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1. Introduction and aims

Dear reader.

This is the introduction to the Resource Package for Comprehensive Support for Children in Armed Conflict. This Resource Package is developed in the context of a project to develop an evidence-based psychosocial care system for children affected by violence, conceptualized and implemented by Healthnet TPO, with funding of PLAN Netherlands. The project was developed with the following objectives: First, long-term and skill-based capacity building for psychosocial service provision to conflict affected populations, emphasizing supervised and continued learning. Second, to provide preventive and curative psychosocial care following an ecological and public mental health approach. Third, to increase the evidence base for care by researching the efficacy of interventions and treatment mechanisms of interventions, through contextually appropriate research methodology.

Within a world where war and violence remain all too common and with the bulk of the impact and burden of such violence carried by innocent families and children, there is a screaming need for support for children growing up in these settings. As will be outlined in the resource package this does not mean that all these children are sick or need specialized treatment. However, based on the available knowledge currently, different types and levels of psychosocial support to children, families and communities are indicated.

To date few comprehensive psychosocial and mental health intervention models exist for children affected by violence and there is a paucity of research-supported recommendations. Similarly, there are few resources for organizations planning to develop a psychosocial support strategy for children in conflict-affected areas. This Resource Package aims to provide program officers and psychosocial workers with a framework to develop and implement a psychosocial support strategy.

2. Use of resource package

The Resource Package (version 1.1) exists of 11 modules, as follows:

- Module 1: Understanding the impact of armed conflict on children
- Module 2: Development of a psychosocial care approach
- Module 3: How to conduct awareness raising and community psycho-education
- Module 4: How to conduct screening
- Module 5: How to organize Child Resilience Groups
Module 6: How to utilize existing community resources
Module 7: How to conduct the Classroom Based Intervention (CBI)
Module 8: How to organize and implement parental care
Module 9: How to conduct psychosocial counselling
Module 10: How to organize and implement clinical supervision and care for caregivers
Module 11: How to organize and implement assessment, M&E and research

The modules follow the type of interventions provided in the project introduced above. Each module has several sections, that discuss: (a) the rationale for including the intervention; (b) a step-by-step description on the implementation of the intervention; (c) suggested points of attention, and; (d) examples from the 4 project countries, specifying the different ways of implementation. Finally, each module has two sections with suggested resources:

**Internal Links:** These are documents, articles and tools that have been produced in the process of the project are an integral part to this Resource Package. The module provide a description of the intervention, the related Internal Link will provide more in-depth information about the intervention or the research conduct related to the intervention or topic.

**External Links:** These are documents, or links to documents, that are related to the intervention of topic, that have been developed by others. In our experience these documents are important reading and/or provide important contextual information for the module.

### 3. Limitations

This resource package aims to provide a framework for replicable comprehensive psychosocial care package has been developed, adapted, researched and implemented. At the same time the following points need to be kept in mind. First, the framework needs to be used with reflection and the needed adaptations per specific setting. Second, further development is needed to increase effectiveness, extent of services and outreach. Third, research has demonstrated the need for structural psychosocial and mental health care for children in conflict affected areas, while showing that there is a range of existing resources to tap into for that purpose. Fourth, research into the effectiveness of the interventions has demonstrated moderate effects in reducing some mental health symptoms and increasing or maintaining resilience. Combined these results are cautiously promising, but also provide scope for improvements. The community perceptions, by recipients and authorities, of the project and its individual interventions have been extremely positive in all settings.
One of the major learning of the project has been that a common delivery framework is essential in order to guide development of a comprehensive system of care, yet that the content of this common framework has to be carefully contextualized within each country and cultural setting. Clinical experience and related recommendations for adaptations, as well as research into the impact of conflict on children and the available resources, into the effectiveness of interventions, and into the validity of a screening procedures all point in that direction. That goes for the model presented here, as well as for all the tools within it. Another major learning has been that the presented model is a useful framework that needs to be developed further. This is by no means the end product of developing an evidence-based care system.

In summary, the developed model provides a framework for future provision of extensive evidence-based psychosocial care for children in (post-) conflict situations. At the same time future initiatives need to be oriented in further fine-tuning and development of the model, which includes implementation of the model for different target groups, adaptation of interventions based on research findings, inclusion of more specialized interventions or more context-oriented interventions and the growth of the evidence-base for adapted and new psycho-social interventions – to build an increasingly comprehensive system of care.

4. Credits and acknowledgement

The resource package is the result of a multi-national teamwork spread out over several years. First, it has been a collaborative effort between the project teams and partner organizations in Indonesia (Church World Services Indonesia), Sri Lanka (Shantiham, Jaffna), Sudan (Healthnet TPO Sudan, Yei), Burundi (Healthnet TPO Burundi, Bujumbura) and the Netherlands (Healthnet TPO Head Quarters). Second, the capacity building and implementation of the Classroom Based Intervention (CB)) has been done in partnership with the Center for Trauma Psychology, Boston (Dr. Macy and colleagues). Third, development of the (research for) presented support system has benefited from numerous individuals, collaborators and reviewers (to name a few: Dr. Reis; Dr. Ommeren; Dr. Rousseau; Dr. Betancourt).

The Resource Package can be freely used, however always with appropriate acknowledgement and with the following proposed referencing:
