

Approaches to providing psychosocial support for teachers and other school staff in protracted conflict situations

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Question

In what ways have programmes sought to identify and train school counsellors in protracted crises situations? What lessons can be learned from this?

What measures have worked best in supporting the well-being of teachers and other education staff (male and female), and their ability to support children's well-being? What modalities have demonstrated their effectiveness and their ability to be promoted at scale?

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1. Overview

This report summarises available literature and evidence relating to the above two specific questions. The geographical focus of this research is Syria and neighbouring countries. However, examples of evidence from different contexts are also drawn to inform this review.

Education and psychosocial support are purported to have a dynamic and mutually reinforcing relationship. The Education For All (EFA) Global Monitoring Report for 2011 (UNESCO 2011) focused on education in conflict settings and recognised the importance of psychosocial interventions in addressing the negative effects of conflict, including depression, trauma, shame and withdrawal, which can have significant consequences for individual learning. According to UNICEF (2009) effective child-centred learning is important in promoting the psychosocial well-being of both learners and teachers. Evidence shows that students' relationships with teachers are important predictors for academic performance and positive health and social behaviours. Several meta-studies identified perceptions of teacher fairness and teacher respect for students as important contributors to resilience and psychosocial wellbeing (Tol et al., 2013; World Bank, 2014; Noltemeyer & Bush, 2013; Joynes 2016).

To strengthen its efforts in promoting psychosocial support within educational programming in emergencies, UNICEF, Save the Children, International Rescue Committee, amongst others have emphasised the importance of training teachers and school counsellors. In the context of the Syrian conflict, the influx of Syrian children has stretched educational resources in Lebanon, Jordan, and Turkey, and an urgent concern is that, in addition to the shortage of material resources in these contexts, most teachers have not been trained in addressing the needs of traumatised children, some of whom may exhibit difficult behaviours (Sirin & Rogers-Sirin, 2015; Shuayb, Makkouk, & Tuttunj 2014).

Where training programmes were implemented by the aforementioned actors, this largely revolved around stand-alone modules, training manuals, facilitator guides and other resources with a training period of between 2-5 days. These approaches include covering themes such as: trauma therapy methods within school settings such as physical activities, play, exercise, arts, songs, drama, drawings, talk, music and painting and life skills for emergency contexts to teaching coping skills in protracted crises (See UNICEF 2003; 2009 and IRC, 2011). Though it has been argued that it is inappropriate for teachers and non-specialist staff to engage in psychosocial treatment irrespective of the length of training (Burde et. al, 2015).

There were some commonalities in the approaches of the programmes in this review. They include:

- the recognition of the importance of working with parents/carer givers, particularly mothers, to promote psychosocial well-being in children and as a minimum included psycho-education sessions and health information (sometimes in partnership with other organisations).
- Support to teachers, and to the school environment in general, can be most effective when provided through the community, under community-led mechanisms such as parent teacher associations (PTAs) and School Improvement Plans (Thompson et al. 2014).

Evidence suggests that in conflict- and post-conflict settings, parents and wider communities place a particular emphasis on the importance of education, and within that, are prepared to provide a number of inputs designed to support and enable local schooling – including holistic and material support to teaching staff (Burgh et al. 2015; Gladwell & Tanner 2014)

In general terms, there is a lack of rigorous and robust evidence available on the levels of psychosocial support within the education sector for individuals and communities during and after conflict. These findings are supported by a number of recent literature reviews covering this field. For example, Burde et al. (2015) identified a total of only 13 experimental or quasi-experimental studies conducted in countries affected by crisis. Of these, only 10 assess the effects of education sector interventions on wellbeing, and only six take into account the specific context of disaster or conflict as part of the research design. In all cases, the primary focus is on children's wellbeing, rather than on the wellbeing of teachers, school counsellors or other educational staff. Nicolai & Hine (2015) observe that published analyses generally cover multiple countries rather than in depth analysis of the situation in one country or region.

In addressing the research questions, there are two main issues that have arisen based on the available literature. Firstly, it has been difficult to identify and define who school counsellors are in the Syria and neighbouring country contexts. Secondly, the limited experience of practitioners, volunteers, newly/partially trained professionals. As such, the available literature indicated no conclusive identification or definition of who teachers and staff are. However, in most scenarios excluding the Jordanian context, the available literature suggests that school counsellors are trained and experienced teachers who are experienced in psychosocial support and deployed by different donor funded programmes (Save the Children, 2014).

In addition, the available literature presented a shifting discourse of the use and the meaning of the concept of psychosocial support. For example, where the services are provided under the health programmes the term 'mental health' is more common. Aid agencies outside the health sector tend to speak of supporting psychosocial well-being yet historically have also used the terms psychosocial rehabilitation and psychosocial treatment. Exact definitions of these terms vary between and within aid organisations, disciplines and countries. In the literature reviewed, it appears the composite term mental health and psychosocial support (MHPSS) serves to unite as broad a group of actors as possible and also underscores the need for diverse, complementary approaches in providing appropriate supports (IASC 2007).

The first section of this report defines counselling within the context of psycho-social support interventions on protracted crises. Secondly, the identification and training of school counsellors is discussed before moving on to the modalities of training and development for teachers and counsellors in protracted crises. Thirdly this report addresses the support mechanisms of teachers, school counsellors and other staff before evaluating the successes and challenges of these approaches. The report then concludes with a series of examples of school-based counselling interventions involving teachers and other education staff.

2. Defining counselling¹ within psychosocial support in protracted crises

Though this report found that it was somewhat challenging to find consistency in terms of how school counsellors are defined and framed within the Syrian (and wider regional) context, some of the literature reviewed, particularly guidance and toolkits present useful definitions of counselling and its parameters applicable to the broader education community in protracted crises. According to UNICEF (2003) counselling is defined as a planned psychosocial intervention “between the child/victim and counsellor/helper to assist the child to alter, improve, or resolve his/her present behaviour, difficulty, or discomforts. It is a process of helping the child to discover the coping mechanisms that he/she found useful in the past, how they can be used or modified for the present situation, and how to develop new coping mechanisms.” (p. 51). Counselling interventions aim to strengthen the resolve of the child to problem solve, make decisions and is defined as distinct different from giving advice. Counsellors and the child/victim are expected to maintain mutual responsibility for their relationship and the counsellor is not to have ‘authority’ over the child/victim. The psychosocial approach views the child and his/her needs in relation to his/her environment/context. The psychological component of this intervention is concerned with mental processes such as feelings, thoughts, behaviour and motives whereas the social component consists of family, school, peers and wider community. The child’s needs are then analysed from his/her psychological, social, and cultural perspective.

