

# MEMBER CARE NETWORK BRIEFING

A Communiqué of Global Member Care Resources (MemCa) February 2005 No.13

**Greetings:** Welcome to the *Member Care Network Briefing*. We are sending this communiqué to over 1000 people who are actively involved in member care. Included are members of regional and national task forces, people who oversee member care related ministries, member care practitioners, and several mission/church leaders. The newsletter is a service of *Global Member Care Resources* (MemCa) which is part of the WEA Missions Commission. We send the Briefing three times a year, and include important updates and analyses regarding member care. It helps to further link us together as a growing, international member care community. We encourage you to save this *communiqué* for future reference and to share it with your colleagues. Please also feel free to submit material for us to include. Note that all of the *Briefings* are also available in an attractive format to read/download on our MemCa web site <[www.membercare.org](http://www.membercare.org)>.

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In this issue of the *Briefing* we focus on supporting relief workers and survivors in mass disasters. Some of this may seem a bit “foreign” to us, in that we are considering and connecting with a related sector—humanitarian aid/disaster care. Yet in so doing we will hopefully benefit and find our own member care work enriched with new perspectives and tools. We start out with a summary of resources that have been helpful in the response to the recent tsunami in Asia. These include core, reliable places (web-based) where you can go for good information. You will also find several book summaries (related to traumatic stress, debriefing, and human resources), suggestions for post-disaster health care, and some initial thoughts on developing crisis response networks (for the media and for caregivers). In addition are some of our regular features which include a report of a national member care consultation (Brazil), and a summary of upcoming member care events. We appreciate your suggestions to help us make the *Briefing* as useful and relevant as possible. Thanks!

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## DEVELOPING MEMBER CARE

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### TSUNAMI RESOURCES

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We know the recent tsunami story well, with its disturbing images of destructive mounds of ocean, bloated bodies, and human misery. A massive earthquake of magnitude 9.0 occurred off the west coast of Northern Sumatra on 26 December 2004 at 00:58 hours GMT. Another earthquake of magnitude 7.3 occurred 81 kilometres west of Rulo Kunji in the Nicobar Islands. These two earthquakes triggered tsunamis. Aftershocks were reported frequently in this region. Well over 150,000 people were killed. Many are missing. Those countries most affected were Indonesia and Sri Lanka, as well as Thailand, India and eight other nations.

“This tsunami is not the biggest recorded in history, but the effects may be the biggest ever because many more people live in exposed areas than ever before...” (Jan England Emergency Relief Coordinator, United Nations OCHA). Imagine what the situation would have been like if something like the Krakatoa volcanic explosions of 1883, off the coast of Java and Sumatra, happened again—with its 40 meter (130 foot) tsunami! The response with financial help to rebuild has also been unprecedented with over five billion dollars pledged from public and private sources.

Mass disaster situations create massive wounds, and many are less visible, emotional wounds. Empowering communities to help themselves is key to seeing people become active survivors rather than passive victims. Consider these core community-based principles, in the aftermath of mass disasters: Stay busy and help others, to help stay sane; establish routine and a schedule for a greater sense of control; attend to physical needs and medical care to prevent disease and epidemics; control looting and human trafficking; listen and just be there for others; use local capacity and re-establish social structures for giving and receiving help.

Many of us in the mission and member care communities have been involved in helping and consulting, providing different types of what the humanitarian sector calls “psychosocial care” to both relief workers and survivors. And very importantly, our prayers have gone out as the world joins together, for the long-haul, to help rebuild families and communities.

In the midst of the initial responses, several core resources were circulated by MemCa to the mission and member care community. Here is a summary of some of the main ones. We encourage you to explore these resources, with a view towards how you can be further equipped to help survivors and relief workers involved in the current and future critical events—including natural, technological, and human-made disasters.

- MemCa web site has several core handouts on crisis/trauma care principles for helping individuals  
[www.membercare.org](http://www.membercare.org)
- Mental Health Workers Without Border offers a free handbook to download on how relief workers can provide community-based trauma care  
[www.mhwwb.org](http://www.mhwwb.org)
- International Federation of the Red Cross offers three free and very helpful publications, available to download at: [www.ifrc.org](http://www.ifrc.org)
  - a. A short booklet for workers called *‘Managing Stress in the Field’* (English Spanish, French)
  - b. *Best Practices for Psychosocial Support* includes brief case summaries illustrating the psychosocial support offered in several humanitarian disasters)
  - c. *Community-Based Psychological Support* is a training manual that overviews six topics, providing key principles for understanding and helping in communities that have experienced extreme stressors (in the “search” area of the web site, type in “psychosocial support best practices” to get these publications, and for the last one, click on the *Best Practices for Psychosocial Support* publication and in the column on the right click on the term “training manual”)
- World Health Organisation gives regular updates and information on a variety of health-related issues and programmes  
[www.who.org](http://www.who.org)
- Centers for Disease Control has good information on public health issues and materials related to disasters. The materials on “Health Information for Humanitarian Workers” and “Traumatic Incident Stress” are good.  
[www.cdc.gov](http://www.cdc.gov)
- Office for the Coordination of Humanitarian Assistance (OCHA) is the United Nations body to help joint efforts in times of human and natural disasters. See the material in the Future Directions section of this *Briefing*.  
[www.opchaonline.un.org](http://www.opchaonline.un.org)
- Reuters Alertnet service provides updated information on crisis areas in the world  
[www.alertnet.org](http://www.alertnet.org)

- Aid Workers Network links international relief and development staff to share support, ideas, and best practice; lots of good material on life as an aid worker  
[www.aidworkers.net](http://www.aidworkers.net)
  - Humanitarian Practice Group has produced a briefing note covering some of the humanitarian aspects of the Indian Ocean catastrophe. It provides a series of links to relevant papers, websites, and other sources, including research conducted by UK's Overseas Development Institute. [www.odi.org.uk](http://www.odi.org.uk)
  - National Center for PTSD is a gold mine of material and helps on crisis care and PTSD. Articles, research summaries, handouts, and information for both the public and health care professionals.  
[www.ncptsd.org](http://www.ncptsd.org)
  - International Society for Trauma and Stress Studies has four short pieces linked to its home page on mass trauma, helping children, the indirect effects of trauma etc.; also conference and training information  
[www.istss.org](http://www.istss.org)
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## PROVIDING MEMBER CARE

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### BRAZILIAN MEMBER CARE CONSULTATION

**Marcia Tostes**

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National and regional member care consultations continue to happen around the globe. Such gatherings are key places to network with others and across disciplines, exchange updates and resources, and consolidate learning in the area of member care. Here is a brief report of the recent and creative consultation that took place in 2004 in Brazil. This report is also published in the February 2005 issue of the WEA Mission Commission journal, *Connections* (available via [www.wearesources.org](http://www.wearesources.org))

With the theme “Growing through Conflict”, around 100 leaders from several states in Brazil, churches, mission agencies, and missionary schools, met in October 2004 in order to learn more about this relevant issue. The location of this Consultation was special—in the beautiful surroundings of the Valley of Blessing, which is the base for Antioch Mission.

Interpersonal conflict is a sad reality that is regularly experienced by those involved in missionary work. Researchers around the world have demonstrated that this is one of the major reasons for premature return. Many explanations for such premature return are cited, such as problems with health, visa, or even God calling a person to work in other areas, but many times the central issue has to do with unresolved relationship problems.

Our aim for the Consultation was to bring together leaders with member care responsibilities, and specifically go through several sessions of the popular workshop called “Sharpening Your Interpersonal Skills” (SYIS). The sessions helped the participants grow in their own attitudes, knowledge, and skills in relating to one another in love and unity, and also in learning from each other.

The Consultation was held concomitant with another event whose theme was “Strengthening the Triple Missionary Alliance”. Both events were sponsored by the three organizations which represent the missionary movement in Brazil: the Brazilian Association of Transcultural Missions (AMTB), the Brazilian Association of Mission Teachers (APMB), and the Association of Church Mission Departments (ACMI). These organizations play an important role in missions within/from Brazil, as they provide new challenges, strategies, and a forum where discussions about the need of partnership, training, and member care are possible.

These two events each had their own program, but shared the devotion time in the mornings and feed back times in the evenings. The devotions were given by Barbara Burns, who overviewed the lives of Paul, Barnabas, and Timothy, looking at their call, preparation, missionary practice, and character. Barbara was a real blessing to all of us and we could sense God speaking directly to our needs as leaders and missionaries.

Several sessions were led by Arlene Flurry and she used materials from the SYIS workshop. Participants got to know each other better, and this increased atmosphere of openness really helped facilitate the discussions in the afternoons. Discussions included care by health professionals (mental and physical), care by the sending church, care by the sending agency, and issues for missionary kids.

As with other consultations (the first one in this country took place in 1999) it was a great idea to have these two events together. It helped to bring different people together, and to participate as part of a larger and broader group of people in missions.

We noted in this Consultation the increased number of denominational agencies represented. This reflected the movement that is happening in Brazil in that churches are getting more involved in missionary work through their own structures. Yet there was a clear sense of partnership, with people wanting to learn and work together.

We also used the opportunity of being together to reinforce the links between those caring for missionaries. For the first time we formed a group of people interested in missionary kid issues. We now have a special term in Portuguese for the English term *MK*: FMs (*Filhos de Missionários*). We had a good time sharing the different approaches to MK care that are already happening in the different agencies and churches. One of the main and ongoing issues has to do with formal learning for MKs. In Brazil we still need to work more towards having a long distance teaching course that is validated by the government. A specific subgroup was formed to look at this important subject.

Still another special aspect of the Consultation was the official launch of the Portuguese version of *Doing Member Care Well*. This version contained several chapters in the original English book from 2002, yet added new chapters written by Portuguese-speaking member care practitioners and leaders.

In the last devotion time Barbara Burns addressed the subject of conflict in the life of Paul, saying that some conflicts are important, such as when Paul was zealously confronting/exhorting churches, while others are to be avoided. And then she encouraged and instructed all of us with these words:

*“Do not let the conflicts take you from your aim. Do not be disturbed, do not be discouraged, do not give up. Continue your ways, glorifying God in your lives. Be faithful to what the Lord has called you!”*

To finish the Consultation, the participants shared a specific word that they thought best summarized the gathering. The main responses included: challenge, understanding, partnership, friendship, sensitivity. But the one phrase that summed up our experience very well was *walking together*. That is the secret!

[On a related note: In a 1996 report from the International Committee of the Red Cross, aid workers who underwent debriefing reported the two greatest stressors as being interpersonal conflicts and lack of leadership in the field. Mission and aid workers, as we know from research, have similar stressors.]

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## ESSENTIAL RESOURCES

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### VOICE OVER INTERNET PROTOCOLS (VOIP)

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“Good communication skills are probably the most critical competency in a virtual environment....Ensure that all team members...have been versed in all hardware and software tools that will be required for communication and knowledge sharing. Team members must believe in, understand, and use the communication protocol.” (*Working Virtually*, by Tina Hoefling 2003, Virginia USA: Stylus, pp. 80-81). More and more we in the member care community need to and will be able to stay connected with each other. For support, updates, project management, consultation, counselling etc. And much of this will be happening via non-face to face interactions, such as by email and telephone tools.

One helpful communication development has been the use of internet telephone services (voice over internet protocols—VOIP), many of which are free. This allows one to “talk to a colleague via the computer” and in many places to do so with excellent clarity and no delay. Recently I have been on the phone consulting with colleagues in Asia and Europe, and both the reception and transmission were excellent. The software that I use is called Skype ([www.skype.com](http://www.skype.com)) and one can download it for free, in just a few minutes. Your voice is encrypted, and you do not have to have a high-speed internet line. Further, for security purposes you can register any name you want for yourself and you don't have to fill in any information on the form that you don't want. After you sign up, the only additional equipment that you will need is a microphone that plugs into your computer. You can use your computer speakers--or use headphones for privacy. The other party must also have skype too in order to connect. Note that the phone lines/broad band systems in some countries are still not developed enough to use this tool.

Personally, there are a growing number of situations and consults where email is just not adequate for me. Real time, verbal interactions, and sharing one's heart via a voice connection are needed. And if it is free, via an internet medium like VOIP, then all the better!

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## PRACTICAL MISSION HELPS ON THE WEB

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Each issue of *Evangelical Missions Quarterly* has a special section which focuses on web-based resources for mission. The October 2004 for example is excellent, and lists many *practical* resources and services that are needed by international workers. Topics include resource directories, travel and shipping, finance and insurance, communications and technology, health and safety, and practical advice sites from international workers.

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## BOOK SUMMARIES

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In this sub-section we briefly describe a four recent books that are helpful, for a) helping staff and local populations in areas of complex humanitarian emergencies, and b) for understanding and managing human resources—staff—in aid/mission organisations.

### ***Community-Based Psychological Support***

This is an excellent training manual to accompany a course offered by the International Federation of the Red Cross. The purpose is to equip aid workers with skills to help communities affected by natural and human-made emergencies. The six modules overview: psychological support, stress and coping, supportive communication, community self-help, populations with special needs (e.g., children, elderly), and helping the helpers. It can be downloaded for free at [www.ifrc.org](http://www.ifrc.org), as explained in the first section of this *Briefing* issue. Here is a sampler:

“Following critical events, social structures are often destabilised and traditional support mechanisms are weakened and sometimes lost. Thus many affected people experience a temporary sense of loss of control over their lives. They miss things the way they were before, however imperfect that might have been. In order to facilitate self-help and enhance coping mechanisms, knowledge about the traditional and cultural resources in the concerned community is important. Finding the answers to the following questions may ease the process:

What are culturally appropriate ways of helping people in distress?

Whom did people traditionally turn to for support and help?

How can those people and structures be supported?” (p. 62)

### ***Stress and Trauma Handbook***

This is a very helpful book, edited by John Fawcett, and summarised in a previous issue of the *Briefing*. The research, shared experience and applications of helping mission/aid workers are concise and clear. Plus the emphasis on the ongoing growth of workers, is very refreshing. It was published in 2003 by World Vision, MARC. For some perspectives, here is a quote from the summary in Cynthia Eriksson et al's research chapter on World Vision staff.

“...for each of the mental health risk adjustment measures (depression, PTSD, burnout) 30-50 percent of staff scored in the moderate to high risk range. This is a significant number of people who are working and “surviving” while experiencing considerable emotional distress. These staff may not be incapacitated by symptoms presently, but we

cannot deny the effects that depression, burnout, and PTSD can have on relationships, work, and personal health. An NGO's commitment to people includes the welfare of beneficiaries around the world, but it also includes the well-being of staff who commit their lives to serving and saving others." (p. 95)

***Debriefing Aid Workers: A Comprehensive Manual***

This handbook is a revised and updated version of the *Effective Debriefing Manual* and gives you an understanding of the impact of stress on staff, and includes practical training in how to debrief staff. It contains extensive details on operational debriefs and exit interviews. Authored by Debbie Lovell-Hawker and available from People In Aid, [www.peopleinaid.org](http://www.peopleinaid.org) Dr. Lovell-Hawker also has an excellent article on debriefing in *Doing Member Care Well*.

***Enhancing Quality in Human Resource (HR) Management in the Humanitarian Sector***

*Handbook 1 – Understanding HR in the humanitarian sector*

*Handbook 2 – Addressing quality in the management of staff*

These two resources (both handbooks combined are about 180 pages total) provide a good overview of the human resource issues and practices currently being addressed by humanitarian aid agencies. There is much overlap and application to the mission and member care community. *Handbook 1* describes the way HR is addressed in the humanitarian sector and the factors which affect efficiency and potential. *Handbook 2* analyses the issues which agencies identify as of concern, and providing access to resources, tools and good practice. Available from People In Aid, [www.peopleinaid.org](http://www.peopleinaid.org) Some fascinating figures and a quote from *Handbook 1*:

“In 2000 it was estimated that there were 37,281 international NGOs worldwide. In 2000 it is estimated that worldwide, more than 19 million people were working with NGOs which had a combined income of over 870 billion Euros.” (p. 13)

“For the performance of a sector to be dependent on a continuous supply of willing and able staff prepared to ‘give it their all’ for a few years and then drop out to work in sectors that can offer a more stable and secure lifestyle, cannot be sustainable. It is certainly not conducive to increased professionalism and the development of a strong learning culture.” (p. 29)

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## SPECIAL ISSUES

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## HEALTH BRIEFING: AFTER A DISASTER

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**Dr. Ruth Fowke, InterHealth**

InterHealth is a medical charity providing specialist health services primarily for the aid, development, mission and NGO sectors. We are based in Central London, United Kingdom. Our specialities include travel health services, medical screenings, psychological health services, occupational health, and work-life balance reviews.  
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You have been through a very distressing time and your experience is very personal to you. We want you to know that you are not alone in your anguish, and that help is available. It may help you to know what has been gleaned from survivors of other traumatic situations.

HEALING comes through expressing your thoughts, feelings and reactions over time. **IT IS NOT ACHIEVED** by allowing them out **ONCE** and then locking them away again. **Allowing your feelings expression will not lead to loss of control.** Bottling up your feelings may lead to problems later on. It is **NORMAL** to experience some or all of the following which will vary in intensity and intrusiveness, and slowly fade over time.

\*Numbness. The events may seem unreal, like a very bad dream which you cannot shake off.

\*Weariness, lack of energy, restless activity, disturbed sleep, nightmares.

\*Irritability, poor memory and concentration, lack of interest.

\*Palpitations, nausea, shakes and muscle tension.

\*Change in appetite, sexual interest, menstruation.

\*Disturbed relationships, unaccustomed conflict.

\*Fear: a) of breaking down or losing control; b) of being left alone, or leaving loved ones; c) of almost anything.

\*Grief: a) for deaths. Feelings about losses earlier in your life may reawaken; b) for other losses, sometimes trivial by comparison.

\*Shame: a) for your reactions; at the time, and now; b) for needing others.

Guilt: a) for things not done, for 'wrong' decisions made; b) for relationships left strained; good-byes not said; c) for leaving, especially leaving others who are still suffering; d) for having so much; e) for surviving.

\*Anger: a) at the atrocities, injustice and senselessness of it all; b) at the trivial preoccupying people at home; c) at the materialism, plenty and indifference of friends; d) at God for not stopping the disaster.

\*Feeling in limbo, not knowing what is happening, who's alive or dead, whether or not you'll ever return. Just not knowing. Memories and feelings return at unexpected and inconvenient times, and can be overwhelming.

**CHILDREN** experience similar feelings which they may express through changed behaviour rather than words. They may become unusually destructive or aggressive in their normal play and relationships, and may need to invent new games to act out their fears and experiences. Some become withdrawn, quiet and uncommunicative. Some blame themselves (however irrational this may seem) and behave in a way likely to bring the punishment they feel they ‘deserve.’

\*Children may become disinterested in normal pursuits, lacking in energy and concentration, or become hyperactive.

\*Tummy aches and headaches are common, as is a return to an earlier pattern of behaviour such as clinging, crying, bedwetting. They are likely to be extra sensitive to correction or criticism.

\*Bad dreams are common. Hear them out if they are able to talk about the dream, and/or encourage them to draw the scary dream in order to help defuse it.

\*Let them talk about their experiences, memories and feelings. Encourage expression through drawing and games.

\*Let them hear you discuss your feelings, thoughts, reactions and plans but do be sensitive and guard them against over-exposure. Even though they may seem to be absorbed in play they will pick up your feelings as you talk on the phone or in person.

\*They will need more hugs, cuddles, reassurance and comfort than is normal for them for a long time to come. These should be given within the security of clear boundaries and accustomed firmness. Indulgence and ‘spoiling’ because they are upset will not help.

\*Encourage their return to school, play with peers and other normal activities as soon as possible.

\*Be encouraged yourself that, given the understanding and help described above, children are enormously resilient.

**PROFESSIONAL HELP** should be sought if after one month you are:

1. Persistently re-experiencing the traumas in any of these ways:
  - a) Distressing, recurrent and intrusive recollections of events.
  - b) Suddenly acting or feeling as though the event is now happening again.
  - c) Recurrent distressing dreams of the events.
  - d) Intense distress at anything that resembles some aspect of the events.
2. Persistently avoiding reminders of the trauma, or numbing your general responsiveness in more than one of these ways:
  - a) Avoiding associated thoughts, feelings, activities and people.
  - b) Inability to recall important aspects of events.
  - c) Consistently feeling distant, detached or estranged from people.
  - d) Consistently lacking interest in usual activities.

