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ADVOCACY PACKAGE

IASC GUIDELINES ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

IN EMERGENCY SETTINGS

IASC

Inter-Agency Standing Committee
Reference Group

ADVOCACY PACKAGE

WHY IS IT IMPORTANT?

The experience of an emergency can significantly impact the Mental Health and psychosocial well-being of a person. Exposure to violence or disaster, loss of, or separation from family members and friends, deterioration in living conditions, inability to provide for one's self and family, and lack of access to services can all have immediate, as well as long-term consequences for individuals, families and communities' balance and fulfillment. With the right support, the majority of people will be able to overcome the difficult experiences.

The manner in which aid is administered has psychosocial impacts that may either support or cause harm to affected people. Humanitarian action is strengthened if at the earliest, appropriate moment, affected people are engaged in guiding and implementing the disaster response. Aid should be delivered in a compassionate manner that promotes dignity, enables self-efficacy through meaningful participation, respects the importance of religious and cultural practices, and strengthens the ability of community people to support their children, families and neighbors.

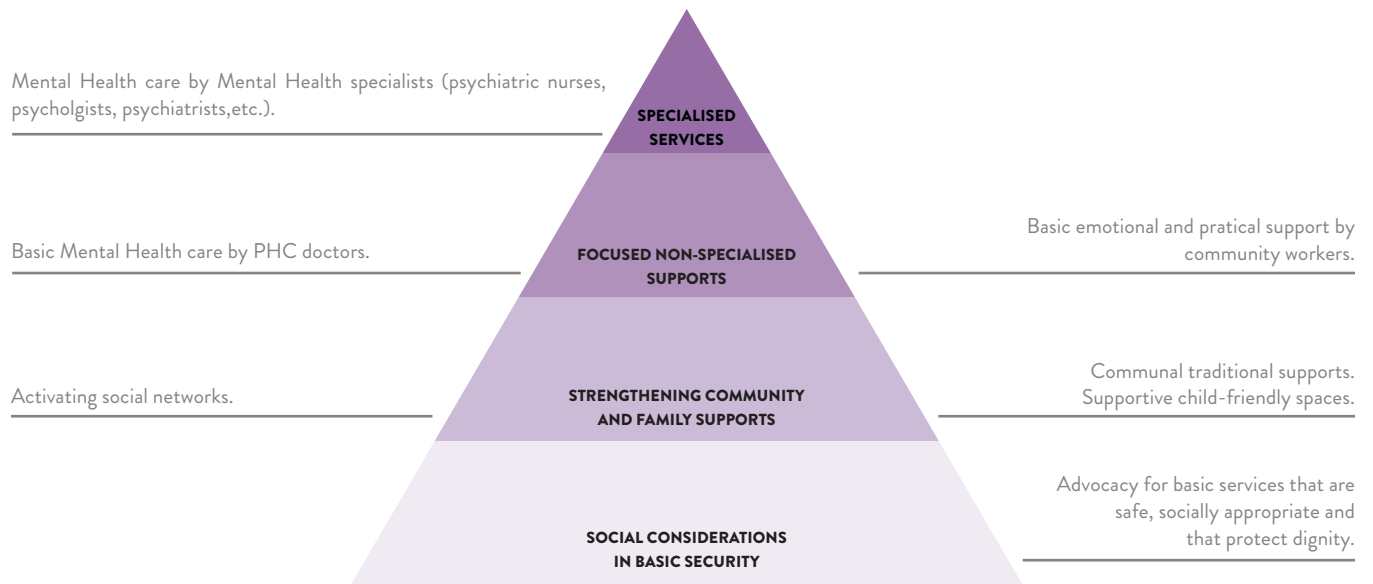
WHAT ARE THE INTER-AGENCY STANDING COMMITTEE (IASC) GUIDELINES ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)?

The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (IASC, 2007) help to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people's Mental Health and psychosocial well-being in the midst of an emergency.

