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STRONG TOGETHER

Developing a staff care concept as a feminist NGO

What we can learn from Emma Organization for Human Development in the Kurdistan Region of Iraq

medica mondiale

www.emmaorg.me

giz
Deutsche Gesellschaft
für Internationale
Zusammenarbeit (GIZ) GmbH

List of Abbreviations

DAC	Development Assistance Criteria
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
ISIS	Islamic State of Iraq and Syria
KRI	Kurdistan Region of Iraq
LGBTIQ	Lesbian, Gay, Bisexual, Transgender/Transsexual, Intersexual, and Queer/Questioning
MHPSS	Mental Health and Psycho-Social Support
M&E	Monitoring & Evaluation
NGO	Non-Governmental Organisation
PSEA	Policy on Protection from Sexual Exploitation and Abuse
SGBV	Sexualised and Gender-Based Violence
STA	Stress- and Trauma-sensitive Approach

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"Shoulder to shoulder"[1]

About You, Us and this Paper

You? Yes, you! Who this paper is for and what difference it makes.

Do you live in a region affected by current or past conflicts and work in a non-governmental organisation? Are you interested in staff care and looking for inspiration and ideas? Then this paper is for you. This isn't just another text about how difficult and complex staff care is (yes, it is!) and what should ideally be done (a lot!). This is a story about what works (and what doesn't), what we achieved (and what we didn't), the challenges we faced and how we dealt with them, and what you can learn from our successes (and mistakes). Staff care is indeed complex, but it's also enjoyable and rewarding. To start, you simply need to make a decision.

A two-fold project

In 2018, we took this decision. We, that's *medica mondiale*, based in Germany, and *Emma Organization for Human Development*, based in the Kurdistan Region of Iraq (KRI). When we were only just planning our first joint project, the *Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH* asked if we'd like to pilot a staff care project: one that addresses the challenges of women's organisations supporting survivors of sexualised and gender-based violence (SGBV) in a patriarchal context.

So, we decided to develop a context-specific staff care concept with and for Emma. Our 3.5-year staff care project had two parts. One part was the input provided by *medica mondiale*: training and coaching on staff care and self-care. In practice, *medica mondiale* commissioned the German-Swiss trauma work and staff care expert Maria Zemp to do this. She had already been working many years as a consultant for *medica mondiale*. The other part was the output created by Emma: new structures, policies and activities developed during their journey of organisational change. *medica mondiale* continuously evaluated this pilot project. Together, we derived recommendations for other NGOs – such as yours – and we put them together in this paper. We encourage you to take a similar journey to Emma!

A perfect match

Emma and *medica mondiale* are on the same mission. We are both organisations with a feminist identity, we both advocate for women's rights and campaign against SGBV, and we both focus on rehabilitating and empowering female survivors of SGBV. Emma and *medica mondiale* were a perfect match, each bringing their unique experience into the project. *medica mondiale* is an organisation with over 25 years of practical experience in conflict regions, equipped with field-based knowledge around staff care and a concept called Mindful Organisational Culture©.[2]

Emma had just been set up in 2013 by women activists as a women's rights organisation beginning to rise in KRI.

Emma is a feminist non-governmental organisation based in the Kurdistan Region of Iraq (KRI). In 2013, Emma was established by a group of female activists and experts in the fields of gender equality, law, education, health and mental health. Emma supports women and girls who have experienced sexualised and gender-based violence and other vulnerable groups. Emma advocates for women's empowerment and protection, women's participation in politics and decision-making, rehabilitation of survivors of ISIS crimes, and the fight against female genital mutilation. Emma is present in two provinces of KRI with offices and women's centres for service provision in Erbil and Dohuk, and mobile teams reaching out to women in Shekhan and Sharia camps.

medica mondiale is a feminist non-governmental organisation based in Germany. Since 1993, *medica mondiale* has been standing up for women and girls in war and conflict areas and supports women and girls who have experienced sexualised violence, regardless of their political, ethnic or religious affiliation. Together with women from all over the world, *medica mondiale* strives for a world in which women and girls live free of violence, in dignity and justice. Currently *medica mondiale* works in the Kurdistan Region of Iraq (KRI), Afghanistan, West Africa, South-Eastern Europe and the African Great Lakes Region.

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[1]   All words in italic and inverted commas are quotes by people involved in the project, mostly drawn from the evaluation.
[2]   © Maria Zemp/*medica mondiale*, see Glossary by *medica mondiale*:
      https://medicamondiale.org/en/service/media-centre/glossary-term-mindfulorganisational-culture.

"Feeling safe, empowered, connected and cared for!"

The Stress- and Trauma-sensitive Approach to Staff Care

There are many approaches to staff care.[3] You can look around to find an approach that suits you. This paper presents the STA – Stress- and Trauma-sensitive Approach. At *medica mondiale*, we use the STA to support staff care in women's organisations in post-conflict and conflict-affected regions.[4] The STA provides a compass to help guide you to the destinations of **safety, solidarity/connection** and **empowerment**. These are guiding principles which strengthen the stabilisation of survivors of SGBV. They are also important for people helping and supporting survivors, who often work in highly challenging contexts. Read on and become a pathfinder! Find out how to best meet these needs in your team and organisation.