3 Persistently aroused, indicated by two or more **NEW** symptoms such as:

- a) Difficulty falling, or staying asleep.
- b) Difficulty in concentration.
- c) Irritability, or outbursts of anger.
- d) Persistently heightened watchfulness.
- e) Exaggerated startle response.
- f) Sweating whenever there's symbolic or actual reminder of the trauma.

**NB:** Post Traumatic Stress Disorder as described above can develop at a much later date, sometimes years, after the trauma, and even following a totally symptom free period of successful life and relationships. If this does happen to you, professional help is at hand. You may wish to arrange to discuss any issues or concerns that you feel with a member of the Psychological Health Services team at InterHealth. They are specifically trained to help you deal with any traumatic or distressing incidents. To book a Critical Incident Review contact InterHealth. **EFFECTIVE HELP IS AVAILABLE** : do not suffer on your own.

Finally a word of warning. **AVOID** increasing your intake of alcohol, and resorting to non-prescribed or 'recreational' drugs. They prevent your readjustment. Far better to talk your experience through with friends, and with those professionally qualified to help.

**InterHealth** is actively involved in supporting aid agency personnel who are travelling to the regions affected by the Tsunami. We are a medical charity based in Central London, providing specialist health services primarily for the aid, development, mission and NGO sectors. Our specialties include travel health services, medical screenings, psychological health services, debriefs, occupational health and work-life balance reviews. We are on hand to provide travel health advice and support to aid workers - both as they prepare to travel to the affected regions, and on their return to the UK. Contact information: [advice@interhealth.org.uk](mailto:advice@interhealth.org.uk) or call us on +44 (0) 20 7902 9000 to speak to a travel health nurse or a member of our clinical team. Further details from our website [www.interhealth.org.uk](http://www.interhealth.org.uk)

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## FUTURE DIRECTIONS

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### MEDIA AND CRISIS RESPONSE NETWORKS IN HUMANITARIAN ASSISTANCE: TWO PROPSALS

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Where are you heading in member care? And where is the member care field heading? There are so many ways to contribute, to get involved, and to find a good fit between ones call/gifts and the many needs/opportunities.

The tsunami disasters have captured the attention of the world. And certainly the interest and involvement of many in our member care community. Our own sense of vulnerability in the face of the ongoing impact of natural disasters, and mass disasters, is very sobering, if not alarming. It is part of an ongoing wake-up call to humanity. Creation groans, waiting for the adoption of the children of God (Romans 8.) And creation moans

and at times it maims. And so do humans. And yet speaking positively, as humans made in the image of God, who also see the goodness of creation and people, we are also quick to rally together to bring help and hope to survivors and other hurting people.

So how can the member care community use the impact/lessons of the tsunami disasters to improve our capacity to respond in a co-ordinated, skilled way to future critical events? Is such humanitarian assistance within the domain of member care? Strictly speaking, yes, inasmuch as the focus is on providing supportive care to personnel in disaster relief projects. And for others within the member care community, it could hopefully involve offering psychosocial support to *survivors* of disasters as well. Why not? Consider these two important proposals.

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## **PROPSAL ONE: THE SEASONS AFTER THE TSUNAMI USING MEDIA TO SUPPORT CAREGIVERS AND SURVIVORS**

**By Brent Lindquist**

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This project involves the formation of a task force to develop media and content for dissemination to Caregivers and Survivors of the December 2004 Tsunami. Initially, this task force is constituted of Trans World Radio, its local affiliates in the survivor countries, and its MemCare by Radio staff, Link Care Center, Members of Global Member Care Resources (MemCa), and a few other individuals and entities. The task is to coordinate the efforts of a larger group of Christian entities and resource people in media development (audio, radio and print, specifically at first). These efforts will strive to coordinate with other activities of other entities, to the best of our knowledge, ability, and resources. The goal of this task force is to develop a long term plan which will address immediate through long term needs, seeking to provide content which can be utilized for psychological, emotional, interpersonal, community, spiritual needs in any and all combinations. While this is inherently a Christian endeavor, there are aspects of it which will be “neutral” of overt spiritual components, due to the broadcast areas.

### **Content Emphases**

Our efforts will focus on developing content mostly in the last two stages for the survivors: Disillusionment and Reconstruction. As well, we hope to develop material for the caregivers, peer and professional. These stages are part of the current literature base on Crisis and Response.