These Guidelines are not intended solely for Mental Health and psychosocial workers. Numerous action sheets in the IASC MHPSS Guidelines outline social supports relevant to the core humanitarian domains, such as protection, general health, education, water and sanitation, food security and nutrition, and shelter.

The Guidelines can be used as (i) a Guide for programme planning and design; (ii) advocacy for better practice; (iii) resource for interventions or actions; (iv) coordinating tool; and (v) checklist to identify gaps.

The IASC MHPSS Guidelines clarify that Mental Health and psycho-social support requires various levels of supports, ranging from broad programmes on basic services and security issues, to community and family support interventions and focused or specialized Mental Health services. It is therefore necessary to distinguish between interventions that benefit the population at large from those interventions requiring a more specialized expertise.



INTERVENTION PYRAMID

Implementation of the IASC MHPSS Guidelines requires extensive collaboration among various humanitarian actors: no single community or agency is expected to have the capacity to implement all necessary minimum responses in the midst of an emergency.

WHAT IS THE INTER-AGENCY STANDING COMMITTEE REFERENCE GROUP ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT?

The IASC MHPSS Reference Group is made up of some 100 individuals from 40 agencies. Since the launch of the IASC MHPSS Guidelines in 2007 it has implemented numerous initiatives in countries ranging from Iran, Jordan and occupied Palestinian territory to Nepal, Kenya and Peru. Implementation has included different strategies including: widespread distribution, mainstreaming into global and organizational policies, using the IASC MHPSS Guidelines to develop national policies, capacity building on the IASC MHPSS Guidelines and implementation at the community level (see article in August 2009 Intervention “After the Guidelines:

The challenge of implementation”). UNICEF and ACT International currently co-lead of the IASC MHPSS Reference Group. Today, implementation of the IASC MHPSS Guidelines focuses on four main strategies:

- 1/ to disseminate the IASC MHPSS Guidelines to key stakeholders and institutionalize them;
- 2/ to interface systematically with the Cluster system;
- 3/ to support Regional, Country and Community level activities on the IASC MHPSS Guidelines in different countries;
- 4/ to build capacity on the IASC MHPSS Guidelines.

WHY DO AN ADVOCACY CAMPAIGN?

As part of the annual review of the IASC MHPSS Guidelines implementation increasing the ownership and utilization of the IASC MHPSS Guidelines by governments was identified as a priority to ensure its success. In addition, conducting advocacy on the importance of MHPSS issues within the UN system was also a priority. A campaign will be undertaken to raise further awareness of and commitment to the IASC MHPSS Guidelines by governments.

The objective of this campaign will be to encourage all humanitarian actors and UN Member States affected by or at risk of emergencies, to embrace and implement the IASC MHPSS Guidelines, and to highlight the progress made by countries that already implemented them. The initiative is being co-sponsored by UNICEF representing the IASC Mental Health and Psychosocial Reference Group and the Permanent Representation of Belgium to the UN. The campaign was launched with an event in October 2010 in New York.



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THE CAMPAIGN KEY ACTIVITIES WILL INCLUDE:

1. Development of an advocacy kit with standard messages and tools on the IASC MHPSS Guidelines by the IASC MHPSS Reference Group.

2. Identification of a small group of countries/missions who would be the advocates for the use of the IASC MHPSS Guidelines. This included countries that are either involved in the implementation of the guidelines and/or funding and advocacy on the use of these guidelines, such as Haiti, the Philippines, and the occupied Palestinian territory.

3. Conducting initial event to explain the IASC MHPSS Guidelines, their importance and how they can be used.

This event was hosted by the Belgium mission and UNICEF (representing IASC MHPSS Reference Group) and other interested members of the advocate countries. It was a platform to advocate with other countries to develop plans to use the IASC MHPSS Guidelines in their own countries.