Originally, the STA was developed to strengthen female survivors of SGBV and those supporting them. *medica mondiale* developed the STA with its partner organisations in conflict countries – in Kosovo, Bosnia and Herzegovina, Afghanistan and Liberia. And here's why: Most, if not all, survivors of SGBV have experienced life threats, powerlessness, isolation and stigmatisation. This can lead to suicidal tendencies. With the STA, we even want to ensure that wherever survivors go to seek support, the experience they have is the opposite of an experience of violence. For example, in hospitals, police stations or psychosocial counselling centres, they should experience safety, solidarity/connection and empowerment. Anyone can be trained to apply the STA: a doctor, a police officer, a lawyer. They can all avoid creating additional stress in survivors. They can all help to prevent re-traumatisation. And they can all respond effectively to survivors' stress and trauma reactions.[5]

Furthermore, all of these people can learn how to better protect themselves from stress and trauma as well. Secondary traumatisation can happen in direct contact with traumatic stories, traumatic stress reactions, or the coping strategies of a traumatised person. Of course, some of the people working with survivors of SGBV have also had their own traumatic experiences and might react especially sensitively to stress. And all of this can also have an impact on whole teams or organisations: Minor conflicts in the team might seem to be 'existential' conflicts. Some team members might stop sharing or delegating control easily, which obstructs participation of others. Some people might disrespect other people's boundaries (often as a result of not respecting their own boundaries). Individual team members can develop chronic overload. Individuals or the team might have the habit of working in emergency mode, even when this is not really necessary.

The STA principles can also be applied to an organisation and this is where we make the connection to staff care. We guide organisations in how to foster safety, solidarity/connection and empowerment at work. During training sessions,

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[3] For two examples, see: GIZ with Sigmund Freud Privatuniversität and International Psychoanalytical University (2019), Responding to Staff Care Needs in Fragile Contexts (REST): Introductory Guide, available at: https://www.ipu-berlin.de/fileadmin/downloads/forschung/what-helps-the-helpers-introductory-guide.pdf. GIZ (2020), Handbook on Staff Care and Self-Care for the Ministry of Health. In The Context of the Health Care System, available at: https://www.giz.de/de/downloads/Handbook%20Self%20Care%20and%20Staff%20Care%20English%202020.pdf

[4] See Glossary by *medica mondiale*: https://medicamondiale.org/en/service/media-centre/glossary-term-sta-stress-and-trauma-sensitive-approach.

[5] For sustainable change, the STA also addresses different levels of the environment such as communities and even societies (i.e. discriminatory laws, social stigmatisation, excluding beliefs. These often are less visible and yet powerful causes behind violence). See https://medicamondiale.org/en/service/media-centre/multi-level-approach-for-the-prevention-of-and-response-to-violence-against-women.

managers and staff learn how to prevent stress, how to prevent re-traumatisation, and how to respond effectively to stress and trauma reactions in teams and colleagues. Managers and staff also learn how to decrease the effects of stress and trauma on themselves. So two different terms can be used: 'staff care' is what the management does; 'self-care' is what the staff do.

The improvements that result from the STA are:

• Your staff feel better. The STA can increase relative well-being. We say 'relative' well-being because it is 'relative' within the situation. During conflict, 'absolute' well-being is impossible. So people may be able to feel better, but certainly not well. The STA helps people to feel better by helping them to experience more safety, solidarity/connection and empowerment.

• Your organisation develops greater stability. Imagine if everyone in your organisation felt better. What difference would this make for your team? Many other psychological approaches focus merely on the resilience of people as individuals, but the STA is a psychosocial and socio-political approach, so it also encourages joint action for change as an act of resistance against the causes and consequences of violence against women and girls.

For more information on the STA, please have a look at the *medica mondiale* website.[6]

Does this approach sound interesting and useful for your organisation?

Here are the steps your organisation can take to become stress- and trauma-sensitive, as well as a chapter overview:

• Find out what you are already doing well, and what you need to change: What exists already which helps staff to feel safe, empowered, connected and cared for in your organisation? What prevents this? The process of identifying the fields of action for your staff care project is described in Chapter 3 – Needs Assessment.

• Develop a curriculum and conduct training and coaching. This is a key part of your concept for stress- and trauma-sensitive staff care. Management and staff learn about the causes and consequences of stress and trauma. And they learn about stress- and trauma-sensitive teamwork. Chapter 4 – Roles and Processes describes who was involved in training and coaching at Emma and *medica mondiale*. Chapter 5 – Training and Coaching presents an idea of the content.

• You adapt some of your organisation's existing structures and policies to promote safety, solidarity/connection and empowerment in the organisation. Organise some relevant activities. At the same time, everyone involved in the organisation nurtures a practice of self-care, individually and collectively. See Chapter 6 – Action Plan.

• Monitor and evaluate the changes. See Chapter 7 – Methods for M&E and Chapter 8 – Evaluation Results.

Over the course of this process, you will have developed your own stress- and trauma-sensitive context-specific staff care concept.

This paper gives you some examples of these concepts:

• Chapters 3–8 describe how Emma worked with Maria Zemp to develop their staff care concept.

