will the 'curriculum' be? What kinds of experiences can be provided for children? What kinds of activities should be planned?
- Who will work with the children? Who will provide supervision? How will this be structured?
- What training is to be provided, and by whom?
- Where can some materials be acquired?
- What arrangements need to be made in cooperation with other sectors to address issues of traumatized children?
- How does what is being created today link to what will be established during reconstruction?
- What planning procedures should be put into place?
- What human resource development activities would serve the programme now and in the future?

- What linkages should be made between early childhood and primary education programmes? How will these be developed?

Rehabilitation/Reconstruction

There has been a tendency to focus only on the development of short-term strategies during emergencies. These can be helpful and necessary in addressing the immediate situation. However, the impact of small-scale, capital intensive short-term projects is extremely marginal. Therefore, as a part of the strategy to address current needs, it is important to have a long-term view in relation to development and sustainability. It is important to combine targeted short-term responses with long-term preventive measures, building in strategies to address the deep and central processes of social and economic development that form the core of the problem. From situation analysis, through implementation and monitoring, the objective is to design interventions that reach the widest possible audience and can be sustained over time. This involves moving from transition activities to more 'normalized' operations that will facilitate rehabilitation. Hopefully this can take place when families and communities are resettled. While it is recognized that each situation will call for a specific response, some of the following questions need to be addressed in any situation:

- What formal planning procedures need to be established, not merely to re-institute what existed before, but to build on what has been developed during the Transition? What is required to create the kind of society that is able to address future needs?
- What are the special needs of children within various age groups that should be addressed?
- What goals and objectives should be included in a holistic early childhood programme?
- What should the role of the State be? What is the role of local government?
- What organizations should be included to broaden the base of partners in order to be more inclusive of families and communities in developing early childhood programmes?
- What institutions are key to planning, managing and supporting early childhood programmes?
- What types of capacity-building activities should be undertaken to strengthen these institutions?
- What personnel are available—both those that have formal training as well as those who have appropriate life experiences? What kind of training should be developed for these individuals? Training should provide the skills and knowledge required while at the same time provide an opportunity for the sharing of experiences and the creation of a support system.
- What community initiatives are already in place? How can they be strengthened?
- What form should ECCD programmes take? Where should they be located?
- What kinds of materials are available and how can additional materials be acquired?

- What will the service cost—to begin the project and as it continues over time? Where can funds be acquired now and to sustain the effort in the future?

Fighting may stop in one place but linger sporadically elsewhere; even after peace is declared, violence may flare up again at any time. This blurring of the distinction between war and peace is matched by a corresponding ambiguity in the programmes of aid agencies—uncertain about whether they should be aiming for short-term relief or long-term development. In today's chronic emergencies, the distinction between emergency relief and long-term development is becoming increasingly less relevant. Emergency aid is usually given on the assumption that normal government services will later be resumed. In chronic emergencies this assumption breaks down because a central element of the crisis is that many forms of governance have totally collapsed.
UNICEF 1996a, 6

Regardless of the kind of programme being developed, it should be remembered that educational activities that involve parents and communities can play an important role in holding together and rebuilding families and communities that have been torn apart by emergency. Since parents are concerned about the well-being of their children, one way of beginning to organize the community is to develop initiatives that begin with children and are based on the needs of the children. An example of the value parents place on their children's needs comes from Afghan refugee and settlement camps where the people themselves began child care programmes in connection with health services and also developed kindergarten and after-school programmes. They also created a kindergarten teacher-training programme so that there would be appropriately trained personnel when they were repatriated. This served multiple purposes. First it provided the women with marketable skills. Second it gave them a positive way to focus their energies while they were in exile.

Early childhood initiatives can also serve as the focal point for other activities such as immunization and health campaigns, feeding programmes for children and families, and community development efforts, thus further supporting the development of social cohesion.

Specific Activities for and with Young Children

What has been presented above is a listing of the principles and programme guidelines that provide the framework within which programmes can be developed for children affected by organized violence. In this section the specific needs of children are described and activities are suggested for meeting those needs.

What Children Need

The basic needs of all children during the early years have been elaborated on in a number of previous *Coordinators' Notebooks* and elsewhere. Here the focus is on the particular needs and tasks of young children that are related to children's ability to thrive when they are affected by organized violence.

As mentioned earlier, one of the characteristics that define children's reactions to organized violence is their resilience. Grotberg (1995) provides a summary of the types of support that children require at different stages to acquire resilience. The support is related to what the child's 'tasks' are during a given stage. For example:

BIRTH TO AGE THREE

During the first three years of life, the children learn about trust and autonomy. They learn to trust both the caregivers and themselves. Children learn to trust caregivers to give them love and take care of their needs when they are hungry and wet and to provide comfort when they are afraid or angry. Children learn to trust their own ability to work out a rhythm of eating, sleeping, washing, etc., and to calm themselves and better control their body. The child learns to roll over, stand, walk, play and to use his/her own hands to manipulate and create.

Making mistakes can be either a learning experience or a shameful one for the infant or toddler. If a child cannot learn to do things and the caregivers do not provide help, the child will learn to mistrust him/herself, the caregivers and the world. If the child cannot become autonomous, is not allowed to make mistakes, or is criticized for trying to do things alone, the child will feel shame and begin to doubt his or her abilities. (20)

4-7 YEARS OF AGE

During ages four through seven, the child learns about initiative and is busy, busy, busy—feeding a doll, climbing trees, building wood-block skyscrapers or make-believe schools. The child is involved in all kinds of play and pretend activities and often has difficulty separating fantasy from reality, lies from truth. The child starts many projects but does not necessarily complete them. The tasks of family members and friends often seem as interesting as his or her own, and the child wants to help and may seem to invade the activities of others.

This very active child is beginning to understand the world of symbols and asks endless questions. If the child's questions are dismissed, if he or she is unable to take the initiative to accomplish things or is rejected by those he or she seeks to help, the child may feel guilty, unworthy or naughty. (29)

During times of emergency it is difficult for adults to provide experiences that build trust, that allow children to develop autonomy, that support initiative, and respond to children's inquisitive minds. Before children who are traumatized can undertake the 'normal' developmental tasks, their trauma must be addressed directly.

Addressing Trauma

The immediate and predominant response in times of crisis is to see children as victims—and they are. But in working with children, adults should not treat children as victims. They should be seen as survivors—which they are—with skills, competencies and knowledge. Children learn to cope, and frequently their inventiveness and ability to survive far exceeds what might be expected, given the situation. Nonetheless, the trauma resulting from a disaster can cripple a child for life. Dr. Magne Raundalen, a child psychologist who specializes in war-related trauma, describes psychological trauma as:

A sudden unexpected event that overwhelms the person and renders him or her helpless. It is an attack on the senses. When you are in danger, when senses widen, they receive more impressions of what you see, hear, smell or touch, and you are helpless to block them out. It is like looking at the sun with completely dilated pupils—the impressions are burnt into the mind. If these impressions are not dealt with, the trauma can be so tormenting that up to 25 percent of people have lifelong trouble. (As quoted in Cheal 1995)

Depression, weight loss, inability to concentrate, hyperactivity, sleeping difficulties, irritability and failure to thrive are just some of the symptoms displayed by children traumatized by war and dislocation.

From attempts to address the massive numbers of people traumatized from the violence and conflict in many countries—as in Rwanda, Mozambique and Angola—it has become clear that current models of Western clinical psychology and psychiatry are woefully inadequate. For one thing, an event that may cause trauma in one culture may not have the same significance in another culture. In Angola, for example, one of the things that was most traumatic to people was when someone in the family was killed and there was no time to have a proper burial before the rest of the family was forced to flee the village. The actual murder of the mother was less traumatic than the fact the rituals could not be performed around her burial. Thus, first, it is important to look to the culture for an understanding of what constitutes trauma.

Second, treatment for trauma needs to be specific to the culture. Western models of psychiatry are not necessarily very appropriate. Fuselang (1993) who worked for Redd Barna in Zimbabwe, identified some of the constraints of the clinical approach to the treatment of traumatized children through individual counseling. He states, “While success can be achieved in a localized pilot project with a small number of children, the many thousands of others who are likely to be in dire need of such treatment nationwide are far out of reach. (ANPPCAN 1994, 2)

A UNICEF-sponsored survey of children in Southeast Rwanda was conducted by two Norwegian specialists. They interviewed 207 boys and girls between the ages of nine and 15. They found that 56% of those interviewed had seen members of their family massacred. More than 25% had buried their own parents. Almost 56% of the children interviewed said they had seen children kill people, and 42% saw children kill other children. The interviewers concluded that large-scale trauma recovery programmes were needed to lessen the lifelong impact of the atrocities that were witnessed and experienced. UNICEF 1995, 28

While reaching the same conclusion that Western models of psychology are inadequate, Kasozi argues against their use for a different reason. "I firmly believe that it is inappropriate to import models of care developed in the West and to believe that these can be applied in all situations." (5) Kasozi emphasizes the need for cultural consideration as opposed to transplanting western models into non-western societies. Psychological models developed in the West focus on the individual, where what is required is to work with children as a part of families and communities, not only as individuals.

Fuselang (1993) argues that healing can only be effected in the context of the child's local and tribal society. He emphasizes the need for community and family approaches to healing. Kasozi (1993) also argues for the maintenance of family and community to assist in the healing process. He asserts that people who have been affected by violence find it hard to trust anyone. He states that displaced children should not be settled in institutions, but rather they should be integrated into a family environment, with relatives and clan members if possible.