Common approaches to school counselling include certified school counsellors and teachers providing systematic consultations, training and advice to affected children, their parents, caregivers, other school staff and the wider community. The focus of these consultations are to provide emotional support and build resilience. UNICEF identifies the key skills for such provisions as giving attention, encouraging, motivating, supporting, understanding and listening (UNICEF 2003).

Many sources of literature support the benefits and impact of programmes offering mental health and psychosocial support for children who have experienced various types of trauma including: the death of loved ones, violence, exploitation and abuse and war, whether provided by trained practitioners, school counsellors or teachers (UNICEF 2003; Wessells, 2004; Save the Children, 2017). Erikson’s theory of psychological development (see UNICEF, 2003) explains how under normal circumstances children develop and accomplish positive self-regulations in their critical periods of development (infancy, early, middle and adolescence stages). In protracted crises however, the emotional and social effects of traumatic experiences can result in children displaying a heightened state of arousal which correlates with poor self-regulation which can lead to aggressive behaviour, drug abuse, anxiety, depression, frustration, loneliness, distrust, and a sense of rejection. Research from the Inter-Agency Network for Education and Emergencies (INEE, 2016) and Save the Children (2017) further indicate that “toxic stress” in children (defined as the most dangerous form of stress response that can occur) experienced during and after exposure to severe, frequent or prolonged adversity without adequate adult support can impede the development of positive self-regulations thus affecting the cognitive, socio-emotional and physical development of the affected children.

¹ The form of counselling addressed in this report refers to school based counselling.

3. Identifying and training school counsellors in protracted crises situations

This report found challenges in sourcing definitive information and approaches regarding how school based counsellors are identified and thus deployed to implement psycho-social counselling programmes. Whilst some training guidelines assume ‘teachers’ to be experienced education professionals (see UNICEF, 2009), other guidelines do not specify or articulate their assumption of who a teacher/school counsellor is. In terms of implementing psychosocial support through teachers, counsellors and other education staff, Syria and its neighbouring countries have faced a variety of challenges in terms of each system’s capacity to cater for the psychosocial needs of affected children though there is promising practice in some contexts e.g. in Egypt. This section will give an overview of training approaches and the support teachers, counsellors and other education professionals receive.

4. Modalities of training and development for teachers and counsellors in protracted crises

This report’s findings highlight that in most of the mental health and psycho-social support (MHPSS) programmes found in this review, experienced and trained teachers (sometimes referred to as school counsellors) trained on basic to moderate psycho-social first aid (PFA) were key in promoting the psychosocial well-being of the children. Common themes underpinning the social and emotional learning (SEL) teacher training programmes implemented by UNICEF, SC, IRC, Norwegian Refugee Council and other actors include modules/sessions on the following:

- defining children’s well-being
- the short-term and long-term impacts of trauma on children
- trauma therapy methods within school settings such as physical activities, play, exercise, arts, songs, drama, drawings, talk, music and painting
- encouraging community participation and creating safe, protective learning environments
- the effects of difficult experiences and situations on the psycho-social well-being and resilience of children, including girls and boys of different ages
- ethics of psychosocial support
- life skills relevant to emergency settings
- constructive classroom management methods that explain why corporal punishment should not be used and that provide concrete alternatives to the use of such a punishment
- how to constructively deal with learners’ issues such as anger, fear and grief;
- how to conduct structured group activities such as art, cultural activities, sports, games and skills building
- how to work with parents and communities
- how to utilise referral mechanisms to provide additional support to learners who exhibit severe mental health and psychosocial difficulties
- how to develop plans of action for implementing psychosocial support in teachers’ work
- helping teachers to better cope with life during and following the emergency, including the effects of stress on teachers coping skills
- supportive supervision and peer group support.

Widely available grey literature from international non-governmental organisations (INGOs), bilateral and multilateral organisations such as Save the Children, Norwegian Refugee Council, International Rescue Committee and UN agencies such as UNICEF demonstrate well developed training manuals for teachers covering the above thematic areas of psycho-social support and emotional learning. These teacher development and facilitator guides tend to span over a 2-5 day training period for relevant practitioners which includes teachers, educators, health and social workers and focuses on teacher training (both pedagogical and psychosocial training) in protracted crises (see UNICEF, 2003; UNICEF, 2009; IRC, 2011; Dybdal et al., 2013)². From a pedagogic perspective, however, research suggests that addressing the psycho-social needs of children through a stand-alone 'psycho-social' module or short-term training for teachers may not be an effective approach, may lead some teachers to believe that the training enables them to 'solve' children's problems and therefore undermine the issue. Instead, Winthrop & Kirk advocate for the integration of the psycho-social concepts into standard pedagogy, lesson planning and classroom management training (Winthrop & Kirk 2005 cited in Bell 2011).

The training and follow-up of teachers after their respective psycho-social training are regarded as two of the most important elements of psycho-social educational support as these training programmes impart teachers with the knowledge, skills and tools necessary to:

- identify children affected by trauma
- understand and deal with children affected by trauma using plays, arts, exercises, creative activities, in their teaching and learning methods
- understand identified coping styles and strengths within children
- understand basic concepts of "coping" and "resilience" in children
- understand basic principles of child development and how these affect children in an emergency
- understand the importance of self, family and community in recovery
- be conscious of the critical role that schools and teachers provide in the psychosocial well-being of their emergency-affected students
- explore a wide range of specific attitudes, behaviours and communication modes to adopt in the classroom to support students and build resilience
- identify, support and refer children with severe emotional distress
- understand the importance of effective communication in supporting children who have experienced emergencies
- utilise effective communication skills
- identify, explore and practice a range of activities aimed at strengthening the coping capacity of all children and at promoting recovery in those who are more distressed
- understand the link between specific activities and psychosocial benefits to the children
- develop new psychosocial activities that they can use with their students
- understand what teachers can do in the community to support the recovery and psychosocial development of the child
- develop personal work plans for psychosocial support and resilience building of their students (NRC 2005; IRC 2004; UNICEF 2003)

² This report did not find any MHPSS programmes implemented by the NRC or IRC in Syria or in the neighbouring countries contexts. However, their teacher training manuals in other contexts were useful for this review.