• Chapter 9 describes staff care activities in other partner organisations of *medica mondiale*.

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[6] K. Griese with A. Mehlau and M. Zemp (2019), Our Stress- and Trauma-Sensitive Approach in Various Fields of Work.
In: *medica mondiale*, My Body is no Battlefield. Expert Articles on Sexualised Violence, Trauma and Justice, pp. 22–27, available at:
https://www.medicamondiale.org/fileadmin/redaktion/5_Service/Mediathek/Dokumente/English/Booklets/Expert-brochure-medica-mondiale-2019.pdf.
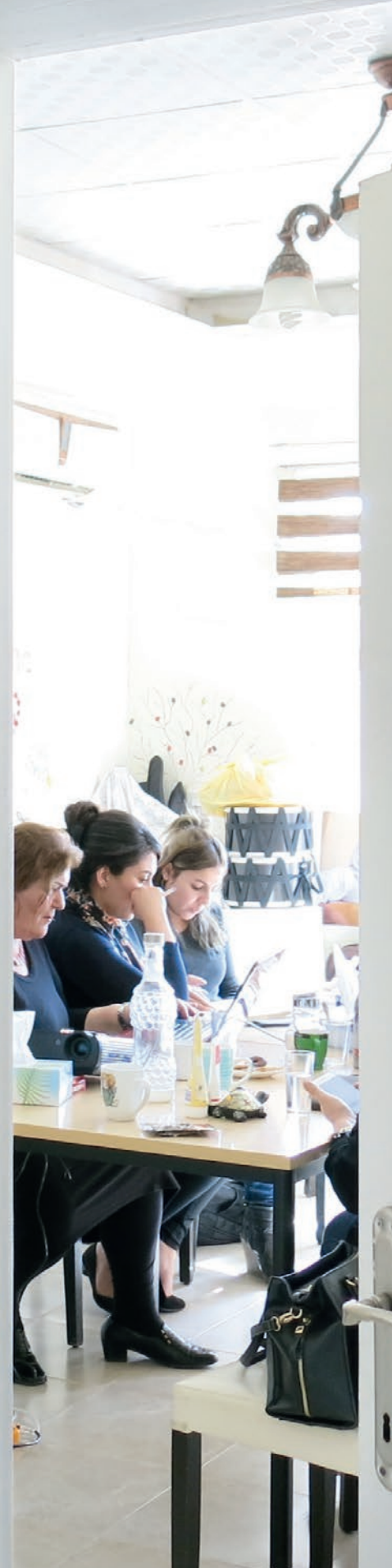
Chapter 3

"Start by asking questions."

Needs Assessment

In this chapter, you find orientation for how you can start your own staff care project. It helps you determine what you need to assess and how you identify the most pressing action fields in your organisation.

Firstly, check if your organisation fulfils some important basic requirements.

Organisational Assessment

- **Do you have committed leaders?**
  Leadership plays a critical role in creating an organisational culture that cares. Leaders can prioritise staff care, role-model behaviour, and take decisions. They can create an environment of safety, solidarity/connection and empowerment, which shields the inside from the challenges outside. *"Emma was the right organisation to do this project with,"* a medica mondiale colleague said afterwards, *"because the directors are committed to staff care. They operate very ethically. The directors are open and communicative. We could not have had a better partner than Emma."* Leadership was one of Emma's outstanding strengths!

- **Are you open for organisational change?**
  If you really want to protect your staff, staff care needs to go beyond activities like supervision, intervision[7] or training. Organisational practices need to be conducive to the staff's well-being. You also need to adapt structures and policies to increase safety, solidarity/connection and empowerment. This takes time in the beginning.

If you have a high staff turnover, you may want to spend less resources on training staff and focus on improving working conditions: this might also ensure people stay working with you longer.

- **How much time and money do you have?**
  In the beginning, the GIZ project financed *medica mondiale*'s staff and activities, but not Emma's. We changed this when we began to understand that coordinating a staff care project is not a job that directors can simply do on top of everything else. *"An important learning step was that we needed additional resources: a project coordinator and a budget for project activities,"* an Emma colleague points out. However, even without funding, it is true to say that small things can make a big difference. Chapter 9 gives you some ideas.

If you work with a partner organisation, here are some requirements:

Do they know how you work?
A cooperation on staff care requires mutual trust. A staff care project is different from other projects. Is is not about jointly changing something outside, but instead it is about jointly changing something inside of one of the project partners. *"Staff care is very intimate,"* an Emma colleague shared: *"At the start we didn't have this trust between medica mondiale and Emma. The relationship was not deep enough. The first year was very much about building up this relationship."* And she concludes: *"Get to know your partner through a smaller project before you do staff care."*

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[7] Supervision and intervision are forms of work-related learning to improve the quality of work. Supervision is when an external facilitator consults a group of staff. Intervision is when colleagues consult each other with the help of an internal facilitator.

Bahar Ali and Dr. Bayan Rasul from Emma at *medica mondiale* in Cologne.

Do they know how you work?