In essence, those working with large groups of people who have been traumatized have had to develop their own strategies. A rich source in developing alternative strategies is to come to an understanding of how stress and trauma are addressed within traditional cultures. Raundalen et al. (1993) suggests that through anthropological participant-observer techniques it is possible to understand the traditional wisdom within a culture in limiting aggression and alleviating children's abnormal stress. He expressed the hope that once cultural patterns for handling trauma are identified it would be relatively easy to promote therapeutic activities through just one or two key local people or institutions.

In several countries attempts are being made to do just that. In Angola traditional ways of dealing with loss and grief have been identified and these are being reintroduced into the culture, by people from the culture. In other settings people are re-instituting traditional rituals, celebrations and ceremonies, in an attempt to help people ease their trauma.

Yet the traditional culture cannot always be relied upon as the best source for reconstruction. Nyonyintono, in a study looking at the impact of civil wars within Uganda, argues that while it is important to draw on traditional culture, some of the local traditional practices

should be condemned, such as those which ignore human rights. She stresses that, “many cultural practices within our patrilineal societies need to be re-cast within the tenets of human rights and freedoms.” (Childwatch 1994, 2) Thus not necessarily all traditions should be reinstated.

Working Directly with Children

Given the limits of Western psychology, and a need to build on coping strategies within the culture, what are some of the activities that could actually take place within an early childhood programme setting to address young children’s trauma? For some suggestions we turn to Raundalen et al. (1993), Djeddah and Shah (1996), and Cheal (1995). The activities they suggest fall into two categories—those that address the *environments* within which children are living, and those that describe specific *activities* that can be undertaken with young children.

■ CREATING A SUPPORTIVE ENVIRONMENT

Ensure stability in the home/family environment. Children’s foremost concern during and following a crisis is that something has happened to their parents and/or significant caregivers. To the extent that it is possible to keep families together, it will help lessen the trauma. Unnecessary separation and other dramatic changes should be avoided. If separation occurs, then an attempt should be made to reunite the child with close relatives as soon as possible. It is also important to realize that several relatives may have had a father or mother role in the child’s life and as such they can be important to the child until reunification with the primary caregiver or biological parents can be completed. If possible unaccompanied children should be linked to an older youth or adult with whom they can become acquainted and who they can rely on for support and protection. It is preferable if this is someone from their home community.

Restore stability in the peer group. This applies for children for whom a peer group was important before the crisis. It is also critical for unaccompanied children. If the peer group was a part of their ‘normal’ life, reinstating the peer group will provide structure and be familiar, thus providing a measure of security. When interacting with peers, children can share their experiences through playing, talking and learning from each other.

Work toward normalcy. The sooner children can have the semblance of a normal life, the more easily they will be able to cope. Thus the more that can be done to normalize and recreate the child’s ordinary life situation, the better. By being part of an early childhood programme or attending school, by doing the tasks that filled their time before the violence (marketing, cooking, caring for animals), by talking with others in the community and engaging in their daily routine to the greatest extent possible they can begin to bring structure to chaos and normalize their lives.

Ensure adequate nutrition and health care. Every traumatizing situation will be more aggravating if the child is debilitated physically, if the child is starving, or if the child has an illness and is in other ways weak, helpless and unable to cope. Therefore, as in all disaster relief,

one of the first responses is to support the provision of nutrition and health care for the child, while at the same time attending to the child's psychosocial needs.

Create a safe place for children to gather, and to the greatest extent possible, limit children's exposure to additional violence. Children should feel safe and protected. Children who have been confronted with losing their lives are more traumatized than children who were a reasonable distance from the violence. Situations that put children in direct confrontation, even if it is not more dangerous than the situation they have already faced, should be avoided. It is important to find a place where children can gather together and to make it a more-or-less permanent site that belongs to the children. This fosters security and brings some predictability into the child's life. Generally there is no problem of attendance at such programmes. Children crave the company of other children and the group activities can provide children with social skills as well as providing them with new knowledge.

Provide possibilities for activity. Early childhood activities, regardless of where they are conducted, are essential to the normal development of every child. It is important even in shelters and other places, that children be active. This includes participating in a variety of early childhood activities—creative play, arts, drama and sport. Even if this has to be limited, some activity is better than none. Active outdoor play can relieve tensions. Be sure there is always adequate supervision to keep all activities safe for all children. Inside, set up areas where children can role play and live through their experiences.

Provide opportunities for parents and children to do things separately. At the same time that children need to be within stable relationships, they need time apart from their primary caregiver. The caregivers also need time on their own. It should be remembered that they are also likely to be traumatized. Parents, women in particular, take on the task of trying to maintain some stability for the family as it moves from place to place. Quite understandably parents who cannot provide for their families feel disempowered and their anxiety is passed on to the children. Children take on the feelings of their parents and feel guilty that they are not able to make things better for them. Thus parents and children can become enmeshed in an unhealthy relationship. They both need 'space'—time to be with others, and time to address their own needs.

Help parents understand what the children are going through. Parents are generally very concerned about their child's reactions to difficult situations. However parents tend to underestimate both what the child has experienced and how severe the child's reactions are likely to be. Therefore, information and guidance should be provided to parents about how children are likely to react. It is also important to talk with parents about things they can do to help their children, such as trying to return life to normal as much as possible, holding the child more, talking about their own feelings, encouraging the child to talk about his or her feelings, spending extra time with the child and giving the child time to get over the trauma.

■ ACTIVITIES WITH CHILDREN

Provide opportunities for immediate and continued debriefing. From clinical experience and trauma studies it has been determined that it is important to intervene as soon as possible after a

traumatic event. Debriefing within a few hours of the trauma may not be helpful since the child may be relatively calm and protected by a shock reaction. Within a day or two, however, the situation may be quite different. The child will begin to feel tormented by sense impressions and memories. It is at this point that intervention is important.

Connect with the child emotionally. One of children's most fundamental needs is to connect emotionally with the adults around them. In situations which produce trauma, children need to have relationships with adults they trust. During and after violence children need lots of comfort and reassurance. They should not be expected to be 'brave' or 'tough'. Do not worry about spoiling the child: reassurance and comfort are important at this point.

I noticed Marta sitting in the corner of the playroom with her eyes full of sadness and pain. I knew that her father had been killed in the war. I went and sat by her on the floor and gave her a hug. We sat together for a few minutes quietly and I told her I knew she felt sad. I must have looked sad also because she looked at me and asked quietly, "Why are you sad?" "My father died in the war too!" I said, "Maybe we will both feel better if we go outside and have some fun." Marta said, "Let's go outside and play. The rain has stopped." SCF/US — Ex-Yugoslavia

Help the child understand the event, to the greatest extent possible. Children need a explanation about what has been and is happening. They should know that there is a reason for the chaos and violence. They need to know that the world has not gone insane, with people doing things in totally unpredictable and erratic ways, although, in fact, in many parts of the world this is precisely what is happening! By giving children a political awareness of what is going on, children can be helped to frame the event in an important way and to feel more in control.

Provide the correct information. It adds to the trauma when the child's perception of reality is based on vague impressions and fantasies about what caused the event and the consequences. If children feel that something is kept a secret, if they feel that they are not properly informed, a credibility gap will develop and it may be hard to repair this later on. Honest, direct and tactful information is needed to enhance trust and understanding between children and adults. Follow the child's lead and signals regarding his/her need for specific information. For young children, usually a small amount of information is sufficient. Present it simply and in small bits. Answer questions directly and in a matter of fact way, in language that the child can understand. It is important to repeat the story as many times as the child wants to hear it, and the child is likely to want the story repeated many times before he/she is really able to understand events.

Do not minimize the event; give children an understanding of the normality of their experience. When children experience strong emotional reactions, and when images and thoughts continually return with intensity, children may fear they are going crazy and that they are not normal. It is important for adults to accept a child's feelings without judgement, impatience, ridicule or teasing. To trivialize the event is not calming for the child, nor will it help lighten or relieve the trauma. Because young children think concretely, teasing or the ridiculing of feelings will lead to the belief that what they experienced was not 'real'. If adults are respectful of the child's feelings the child will be assured that what she/he experienced was real. It is helpful for children to know that their reactions are normal under abnormal conditions. Even small children can profit from adults who understand them, accept their reactions and help them interpret what is going on in the world around them.

Adults need to share their feelings. While adults may want to try to hide their feelings, the reactions of adults are frequently visible through their body-language, which children are able to read. Thus adults need to put their own reactions into words and make them explicit for the children. Adults also have to let children know that they are not responsible for what the adult is feeling. Children has a tendency to see themselves as responsible for the negative and strong reactions of adults they love. This produces anxiety and guilt within the child. So, in addition to talking about their feelings, adults need to let the child know that he/she is not the one causing the feelings.

Encourage children to express their feelings. If adults are willing to share their feelings then children can be encouraged to do so as well. It is important for children to express their feelings about their trauma. Young children experience a full range of emotions. However, few children, especially young children, are able to talk directly about their experiences or their feelings; they express their feelings through actions.