Despite the importance of the subsequent follow up of training and evaluation of such programmes, impact evaluations are scarce and where impact evaluations are available, they do not directly address teacher performance (aside IRC's Healing Classrooms which is discussed later in this report). As such this review cannot concretely conclude which methods and approaches are effective.

5. Support for teachers, counsellors and other education staff

Support for teachers, and to the school environment in general, can be most effective when provided through the community, under community-led mechanisms such as PTAs and School Improvement Plans (Thompson et al. 2014). Evidence suggests that in conflict- and post-conflict settings, communities place a particular emphasis on the importance of education, and within that, are prepared to provide a number of inputs designed to support and enable local schooling – including holistic and material support to teaching staff (Burde et al. 2015; Gladwell & Tanner 2014).

Examples of the range of training support interventions provided to teachers in conflict affected settings, in order to strengthen their ability to support children through education cover a range of themes. Firstly, there is training for understanding and use of participative education methods, including development of teachers' own commitment and confidence in dealing with the new content and methods, and training models that enable participants to practise them in small groups. Examples include the Emerging Issues teacher training modules in Sierra Leone providing teachers with the basic concepts of participative learning, key concepts for post-conflict peacebuilding and responsible citizenship as well as health and safety messages (Sinclair 2013).

Secondly, related to this is training to help teachers develop the skills to teach higher order cognitive skills applicable to social issues such as citizenship, peace, human rights and humanitarian consideration. This requires teachers to do more than convey factual knowledge and develop learners' foundational cognitive skills of comprehension and communication, as well as skills for analysis, critical thinking, problem-solving, reflection and weighing different types of evidence and points of view. Textbooks and teacher guides should include activities that guide teachers in the systematic development of these skills in all content areas (Sinclair 2013).

Thirdly, and most directly relevant to this research topic, teachers require training and support to help them recognise and cope creatively with the psychosocial needs of their students and themselves. Evidence shows that, in times of crisis, many teachers as well as students may be suffering from the psychological effects of trauma, loss of or separation from family members, and other stressful circumstances. Participative training activities that relate to intrapersonal and interpersonal communication, to emotional awareness and coping, empathy, avoiding stereotyping and so on, can help with healing as well as providing the foundation for skills such as conflict resolution that are part of education for citizenship and peace. Examples include IRC's Healing Classrooms initiative mentioned above, which focuses especially on meeting the psychosocial needs of teachers as well as their students (Sinclair 2013).

6. The effectiveness of the support for teachers and other education staff/psycho-social programmes

In what follows I provide an extensive review of existing support to psychosocial programming to illustrate the failure to include an explicit focus on the wellbeing of teachers though their importance is heavily emphasised throughout literature. This review highlights approach to provision of counselling and provision of training but notes that there is limited explicit comment or discussion of provision of support to teachers in staff in challenging contexts.

The psycho-social protection and support for children and youth affected by crisis was among the earliest articulated purposes of education in emergencies (Nicolai & Triplehorn, 2003) with some demonstrating positive results. In Turkey, for example, their approach has emphasised the importance in addressing the needs of marginalised groups also affected by the crisis, this resulted in the development of a comprehensive teacher training manual which provides guidance for classroom teachers to improve the quality of instruction for children with disabilities and has been proven to be effective. Standardised incentives, allowances and adequate resourcing which are crucial for the retention and well-being of qualified teaching staff have also been implemented in both Turkey and Iraq to support Syrian volunteer teachers in camps and host communities (NLG, 2016).

A rigorous literature review by Burde et. al (2015) found that the following specific education thematic interventions have positive impacts in promoting children's well-being in conflict protracted settings through teacher training. These interventions include both those targeting on improving administration, infrastructure, and resources and those that target changes in content and practices:

- community participation
- positive school climate
- mobile technology messaging platforms
- creative arts and play therapies
- early childhood development programming
- culturally relevant programme design
- approaches to managing daily stressors and post-crisis sources of risk
- specific support programmes and referrals for the most vulnerable both girls and boys
- positive peer relations
- parental and caregiver support
- inclusive teaching practices
- opportunities for youth to demonstrate leadership
- socio-emotional learning approaches
- high expectations for better learning outcomes

In all of the above 14 areas, teachers and school counsellors played a critical role to play and combined with the systematic implementation of these activities can contribute to addressing the children's wellbeing (physical, cognitive, emotional, psychological and social). In a study of an intervention in Israel conducted after the 2006 Lebanon war, Wolmer et al. (2011) found that when teachers established a safe environment, children's coping skills improved. Teachers were trained to employ a supervised, structured protocol of eight, two-hour classroom sessions over a one-month period. The sessions were structured around an imaginary character who writes

letters to the children and invites them to share, discuss and process their experiences. Teachers used narrative techniques, play activities, and diary documentation to help children reprocess traumatic experiences. Overall, the study found that participating children were more likely to maintain a healthy equilibrium and re-experience traumatic events less frequently. A similar teacher-led intervention was conducted following a severe earthquake in Turkey in 1999 (Wolmer et al., 2005; Joynes 2016). Three years following the intervention, evaluation of the project found that notably student group who have received the psychosocial support performed better academically and behaviourally than students in the control group.

School-based provisions of psycho-social counselling interventions tend to be well-suited to offering the type of lower-level intervention that can be hard to access through formal referrals. It can also act as a preventative measure to ameliorate psycho-social issues in refugee children and ensure they do not become more advanced in the short-term. In addition, school-based provisions are largely accessible, avoiding lengthy or complex referral processes and waiting periods tend to be relatively short. Schools also act as familiar territory and can assist in the restoring some sense of normalcy for affected children. One study found that students wanted to access psychosocial services in school (BACP, 2010). Thus strengthening access to safe and supportive education in protracted conflict situations requires multi-layered and integrated support systems within learning spaces, families and community settings (INEE, 2016, Burde et al.2015). The role of the trained psychosocial practitioners, school counsellors and teachers are critical in building the capacity of the protective networks. For example, traumatic experiences can affect children in different ways therefore specialised services of the professional practitioners are required to deal and provide appropriate therapies to severely affected children while the school counsellors and teachers can provide psychosocial support to the moderately and mild affected children, parents and caregivers to provide overlapping complementary support. For this system to function effectively school counsellors and specialised mental health referral centres must develop well-coordinated effective plans (Burde et. al, 2015).

UNICEF (2009) asserts that maximum results from teacher development and training of other education staff are achieved when the approach to psychosocial support by teachers is mainstreamed into the school curriculum and extra-curricular activities. The results achieved also depend on the availability of professional psycho-social practitioners to train, support and monitor teachers and other school staff. A common theme of UNICEF's teacher training guidelines is the assertion that it's the skills that children learn in an everyday classroom context that supports them in developing personal, social and emotional skills. Therefore, what is critical is the teachers' knowledge, skills and competencies to design and implement innovative classroom activities that engage children in their learning whilst building these crucial social and emotional skills. It becomes clear within this context that teachers use of effective students centred teaching and learning methods such as discussions, role playing, group working etc. have the potential to improve children's psychosocial skills.

7. Challenges of school based counselling and teacher support

In the Syrian context, it is reported that, in addition to the shortage of material resources required to support the influx of Syrian children in Lebanon, Jordan, and Turkey, a key concern is that most teachers in these contexts have not received sufficient training in addressing the needs of traumatised children, some of whom may exhibit difficult behaviours (Sirin & Rogers-Sirin, 2015; Shuayb, Makkouk, & Tuttunj 2014) A Save the Children (2017) report found that prior to Syrian war there were only two psychiatric hospitals and approximately 70 trained practitioners serving a population of 21 million. It also noted that rather than outsourcing professional counselling, Syrians typically prefer to find support from within their family networks as soliciting external counselling services still attract traditional stereotypes of being weak. Only 2 per cent of the children interviewed in the report stated that they have teachers or counsellors or psychological professionals to turn to when they feel 'sad' or 'depressed'.

While some evidence suggested that teacher sensitisation programmes can contribute to helping children come to terms with psychological and social problems, success is also dependent on the education system's ability to support its teachers both through good quality training and through on-going professional feedback and support (Bell 2011). When a conflict-sensitive, peace oriented approach to learning is adopted, positive critical thinking and self-reflection can be promoted. When combined with school level codes of conduct for students and teachers, and active partnerships with the community, teachers and teacher support can challenge the use of violence to solve problems and act as a catalyst for peace-building at community level (Gladwell & Tanner 2014). For example, the INEE Peace Education Programme in Kenya refugee camps had national peace education trainers based in each camp to provide ongoing training and support to peace education teachers and facilitators (Sinclair 2013).

Whilst INEE's background paper (2016) recognises the key role that teachers play in restoring access to quality education in emergencies, chronic crisis and early reconstruction others challenge this position. From a clinical perspective, Burde et al. (2015) argue the fact that there is 'significant and continued debate' regarding the appropriateness of adopting clinically oriented approaches among a general population, firstly, to be delivered by educational staff rather than psychologists, and secondly, through the application of largely Western psychology in non-Western contexts: pathologies established in the West are likely incompatible with the local beliefs of many other countries (Fernando, Miller & Berger, 2013; Boothby, 2008 in Burgh et al 2015) and interventions that do not take local norms and customs into account may have inadvertently harmful effects. Specific instances of negative repercussions have been documented in programmes in Rwanda, Sierra Leone, and Albania (Wessells, 2009, in Burgh et al. 2015).

Aside from some examples of psycho-social training and salary payments being made available to some teachers in Syria and neighbouring countries, the reviewed literature indicates that neither governments nor humanitarian agencies provide any additional duty of care to teachers. Teachers working in conflict affected areas are exposed to human right abuses, state and militia supported violence and wide scale human rights violations. In addition, they tend to work long hours under pressure and within difficult security constraints. Additional organisational support therefore is necessary to mitigate their own stress and improve resilience in order to support the vulnerable children with whom they work. UNHCR (2013) the largest humanitarian agency in

crises protracted conflict settings and other actors have adequate mental health and psychosocial support services for their staff. Some examples of best practice from UNHCR include:

- establishing general and psycho-social crisis plans for schools affected by violence and crises
- strengthening emergency education capacities, addressing prominent protection issues within the curriculum
- ensuring the availability of a concrete plan to protect and promote school staff well-being during the emergency
- providing adequate managerial and organisational support including the provision of support to mitigate the possible negative psychosocial consequences of work in crisis situations
- systemic and integrated approach to staff care at all phases of employment including in emergencies and at all levels of the organisation to maintain staff well-being and organisational efficiency
- preparing school staff for their roles and for the emergency context
- ensuring that school counsellors and teachers receive information on the prevailing environmental and security conditions and possible future changes in these conditions
- ensuring school staff have access to health care and psychosocial support
- training some staff in providing peer support, including general stress management and basic psychological first aid (PFA)
- addressing potential work-related stressors
- ensuring clear and updated job descriptions
- defining objectives and activities, where extra work loads are assigned to teachers
- confirming with staff that their roles and tasks are clear
- ensuring clear lines of management and communication are maintained in the education service delivery
- daily evaluation of the security context and other potential sources of stress (UNHCR, 2013)