If you cooperate with another organisation on staff care, they need to understand your organisational realities. Any changes to structures and policies that are suggested as part of the staff care project may also have an impact on project activities: *"Emma was a new partner. From the project planning perspective, this was challenging. Different locations, different languages,"* a *medica mondiale* colleague remembers, *"so it would have been good if we had been partners before the project started."*

Needs Assessment

After you have checked if you are ready to start, you then find out what is currently causing stress among your staff members. These 'stressors' are anything that increases feelings of unsafety, disempowerment or disconnection from others. You also look at what currently prevents and

reduces stress: Note anything you already do to ensure that staff feel safe, empowered and connected.

Emma did this Needs Assessment by themselves. They took a step back from their daily work and went for a two-day work retreat. They already knew that the STA was about creating safety, solidarity/connection and empowerment.

They started by developing their own understanding of the terms. First, they talked about a specific recent event they had organised: *"What made you feel empowered before or during the event? What made you feel disempowered before or during the event?"* Then they looked at the STA principles more generally: *"What does empowerment mean to you? Can you explain how you feel when you feel strong?"* Answers were, for example, *"I am able to make decisions myself"* or *"I receive recognition from the managers"*. These definitions gave Emma management an idea about what staff need in order

to feel safer, more empowered and connected. Emma staff looked at the stressors within the organisation and outside of it. They followed a socio-political understanding of stress and trauma, which means they did more than just looking at the individual. The psychological understanding of stress focusses on the individual, but the broader approach also looks at how groups and society impact on the individual. In the matrix that Emma used for their assessment, you can see these two spheres (within and outside of the organisation) and the different levels they consist of.

Stressors (anything that makes you feel unsafe, disempowered or disconnected from others)			
	Unsafety	**Disempowerment**	**Disconnection**
	When do you feel unsafe, uncertain, insecure, threatened, exposed to danger, tensed …	When do you feel disempowered, powerless, overwhelmed, helpless, incapable, weak, unconfident …	When do you feel disconnected, separated, isolated, alone, bullied, excluded, left out, marginalised …
… and this is related to …			
Within the organisation	…you?		
	…your work?		
	…the team?		
	…the management and leadership?		
	…work organisation, structures, procedures, work-conditions?		
Outside of the organisation	…your family?		
	…the wider social, economic and political context?		
	…the cooperation with donors and other external parties?		
	…the cooperation with donors and other external parties?		

For every question, staff went into working groups. They wrote their reflections on flip charts, but also had the chance to add things anonymously.

What were the results of the needs assessment?

In the initial needs assessment (2018) and the update (2020), Emma staff identified the following social, economic and political stressors **outside of the organisation**:

- Anyone supporting SGBV survivors is heavily stigmatised and under attack, and this is even more severe if you are an outspoken feminist. The work of women's rights activists affects traditional notions of family and gender roles. They perform their work in a hostile social environment, inciting feelings of unsafety and disconnection from their family and community. *"In the 1990s, when I started wearing jeans, I had bruises on my legs all the time because men would throw stones at me. That was normal,"* an Emma director said, *"and it still is. Working in the field of SGBV is a daily struggle that is tiring and dangerous."*

- Since 2014, the Kurdistan Region of Iraq has been in economic crisis. Heavily affected by the drop in oil prices, the government is often unable to pay salaries, while three out of four workers in KRI are civil servants and therefore depend on that salary. This economic hardship affects families and friends of Emma staff and incites powerlessness in, for example, psychosocial counsellors, whose services are of limited help in this situation.

- In 2019, the invasion of the Turkish army into Rojava, the Kurdish region of Syria, caused fear and panic among Emma staff, their families, and friends, and activated past experiences of genocidal attacks against Kurds (such as the Anfal campaign against Iraqi Kurds[8]).

- While the COVID-19 pandemic has affected everyone, it has been particularly stressful for female staff of psychosocial organisations. Working from home, their professional role conflicted with their private role as caregivers for the family. They found themselves in a dilemma, forced to disappoint either their employer or their family, or to exhaust themselves trying to meet everyone's expectations. This 'home office' situation also made it more difficult to establish healthy boundaries, because survivors might call at any time: before COVID-19, counselling sessions were only during office hours. During the pandemic, more women experienced violence at home but staff had fewer opportunities to support them.[9]

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[8] During the Anfal campaign in the 1980s, villages of Iraqi Kurds in Northern Iraq were attacked and at least a million of the estimated 3.5 million Iraqi Kurds were displaced and between 50,000 and 100,000 civilians killed. See https://www.europarl.europa.eu/meetdocs/2009_2014/documents/d-iq/dv/03_kurdishgenocidesofanfalandhalabja_/03_kurdishgenocidesofanfalandhalabja_en.pdf

[9] Gender-Based Violence AoR (2021), COVID-19 Guidance on Remote GBV Services Focusing on Phone-based Case Management and Hotlines, available at: https://gbvaor.net/sites/default/files/2021-01/covid-guidance-on-remote-gbv-services-04012021.pdf.

Central stress factors **within the organisation** were the following:

- In this relatively young organisation, many responsibilities are in the hands of the two directors.

- Staff work in five different locations in two different provinces of the region, each of which face different challenges.

- Many staff have little work experience. NGOs can only pay low wages, so the experienced staff go elsewhere for better pay. *"They have certificates from universities, but they need six months to one year before they can really do good quality work,"* an Emma colleague said. Onboarding and quality assurance also uses up a lot of the working time of the experienced staff.

- Staff belong to different ethnic and religious groups (e.g., Muslim, Yazidi, Kurds), which often also have different political opinions. They speak different local languages and most of them do not speak fluent English. There is no common language.

- Staff and clients alike have suffered similar traumatic experiences. Yazidi IS survivors find themselves in particularly painful situations: As more and more ISIS family members become internally displaced, they live in the same camps as Yazidi refugees. Yazidi Emma staff have been asked to help ISIS women and realised that they might be connected to people who did harm to their own relatives. Moreover, most Yazidi staff members still live in the camps. If they come home after work, they come back to their clients and the stress- and trauma dynamic they worked in all day. *"They are always responsible, they are never off-duty,"* an Emma colleague summarises.

How did the needs assessment work for Emma?

Emma staff called the retreat a *"breath of fresh air"* and *"a good step for the organisation"*. They felt more connected to each other. *"The staff care project provided a platform where staff could get together and talk. This sounds trivial, but it is not,"* an Emma colleague shared. *"There is a regular space available about how Emma staff wants to work together, and to discuss what is difficult. The space that the project provided for is my most significant change."* Some staff members, however, were unable to attend due to family demands. Two male employees could not attend due to gender-related reasons.[10] Regarding the procedure, a *medica mondiale* colleague points out that *"people looked at what's causing stress a lot more precisely and deeply than at what already enhances safety, empowerment and connection. Next time, I would recommend looking at resources just as much."* Here are our recommendations.

💡 Recommendations on conducting a needs assessment

- Engage as many members of the organisation in the needs assessment as possible to develop the team's buy-in and a joint understanding. While commitment of leadership is key, bringing about organisational culture change is too much for only one or two people.

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[10] Particularly the topic of self-care needs to be addressed in a gender specific way as needs are different. In this paper we focus on Emma as a feminist and women's rights organisation. At Emma a separate session with the male colleagues was planned.

- Make the analysis more strength-oriented. What do you already do that prevents and reduces stress? That increases safety, solidarity/connection and empowerment? Instead of conducting a 'deficit analysis' for your needs assessment, you can use empowering tools like appreciative inquiry[11] and outcome mapping[12] that are ideal for staff care projects. You can build on this in the planning phase.

- Look into how different social groups and different genders have different stressors. Do not assume that stressors are the same for everyone. For example, while a Yazidi staff may very well connect to Yazidi clients, it can also be more challenging for them to be exposed to their suffering. Make sure that you ask how stressors can be different for women, men and non-binary[13] people or for people belonging to an ethnic minority. For example, it may be more stressful for male staff to be powerless in a certain situation when this conflicts with social expectations towards their role as a man.

Identifying Fields of Action

This Needs Assessment then leads to the fields of action for the staff care project. How did this happen at Emma? Emma looked at all the **stressors** staff had mentioned under 'unsafety', 'disempowerment' and 'disconnection' and checked in which fields to cluster them. For example, under 'unsafety' they read: *"Sometimes donors require accounts to provide copies of IDs or phone numbers of the beneficiaries or clients of SGBV. However, this increases risk and is dangerous to the organisation or the survivors."* Under 'disempowerment', they read: *"Documentation requirements for donors are different from each other."* They clustered these stressors in the field "Dealing with Power Imbalances" and decided that it best fits under 'empowerment'.

In a next step, the staff care consultant facilitated a planning workshop. This is when the Emma management team reflected on what to do in every field of action – for example, to foster empowerment in their cooperation with donors. Those ideas were then put into a context-specific Action Plan for staff care and self-care at Emma (⬀ see Chapter 6). The consultant also developed a training curriculum and coaching concept in close cooperation with the Mental Health and Psycho-Social Support (MHPSS) technical manager from Emma.

The next chapter explains the different roles at Emma and *medica mondiale* and processes between the organisations to plan and implement training and coaching.

STA Principle	Fields of Actions
Safety	Physical Security
	Digital Security
	Financial Security
Empowerment	Dealing with Power Imbalances
	Technical Capacity Building
	Management
	Feminist Identity
More Connection	Diversity
	Communication
	Feminist Networking

[11] See https://www.betterevaluation.org/en/plan/approach/appreciative_inquiry
[12] See https://www.researchtoaction.org/2012/01/outcome-mapping-a-basic-introduction/
[13] As feminist organisations it is important to us to stress that the dominant understanding of gender is a patriarchal binary concept of male versus female. But reality shows that some people don't identify with either of the two genders but as fluid or in between. These people in most societies are discriminated against and are more often affected by SGBV.

"Self-care is to know where my obligation ends and where it becomes someone else's."[14]

Roles and Processes

This chapter describes some key roles and processes in the staff care project as related to the training and coaching part. It's important to remember that the staff care project had two parts. One part was the training and coaching, where Emma and *medica mondiale* cooperated. The other part was Emma's internal change process. ⧉ Chapter 6 (page 30) gives you more information about the different roles involved in that process and who received coaching. Clear roles and processes provide safety, empowerment and connection and thereby contribute to staff care objectives. Clear roles separate the responsibilities of each of the involved people. Clear processes define how these roles work together.