The reasoning for our focus is that this is after the initial outpouring of support and concern has occurred. These two stages are typically the most under-resourced stages, and, we think they will be the most strategic places for us to direct our ministry. There is currently an outpouring of money, materiel, and personnel for the immediate needs. There is currently a large number of debriefers and other counselors doing debriefing and counseling. We will want to come alongside as the initial efforts wind down.

### **Content Perspectives**

We will be developing content for specific populations (age and generation groups, survivor, caregiver, both peer and professional), and seek to develop content frameworks

for dispersal to local production entities for contextualisation and translation. Our long term goals are to provide content for the three to five years involved in the reconstructive efforts.

### **What We Need**

We need Membercare Providers (MCPs) with experience in crisis and trauma care, who are willing to help with content development, and allow us to make it available for widespread use.

We need folks to help flesh out topics for each age group and category (psychological, emotional, community, spiritual).

We need to find and develop a network of caregivers on the field right now, and local folks as well, who can give us current feedback on the directions our programming will need to take, and to adjust our existing programs.

Comments, concerns, observations, or to inquire about joining the efforts can be directed to Brent Lindquist at [brentlindquist@linkcare.org](mailto:brentlindquist@linkcare.org)

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## **PROPSAL TWO: CRISIS RESPONSE NETWORKS**

**By Kelly O'Donnell**

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A second and related proposal, is that we can follow the example of aid/mission agencies as they group and work together. We could form different types of Crisis Response Networks (CRNs). The idea of forming such regional and international crisis response groups is not new. We are all aware of the efforts of the Mobile Member Care Team in West Africa for example. And the many workshops that have been offered on crisis care, debriefing, and contingency management. But what about the need to intentionally form a cohesive net of caregivers, or at least a core group that could take action at the onset of critical events, including mass disasters, and help coordinate/form a broader net? This too is a great need and would seem to be an important next step in developing member care. Here are some possible characteristics of such networks.

- Available to provide crisis support services and consultation by phone, email, and on-location
- Connected with on-the ground people who can provide peer care and debriefing
- Develop resources by writing, passing on core information from conferences and workshops
- Offering training via modular brief courses and workshops at conferences
- Web sites with core materials on a variety of areas (so more organised when the disasters occur)
- Core net coordinators have significant crisis/trauma care and cross-cultural experience
- Core net coordinators have close connections to mission/aid leaders

- Focus would likely be on mission/aid workers, but for some it would also include growing experience in helping with community-based interventions for local survivors and at-risk groups
- The networks connect with other networks/organisations working in the crisis/disaster area.
- Networks can use various media to share important resources during critical events-- radio, web

For more information on the coordination of humanitarian assistance, visit the web site of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA—[www.ochaonline.un.org](http://www.ochaonline.un.org)). This is the main international body pulling together the various relief and rebuilding efforts following the tsunami disaster. They are very relevant for any coordinated, humanitarian efforts that the member care community might undertake. OCHA does this:

#### *Coordination of Humanitarian Response*

Humanitarian coordination is based on the belief that a coherent approach to emergency response will maximize its benefits and minimize its potential pitfalls—in short, that the whole will be greater than the sum of its parts. Through approved structures and policies set out by the Inter-Agency Standing Committee, OCHA carries out its coordination role by:

- **Developing common strategies** - Humanitarian assistance is most effective when the actors involved are able to define common priorities, share goals, agree on tactics and jointly monitor progress. OCHA works with its partners both within and outside the UN system to develop a strategy known as the Common Humanitarian Action Plan (CHAP), and to establish a clear division of responsibility for addressing humanitarian needs.
- **Assessing situations and needs** - Ongoing analysis of the political, social, economic and military environment and the periodic assessment of humanitarian needs are critical to understanding the causes, dynamics and impact of any crisis. As emergencies evolve and needs change, relief agencies and other actors come and go, focusing on their respective areas and particular programmes. Throughout a crisis, it is OCHA's job to: 1) identify overall humanitarian needs; 2) develop a realistic plan of action for meeting these needs that avoids duplication; and 3) monitor progress, adjust programmes if necessary and analyze their impact.
- **Convening coordination forums** - Meetings are important tools for analyzing relief situations, sharing lessons learned and networking among colleagues. Meetings also build trust, respect, transparency and accountability among actors and encourage problem solving. Part of OCHA's coordination function is to convene meetings - from small, sectoral meetings to broad planning forums to gatherings with donors - to discuss and map out response activities and address issues of common concern.