8. Examples of school-based psychosocial counselling and teacher focused programming

Overview

Save the Children (2014) conducted a mapping exercise of the MHPSS support available to the Syrian children living both within Syria and neighbouring countries to assess provision. The impetus for the mapping came from an internal survey undertaken by the organisation in North, Central and South Syria, Lebanon, Jordan, Iraq and Egypt and concluded that many gaps exist in the provision of appropriate services and support to meet the needs of Syrian refugee children. All of the countries included in the mapping study were reported to lack sufficient national level professional capacity to provide adequate mental health and psychosocial support to Syrian children. Pre-existing regional shortages of mental health professionals, particularly child psychiatrists, psychologists and social workers, have been placed under extreme pressure as a result of the Syrian conflict. Consequently, professionals working in the region may not have the experience nor the expertise to work with children affected by high levels of trauma, who continue to live in an unstable environment. According to No Lost Generation (2016) the issue of

unqualified teachers has also been exacerbated as a result of the protracted nature of the crisis. The war has resulted in a loss of 52,500 (22 per cent) teachers and 523 (18 per cent) school counsellors in Syria (p. 4). Furthermore, concerns were expressed in Lebanon regarding the notion that any professional with a Bachelor's degree in psychology could 'promote' themselves to become a therapist. This issue is further exacerbated as there is no official certifying body.

In Jordan, the training of psychologists is often geared towards educational psychology and whilst clinical psychologists may have good theoretical understanding, they often lack practical experience in therapeutic interventions. Whilst there are examples of good initiatives training national personnel on mental health and psychosocial issues, including through the World Health Organisation's (WHO) Mental Health Gap Action Programme (MHGAP) in the region, several national actors interviewed by Save the Children's mapping exercise were critical of the lack of strategic and wide-ranging capacity building and felt that the response by the international community had failed to support the development of sustainable solutions for the region (Save the Children, 2014).

In Egypt, government services in psycho-social support were reported to be of a high standard however it frequently took most refugees one to two hours to reach a clinic. It was also noted that even if transport was paid for it would not be reasonable for refugees to make this journey to access the necessary regular support. In other areas, there were insufficient referral services and in some cases, the reach of services was very limited for a range of child protection problems including specialised MHPSS – this was also highlighted as an issue in parts of the Kurdistan Region of Iraq (KRI), Lebanon, Turkey and most critically in northern Syria.

Though facing numerous challenges, MHPSS has been integrated into schools and other educational settings in a variety of ways. Examples include: training for teachers and school counsellors to respond appropriately to children with psychosocial needs, through Psychological First Aid (PFA) training. This involves raising awareness of the ways in which children's experiences can affect learning and what can be done to help. Through direct therapeutic support with psychologists and social workers based in schools, some programmes employ case management³ which includes referral to specialised services for children who require additional support, such as mental health care or services for victims of gender-based violence.

Below are examples of school based psychosocial counselling initiatives that provide an insight into levels of support provided to teachers, school counsellors and other staff. Again, a common theme across these is the limited focus on supporting the wellbeing of school counsellors and teachers (bar Healing Classrooms implemented by the IRC).

UNICEF

Psychosocial support is a core component of all UNICEF humanitarian projects and emergency education programming. There are currently 100,000 Syrian children participating in psychosocial programmes in Turkey; 150,000 in Jordan, 22,000 in Iraq and 25,000 in Egypt. In Lebanon 138,000 girls, women and other community members are participating in psycho-social

³ Case management is an integrated approach which utilised the support of psychologists, social workers and other professionals to allow them to refer specific cases for affected children to receive more specialised services to help deal with trauma.

support programmes which includes sensitisation on gender based issues (UNICEF, n.d). Likewise, UNICEF have played a key role in developing guidelines and training manuals to support teachers and counsellors in their respective roles (UNICEF, n.d; UNICEF, 2009). As per their 2013 Syrian Humanitarian Assistance Response Plan, in 11 out of 14 governorates in Syria, UNICEF along with the Ministry of Education and other partners have established more than 830 school clubs around the country reaching 287,000 children (exceeding its initial target of 260,000). The school clubs aim to provide an opportunity for children aged 5 to 18 to participate in remedial classes and benefit from psychosocial support through recreational activities such as sports and music, while under the care of qualified teachers and counsellors who are trained on basic psycho-social principles (UNICEF, 2013).

UNICEF: Peacebuilding, Education and Advocacy Programme (PBEA)

UNICEF's Peacebuilding, Education and Advocacy Programme (PBEA) is grounded on the understanding that good education policy can not only transform lives, but can also have a long term impact on recovery, address the underlying causes of conflict, and promote cohesive societies and contribute to state-building. The programme focuses on five key outcomes:

1. Increase inclusion of education into peacebuilding and conflict reduction policies, analyses and implementation.
2. Increase institutional capacities to supply conflict-sensitive education.
3. Increase the capacities of children, parents, teachers and other duty bearers to prevent, reduce and cope with conflict and promote peace.
4. Increase access to quality and relevant conflict-sensitive education that contributes to peace.
5. Contribute to the generation and use of evidence and knowledge in policies and programming related to education, conflict and peacebuilding.

The primary aim of the programme is to engage the voices and perceptions of constituencies who are rarely represented in broader conflict analysis, including the education stakeholders, women, and young people and children (Jacob et al. 2013). Since inception in 2012, the programme has been rolled out in a number of countries, including Sierra Leone. However, the level of impact that this programme has in terms of identifying or addressing the needs of teachers has yet to be assessed.

Save the Children

Save the Children (SC) also provides extensive mental health and psychosocial support (MHPSS) and education activities across 10 governorates of Syria, as well as in countries hosting Syrian refugees. Their approach to MHPSS programming includes HEART (Healing and Education through the Arts for children) and Child Resilience⁴. SC's MHPSS projects adhere to the Inter-Agency Standing Committee (IASC) guidelines on mental health and psycho-social programming (INEE, 2007). According to Save the Children (2017), their implementing partners employ trained teachers in their education programmes to be able to provide psychological first

⁴ Discussed in more detail in the two other K4D helpdesk reports related to this query.

aid (PFA)⁵ which also involves the use of simple breathing and stretching techniques to reduce tension and stress for affected children (p. 5). Save the Children programmes provide MHPSS at three levels. Level one and two largely comprise of recreational activities intended to:

- improve self-esteem
- promote resilience and problem solving
- enhance team building skills
- help develop life skills
- provide informal education
- raise awareness and provide information for children, parents/carers and teachers

Not all the activities and objectives above have clearly identified and measurable psychosocial goals thus making it difficult to measure impact. Level three activities consist of more focused interventions using supportive individual or group therapeutic approaches such as play therapy or Cognitive Behavioural Therapy (CBT) delivered by psychologists sometimes together with social workers (Save the Children, 2017).

SC programmes provide MHPSS at levels one and two in Syria and neighbouring countries and at level three in Jordan, Egypt and in Lebanon and Kurdistan region of Iraq (KRI) through case management. In Egypt, this is mainly implemented in group settings with the occasional individual tasks for children. In Jordan, both group and individual sessions are held through programmes in education and in local communities. As there is a strong case management component of psychosocial programming in Jordan, such interventions are part of a holistic approach with parallel processes to address child protection concerns whilst the lack of services and case management structures in Egypt makes this optimal approach difficult (Save the Children, 2014).

The case management approach used prominently by Save the Children Jordan in schools in the Za'atari camp is said to provide a comprehensive service which has excellent links with community members and other relevant professionals. Through embedded engagement with these stakeholders, school attendance has been promoted and obstacles to attendance addressed. Given the importance of education to children living in these challenging circumstances, this is model could potentially be replicated elsewhere. The SC education programme in Jordan also involves working inside schools to raise awareness of mental health and psychosocial issues and increase the capacity of teaching staff to support children, as well as providing direct support to children through psychologists and social workers (Save the Children, 2014).

In addition to teachers, counsellors and other relevant professionals, programmes in all countries surveyed by SC recognised the importance of working with parents/carer givers, particularly mothers, to promote psycho-social well-being in children and as a minimum included psycho-education sessions and health information (sometimes in partnership with other organisations).

⁵ Psychological first aid is a set of skills and competencies that enable people working in contact with children to reduce the initial distress of children caused by accidents, natural disasters, conflict, interpersonal violence or other crisis. Psychological first aid (PFA) is globally acknowledged as a simple, efficient method of providing initial support in crisis situations, and is now included in the Minimum Standards for Child Protection in Humanitarian Action.

Most programmes provided more structured support and advice on parenting including positive parenting classes. Egypt and Jordan offered group therapy and in the case of Jordan individual therapy aimed at supporting parents support their children (Save the Children, 2014).

A key aspect of Save the Children MHPSS interventions is the combination and integration of the roles of different professionals to provide a holistic support to children in schools. Through the engagement of parents, community mobilisers, youth coordinators, psychologists, social workers, teachers and imams children's protection concerns are addressed. The help desks based in its schools of operation provide a crucial coordination mechanism between all of the aforementioned child protection actors.

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

Evidence from the reviewed literature indicates that humanitarian programmes in Syria managed by OCHA, the Danish Refugee Council (DRC), War Child as well as other partners have identified and trained teachers and school counsellors to support refugees in camps. For example, the No Lost Generation (NLG) (2016) states that in Turkey for example, the multilateral focus on teacher professional development and support has resulted in more than 7,000 Syrian volunteer teachers receiving a training package on child-centred, protective and interactive methodologies, classroom management and psychosocial support. In Jordan, systematic professional development to Ministry of Education certified teachers ensured that they are equipped with the necessary skills to manage challenging classroom environments.

Such training focuses on helping teachers recognise the importance of their relationship with students beyond the academic dimension. Findings have shown that, during school-based assessments conducted during the two years after training, teachers demonstrated a strong awareness of children's psychosocial needs and sometimes prioritised these over and above their material needs. Teachers who have attended programmes are more acutely aware of the difficulties inherent in attempting to provide adequate psychological care for their pupils, but also feel better equipped to do so. Such interventions have also been successful in enhancing the development of positive teacher-student relationships, and thus in improving student's satisfaction with their education (Locatelli et al. 2002 in Bell 2011).

Inter-agency Network for Education in Emergencies (INEE) - Civic and Psychosocial Teacher Training Occupied Palestinian Territories

The purpose of the project was to enhance the capacity of teachers to deal with children suffering trauma, reduce the negative impact of trauma on students - during and after the crisis - and to reinforce civic education concepts. A Training of Trainers/cluster approach was used to provide training in counselling, crisis and civic education across 16 educational districts in the West Bank and Gaza Strip, enhancing the knowledge, attitudes and behaviour of teachers.

Teachers demonstrated enhanced capacity to deal with children suffering trauma and to reinforce civic education concepts. Focus group discussions and questionnaires documented an increase in teachers' use of a range of non-violent approaches to resolving conflict, following training. Enhancement of teachers' attitudes and knowledge in terms of conflict resolution, civic education and basic counselling concepts was demonstrated; 70 supervisors developed the capacity to provide TOT (training of trainers) on civic education, counselling and crisis, and 435

teams subsequently developed the capacity to train in these areas. Trainees consistently outperformed the control group in terms of knowledge and attitudes related to counselling, civic education and conflict resolution. As a result of this project, civic education became a top priority for the Ministry of Education.” (Bell, 2011)

INEE ‘Resource Pack’

In 2013, the INEE responded to the growing awareness of the importance of education in fragile and conflict-affected contexts by publishing a “resource pack” to aid in the design and implementation of conflict-sensitive education. The INEE resource pack provides a set of documents designed to introduce conflict sensitive education (CSE) guidance to policy makers, planners, and practitioners. These are organised according to the five education domains put forward in INEE’s core guidance document, “Minimum Standards for Education: Preparedness, Response, Recovery”

- Foundational (community participation, coordination, analysis)
- Access and Learning Environment
- Teaching and Learning
- Teachers and Other Education Personnel
- Education Policy

However, as noted by Reisman & Janke (2015) in the context of South Sudan, the education systems in many conflict- or post-conflict settings do not have the necessary infrastructures required to help them enable the implementation of INEE’s basic standards for conflict-sensitive education, or to ensure that CSE forms the basis of any teacher training or support provided in conflict affected settings.