Roles

By formal role we mean what you expect from a certain position in view of the project objective, no matter who fills the position.

Emma Organization for Human Development assigned a **project manager** with psychosocial expertise and a **project coordinator**, who organised trainings and coaching sessions and reported to *medica mondiale*. They also contracted **external translators**.

The role of the project manager was filled by the Emma director who is responsible for the organisation's psychosocial program: **Dr. Bayan Rasul** is a medical doctor specialised in psychiatry and gynaecology. She built a cultural bridge between staff and the German-Swiss trainer and coach, which means she helped contextualise and communicate the content. She took part in, and followed up on, all key training and coaching sessions. The staff care consultant considered her *"the backbone of the project. She gave me the confidence to provide unconventional content or take unconventional decisions (...), e.g. addressing the topic of LGBTIQ[15] in the training (...) or overturn the training concept during the Rojava crisis. Sometimes we organised ourselves such that I raised 'hot' issues and she mediated, and sometimes vice versa."* Besides making training and coaching effective, she steered the internal change process at Emma.

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[14] Dr. S. Husić, Director of Medica Zenica in Bosnia, in an interview on staff care, see Chapter 9.

[15] LGBTIQ stands for Lesbian, Gay, Bisexual, Transgender/Transsexual, Intersexual, and Queer/Questioning. Emma positions itself as an organisation from a human rights point of view against any discrimination or violence from the community against people that identify as LGBTIQ.

💡 Recommendations on defining roles within the partner organisation

- Make sure the project does not create too much additional workload for the directors. This would undermine the project objective. We realised during the process that the directors' workload does not allow for being responsible for both project management and coordination. We therefore changed the budget and included the role of a project coordinator at Emma.

- Reflect on who can fill the position of project manager. If you do not have a psychosocial expert at the director or management level, you may assign a psychosocial employee as project manager. This person is given the right to monitor staff care and follow up on directors and managers. One advantage is that the project manager has a clear focus on strengthening the topic, unlike directors and managers who are always dealing with many important and urgent matters. „At the same time, staff care activities should not depend on the project manager. Otherwise they won't last if the position of project manager cannot be financed anymore." If you are working with a trainer or coach who does not speak the participants' language, start looking for translators early, in order to find at least two who are available for more than one training and can handle sensitive information about your staff and organisation confidentially. During our project, the translators often changed, so the consultant had to repeatedly establish a new working relationship.

medica mondiale had the following roles involved in the training and coaching: *medica mondiale*'s **project manager** of the staff care project steered the project and reported to the donor GIZ. The **finance manager** monitored the budget and financial reports. The **external trainer and coach**, contracted by *medica mondiale*, designed and implemented the training and coaching. The **advisor on trauma work** was responsible for quality assurance and for this recommendation paper. The **advisor on evaluation** implemented the internal evaluation, including the baseline, and managed the external evaluation. The **external evaluators**, contracted by *medica mondiale*, implemented the final evaluation (endline). All of them worked part-time for the project.

The role of the trainer and coach was given to **Maria Zemp**, a trauma therapist and staff care expert. She had developed the staff care concept Mindful Organisational Culture© and piloted it with *medica mondiale*, and she also co-developed the STA – Stress- and Trauma-sensitive Approach together with *medica mondiale* and its partner organisations. *"The connection between the directors and the consultant is important,"* an Emma colleague said: *"They have the same age background. Emma feels understood by the consultant. That is important: There is trust."*

☼ Recommendations on cooperating with an external consultant

- If two organisations, like *medica mondiale* and Emma, run the staff care project together, then make a triangular contract between these two and the external consultant. This makes sure that the assignments (e.g., training or coaching process) meet the criteria of both organisations. Ensure transparency through written contracts shared with all parties.

- Provide supervision to the consultant(s). For complex tasks as described above, any consultant or consultant team needs to receive regular support in the form of supervision. If you can include this support in your budget, this would be ideal.

- Build a team of consultants. This allows for competencies to be pooled and enables a reflecting team.[16]

Consultant's Competence Profile:
The trainer and coach needs profound work experiences in the field of trauma and staff care as well as supervision skills. She should be able to…

… build trustful relationships with people from different hierarchical levels and social backgrounds in that particular socio-political context.

… build capacities in the areas of stress and trauma, self-care and staff care, also by role-modelling a stress- and trauma-sensitive attitude, in different formats (training, coaching).

… deal with and manage participants' painful emotions in a conflict context.

… structure complexity. Staff care impacts upon anything in the organisation that affects stress and well-being, it is a very wide field that needs to be worked on strategically. The trainer should be able to both open up

discussions and also structure them down into priorities.

… understand organisational development. Staff care is part of organisational development: Organisational structures and processes need to be stress- and trauma-sensitive. At the same time, management consulting (e.g., on an annual planning or strategy process) requires a different profile than psychosocial consulting (e.g., on team conflicts). The line between these depends on the trainer's individual competence profile. Consider the solution of having a team of trainers, for complementary competencies.

Processes

How should the formal roles work together? How do they work together to implement project activities (e.g., a training)? And to achieve the project objective (e.g., prevent stress)? Your answers are what we call 'processes'.