4. Developing plans of action with interested countries to implement the IASC MHPSS Guidelines in their country.

A menu of options will be presented to interested countries, and the technical support available from the IASC MHPSS reference group would be outlined. Priority will be given to countries on the work plan of the IASC MHPSS Reference Group in 2010. Technical and financial support will be provided in these countries to implement their work plan and roll out the MHPSS guidelines. The activities included in implementation will vary according to the capacities and needs in each country but can include orientation and training workshops for key sectors and practitioners on the IASC MHPSS Guidelines, translation and dissemination of the IASC MHPSS Guidelines to practitioners and policy makers, emergency preparedness and response planning based on the IASC MHPSS Guidelines, and awareness raising and mobilization of emergency affected communities using them.

5. Advocacy events would be conducted throughout the year to raise awareness, understanding of and commitment to the IASC MHPSS Guidelines. Some of these events will be hosted by or in collaboration with other partners such as short presentations or half-day seminar on the issue. Where appropriate, advocacy on the IASC MHPSS Guidelines will be inserted into relevant advocacy events such as Gender Based Violence or events on children in armed conflict. Other actors, including the advocate countries, will be encouraged to host events.

6. Final event. This final event will outline progress made by the countries that have developed plans to implement the IASC MHPSS Guidelines, share their challenges and achievements and encourage other countries to plan to use the IASC MHPSS Guidelines in 2011.



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KEY MESSAGES

A. KEY MESSAGES FOR COMMUNITIES

- **Strong reactions and feelings are common and understandable reactions and we can overcome them.**

It is common to have strong feelings after a difficult event. Such reactions include loss of interest to daily life, feeling sad, irritable or confused, having difficulty to concentrate, physical reactions or vivid memories of the event. Recognize that this is a challenging time but one that you can work to manage. You have likely tackled hardships at other times in your life. With time and support we can overcome most or all of these difficulties.

- **Taking care of yourself will help you care for others. Don't be ashamed to ask for help.**

It is important that you take care of yourself, so you can help others. Focus on the things you did well and try to be patient with the changes in how you are feeling and reacting. Even during these difficult times, try to reestablish your daily routines such as sleeping and eating regularly and try to take time to do things that are satisfying. If you feel you can't cope or are not getting better, go to a health clinic.

- **By working together, we can cope better with this situation.**

Helping others and getting help from others is one of the best ways to cope with difficulties. Listen to others, provide them comfort, and participate in regular social activities. Don't hesitate to accept and ask for help from others. Talk with people with trust in the family and the community.

- **We can rebuild our community together.**

Work with others to organize community and social activities such as religious ceremonies, community meetings, sports, arts, cleaning and helping others in the community.

- **Pay particular attention and reach out to those who are most affected.**

We need to take particular care of and reach out to those that are the most affected or at the margins of our communities, including, possibly, injured people, elderly people, people with disabilities, widows and children that have lost their parents.

- **Adults and older people in the community play an important role in helping children to cope with the situation.**

Children need extra attention and care after a difficult situation. You can help children by keeping them safe, listening to them, speaking kindly, reassuring them, playing with them and hugging them. Provide opportunities for children to share their concerns and hopes, play with their friends and to participate in daily life such as helping with family tasks.

- **Protect your children even more than usual.**

Children need adults' love and attention during this difficult time, thus, watchfulness and comfort throughout the day is important in order to prevent further harm. Recommendations to secure children include: keeping children close to their parents or a trusted caregiver (day and night) and ensuring that your family and children know their name, where they live and where they are at every moment during the day.

- **Children are best cared for by people they know and trust especially in difficult times.**

Do not move a child from its community until you are sure that he or she has genuinely been lost or abandoned. If you are aware of children without parents living nearby you, you have a responsibility to notify (helpline/protection working group) of where the children are. Report anything you feel maybe suspicious. Also, children will always be better with you. Do not give your child away to people who promise a better future elsewhere. If you think you can no longer care for your child and you need help, seek assistance from an identified organisation (add name and contact info).

- **Gently face safe things that you continue to be unnecessary scared of.**

Some people feel so severely upset about the emergency/disaster that they unnecessary try to avoid places, people, conversations or activities that remind them of the events. They continue to avoid even when it is no longer dangerous. This is understandable. Strangely, in order to feel better, it can be extremely helpful to visit places that you are avoiding, to talk to people that remind you of the events, and to continue to try to do the activities that you used to do. It can be difficult to stop avoiding, but try. Maybe you can ask a trusted family member or friend to help you and be with you when you approach things that you have been avoiding?