Other examples

INEE (2016) identifies other examples of MHPSS programming where teachers and school counsellors are employed to support vulnerable, trauma-affected children. These include:

- Classroom-based intervention (CBI) - implemented in Nepal, Burundi, Indonesia and Sri-Lanka
- School-based psychosocial structured activities (PSSA) in northern Uganda
- Overshadowing the threat of terrorism (OTT) - implemented in Israel
- Fund for genocide survivors (FARG) - implemented in Rwanda
- Rehabilitation of child soldiers - implemented in Mozambique (SC)
- **Healing Classrooms** - implemented in Afghanistan, Ethiopia, Guinea and Sierra Leone (International Rescue Committee) (IRC)

Of the initiatives above, lesson drawn from Afghanistan have particular relevance for Syria. The IRC’s Healing Classrooms approach is based on four years of action research and field testing, as well as extensive experience in design and implementing education programs in conflict-affected areas. Healing Classrooms approach is specifically designed for contexts including sudden onset emergencies, chronic crises, post-crisis recovery, and state fragility. It also encourages an inclusive approach to education, in which all children and youth are welcomed – including girls, children of different ethnic origin, and children with disabilities (IRC, 2011). The

Healing Classrooms approach aims to develop and strengthen the role that schools and particularly teachers⁶ play in promoting the psychosocial recovery and the well-being of children and youth. It targets five domains of personal development:

- a sense of belonging
- a sense of control
- a sense of efficacy and self-worth
- positive relationships with peers
- personal attachment and positive relationships with adults.

Healing Classrooms promote these skills in school, family and community contexts, with extensive staff training on how to facilitate the process (see IRC, 2011). A 2007 internal assessment of this programme indicated that trained teachers made considerable efforts to create more child centred learning environment and described the project as transformative. Teachers reported an increase in attendance after the application of Healing Classrooms methodologies, and even cascaded training to other teachers using this model. Children in the program reported feeling safe and happy in school and indicated that teachers were implementing key aspects of the Healing Classrooms approaches (IRC 2004; INEE 2016).

On a smaller scale, Sirin & Rogers-Sirin (2015) observed that Syrian refugee children in Jordan were benefiting from a more effective tailored education and mental health service provided by a small organisation called Syria Bright Future. Founded by two Syrian refugee professionals with first-hand experience of imprisonment, persecution, and displacement established this organisation was founded to serve traumatised and displaced Syrian refugees in Jordan. The organisation's model employs mental health professionals (psychiatrists, psychologists, and social workers) alongside community volunteers, and provides a variety of services beyond traditional clinical work, including working with traditional spiritual healers in order to accommodate Syrian cultural customs. Syria Bright Future has a number of programmes specifically for children. These include teaching children with post-traumatic stress disorder (PTSD) how to cope with their symptoms, using techniques specifically developed for children who have experienced war. The group also offers educational support programs to help children between the ages of 7 and 15 develop school-related skills through games and creative activities, and provides tutoring in basic skills to children who require extra support. The Syria Bright team also provide counselling and support to caregivers, including parents, with the aim of helping the entire family function better in the face of extreme hardship in an attempt to provide refugee children and their families individualised, multifaceted, and culturally attuned interventions to promote mental health, relational health, and educational success. Though empirical results are not yet available, the Syria Bright project has demonstrated some promising results in mitigating the negative consequences of the PTSD among affected Syrian children. As a result, similar pilot intervention activities have been trialled in America and Denmark to support Syrian refugee children.

⁶ According to the IRC this may include primary school teachers, child-friendly spaces facilitators, vocational trainers or a variety of other educators and facilitators in the full range of education interventions. See: <http://healingclassrooms.org/basics/3/1.4.html>

9. References

British Association for Counselling & Psychotherapy (BACP) (2010) School Counselling for All. UK: BACP. Retrieved from: http://www.bacp.co.uk/docs/pdf/14839_sbc_for_all_england.pdf

Bell, E. (2011) What is the evidence that psycho-social activities in education in emergency contexts help children in their education? DFID Helpdesk Report.

Burde D., Guven O., Kelcey J., Lahmann H. & Al-Abbadi K. (2015). What Works to Promote Children's Educational Access, Quality of Learning, and Wellbeing in Crisis-Affected Contexts. Education Rigorous Literature Review. London: Department for International Development. https://assets.publishing.service.gov.uk/media/57a0897ee5274a31e0000e0/61127-Education-in-Emergencies-Rigorous-Review_FINAL_2015_10_26.pdf

Dybdal, A., Melin, M. & Terlonge, P. (2013) Save the Children Psychological First Aid Training Manual for Child Practitioners. Copenhagen: Save the Children.

Gladwell, C. & Tanner, L. (2014) Hear it from the Children: Why education in emergencies is critical. London and Oslo: Save the Children UK and Norwegian Refugee Council. http://www.nrc.no/arch/_img/9211343.pdf

Joynes, C. (2016) The Role of Education in Contributing to Safety and Well-being in Conflict Settings. DFID Helpdesk Report. Brighton, UK: Institute of Development Studies.

Inter-Agency Standing Committee (IASC) (2007) IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC. Retrieved from: http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

INEE (no date) Civic and Psychosocial Teacher Training Occupied Palestinian Territories. Retrieved from: http://s3.amazonaws.com/inee-assets/resources/Case_study_Civic_and_Psychosocial_Teacher_Training_Teacher.doc

INEE (2016) Background Paper on Psychosocial Support and Social and Emotional Learning for Children and Youth in Emergency Settings. Retrieved from: http://s3.amazonaws.com/inee-assets/resources/161114_PSS_SEL_Background_Paper_Final.pdf

International Medical Corps (IMC) (2015) Addressing Regional Mental Health Needs and Gaps in the Context of the Syria Crisis. Washington D.C: IMC. Retrieved from: <https://internationalmedicalcorps.org/document.doc?id=526>

International Rescue Committee (IRC) (2004) The IRC's Psychosocial Teacher Training guide. Retrieved from: http://toolkit.ineesite.org/resources/ineecms/uploads/1596/IRC_Psychosocial_Teacher_Training_Guide.pdf

International Rescue Committee (IRC) (2011) Creating Healing Classrooms A Multimedia Teacher Training Resource. Retrieved from:

http://toolkit.ineesite.org/resources/ineecms/uploads/1127/IRC_Creating_Healing_Classrooms_Facilitator_Guide.pdf

Jacob, S. et al. (2013) Rebuilding Resilience in a Changing World: Conflict and crisis sensitive approaches to planning and programming for education systems: UNESCO, IEP & INEE, UKFIET 2013 Symposium Report.