Give children words for their feelings. While it is important for children to express their feelings through actions, to understand their feelings and to feel 'in control' of them, children also need to learn the words for their feelings. Cheal (1995) explains that children do not talk about their feelings, not because they don't have them, but because they do not have the vocabulary necessary to distinguish feelings and to recognize and accept them. As adults teach children to recognize and name their feelings, the next step is for the adult to offer the child words to express his/her feelings. Being able to use words for feelings helps children work through their emotions; it allows the children to communicate with the people around them and helps adults know what children feel. As children acquire language they begin to use words and are able to express their thoughts and feelings verbally. Using words to describe emotions takes the power out of negative feelings and enhances positive feelings. By supplying language, adults can help children give voice to their emotions.

Stjepan is a six-year-old boy whose intelligence is average; his physical development is the same as other children of his age. The doctor's statement mentions minimal brain damage because he was born prematurely. His behavior is frequently aggressive and he has difficulty concentrating or focusing on a task. Sometimes he tries to hurt the other children, but he is learning to express his negative reactions in words. His mother usually stays with him in the playroom since he needs extra attention. Both of us encourage his talent in creating drawings and in constructive play. I hope that the primary school will be able to respond to his special needs. SCF/US — Ex-Yugoslavia Programme

Help children to learn to act appropriately on their feelings. Once children have words for their feelings, they have more control. They can decide how to express their feelings. The child can then ask for what they want and need. Cheal (1995) states, with language children “can ask for a hug, dance around the room, choose time to be alone, or continue to remain angry.” However, if children cannot recognize and name their feeling their “options for action are limited...The ability to recognize and name a broad range of emotions gives them a clearer awareness of their ‘feeling’ selves. It empowers children, allowing them additional control within their lives.” (Cheal 1995, 2)

Encourage fantasy. It has been shown that having a vivid imagination can help children work through and cope with stressful events. Building upon a child’s capacity to fantasize, and encouraging this, can help the child cope with a crisis. Therefore it is important to promote the use of fantasy in early childhood programmes, in schools and in the culture in general. This can be done through playing with puppets, doing artwork, participating in music, and role playing. Manipulative toys and activities are good to use—play dough, clay, sand and water play, and construction games all serve a purpose. Board games that children can win will give the child at least one place where they have triumphed. Be sure to provide appropriate props for creative play—dolls and objects that can represent things from the child’s life can be used to play out the child’s experience. Make sure that as children work through their stressful experiences, they do so in a way that is safe for all children.

Give children opportunities to take control of ‘reminders’. In many cases children try to avoid all reminders of the traumatic event. However, when children are living in bombed-out war areas this is impossible, as children are constantly confronted by reminders of what happened. One strategy is to help the child make up stories about the events they have witnessed and experienced and to come up with endings to the stories that are realistic. Through this process they can gradually take control of their experience again.

It takes sensitivity, caring and the sharing of oneself for an adult to work with children under the best of conditions. These qualities are even more important when working with children affected by organized violence.

Finding the Right Approach

The principles and guidelines provide a place to get started, but there is no one approach that will work in all situations. The case studies of the programmes in Angola and Bosnia illustrate the importance and value of designing a program to fit the context.

Looking Toward the Future

How do we balance needs? There are so many pockets of the world that call for our attention. Where we focus our attention is driven by the media. Where they choose to focus their energies we have information—not always accurate—about what is happening in a given country. The stories told engage public sympathy and, when politically expedient, donors are willing to support the delivery of services to relieve those emergencies. But the attention span of donors and the kinds of activities they are willing to engage in are limited. While they can put their ‘flag’ on early childhood centres, or teacher training programmes, it is harder for them to put their mark on national policy development activities. Further, once the crisis subsides or some other part of the world gains notoriety, resources are shifted, leaving the population of original focus without ongoing support.

There are also populations who never receive support. For example, when there are people who have been forced to leave an area or country there are always people left behind. As noted earlier, those in refugee camps may, in fact, be receiving better services than those who did not leave. In war-torn areas services are frequently curtailed, people are likely not to be receiving salaries, and supply lines may be cut; yet these people may be the invisible ones in times of crisis.

What frequently confounds work during emergencies is that people who choose to work in emergency situations are different from people interested in long-term development work. Thus as the situation in a country changes from the loud emergency to a time of transition and finally to a rehabilitation mode, different skills are required of those working in international NGOs, UN and donor agencies. This is not always recognized by the organization. As the agency shifts from the delivery of emergency services there need to be people within the agency who are already beginning to think about long-term development. Similarly, where development work is going on and there is anticipation of a possible emergency, those who can provide emergency services need to be brought on board.

While it would be wonderful if this article could end with a statement to the effect that the strategies suggested will only be needed for a short time, news from all corners of the world suggests that the situation will continue to worsen. The level of war and organized violence witnessed in the past five years is likely to be the norm for some years to come. At this point there are organizations and people who can respond with appropriate programming for young children and their families. It would be a positive step to bring them together with emergency workers to rethink patterns of response to children affected by war and civil strife.

I am speaking to you, the one they forced from the playground and from the street, from the house where you lived and from your childhood room.

As you suffer, I suffer, and my nights are sleepless too, I do not kick the football like before, I do not sing the way I did. I have locked up my bicycle, and I have locked up my smile. I have locked up my games and my childish jokes as well.

Will the waiting be long? I do not want to grow old while still just a child, and I fear for you that, in the wait, the place of your birth will soon be forgotten. Therefore my friend, welcome to my place. We will share the sea, and the beauty of a summer evening. We will enjoy the singing of the birds and do our homework together.

Nemanja, 11, from Sutomore

I Dream of Peace, 11

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The Consultative Group on Early Childhood Care and Development

RESOLVING CONFLICTS AND MAKING PEACE: BASIC SKILLS FOR YOUNG CHILDREN

Coordinators' Notebook No. 19, 1996

by Ellen M. Ilfeld

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A peaceful, civil society is created by individuals who know how to share, to compromise, to work through differences of opinion in a peaceful manner, to hear different viewpoints, to articulate needs and opinions in a way that others can hear them. These abilities do not emerge magically in the absence of violent struggle. They are learned, practiced, and made real through positive daily interactions. Most important: they are learned right from the beginning, as part of a young child's developing identity.

Thus it makes sense that peacemaking behaviors and the skills to resolve conflicts should be incorporated into efforts to support children, even very young children, in their development. As NGOs and governments work together to develop programmes that support integrated early childhood development, conflict-resolution strategies can be incorporated as a powerful tool to help facilitate the healing of both individuals and communities that have been shattered by violence.

Conflict Resolution and Peacemaking

When adults have lived in situations characterized by violence, distrust, hatred, danger, and repression, they do not easily return to cooperation, trust, self-confidence, and creative problemsolving (assuming they have ever experienced these behaviors). The children living with these adults in difficult situations cannot necessarily find the supports or role models they need in order to develop the fundamental trust and self-confidence that are the basis for cooperation and peaceful, creative problem-solving. Conflict resolution and peacemaking strategies are efforts designed to help adults and children to (re)establish:

- a sense of safety
- a positive sense of self
- a sense that they can have a positive effect on their community
- the ability to express feelings and distress in creative, non-violent ways
- the ability to act peacefully
- a willingness to cooperate
- an understanding of how to solve problems constructively
- a sense of membership in their group, culture, community
- an ability to recognize their own contributions and others' contributions to the creation of community.

Creating an Environment for Conflict Resolution and Peacemaking Among Young Children

The early years are an ideal time to help children establish a basis for a lifetime of constructive participation in their culture and society. Within the first six years of life:

- children learn the basics of human behavior
- they are highly influenced by the values, expectations, attitudes, traditions and culture that are transmitted in their environment
- they are socialized as they become aware of themselves as individuals and the people around them, as well as their roles and relationships

The holistic development of the young child requires environments in which children

- can feel secure
- are encouraged to explore
- have opportunities to experiment
- are able to play
- can question and posit ideas
- can symbolize

in an interactive and supportive caregiving relationship. All of these dimensions of the environment help children to develop the self-confidence and flexibility to learn peaceful constructive behaviors.

Children are active learners. They construct their understanding of the world and their knowledge through repeated interactions with people and with the materials in their environment. Thus the groundwork for a lifetime of conflict resolution is laid by creating healthy and positive interactions for children with their environment.

Children are also active communicators. They are able to display a wide range of emotional expressions from birth. Thus, activities that allow children to express themselves, through music, dance, words, actions, are all fruitful. They can help children to express difficult feelings arising from living in difficult circumstances, sort out their experiences, and find constructive ways of acting and communicating.

It is critical to address children's psychosocial needs in the first years of their life. If these needs are not met, which is often the case when children are growing up in a conflict situation, children find it hard to gain a sense of their role in the social order of society. The youths and adults around them are often struggling with the same issues—clearly all levels of society are deeply affected. Therefore, in projects designed to support young children and their families, it is invaluable to integrate ways to help young children to process their past and present experiences in life.

Developing Appropriate Strategies for Conflict Resolution and Peacemaking

The most effective approaches to conflict resolution with young children include materials and resources that are:

- developmentally and culturally appropriate
- closely related to the experiences of the child within her or his community
- based on the specific needs and resources of the community
- based on indigenous methods of conflict resolution
- built on young children's interests
- interactive
- multi-sensory
- multi-disciplinary
- integrated in order to meet the needs of all children

... Developmentally and culturally appropriate

Young children understand the world in different ways from adults. They need to express and explore their experiences symbolically, using toys, role plays, and concrete materials. They live very much in the present, though their experience of the present is influenced by their past. Thus helping them to process conflicts and violence that they have experienced in the past includes

creating a safe environment where they will not hurt themselves or others. It requires the freedom to express difficult emotions in contexts where they will not be creating further problems for themselves. In many cases drama, art, and sand play activities can offer children a safe forum for expressing feelings. In other cases, adults need to respond to antisocial behaviors in consistent, non-violent ways that help the child to see new options for expressing themselves.