☼ Recommendations on key processes

- Define processes for planning, implementing and evaluating trainings and coaching. What is to be done? In which chronological order? Who executes, supports, reviews, approves?

- Have a stress- and trauma-sensitive cooperation agreement that covers communication and teamwork across different organisations. For example, it should deal with different working days and hours, making it clear which hours of the working day are suitable for holding meetings, or how to communicate when something is urgent.

- Make an analysis after every major project activity: For example: After a training, ask each other: What has worked well? What didn't? What should we start, stop, or continue doing? What was not in line with the STA?

The next chapter will describe the content of the training curriculum as well as its methodology and explain who at Emma received training and coaching.

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[16] The method of reflecting team derives from systemic therapy to provide space for diverse perspectives and support developing ideas. The reflecting team observes the process and starts a conversation about the process.

"We could talk about how we want to work together."

Training and Coaching

Contracted by *medica mondiale*, an experienced trauma work and staff care consultant provided trainings for Emma staff over a period of three years. These trainings went hand-in-hand with an organisational change and coaching process. By combining training and coaching, Emma ensured that the trainings led to long-term structural and behavioural change. *"At the start, we thought the retreat is just a time to be with each other. We thought there is a training, and then we go back to work,"* an Emma colleague remembered, *"Now we know we have to implement this in our centres. We know self-care has to be in our home and in the centre."*

The trainings are described in Part I of this chapter and the coaching in Part II.

Part I: Training

We start by describing in general terms how we at *medica mondiale* usually make trainings stress- and trauma-sensitive. We will then tell you about the topics the training modules dealt with and take a closer look at two examples. Then, we share reflections on the methodology and who we trained at Emma. This leads to our recommendations, particularly on how to make trainings sustainable.

1. Stress- and trauma-sensitive trainings

When training people in the STA, which was developed together with our partner organisations, we aim at making the trainings themselves as stress- and trauma-sensitive as possible. We want to role-model stress- and trauma-sensitivity, so we organise trainings and implement them in a way that fosters safety, solidarity and connection, and empowerment. In the following, we give you some examples of what to consider.

Ensure safety:
Safety plays a role on different levels, including location and people.

- The overall requirement for the **training venue** is: Safety first! It is important to have closed training rooms so that no one can listen in. Daylight improves overall wellbeing, but nobody should be able to look in and view physical exercises. We can only achieve relative safety in relation to the context. Particularly in a fast-changing conflict context, safety needs to be continuously addressed and strengthened.

- Safety among the training participants, including the trainers, includes **confidentiality** and **internal safety,** i.e. respect particular needs, allow participants to keep their mobiles on for emergency calls, end the training a day earlier than planned to deal with events, etc.

- This and other aspects of dealing with the group setting should be discussed and agreed upon as **training agreements** with all involved. These are an important orientation for the training process and can be adjusted if necessary.

- **Safety in a training group** means not to brush over differences in backgrounds and opinion. It is helpful to acknowledge differences like hierarchies, cultural, religious or gender-related aspects. Tensions or conflicts should not be overlooked but addressed carefully and sensitively.

- **Be careful regarding sharing personal experiences.** It can be helpful for the learning process when staff relate the training content to their own experiences. However, sharing biographic details carries various risks. It can also lead to overwhelm for other participants. Find agreement on how you want to deal with this in the training. Tell participants that other spaces, such as supervision or therapy, are available for their deeper self-reflection on their own experiences.

- **Employ mindfulness exercises in a way that is safe for survivors of (sexualised) violence.** Mindfulness exercises have become very popular in the field of stress regulation. They are also an important part of our trainings. Mindfulness basically means: noticing your body sensations, feelings and thoughts. This can improve awareness of a (stressful) situation and the ability to decide upon appropriate action, instead of just reacting to the situation automatically. Mindfulness can help people with a trauma history to come back into the 'here and now', and to deal with the painful aspects of their trauma that they still carry around with them. However, noticing body sensations or feelings can also overwhelm people with a trauma history which is why it is important to introduce self-observation carefully and step by step.

Foster empowerment:

- **Ensure control, informed consent, and choice.** It is important that participants remain in control of what happens to them at all times. Encourage participants to express their own opinion, to ask all questions, including about the training content and process, and to make suggestions on how to adapt the content. The level of participation in exercises is voluntary, so the trainer should kindly invite the staff to participate in a way that suit them. Especially in contexts involving a lot of interpersonal violence, it is empowering for people to experience choice. They can easily say no and be sure their decisions will be respected. To enable everyone to make an informed decision about participation, the trainer thoroughly explains the possible effects and disadvantages of each exercise. The trainer also explains how to pull yourself out of an exercise (e.g., by counting the ceiling lights to distract oneself from stressful feelings, by leaving the room), and gives explicit permission to do so if people feel uncomfortable. People need to know that they should only participate when it feels good for them.