- **Avoid taking alcohol or drugs to feel better.**

It is very common to want to take alcohol or drugs when you feel bad. However, when you drink or use drugs it takes longer to overcome the painful feelings and anxiety. Also, when you drink or use drugs it is difficult to protect and support your family and to help your community to overcome the difficulties. It will take longer to rebuild.

- **Most people will probably feel better over the coming months.**

If your distress does not decrease or gets worse, then it is especially important try to seek help from others who can support you. If possible, talk to a trusted family member, friend, or person in your community. [Message to be added and adapted in contexts with clinical services: “If you are not feeling better over time, seek help from a professional”]



KEY MESSAGES

B. KEY MESSAGES FOR GOVERNMENTS, DONORS, UNITED NATIONS ORGANISATIONS, AND NON GOVERNMENTAL ORGANISATIONS

- **National governments and civil society are requested to support the implementation of the Guidelines in their countries.**

It is recommended that countries adopt these Guidelines as their official government policy on Mental Health and psychosocial support in emergencies or integrate them into existing policies on health or social services. Governments need to lead and/or support the implementation of the guidelines in their countries.

- **Strengthen collaboration to build systems of Mental Health and psychosocial support involving different sectors and actors.**

The development of an effective system of integrated support for individuals and communities affected by armed conflict or natural disasters requires strengthened collaboration among all actors (see pyramid). These may include psychiatrists, psychologists, social workers, school workers, academic institutions, UN agencies, NGOs and people from the communities themselves.

- **Scale up high quality Mental Health and Psychosocial programmes.**

TAll actors, including UN/INGO leadership, mission representatives should be aware of the basic principles of effective Mental Health and psychosocial programming as stated in the Guidelines.

- **UN and NGOs should support implementation of the IASC MHPSS Guidelines.**

UN and NGOS should provide support and leadership on the implementation of the Guidelines in the field and through the global humanitarian coordination mechanisms (e.g., the IASC Cluster System).

- **Provide more flexible, longer term funding in line with the IASC MHPSS Guidelines.**

Donors should provide more flexible, longer term funding for psychosocial/Mental Health programming. Donor countries should make compliance with the Guidelines a criterion for supporting Mental Health and psychosocial projects.



IDEAS FOR COUNTRY IMPLEMENTATION

- **Endorse and advocate the Guidelines as the main policy when implementing MHPSS programmes in emergencies.** Spread key messages in line with the IASC MHPSS Guidelines.
- **Translate the IASC MHPSS Guidelines.** In order to make them accessible to local populations, translating the Guidelines or, at least, its first 2 chapters in the local languages is a priority.
- **Set up a MHPSS Cross-Sectoral (Cross-Cluster) Working Group to facilitate a coordinated response in emergencies with numerous MHPSS actors.** Share information, develop unified messages and develop joint activities. Develop and conduct coordinated inter-agency assessments.
- **Encourage inter-agency trainings on IASC MHPSS Guidelines.** Strong collaboration between organizations to conduct trainings or orientations on the IASC MHPSS Guidelines is mandatory in order to provide support to front-line workers managers and government officials. Essential teaching may be organized through brief orientation and training seminars followed by ongoing support and supervision.
- **Contextualize the IASC MHPSS Guidelines and work with communities.** To create a sense of ownership over their implementation, share the key messages of the IASC MHPSS Guidelines directly with the community and work closely to initiate participatory systems for monitoring and evaluation. Affected communities should participate to the maximum extent possible in all aspects of the designing, monitoring and evaluation process, including the discussion of the results and their implications.
- **Support implementation of the IASC MHPSS Guidelines within the different sectors of your organisation.** Use the IASC MHPSS Guidelines not only in dedicated Mental Health and psychosocial programmes, but also in general health, food security and nutrition, education, shelter and site planning, and water and sanitation programmes.