Nicolai, S. & Hine, S. (2015) Investment for education in emergencies: a review of the evidence. London: ODI. <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9450.pdf>

Nicolai, S. & Triplehorn, C. (2003) The role of education in protecting children in conflict. Humanitarian Practice Network Paper. London: Overseas Development Institute. Retrieved from: <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/520.pdf>

No Lost Generation (2016) Syria Crisis Education Strategic Paper London 2016 Conference <http://www.alnap.org/resource/22045>

Norwegian Refugee Council (NRC) (2005) Teacher Training: Psychosocial Support. Oslo: NRC. Retrieved from: http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1126/Teacher_Training_Psychosocial_Support.pdf

Noltmeyer, A., & Bush, K. (2013). Adversity and resilience: A synthesis of international research. *School Psychology International*, 34(5), pp. 474–487.

Reisman, L. & Janke, C. (2015) Conflict-Sensitive Teacher Education: Viewing EDC's Experience with the South Sudan Teacher Education Project Through a Conflict-Sensitive Lens. *Journal of Education in Emergencies*, 1(1), pp. 131-166. Retrieved from: http://s3.amazonaws.com/inee-assets/resources/JEiE.V1N1.Reisman_and_Janke.Conflict-Sensitive_Teacher_Education.Oct2015.pdf

REPPSI (2010) An Edited Anthology of Global Teacher Training Materials to Facilitate the Integration of Mental Health and Psychosocial Support into Education. Johannesburg: REPPSI. Retrieved from: www.mvcr.cz/soubor/schools-emergency-trainer-s-guide-pdf.aspx

Rohwerder, B. (2015). Delivering education during conflict (GSDRC Helpdesk Research Report 1209). Birmingham, UK: GSDRC, University of Birmingham.

Save the Children (2014) Mental Health and Psychosocial Support for Children Affected by the Syria Crisis. Regional mapping – June to December 2014 Summary Report. Retrieved from: <https://www.savethechildren.net/sites/default/files/libraries/Mental%20Health%20and%20Psychosocial%20Mapping%20April%202015.pdf>

Save the Children (2017) Invisible Wounds: The Impact of Six Years of War on the Mental Health of Syrian Children. Retrieved from: http://www.savethechildren.org.uk/sites/default/files/images/Invisible_Wounds.pdf

Shuayb, M., Makkouk, N. & Tuttunj, S. (2014) Widening Access to Quality Education for Syrian Refugees: The role of private and NGO sectors in Lebanon. Beirut: Centre for Lebanese Studies. Retrieved from: <http://lebanesestudies.com/wp-content/uploads/2014/09/Widening-Access-to-Quality-Education-for-Syrian-Refugees-the-role-private-and-NGO-sectors-in-Lebanon-.pdf>

Sinclair, M. 2013. Learning to live together: Education for conflict resolution, responsible citizenship, human rights, and humanitarian norms. Doha: PEIC.

Sirin, S.R. & Rogers-Sirin, L. (2015) The Educational and Mental Health Needs of Syrian Refugee Children. Washington, DC: Migration Policy Institute. http://www.migration4development.org/sites/default/files/fcd-sirin-rogers-final_0.pdf

Thompson, H., Budden, J., Braga, P.J., & Kapit, A. (2014). The Role of Communities in Protecting Education from Attack: Lessons Learned. GCPEA. Retrieved from: http://www.protectingeducation.org/sites/default/files/documents/the_role_of_communities_in_protecting_education_from_attack.pdf

Tol, W. A., Song, S., & Jordans, M. J. D. (2013). Annual research review: Resilience and mental health in children and adolescents living in areas of armed conflict--A systematic review of findings in low- and middle-income countries. *Journal of Child Psychology and Psychiatry*, 54(4), pp. 445–460.

UNHCR (2013) Mental Health and Psychosocial Support. Geneva: UNHCR: <http://www.unhcr.org/51f67bdc9.pdf>

UNICEF (no date) Syrian Refugees (Webpage), Retrieved from: <https://www.unicef.org/appeals/syrianrefugees.html>

UNICEF (2003) Training Handbook on Psychosocial Counselling for Children in Especially Difficult Circumstances. Retrieved from: <http://www.healthnettpo.org/files/703/counselling-training-manual.pdf>

UNICEF (2009) Psychosocial Care and Protection of Children in Emergencies. Retrieved from: http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1064/Psychosocial_Care_and_Protection.PDF

UNESCO (2011) The hidden crisis: Armed conflict and education. EFA Global Monitoring Report. Paris: UNESCO. Retrieved from: <http://unesdoc.unesco.org/images/0019/001907/190743e.pdf>

UNICEF (2013) School clubs help conflict-affected Syrian children access remedial education (Webpage). Retrieved from: https://www.unicef.org/infobycountry/syria_71011.html

Wessels, Michael (2004). Psychological Issues in reintegrating Child soldiers. *Cornell International Law Journal*. 32(3). Retrieved from: www.scholarship.law.cornell.edu/cilj/vol32/iss3/14

Wolmer, L., Laor, N., Dedeoglu, C., Siev, J., & Yazgan, Y. (2005). Teacher-mediated intervention after disaster: A controlled three-year follow-up of children's functioning. *Journal of Child Psychology and Psychiatry*, 46(11), pp. 1161–1168.

Wolmer, L., Hamiel, D., Barchas, J., Slone, M., & Laor, N. (2011). Teacher delivered resilience focused intervention in schools with traumatized children following the Second Lebanon War. *Journal of Traumatic Stress*, 24(3), 309–316.

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