... Closely related to the experiences of the child within her or his community

Adults working with young children need to ask themselves: what has this child experienced? What does the world look like through her or his eyes? A starting point for answering this question is to involve the children, their parents, and other community members in naming and identifying what they have experienced and also what they would like to experience. This does not need to be an academic exercise. Using games and songs that ask children to fill in their own experiences is effective. Using recall and storytelling, and encouraging children to create and label pictures, helps them to articulate their understanding. Working with parents and children together to collect play materials and set up group play areas helps the community to ask itself what experiences it wants to reinforce for its young children. In other words, programmes for young children and their families should be frameworks which the individual participants flesh out with the details of their culture and local context.

...Based on the specific needs and resources of the community

Early childhood care and development programmes can use traditional tribal arts, music, stories, dance, ritual, and forms of social organization as the basis of their curriculum. Elders and others in the community who remember aspects of traditional culture can be incorporated into thematic explorations with children. Stories can be written down by teachers, to serve as the classroom books. They can be illustrated or acted out by children. Traditional music can serve as the basis for exploring sounds and rhythms, and traditional crafts can offer opportunities to explore math and science concepts.

Depending on their individual histories and experiences, families and young children might need very different levels of help with learning to resolve conflicts. In South Africa, for example, many individuals and subgroups have been dislocated and disenfranchised under Apartheid. For Black children whose families have struggled with poverty and suffered from racial hatred, activities which focus on building self-esteem and instilling pride in their family and tribal traditions would be appropriate. Non-Black South African children might require a somewhat different focus, including exposure to their own traditional cultures, but emphasizing also peace and acceptance of differences.

When children have experienced and witnessed extreme violence and destruction, then games and role plays can be used to help them address their fears and horrors symbolically. Survivors and strong role models from the community can be incorporated into activities to remind children that their experiences have in fact been survived.

...Based on indigenous methods of conflict resolution

Conflict resolution does not have to be a Western technique imported from abroad. It is most effective when it can be based on indigenous traditions, when these can still be remembered by individuals from the culture. In many cases where children and families live in conflict and with displacement, old methods of problem solving and social organization have fallen by the wayside. Traditional childrearing practices may have been severely disrupted when families were moved, split up, or pressured by untenable working schedules. But the values which people hold in their cultures can be re-identified and re-affirmed and reinforced through programmes for young children.

In Sri Lanka, for example, a programme for conflict resolution was developed that was uniquely suited to the culture of the country. The programme starts with the culturally-based premise that conflict originates in the mind, and therefore it is important to begin with the individual's attitude toward himself. The person with a positive self-image views others in a positive way, whereas a person who lacks self-esteem views others with suspicion and hostility. The goal of the programme, which is also a cultural goal, is to promote the development of a peaceful citizen.

One of the ways the programme does this is to include meditation, a practice that is common in Sri Lanka in both the Buddhist and Hindu religions. Meditation is seen as a practice that can assist with and develop inner peace. The programme uses meditation as a strategy to support some of the values participants identified: kindness to animals, protection of the environment, belief in democracy, appreciation of nonviolence, and discouragement of war. Students are encouraged to clear their mind and/or focus on a particular thought, e.g. something in nature from which one could draw strength. The programme often uses meditation as a way to begin and end children's group experiences.

... Built on young children's interests

When young children are given opportunities to work with a range of materials, to play and to make up songs, stories, and games, they naturally begin to reveal their concerns, interests, and fears. Caregivers need to observe what children are doing and learn to interpret the concerns expressed by their role play, in their drawings, and in their patterns of activity. With this knowledge, caregivers can then plan group or individual activities that can help draw children out. Mirror play and naming exercises can help children get clearer images of themselves. Games that help children to identify and appreciate parts of the body, facial expressions, various emotions, can all help to create a sense of self. Play that focuses on a child's particular interests, whether it be playing with toy trucks or sorting multi-colored beads and buttons can become the forum to explore and discuss children's feelings about things, people, actions, themselves, and their environment.

...Interactive

Children learn from their interactions with others. In cases where children have been living with conflict, their behaviors often reflect this conflict and make it difficult for them to interact

fruitfully with their peers and with adults around them. Caregivers need to learn to structure interactions so that children have some positive models for interacting and a safe context in which to interact. Children need help to focus their interactions, and they need clear messages about how they can interact successfully. When children spend their days forced to sit still and listen to an adult talking, they do not learn much about constructive interactions!

A clear daily routine, which children understand and can predict, is one of the best tools to foster healthy interactions. The routine can include large group activities and games, which can be used to introduce patterns to children, for example: passing out snacks at snack time, sharing news at circle time, singing participatory songs as a way to close the day's activities. The routine can include regular small group activities: small reading or math exploration groups, twosomes or threesomes organized and supported in accomplishing particular tasks. It can also include alone and rest times, adult-child and child-child time, and times for community members to regularly interact with children in predictable and clear ways. All of this structure allows children to learn what to expect and to know themselves better. It gives them ways to recognize how their behavior affects themselves and others.

...Multi-sensory

Adults tend to think and express themselves verbally: with words. But children tend to use their bodies, their voices, and their manipulation of materials to express their understandings of the world. Children will learn techniques of problem-solving by having real problems to solve. When the wood is too long to fit on the wagon, when there are three children and only two balls; when the pillows keep tipping over and destroying their "house," children have opportunities to define and set about solving their problems (and conflicts). With repeated daily occasions for problem-solving and with appropriate adult support, children build up a new repertoire of nonviolent, non-passive, and creative ways to address challenging situations.

Children will express their understandings of conflict by verbal and non-verbal means. Materials to teach new modes of conflict resolution can be drawn from all media. Caregivers can use water play to help children explore how to move water from one kind of container to another (and along with it issues of placement and displacement). They can use games that involve exploring the feel of different substances, to help children develop a vocabulary for how things feel physically. They can use sounds and the creation of music to help children learn ways of letting off steam and creating group rhythms and harmony. Art materials are a rich medium to encourage self-expression and also problem solving. Even the serving of meals can be an opportunity to solve problems relating to sharing, distribution, and socializing.

... Multi-disciplinary

Children's lives are often fragmented when the adults around them are under stress and social pressures. Programmes that allow children to play and participate in integrated activities help to counteract this sense of fragmentation. When children take a familiar folktale and turn it into a play, complete with costumes, props, playbill, music, and "ticket sales", they are integrating many different kinds of activity and attention. When students explore nature in a holistic way, through

science experiments, artistic depiction, field trips, myth, and other realms, they are also learning to integrate their minds, their hearts and their bodies. Multidisciplinary activities allow children a multitude of interactions, potential conflicts, the motivation to resolve them, and a reason to be working productively with others. Caregivers who have not been educated themselves in a multi-disciplinary setting sometimes need help to identify and set up the richer (and sometimes more chaotic) multi-disciplinary projects which can serve as a forum for learning conflict resolution.

... Integrated in order to meet the needs of all children

Individual children respond differently, even to the same violent events. And within a community, each child has been exposed to different levels of violence and conflict. Therefore it is useful to create activities that are multi-dimensional and that allow for many levels of participation and diverse kinds of contributions from children. It is often desirable to create activities that also bring children and adults together, that allow for multi-age and multi-skill levels, that are holistic. In such activities, the goal is to find ways for each person to contribute. Because this grouping most resembles the demographics of a larger community, it offers opportunities for people to emerge from the experience feeling better about themselves and their community.

A multiple-level, integrated activity offers greater opportunity for children to learn the kinds of problem solving and skills they will need in everyday life than an exercise where children are asked to each do the same activity—such as drawing a picture of the local market. For example, introducing a game where children set up a "market" and make all the goods they will offer allows for diverse and integrated participation. Each child can find ways to contribute according to her or his own abilities, interests, and social-skill level. Yet all the children will be able to benefit from the joint successes.

Summary of Strategies

Work with children, parents, and caregivers to identify both the strengths that children already exhibit and the conflicts, difficult behaviors, lacks, and trauma caused by their exposure to violence.

Identify with all participants' values that are important to them. What do they want for their children (themselves)? What are their fears for the children (themselves)? What are their traditional expectations for children (themselves) and how have those changed?

Create an environment that will be safe for children:

- set up a safe physical space;
- find reliable and competent people to care for the children;
- create a daily routine based on the various types of experience children need;
- gather lots of materials that children can safely explore and manipulate;

- and identify clear expectations for adults' and children's behaviour that will allow adults to be clear and consistent, and will give children both the freedom to explore and the structure they need.

Identify problem areas and create strategies for addressing them throughout the child's day: in art, music, drama, writing, reading, storytelling, physical actions, games, and discussion too. Caregivers need to articulate their goals for children to themselves and use those goals in designing their setting and activities. They then need to allow children the room to explore within the setting and activities: to make mistakes and learn from those mistakes in a non-punitive environment.

Identify and build on the strengths of the individual children and their culture and community.

Introduce as many positive role models as possible, and incorporate them into the children's activities in an ongoing way.

Reach out to parents and community members for help in naming the issues and addressing them creatively.