POWER POINT ON IASC MHPSS GUIDELINES

This presentation was developed in order to help people to give a presentation on the IASC Guidelines on Mental Health and Psychosocial support. Please feel free to use the relevant sections and adapt according to the target audience. Please refer to the Zip document attached.

TERMINOLOGY

When communicating with non-clinicians, terminology should be used that: avoids using terminology that also has clinical meanings (e.g. trauma); is understandable to non-specialists; normalizes distress in difficult situations; reflects and reinforces the ability of people to deal with and overcome difficult situations; acknowledges and strengthens existing social support mechanisms within families and communities; reflects the collective and structural nature of causes and response to distress. Care must be taken to avoid terminology that could lead to disempowerment and stigmatization of people in distress.

Examples of RECOMMENDED TERMS (Can be used in place of terms to the right)	Examples of TERMS THAT ARE GENERALLY NOT RECOMMENDED to be used outside clinical settings
<ul style="list-style-type: none"> • DISTRESS • ANGUISH • TORMENTED • PSYCHOLOGICAL AND SOCIAL PROBLEMS /EFFECTS/DIFFICULTIES 	<ul style="list-style-type: none"> • TRAUMA
<ul style="list-style-type: none"> • ADVERSE EVENTS • ADVERSITY • TERRIFYING • LIFE-THREATENING • HORRIFIC EVENTS 	<ul style="list-style-type: none"> • TRAUMATIC EVENTS
<ul style="list-style-type: none"> • SEVERELY DISTRESSED PEOPLE • SIGNS OF DISTRESS 	<ul style="list-style-type: none"> • TRAUMATIZED PEOPLE
<ul style="list-style-type: none"> • REACTIONS TO DIFFICULT SITUATIONS • PEOPLE WITH EXTREME/SEVERE REACTIONS TO THE EMERGENCY 	<ul style="list-style-type: none"> • SYMPTOMS
<ul style="list-style-type: none"> • STRUCTURED ACTIVITIES 	<ul style="list-style-type: none"> • THERAPY • PSYCHOTHERAPY TO DESCRIBE NON-CLINICAL ACTIVITIES

VIDEO SUGGESTIONS

ACF - Haiti (French).

Describes the multi sectoral aspect of the MHPSS Guidelines.

http://www.dailymotion.com/video/xcvyms_haiti-bilan-trois-mois-apres-le-sei_news

IMC - Haiti

(English). Describes work with individuals suffering severe mental disorders.

<http://www.youtube.com/watch?v=xAP7B2M-IIE&playnext=1&videos=4KiXY0s3Pml>

Foundations of Psychosocial Support in Emergencies (English).

Describes, through PowerPoint presentation, some key principles of psychosocial work.

<http://www.youtube.com/watch?v=EzY-MTjyGYc&playnext=1&videos=-f6NccGunXc>

ECHO - Lebanon (English and Arabic).

Describes the psychosocial impact of emergencies.

http://www.youtube.com/watch?v=DTNo_IXdFHU&feature=related

UNICEF and ECHO – Palestine (English).

Describes how children can deal with stress.

http://www.unicef.org/infobycountry/oPt_49774.html

UNICEF and ACF - Haiti (English).

Describes the intervention of Baby Friendly Tents

http://www.unicef.org/emerg/haiti_52797.html

SPEECH EXAMPLE

**Statement by Ms. Radhika Coomaraswamy
SRSG for Children and Armed Conflict
Advocacy campaign on the IASC Guidelines on Mental Health and
Psychosocial Support in Emergency Settings
1 October 2010**

**Ambassador Grauls, Mr. Nandy, dear colleagues,
ladies and gentlemen,**

I am delighted to be here with you today for the launch of the advocacy campaign on the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. I would like to thank the Permanent Mission of Belgium and UNICEF for organizing this event to promote the protection and improvement of people's mental health and psychosocial well-being in the midst of an emergency. This issue is of great relevance to my work as Special Representative to protect and advocate on behalf of children affected by armed conflict.