**Addressing common problems** - During a crisis, problems arise that affect many agencies and NGOs, but do not fall squarely within any particular agency's mandate. OCHA addresses problems common to humanitarian actors, such as negotiating with

warring parties to gain access to civilians in need or working with UN security officials to support preparedness and response measures in changing security situations.

## UPCOMING MEMBER CARE EVENTS

January 27-29, 2005. THAILAND FAMILY EDUCATION CONFERENCE, CHIANG MAI E- mail: <a href="mailto:earlcase@cheerful.com">earlcase@cheerful.com</a>	February 6-18, 2005. AUSTRIA BARNABAS ZENTRUM RETREAT, (SINGLES OR COUPLES) E- mail : <a href="mailto:barnabaszentrum@juno.com">barnabaszentrum@juno.com</a>	February 16-19, 2005. HONGKONG ASIAN MEMBER CARE CONFERENCE E- mail: <a href="mailto:jchow@ccminternational.org">jchow@ccminternational.org</a>
February 27-March 11, 2005. AUSTRIA BARNABAS ZENTRUM RETREAT, (FAMILY) E- mail : <a href="mailto:barnabaszentrum@juno.com">barnabaszentrum@juno.com</a>	February 28-March 4, 2005. FRANCE CRISIS AND TRAUMA RESPONSE SEMINAR Website : <a href="http://www.lerucher.org">www.lerucher.org</a>	March 14-18, 2005. THAILAND SYIS BANGKOK E- mail: <a href="mailto:lenniev@loxinfo.co.th">lenniev@loxinfo.co.th</a>
March 20-April 1, 2005. AUSTRIA BARNABAS ZENTRUM RETREAT, (SINGLES OR COUPLES) E- mail : <a href="mailto:barnabaszentrum@juno.com">barnabaszentrum@juno.com</a>	April 13-17, 2005. GERMANY EUORPEAN MC CONSULTATION CARE ACROSS CULTURES E- mail : <a href="mailto:mariondk@uk2.net">mariondk@uk2.net</a>	April 21-28, 2005, Czech Republic Retreat for Single Missionaries <a href="mailto:OfficeMET@aol.com">OfficeMET@aol.com</a>
April 24-May 6, 2005. AUSTRIA BARNABAS ZENTRUM RETREAT, (SINGLES OR COUPLES) E- mail : <a href="mailto:barnabaszentrum@juno.com">barnabaszentrum@juno.com</a>	May 13-14, 2005. THAILAND FAMILY LIFE CONFERENCE, CHIANG MAI E- mail: <a href="mailto:well@the-well-cm.org">well@the-well-cm.org</a>	June 13-17, 2005, Dallas, USA Member Care in Crisis Situations Workshop <a href="mailto:member_care_intl@wycliffe.org">member_care_intl@wycliffe.org</a>
October 20-27, 2005, South Africa Retreat for Single Missionaries <a href="mailto:OfficeMET@aol.com">OfficeMET@aol.com</a>	November 17-20, 2005, USA Mental Health and Missions Conference <a href="mailto:toni@mti.org">toni@mti.org</a>	

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## **WEA MEMBER CARE NETWORK *BRIEFING***

The *MemCa Briefing* is compiled and edited by Kelly O'Donnell and Harry Hoffmann on behalf of Global Member Care Resources, WEA Missions Commission. MemCa is an affiliation of 40 international colleagues committed to help develop member care resources within missions. We are comprised of member care specialists who come from different mission organisations/sending churches. Our members work together and with other colleagues on projects which benefit the global mission community along with specific regions. A special emphasis is on supporting mission personnel from Asia, Africa, and Latin America, and on those working among unreached people groups. Members are also committed to provide personal/professional support for each other as needed. Our friendship and Christian fellowship provide the foundation for our joint work.

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### **Yahoo! Groups Links**

- To visit your group on the web, go to:  
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