Create multi-age activities, such as plays and community work or social functions that allow parents to practice wholesome problem-solving and conflict resolution alongside their children.

This article was adapted from a booklet prepared by EDC LearnTech and USAID/Pretoria for use in South Africa; references specific to South Africa have been removed for publication here.

For copies of the booklet, titled: Resolving Conflicts and Making Peace--Basic Skills for Young Children in a New South Africa, contact: Education Development Center, 1250 24th Street, N.W., Washington, D.C. 20037, USA, fax: (202) 223-4059.

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The Consultative Group on Early Childhood Care and Development

ASSISTING ANGOLAN CHILDREN IMPACTED BY WAR: BLENDING WESTERN AND TRADITIONAL APPROACHES TO HEALING

Coordinators' Notebook No. 19, 1996

Michael G. Wessells, Ph.D.

THE MOBILE WAR TRAUMA TEAM...2
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After over twenty years of bitter conflict, the worst fighting of which occurred during 1992–93, Angola achieved a fragile cease-fire and entered a period of post-conflict reconstruction. The obstacles to peace in Angola are formidable and include the devastation of infrastructure, high levels of poverty, shortages of clean water, an economic crisis, rising crime rates, the ongoing suffering and problems associated with over 10 million land mines, and the continued fear and isolation across the lines of UNITA- and government-controlled areas.

A key part of the effort toward peaceful reconstruction is meeting the psychosocial needs of children. Violence runs in a self-perpetuating cycle that will continue unless steps are taken to interrupt it. In Angola, this problem is particularly acute since over half the population is under fifteen years of age, and younger generations have never known anything but war. Many youths bear the psychological scars of violence in the form of trauma and reactions associated with the multiple, ongoing stresses of poverty, displacement, loss, and separation from family. Although invisible, these psychological wounds create suffering and damage that endure long after the physical wounds have healed. They also impair learning and thwart healthy development, making it difficult to move ahead with education or economic development projects. In Angola, many youths have been forced or drawn into lives as soldiers, and despite the cease-fire, many operate

with groups of uncontrolled bandits who use violence to obtain what they want. This participation in armed conflict has normalized violence for many youth, corroded humane values, and planted the seeds for civic distress and violence in the future.

The Mobile War Trauma Team

In addressing problems such as these, there is a tendency both in the U. N. system and the NGO community to overuse Western concepts such as "trauma" and "post-traumatic stress disorder." Whereas entire populations have sometimes been described as "traumatized," there is in fact considerable resilience, even under conditions of war. It is no more appropriate to assume that all youth are dysfunctional than it is to stigmatize and reduce entire groups as "traumatized" or as a "lost generation."

There are also significant problems associated with the use of concepts that have proven to be quite useful and appropriate in contexts such as the U. S. It is highly questionable whether concepts such as "trauma" can be *taken off the shelf* and applied directly in the African context. In Angola, people do encounter specific stressful events, but it is misleading to think of trauma associated with particular events. The main psychological problems stem from the multiplicity of ongoing stresses—the poverty, uprooting, community destruction, lack of food and water, etc.—and from the loss of hope associated with them. In addition, spirituality permeates life and colors the interpretation of events, making it difficult to talk of violence-associated trauma in the U. S. and the Angolan contexts as if they were the same species.

For example, the shooting of one's mother would surely induce severe psychological stress in either Angola or the U. S. But in the Angolan context, just as significant as loss is the issue of burial ritual and spiritual harmony. If one's mother was killed and one had been forced to flee, great psychological stress may stem from the inability to perform the appropriate burial ritual, without which the mother's spirit is believed to linger and to cause problems both for the individual and the community. In this situation, it would be misleading to think of loss in the Western framework and to conceptualize stress in terms that do not place spirituality in a central position. Further, it would be very limiting to try to address the stress without using culturally appropriate methods such as traditional healing rituals that restore spiritual harmony. Regardless of Western attitudes about the validity of local spiritual beliefs, these beliefs have a powerful influence on emotional and social wellbeing in Angola and other Bantu areas of Africa.

Keeping these points in mind, Christian Children's Fund (CCF), with financial assistance from the Swedish International Development Agency and the Bernard van Leer Foundation, initiated the Mobile War Trauma Team (MWTT) for healing the psychological wounds of war in young people in the capitol city of Luanda, to which many Angolans had fled during the war.

■ PROCESS AND GOALS

From its inception, the project encouraged a culturally sensitive, collaborative process that honored local communities, worked in partnership with the government and with nongovernmental organizations (NGOs), and avoided paternalism and the treatment of Angolans as passive recipients. The heart of the project was its all-Angolan core team, headed by Dr. Carlinda Monteiro, who had formerly held a government position. The team consisted of five professionals who understood the needs of children, knew Angolan culture from the inside, and had connections with government agencies and diverse communities within Angola. The team members were receptive to Western approaches to healing, which emphasize the importance of expressing emotions and reintegrating experiences in a secure environment. In fact, the team had been trained by both Dr. Monteiro and by Nancy Dubrow, a U. S.-based consultant. But the team was keenly aware of the cultural limitations of Western concepts and methods and had a keen interest both in adapting Western methods to the Angolan context and in using indigenous methods wherever appropriate. Since these indigenous methods had been passed on orally among Bantu peoples, the team had few written documents to learn from and had to rely instead on its willingness to learn from local people.

As part of an initial needs assessment, Dr. Monteiro conducted a survey of 200 children in Luanda who were either unaccompanied or living in so-called orphanages. Not intended as a representative sample but as a picture of the worst-case conditions, the results indicated the heavy toll of the war on children, of whom 94% had been directly exposed to military attacks, 33% had suffered injuries from shelling or shooting, 65% said they had escaped death, and 27% had lost their parents. Interviews revealed that many of these youth experienced psychological difficulties such as nightmares and sleep disturbances, bed-wetting, social withdrawal and isolation, concentration problems, aggressive behavior, and hopelessness.

The primary goal of the MWTT was to train adults who work with children in settings such as children's institutions, street centers for unaccompanied children, and camps for displaced persons. The trainings were designed to help adults to recognize the signs of trauma, to be aware of the needs of children affected by war, and to develop and implement activities that heal the psychological wounds of war and promote healthy development. The project aimed to build upon the importance of adults in the psychosocial development of children and to put adults, who themselves bore the scars of war, in a better position to help war-affected children. It embodied the holistic view that physical health and psychosocial wellbeing are richly interconnected. On this view, psychosocial work with children in exceptionally difficult circumstances cannot be an afterthought but should be integrated into all aspects of relief and development work, even in the crisis stage. Consistent with this philosophy, the MWTT collaborated extensively with diverse relief agencies to facilitate the delivery of food, water, and other materials to meet basic survival needs.

■ TRAINING SEMINARS

Trainings were conducted in two-week seminars that were highly participatory and respectful of local knowledge and practices. Typically, there were approximately 25 participants, who had been selected in consultation with local communities, government agencies, and groups involved locally in social service work. The participants worked in partnership with two trainers from the core team, who posed questions such as "What do children need for healthy development?" and "How are children affected by the war?" Using a method of dialogue and participation, the seminars explored children's psychosocial needs and development, the impacts of war on children, views of death and healing, and methods of assisting children impacted by war.

This dialogue brought forward traditional ideas about impacts of war and about healing, and it revealed important understandings and practices that exceed the scope of Western psychology. As mentioned earlier, some participants reported that their most stressful experience of the war was their inability to fulfill their spiritual commitment to the ancestors by, for example, performing the appropriate burial rituals for loved ones who had been killed. They stated that in this situation, effective treatment entailed the performance of the culturally appropriate rituals by a traditional healer. Similarly, some participants said that young people who had participated in killing during the war harbored evil spirits which had to be purged before the children could be reintegrated back into the community. This dialogue created two-way learning in which the trainers learned in partnership with the "trainees," and it avoided privileging the Western approaches that dominate the discipline of psychology. In this manner, the seminars encouraged the blending of Western and traditional approaches, combining the best ideas of two worlds and enabling the use of culturally appropriate methods.

The content of the seminars evolved over time, as the trainers realized that more weight needed to be attached to violence prevention and the avoidance of future trauma. For this reason, the seminars came to include subjects such as nonviolent conflict resolution in the family and beyond. Over a one-year period beginning in Fall, 1994, 574 adults took part in the MWTT training seminars. Following the seminar, the trainers made follow-up visits to the trainees at the sites where they worked with children. These follow-up visits were useful in providing support, advising on the handling of particularly difficult problems, and identifying ways of improving the seminars.

■ EFFECTS OF THE TRAINING

Post-training evaluations indicated that the trainings had been highly successful. In a study of a random sample of the participants conducted six months following completion of the seminar, nearly all the participants said that the seminars had helped them recognize the effects of war in children's behavior and emotional lives. In addition, 96% reported that they had better relationships with war-affected children as a result of the seminar, and 91% said they were able to improve the behavior of war-affected children.

Many participants commented that they had gained new ability to interpret child behaviors such as aggressive responses that might appear to reflect poor discipline but that in fact may stem from exposure to violence. Participants stated that they had increased appreciation of the importance of children expressing their feelings about their war experiences, and they had acquired tools for encouraging emotional expression via methods such as drawing, song, dance, and story-telling. This approach complemented and provided additional psychological impetus to the deeply rooted practice in Angolan communities of expressing emotions through song and dance.