War has transformed the lives of millions of children and their families around the world. Right now, in more than 30 ongoing conflicts, children continue to be recruited by armed forces and groups, killed as combatants, abducted from their homes or subjected to rape and other forms of sexual violence and exploitation. Many of them have been forced to witness or even to take part in horrific acts of violence. These children are not just caught in the crossfire, they are being directly targeted and manipulated to give expression to the hatred of adults.

As the 1996 Machel report pointed out, contemporary armed conflict often goes along with the disintegration of communities, the fragmenting of families, the breakdown of support systems and the destruction of educational and health services. The wounds inflicted by armed conflict on children touch upon all aspects of their development – not only physical, but also mental, emotional and social. For this reason, all assistance, in order to be effective, must take account of each. Traditionally, humanitarians

concerned with the plight of children have focused primarily on their physical vulnerability. But for many boys and girls living in war-torn societies, life has become a psychological nightmare filling the void created by an absence of childhood. Being a victim of violence, living in constant fear and uncertainty and experiencing extreme hardship, such as a lack of food, shelter or medical treatment, can cause severe physical and mental suffering. Witnessing violence against parents or other relatives and seeing adults in a vulnerable situation can also seriously undermine children's sense of security and their ability to socially interact. When children have experienced these sorts of traumatic events in times of war, they may suffer from a wide range of negative emotions, including intense sadness, depression, hopelessness and despair. Some become frozen in their trauma – unable to move forward in their development. They may withdraw from contact or, on the contrary, develop an increased anxiety about being separated from their loved ones. In some cases, stress over time and the long-term consequences of distressing events may have an even more damaging and lasting impact on a child's psychosocial well-being and development than the events themselves.

It is important to note that in spite of extreme adversity, many children show considerable resilience and ability to cope when their basic needs are met and they receive sufficient emotional and social support from their communities. Unfortunately, it is exactly these very systems of support that most often break down in the chaos and moral vacuum of war. Armed violence tends to disrupt social services, to erode traditional values and to collapse existing social structures and networks. Children who have been continually exposed to armed

conflict lose faith and trust in others. Effective mental health and psychosocial programmes for children have therefore focused on re-establishing an environment that protects children from further harm and provides them again with a sense of normalcy, identity and purpose.

At the time when the Machel report called the world's attention to the devastating impact of armed conflict on children's well-being, the field of psychosocial and mental health programming was characterized by diverse and often contradictory approaches. Interventions marked by good intentions sometimes ended up to be inappropriate and even harmful. Experience has led the humanitarian community to gradually reach a common understanding that both the immediate and the long-term psychosocial effects of armed conflict on children require our attention. A consensus among humanitarians was eventually formulated in the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, launched in Geneva in September 2007. These best practices and lessons learned, developed by technical experts of twenty seven different agencies, now serve in many countries as the standard for the design of psychosocial programmes for war-affected children. The Guidelines recognize that an effective psychosocial response should build on community resources, a local understanding of distress and the presence of protective factors. They also acknowledge that most people, including children, have strong coping skills and are resilient when provided with physical protection and adequate community support at the earliest possible stage. Despite this progress, significant gaps remain. Although the IASC Guidelines reflect the accumulated knowledge of the humanitarian sector, ineffective or harmful practices continue to be used. For this reason, the guidelines and their implementation at country level should continuously be assessed and, when necessary, be adapted to the specific realities on the ground. There exists no one approach that fits all situations.

One of the major gaps can be seen in the fact that current mental health and psychosocial programmes reach only a small percentage of conflict-affected-

children and their families. An enormous challenge remains in identifying and assisting some of the least visible and most-at-risk-children. This includes unaccompanied and separated minors, child domestic workers, disabled children, child-headed households and children who have been forced to commit terrible crimes. Girl soldiers in particular – who are recruited for sexual purposes and subjected to rape, enforced prostitution and forced marriage – are often overlooked in post-conflict demobilization and reintegration strategies. They play multiple roles during armed conflict. They act as wives, domestic aides, cooks and sometimes go to the battlefield as fighters. It is precisely this situational ambiguity that allows to these victims to miss out on the assistance they need upon release. Internally displaced children are another group particularly vulnerable in situations of armed conflict. Displacement has a profound physical, emotional and developmental impact on children and increases their vulnerability. During flight, children and their families are even more exposed to sudden attacks, gender based violence and the scarcity of basic necessities. Recently, our office has highlighted this issue by publishing a working paper on “The Rights and Guarantees of Internally Displaced Children in Armed Conflict” available on our website (<http://www.un.org/children/conflict>).

Another reoccurring challenge is the lack of long term financial and human resources for psychosocial and mental health programming for children affected by armed conflict. Research suggests that on the one hand, there is the need to be able to respond immediately to the needs of children, but on the other hand reintegration into communities takes time and requires a sustained approach and a long term engagement. Too often support for child reintegration efforts drops off the radar of donor aid policies in the transition from emergencies to development assistance. The absence of long term funding and inclusion in post-conflict programming, often results in a vulnerability which breeds a population of abandoned children who are more likely to be re-recruited in other wars or to end up as street children.

A great challenge that also exists is that many societies already have traditional, indigenous coping mechanisms along with practices to deal with stress and psychological problems. How should we harness these traditional systems to assist us in dealing with some of the issues that children face? It is important that we get the right interface between science driven forms of psychological intervention and local, indigenous solutions.

Lastly, while progress has certainly been made in the field of psychosocial support to war-affected children, more efforts are still needed to ensure the high-quality of programmes. For example, too little attention has been given to the differing needs and responses required for children at different stages of development. In particular, more work should be carried out to understand the needs and capacities of adolescent boys and girls. Their strengths and coping abilities should be acknowledged and they should be seen as active participants in finding solutions. All child protection partners agree that psychosocial assistance to these adolescents must focus on education, livelihood skills and advanced vocational training. The purpose of these programmes is to reinforce self-esteem and identity enabling children to develop the capacity to make an independent life for themselves. Educational institutions are considered to be spaces that provide children with the normalcy and routine that they need in their life.

Although psychosocial support is often not considered a priority, it is as important as the support for physical needs and must be integrated at the earliest possible point in any humanitarian response. With the right kind of support, children can avoid long-term trauma or post-traumatic stress disorder. The IASC Guidelines provide a collection of good practices and lessons learned in psychosocial programming. Consensus has been achieved, but now humanitarians and governments in particular should support the implementation of these guidelines, while carefully monitoring and assessing their relevance

and impact in different situations. Donor countries should make more funds available for more long term psychosocial planning and should make compliance with the Guidelines their criteria for supporting development projects in the field of mental health care.

The Optional Protocol on the Involvement of Children in Armed Conflict requires State Parties to take all feasible measures to ensure that children recruited or used in hostilities under the age of eighteen are demobilized and must, when necessary, accord to these persons all appropriate assistance for their physical and psychosocial recovery and their social reintegration – which is why together with our partners, I have launched the campaign “Zero under 18” for its universal ratification. The IASC Guidelines set out the broad contours on how we should plan for these psychosocial support programmes required under the Optional Protocol. Eventually, the most effective responses are those that combine the acquired best practices with innovative ideas based on the local context.

When I was in Sri Lanka and before I came to the UN, I helped set up one of the first centers to give psychosocial counseling for victims of the protracted armed conflict. I sometimes met with the young people who used to come to the center. Many found relief not only from the counseling directed by trained staff but also from programmes of Buddhist and Hindu yoga and meditation. The ones who thrived were those who took advantage of both systems. Recently, one of the young people I had met who was traumatized for having been a child soldier e-mailed me. With successful counseling he had gone onto excel in his exams and was now in university in Canada studying engineering. He seemed happy and content. He said that the work of the center and the assistance he received was invaluable. It is important that all children have the benefit of his experience. To this end, I want to congratulate UNICEF and the IASC for their work and wish them all success in the field.



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