The participants reported that in their daily work they were able to encourage a mixture of Western methods of healing with indigenous methods (used by local traditional healers) that emphasize rituals and spiritual practice. Most important, children in the settings where the trainers worked showed decreased sleeping problems and isolation behavior, reductions of aggression and stress reactions, fewer concentration problems and psychosomatic illnesses, improved relations with other children and with adults, and a more positive orientation toward the future.

The project also had positive effects on communities such as camps for displaced people. On an evaluation visit by Dr. Edward Green and the author, the leaders of one camp reported that as a result of the MWTT training seminar, the adults had become more aware that when children spend large amounts of time alone this may not reflect a desire for solitude so much as psychological difficulties such as flashbacks, anxiety, or depression. Accordingly, they had begun to arrange structured educational activities for children and were more attentive to the needs of each individual. Through this activity, they had become more hopeful and active in general. This suggests that in war-torn areas where communities have been uprooted and burdened by despair and inactivity, it is possible to enable communities to become more active and to mobilize themselves around the task of meeting the needs of children, who represent the future. This mobilization and positive future orientation provide the foundation for future steps in sustainable development.

The MWTT project had also sought to raise consciousness about the needs of children and to advocate for social policies that best met those needs. At the start of the project, the government had placed too many children in orphanages and devoted too little effort to documentation, tracing, and reunification. Although the MWTT worked in homes for unaccompanied children, it challenged the legitimacy of orphanages and called for increased efforts to unite children with their families. But changing social policy requires much more time and the availability of evaluation data that document effective interventions for assisting children. Accordingly, the project was extended into a subsequent phase that included an extensive process of evaluation.

Assisting Children in the Provinces

As important as the work in Luanda was, the CCF team recognized that the greater challenge in building peace in Angola is to assist rural communities and to work across the lines of the conflict in ways that promote cooperation and nonviolence. With assistance of major funding from USAID for a three-year project that began in Fall, 1995 (called the Province-Based War Trauma

Training Project), CCF expanded the work piloted by the MWTT to include seven provinces: Benguela, Bie, Huambo, Malange, Uige, Huila and Moxico. In Huila and Moxico, CCF collaborates with UNICEF-Angola, which has made its offices available to province-based training teams. These seven provinces were heavily affected by the war, and they contain the major part of the Angolan population.

■ TRAINING THE TRAINERS

This project entails the training of trainers in each of the seven provinces, thereby building local capacity to prepare adults to work more effectively with children. For each province, the national CCF team selected three trainers according to criteria such as teaching and leadership ability, flexibility, community support, and commitment to meeting the psycho-social needs of children. The national team then brought together the entire group of 21 province-based trainers for a three-week training seminar, the process and content of which were similar to the seminars that had been conducted by the MWTT, except that the third week was devoted to issues of administration, financial management, and evaluation. Each team then returned to its respective province and conducted training seminars like those of the MWTT for adults who work with children impacted by war. As of May 31, 1996, 256 adults had participated in the province-based training seminars. Ultimately, the goal is to train 4,000 adults who work with an estimated 320,000 children.

To focus project resources effectively, work in each province has begun with a situation analysis that provides a comprehensive picture of children's circumstances, the impact of the war, and the conditions regarding health, education, population, and agriculture. Decisions about where to conduct training seminars are guided by data indicating the areas that have the greatest need and that have been impacted most strongly by the war. In addition, a relatively high degree of attention will be concentrated on the 10% of the children in these areas who are deemed neediest by means of an assessment by their care providers or teachers. As in the MWTT, the children will be assisted by a mixture of Western methods and indigenous healing rituals. To support adults in working with children, the province-based trainers will make periodic follow-up visits to field sites. In this system, the province-based trainers will continue to assist the adults who had participated in the training seminars, just as the national team will continue to assist the province-based trainers.

■ COMMUNITY REBUILDING AND RECONCILIATION

As the project has evolved, it has become increasingly community-centered and holistic in its approach. Beyond the need to address children's war experiences, the national team realized the importance of developing positive skills of communication and nonviolent conflict resolution within the family, and these elements have been incorporated into the training seminars. In rural communities that had been disrupted or badly damaged by the war, it was important to rebuild a positive physical environment and to encourage in children a sense of hope and a healthy appreciation of growth and the future. Accordingly, the project is encouraging child-focused community projects such as planting gardens and trees, establishing centers for play and sporting activities, and organizing theater and choral groups. In all of these activities, the national and

province-based trainers work closely with traditional leaders, church leaders, and local government, and they foster cooperation with other NGOs that are working to meet basic needs.

The project is also addressing the wider needs for peace and reconciliation by focusing on the needs of children. To raise consciousness about the damaging effects of war and the needs of children, the team is fostering the creation of public radio broadcasts on the impact of war on children. To help break down the barriers of isolation and fear that continue to divide government-controlled and UNITA-controlled areas, the team is encouraging radio broadcasts in which children on both sides talk of their war experiences without partisanship or blaming. In addition to educating the public about children's war experiences and needs, these broadcasts are intended to humanize the other side, to build a sense of common ground, and to encourage cooperation across the lines of conflict in meeting children's needs. This approach makes use of the well-established principle in social psychology that hostile, destructive conflict can be reduced by having conflicting groups cooperate in the achievement of a shared goal that lies squarely within the interests of each group. Of course, reconciliation will not be possible unless the estimated thousands of former child combatants are demobilized and reintegrated back into local communities. Toward this end, the national team is organizing activities that prepare former child combatants to re-enter communities and parallel activities, including traditional cleansing rituals, that prepare local communities to receive the children.

Because the project is in its initial phase, it would be premature to judge its effectiveness. Already the project has developed an extensive system for evaluation that incorporates the ideas of the national team. The evaluation system includes the training of local people to be careful observers of children's conditions and activities, ethnographic documentation of methods of traditional healing, direct observations of child behavior, and the measurement of the project interventions against a temporally relevant baseline condition in which no intervention occurred. This system is intended not as a research project but as a means of documenting project effectiveness in hopes of developing a positive model that can be applied in other parts of Africa. Careful evaluation is also intended to provide data that can be used to advocate for social policies that improve the children's wellbeing.

Ultimately, the creation of a positive future for Angola's children requires the coordination of policy changes with changes at the community level and the modification of minds and hearts toward nonviolence. In this sense, the work of CCF in Angola is part of the systemic process of building peace.

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The Consultative Group on Early Childhood Care and Development

EX-YUGOSLAVIA EMERGENCY EDUCATION: SAVE THE CHILDREN/US (SC) EARLY CHILDHOOD PROGRAM IN EX-YUGOSLAVIA

The Coordinators' Notebook, No. 19, 1996

by Anne Nixon, Donna Kesler, and Jim
Nutall

RATIONALE: THE SC EMERGENCY EDUCATION MODEL...3
LESSONS LEARNED...8

I have a little girl named Alma in my group. When she first came to the playroom she would take as many toys as she could to herself and hit or kick other children who wanted to share the toys with her. I felt very frustrated because she hurt other children and disturbed the group. After several of the children cried because of Alma, I decided to ask her mother for some help. She said she would work with me and that she thought the playroom experience would be very helpful to Alma.

After several days Alma participated briefly in a drawing activity. I also noticed that she was watching how the other children played. I asked her if she would like to play with us. She nodded and joined the rest of the children. She became interested in the puzzles and overcame her impatience with not finding the correct pieces after a few attempts. I continued to give her

positive encouragement, She also joined with the other children in clean up time. When the playroom was closed briefly for shelling and Alma was then absent because of illness, I was concerned that when she returned she might have some difficulties. She arrived with her sister and was smiling. Her sister told me that Alma had told her on the way to the playroom that she would kiss her teacher. She kissed me and told me that she had missed the puzzles. She went to the puzzles and began to play happily.

Alma's mother was pleased and so was I that she had made the adjustment to our playroom. Alma needed acceptance and consistency. When she received that her behavior and attitude improved and she began to enjoy herself and the other children. Preschool Teacher, Travnik

Aid agencies and the military have developed rapid replication models for hospitals, feeding centers, shelters, and other emergency services. However there has been little experimentation with delivery of community-based early childhood programs to respond to the nation-wide psycho-social needs of war-affected families and children like Alma, who attends a Save the Children/US (SC) Preschool in Bosnia. Recent wars, including the one in ex-Yugoslavia, have underlined the crucial necessity of this type of humanitarian response. During the war over 4 million people became refugees, including 2.8 million Bosnians. The lives of hundreds of thousands of young children have been negatively and grossly affected since the war started in 1991-92. Even today many of these children anchor their entire life experience around daily traumatic events.

Within what was Yugoslavia the fracturing of the federal army and the state in 1991 led to skirmishes over land and resources, then disintegrated rapidly into ethnic conflicts and eventually ethnic 'cleansing'. Panicked survivors became refugees abroad or were displaced within the country. By 1992 refugees arriving from central Bosnia were trying to flee up the Dalmatian coast and out of Croatia, as inland Croatian citizens fled south to the coastal areas, creating massive gridlock. This was compounded by Serb armies that were cutting off all routes north. As a result, many people were forced into a 4-5 kilometer stretch of the country along the coast which was being shelled on a daily basis. Since at that time the focus of the UN was on Sarajevo and Central Bosnia, Save the Children/US was asked to try to address the needs of the refugees along the coast.

Bosnian refugees and displaced Croats were being housed in collective centers along the coast. Tensions within these centers were rising, primarily because people from a variety of ethnic backgrounds were being forced to live together, sometimes as many as 12 to a room. While SC's original project goal was to improve the lives of young children in an emergency context, the agency found bitter tensions among adults in the collective centers which needed to be addressed simultaneously. These adults were, after all, the children's parents. The question was, how could this be done effectively?

Staff observed that children were showing signs of being deeply disturbed by their mothers' distress and in some cases, trauma. Many mothers were now single parents because their

husbands were missing or had been killed. During flight mothers had been 'shock absorbers' for the family, and they were now exhausted emotionally. Often aware that they set the emotional tone for the family, they were struggling to meet their own needs as well as those of their children. Particularly difficult were mothers' feelings of powerlessness because they were unable to protect their children. Staff felt that it would be healthier for the children and the mothers if it were possible to separate them for a portion of the day. So SC began looking for a way to provide a space for structured activity and play for the children. The creation or re-establishment of preschools or playrooms—operated by trained teachers and paraprofessionals—seemed to be the solution. For some children this meant a resumption of activities that they were engaged in before the conflict, but for the majority, refugees from very rural, isolated villages and hamlets, the playroom provided an exhilarating encounter with toys, crayons, and clay as well as with many other children their age.

Within Yugoslavia there had been a tradition of preschools, though participation tended to be limited to the urban elite and workers in state-owned factories. Pre-war kindergartens were full-day child care programs and served approximately 4% of children 3-6 years of age in Bosnia Herzegovina (8% in Sarajevo) and 21% in Croatia. There were, and still are, teacher training institutes and a large cadre of trained teachers. However, during the emergency centrally-organized, formal institutions found themselves unable to operate. Nonetheless the concept of center-based programs for children 3-6 existed.

While most of the SC playrooms have been started in areas which did not have pre-war kindergartens, in a few cases, mostly in Croatia, SC has built upon or helped to restore the existing preschool infrastructure. By 1993 SC had expanded the refugee-oriented program on the Croatian coast into Bosnia Herzegovina and was working almost exclusively in communities that had been seriously affected and damaged by war.

Rationale: The SC Emergency Education Model

At a time when a disintegrating community needs urgently to repair the social fabric, restoration of some degree of normalcy through programs for children can be both a potent therapeutic force and an important symbol for fractured communities and traumatized individuals. The SC program goal is to improve the social and psychological well-being of a significant number of the children affected by the war through the creation of community-owned, sustainable institutions. With a desire to meet the needs of young children and their families, SC selected preschools and playrooms as its core intervention in ex-Yugoslavia for the following reasons:

- Preschools and playrooms are inherently valuable for children (cognitively, socially, emotionally and physically), and even more so in times of war;
- Children benefit from socializing with their peers and adults outside the family;
- Children benefit from getting out of their homes; the playrooms provide a relief from family tensions;

- Preschools are supportive of family economic opportunity and well-being, particularly for mothers who are trained to work in the play rooms and earn a small income or who are freed to pursue other opportunities;
- Like children's education in general, preschools are of great and immediate psychological value during war, providing a safe space for children to gather, and offering structure and hope in chaotic and otherwise seemingly hopeless situations;
- Preschools require the widest community participation, cooperation and support, and have a certain leveling value in places where political activities, military operations and economic forces create and deepen distinctions and divisions;
- A preschool program is of virtually no value to criminal elements and political forces in lawless and war-torn societies in which the theft or control of humanitarian aid is a serious operations and security problem. The SC program has been allowed to develop and test its methodology as well as deliver a valuable community service *off the radar screen* on which other agencies have to operate.

For the first two months in the playroom Adnan told everything about himself with his silence. He didn't talk and he refused to draw and play. His story was like many other stories of refugee children. He had to leave his home, his toys, and his friends. His father is missing and he lives with his grandfather, mother and several cousins. When some of the cousins left, he stopped talking and seemed to create his own world of silence. As the leader of the playroom, I tried to show him love and understanding. Gradually he began to join in the activities; he now talks a lot and enjoys playing. His grandfather thanked me and said he thought the playroom helped Adnan find his childhood which had been lost for a while because of the war. Leader, SC Playroom

Thus the daily three-hour programs in the SC model provide the structure and security in which children are free to be children for at least part of their day. One indicator of the importance of this play experience is the fact that there is no problem in terms of attendance; children are there whenever it is physically possible.

To reach the desired number of children SC created a high-quality, low-cost model designed for broad-scale rapid replication within which community ownership leads to institutionalization. There are at least four essential elements in Save the Children's simultaneously modest and ambitious program for ex-Yugoslavia:

1. Rapid replication of projects in a geographically coherent manner and through standardization of inputs to minimize SC set-up costs and longterm community operating costs. This challenges the notion that community service delivery is expensive and unsustainable.

Standardization exists in relation to most aspects of the program (exceptions include community 'fit' and individual monitoring needs). In terms of space, a simple system has been developed which consists of basic site repairs and a heating allowance, electric radiator or wood-burning stove, packaged preschool start-up and operational kits (including consumable school supplies, simple furniture, hygiene materials, and a carpet). These inputs facilitate the rapid transformation of any safe usable space into a special place for young children. There is also standardization in recruitment activities, and teacher training seminars to maximize project starts and minimize unnecessary individual decision-making. An early childhood curriculum teacher's manual and monthly newsletter have been developed, along with an ongoing training and mentoring methodology for putting the program in place. An incentive system pays teachers on the basis of child hours of activity and attendance records, but it is not a salary, and there is a limit of nine months of support to any one program. This limitation is made clear to the community from the beginning.

Cost-effectiveness is sought in order to reach the largest number of children possible who could benefit from the program. Economies of scale minimize per child costs: the bigger the program, the lower the unit costs, allowing limited donor funds to be stretched effectively to help a nation of needy children. In addition, the program must be sufficiently low-cost to make community support of the preschool possible (e.g., through fees, barter, integration with local schools, sponsorship by religious bodies). To keep the costs low the SC program functions effectively in basement shelters, refugee centers, retrofitted cafe bars, homes, as well as former kindergarten facilities. Developing additional preschool and playroom programs in geographically contiguous areas enables the rapid establishment of additional playrooms through informal advance advertising.

2. Maximizing the use of resources to enhance quality. Providing curriculum development, ongoing teacher training and mentoring, and building on other projects and services to improve impact.

Training. SC staff have developed a series of training and mentoring interventions that extend over the entire nine months of support and link with local pedagogical resources for the long term. An initial intensive eight-day training seminar for potential playroom leaders and preschool teachers is based on active learning methodologies for adults and focuses on such topics as communicating with children, the importance of play, child development, working with parents, first aid, appropriate cognitive, physical, social-emotional and creative activities, needs of traumatized children, the Convention on the Rights of the Child, playroom operation and administration, local publicity and fund-raising, and sustainability. The training process itself has been found to be highly valuable for participants, providing a place where people can gather to share their own stress and experiences. In addition to developing professional skills, the training helps participants move beyond their own trauma by providing a focus on an activity that builds for the future.

Follow-up training and mentoring. SC provides support for nine months to teachers and playroom leaders in the form of mini-training, refresher courses, parent meetings on early childhood topics, ECE traveling mentors and specialized field staff visits.

Curriculum development. Some ideas from the traditional pre-war kindergartens have been replicated where appropriate, but with some revisions and significant additions that address issues of trauma and introduce conflict-resolution and problem-solving skills as well as topics in playroom hygiene and emergency first aid. An early childhood curriculum manual, *Activities for preschool/Learners*, has been developed and distributed. In an easily accessible notebook format, the manual contains hundreds of activities which do not demand unavailable supplies or equipment and are a valuable resource for professional preschool teachers and paraprofessional playroom leaders alike. Staff have also designed a curriculum for parent volunteers, with an accompanying manual, and instituted regular parent volunteering in playrooms.

Other teacher resources. In addition to the manuals, SC produces and distributes *Sparks*, a monthly newsletter for teachers and playroom leaders. Focusing solely on children aged 3-7, the newsletter keeps ECE practitioners, both professionals and paraprofessionals, abreast of what is happening in other preschools and in touch with research in early childhood development, and provides practical curriculum suggestions and opportunities for teachers to express their opinions on different topics. Regular features include 'Spotlight on Quality', hygiene and nutrition issues, and a parent page at the back which is removed and posted on Parent Boards at every playroom entrance.

Capacity building. Program and program quality sustainability is as much a concern as financial sustainability. Staff are working to achieve recognition of the training by the local pedagogical academies and institutes and incorporation of the training into their offerings. For example, the East Mostar Pedagogical Institute has waived entrance requirements for successful participants in a SC training seminar. The Institute is also facilitating the work and study of playroom leaders by offering classes on a part-time schedule. SC continues to explore the creation of a recognized early childhood paraprofessional cadre through accreditation, institutional affiliation and association building.

Building on other projects. By carefully assessing needs and resources in local communities and partnering with other agencies, SC husbands its own resources and enhances other community projects. These include working with both the agency's own projects (e.g., study sessions for older schoolchildren) and those of cooperating agencies (e.g., intensive counseling for traumatized children, rape counseling for mothers, vaccination campaigns, and site repairs in war-damaged communities). The valuable complementary work of Red Barnet (Danish Save the Children) in supporting the government preschool system and training professionals allows the SC program to focus more on capacity building in areas where no preschool system existed before the war.

3. Flexibility in program delivery in anticipation of rapid changes in the security situation.

Changes in the security situation. In order to reach as many children as possible during a conflict, SC deploys teams to move into a territory and service it intensively. Rapid intervention addresses the problem of rapid changes in the security situation, with some areas where preschools were established becoming war zones overnight. The type of intervention varies according to the situation, ranging from making school supply drops in bomb shelters to setting up fully

functioning facilities with a high-quality program in stable refugee centers and in war-torn areas where families remained during the war.

4. Sustainability based on community ownership.

The first steps toward sustainability. The participation, cooperation and support of each local community are requisite factors before a playroom is opened. Community ownership begins with an accurate reading of the community's interest in the project. Staff emphasize throughout the nine month program intervention that the playrooms belong to the community and not to SC, whose job is one of technical assistance to the community to help them to establish and ultimately to support their playrooms.

The community takes primary responsibility for locating and repairing space for the preschools as well as space for the training seminar. Involvement continues through organization of community boards, field trips in the community and publicity leading to expansion of enrollment. Members of the community are instrumental in forming linkages with municipal officials, pedagogical academies and institutes, ministries of education, ministries of social welfare and the media. The opening of a preschool is usually celebrated in a community with wide participation of the area residents.

After a playroom is opened and functioning, parent and community education events are staged as well as applicable local celebrations and festivals. Information on the Convention on the Rights of the Child, landmine precautions, and other appropriate materials are made available. Governing boards and local coordinators are trained by SC staff to further enhance community ownership.

The emphasis on community involvement has enabled the program to act as a bridge between emergency relief and long-term community development. In some locales where political activities, religious identities, military operations and economic forces have created divisions, unification around a playroom has been a positive catalyst for cooperation. Measuring tangible results in community reconciliation may take as long as a generation, however it is felt that initial steps have been prompted through the preschool program. Just as the children in the preschools have experiences in working together to create a mural or dramatize a story, solving a problem such as how to share one apple among four children, valuing the uniqueness of each child in the preschool by constructing graphs on different colors of hair and eyes; the community practices cooperation through focusing on the needs of children and through implementing positive strategies in which all adults can participate in responding to those needs.

Strategies for sustainability. Staff are developing a set of strategies for sustainability. There are a wide range of community constraints to and options for assuming complete ownership of preschools and playrooms. Sustainability training is undertaken from the outset and requires the participation of a range of community figures as well as parents. Local strategies for support are critical, but so too is a regional or even national component. While a minimum of 60% of preschools and playrooms are targeted for self-sustainability, the absence of speedy resolution of political and administrative issues (e.g., What are the roles of the federal and cantonal

governments in relation to ECD? What are the roles of the Ministry of Education and the Ministry of Social Welfare?) compels SC to explore solutions at many levels.

Lessons Learned

■ CHILDREN

Many children attending the Save the Children preschools and playrooms exhibit no outward signs of being traumatized. In most cases the children show the expected normal behaviors around separation from their parents in the early adaptation period during the first two to three weeks of the preschool's operation. Preschool teachers have noted some behaviors, however, which go beyond initial adaptation problems and are very likely linked to the children's and their family's war-related experiences. These behaviors include: overly-aggressive play, subdued emotional affect, lack of concentration and attention, strong reactions to noise, speech problems, and spontaneous dramatizations of fighting and being injured. In addition, some parents report that children have difficulty with sleeping, bedwetting, being left alone in a room, and low energy and appetite.

Even though a section of the training seminar is devoted to children suffering from war trauma, teachers and parents sometimes need sustained specialist interventions to recognize and understand children's behavior and to develop strategies to help children. To provide this support, several psychologists are on staff and practical interventions are featured in the monthly newsletter. But more is needed. During the SC project, teachers and parents have requested professional resources which usually are not available in most war-affected areas. Additional resources need to be developed on a nation-wide basis—not just locally.

When the playroom near the refugee camp opened, the children who came at first were quiet, scared and in some cases aggressive. They acted as if they thought no one knew or understood how they felt. The playroom leader worked very hard to rebuild the children's trust and faith in people. She showed patience, understanding, and steady energy as she introduced games, stories, songs and poems to which the children responded. The parents are very grateful to her for all the good things she has done for their children and they say that their children are becoming happy. Trainer, SC Program

Most teachers and playroom leaders are female. However, there are a small number of males who work in the centers. The preschool teachers have commented on the eagerness with which many of the young children greet SC male staff members when they enter the preschools. This may indicate the children's desire and need for positive male role models. Given the shortage of males, their presence might be more valuable to more children if they were to serve as traveling resource teachers.

■ PRESCHOOL TEACHERS/ PLAYROOM LEADERS

In almost every new community in which the preschools are established there are many more applications for the positions of preschool teacher and playroom leader than are needed. After an interview, participants are selected to attend an eight-day training seminar. The philosophy and practice of the professional early childhood trainers who conduct the seminar ensure that it is a positive experience for all participants. Evaluation of performance is ongoing throughout the eight days and is based on the participant's activities, written work, oral communication, knowledge, skills and attitudes.

Most of the seminar participants have also been gravely affected by the war. It is common for them to state that the seminar is the best experience they have had in the last five years—some even say in their lives!

It is not unusual for there to be more trained and qualified preschool teachers and/or playroom leaders than spaces available in classrooms, especially in heavily damaged communities. Some volunteer in one of the new playrooms with the hope that a space will become available. In a number of cases, however, this community asset cannot be used. Ways need to be sought to make use of these trained early childhood workers.

■ PARENTS

Almost all parents have responded very positively to the opportunity of enrolling their children in the preschool program. They frequently view this structure for their child as a first step in resuming and rebuilding their lives. Parents show their support by repairing and cleaning sites, helping in the preschools, serving on parents' committees, making learning materials and contributing snacks for children. They play a myriad of roles in helping the community preschool to become self-sustaining following the nine months of support by Save the Children. Because of the value of parent involvement, parents should be required to participate in the classroom on a monthly basis—with exceptions based on need.

Those parents without the support of an extended family often seek continuing connections with other preschool parents and teachers as the program progresses. Many parents need a regularly-scheduled forum for discussing their children and other parenting issues. These discussion groups, which can be parent-run, need to be created and made available.

■ THE PRESCHOOL ESTABLISHMENT

Before the war only professionals taught in early childhood programs. The need for personnel who could work in preschools and playrooms during the war led to the introduction of paraprofessionals into the system in order to provide services for as many children as possible. Post war, there is a need to work carefully with the professionals in order to validate continuing paraprofessional involvement in early childhood programs. In developing a system for accreditation and inclusion of paraprofessionals, legitimate issues such as standards and quality need to be addressed. There needs to be a sensitivity to the threat that paraprofessionals present to the status of professionals. This is complex given the postwar environment where education authorities are re-asserting their authority and re-defining their mandate. There is also a desire to

return immediately to pre-war conditions-in terms of services and training. This is not feasible given the increased need for a variety of early childhood interventions.

■ SUSTAINABILITY

Although the program has already achieved significant success, sustainability is the most problematic of the project components. Midway through the program it became clear that more expertise was needed in the areas of strategic planning and sustainability.

During 1997, the final phase of SC involvement, major efforts will be directed toward helping to redefine early childhood education in Bosnia Herzegovina as the country develops its national early childhood policy and strategy. Specifically in the coming year SC needs: to work on integrating playrooms into the municipal system when it exists and has the means to provide on-going support; to establish strong links with pedagogical institutions and ministries; to work with education officials, including preschool professionals, on the concept of capacity building in order to serve more than the 4% pre-war figure of children enrolled in kindergartens without burdening municipal budgets; and to explore with the education authority the creation of a national, independent playroom association.

■ THE NUMBERS

After three years of activity by SC, the cumulative numbers as of October, 1996, are as follows:

<i>Total playroom/preschool sites opened</i>	<i>486</i>
<i>Total preschool groups</i> <i>(approximately 25 children in each)</i>	<i>700</i>
<i>Total children enrolled</i>	<i>18,410</i>
<i>Total groups currently self-sustained at</i> <i>SC's 9 month phaseout</i>	<i>175</i>
<i>Total child hours generated</i>	<i>5,250,000</i>
<i>Total hours of community training</i>	<i>37,000</i>

Economies of scale and constant monitoring of the entire project delivery system and refinement of field operations, educational inputs, teacher compensation, logistics and other program support activities, combined with rapid site replication, provide assistance to the maximum number of children at minimum cost. At present the per child per month direct cost over twelve months is \$4. The current average direct cost for setting up a playroom is \$1,172, while the total nine-month cost of direct support to a teacher with an average group of 25 children is \$823.72.

Funding sources for the program include grants from USAID, UNHCR, European Union, Sticking Vluchteling, Save the Children Norway, Sweden and Japan, and numerous private donors.

The end of the war has brought the opening of kindergartens and playrooms for the children from 3 to 6 years old. These special programs for children are a big thing which we can do for our children. My three-year-old son has been attending one of these playrooms and it has an important role in his life and in the lives of the other children, I believe.

As a mother, I'm very satisfied with him and the children who are around him, and of course with the teacher. My child and the rest of the children find in their playroom everything which they enjoy such as toys, puzzles and interesting picture books. They also enjoy singing, drawing and playing with the other children. Their teacher has done many things to make their days interesting.

The most important thing is that my son and the other children are looking forward to going to the playroom every day. I say thanks to the organizers and to the teachers who work so hard for our children. Best regards to all parents and teachers. Parent, SC Program

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