Encourage solidarity and connection:

- **Acknowledge pain, contain distress, show compassion with a sense of acceptance, understanding and care**. In fact, stress reduction is most likely to occur if somebody feels seen and heard, accepted, responded to, and cared for. Compassion is particularly needed in situations of powerlessness, where no one can do something for you, but people can still be with you. For communication, trainers need to be motivated to engage with suffering, be sensitive to suffering, be able to tolerate and regulate distress, be able to reflect and take others' perspective and be non-judgmental. This allows participants to experience holding, containing, and regulating instead of avoidance and distress.[17] Creating a space where staff feel recognised with all their feelings can help staff to cope. If this relational experience of how it feels to be seen and heard is being made, it can then become organisational culture.

- **Assume that people have good reasons for their behaviour.** This is especially important when participants 'resist', for example, against certain self-care activities. Perhaps someone does not want to participate. If so, we should just accept that this exercise does not make sense to that person, or it seems inappropriate. There is no need to look for explanations such as 'they are not yet able to do it' or 'they are not open to accept the offer of help'. There are all sorts of reasons for 'resistance', some personal, some group-related, some because of hierarchies or tensions. Try not to judge 'resistance'. Instead, see it as an expression of a need. Become curious and invite people to share the good reason for their behaviour. Try to find an alternative exercise. In fact, „resistance" can be a sign that we are finally learning to take ourselves and our needs or limitations seriously. And finding the courage to express these to ourselves and others. For women this often is a challenge. So a training context can be a training field to do exactly that: to practice saying 'No', based on our needs. This shows where connection is linked to empowerment.

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[17] P. Gilbert, F. Catarino, C. Duarte et al. (2017): The development of compassionate engagement and action scales for self and others. Journal of Compassionate Health Care 4(1), pp. 1-24, available at: https://doi.org/10.1186/s40639-017-0033-3.

In the next section we will give you an insight into the topics that have been trained in the staff care project.

2. Training Curriculum

This section presents the topics included by the consultant in the training for Emma staff. Some of these topics we consider **basic**. These are our core topics and the ones we always train. Other topics we consider **complementary**. These responded to the particular needs of Emma. The overall objective of these training sessions is for participants to improve their ability to prevent stress and re-traumatisation, to better regulate stress and respond to trauma signs, and to increase safety, empowerment and connection.

There are two **basic modules**: Module 1 is about **Stress and Trauma Education**, including a reflection of the socio-political context and the individual biography. Module 2 is about the **STA – Stress- and Trauma-sensitive Approach**, including a reflection on how to foster safety, empowerment, and connection. Three feminist approaches on staff care published by AIR[18], CREA[19] and Urgent Fund for Women's Rights[20] feed into these trainings. The consultant integrated elements from the Holistic Security Trainer Manual from the Tactical Technology Collective[21] and the Guidelines for Managing Stress in Humanitarian Workers by the Antares Foundation.[22]

While Modules 1 and 2 are important in various contexts, it is important to relate the content to participants' past and present experiences in their particular socio-political context. We call this contextualisation, and the box below gives an example.

Insight into the STA in a situation of acute stress and trauma

In late 2019, the trainer was planning to train Module 1 "Stress and Trauma Education" to one team and Module 2 "The STA – Stress- and Trauma-sensitive Approach" to another team. Then Turkey invaded the Kurdish region of Syria and the trainer completely changed the training onsite at short notice. The group became aware of stress and trauma reactions by reflecting on how people react to collective traumatic events in Kurdish history. Aware of body sensations, feelings and thoughts of powerlessness ("We can't do anything"), the group then used the STA to powerfully respond to the current attack: They developed social and political coping strategies to foster safety, empowerment and connection. For example, they moved the training from a Turkish-run to a Kurdish-run hotel and called on other Kurdish and feminist activists and organisations to build a support network for Northern Syria. They also thought about things they have at home that reminded them of how their family survived past attacks and collected these symbols of survival in the training room (see photo on page 25).

[18] H. Chiguda and R. Chiguda/ AIR (2015): Strategies for Building an Organization with a Soul, available at: http://airforafrica.org/wp-content/uploads/2015/09/Strategies-for-Building-an-Organisation-with-Soul-for-web1.pdf.
See as well J. Horn in an interview with V.Vidal and S.Tolmay (2015): Politicizing Self-Care and Wellbeing in Our Activism as Women Human Rights Defenders, published by AWID (online), available at: https://www.awid.org/news-and-analysis/politicizing-self-care-and-wellbeing-our-activism-women-human-rights-defenders

[19] M. Bernal/ CREA (2006), Self-Care and Self-Defense Manual for Feminist Activists, available at: https://genderit.org/sites/default/files/self-care-brochure_0.pdf.

[20] J. Barry with J. Đorđević/ Urgent Action Fund for Women's Rights (2008): What's the Point of Revolution if we can't dance?, available at: https://urgentactionfund.org/wp-content/uploads/downloads/2012/06/WTPR-Final-Book.pdf

[21] Tactical Technology Collective (2016), Holistic Security Trainers' Manual, available at: https://holistic-security.tacticaltech.org/ckeditor_assets/attachments/60/holisticsecurity_trainersmanual.pdf.

[22] Antares Foundation (2012): Managing stress in humanitarian workers. Guidelines for good practice, available at: https://www.antaresfoundation.org/filestore/si/1164337/1/1167964/managing_stress_in_humanitarian_aid_workers_guidelines_for_good_practice.pdf

In addition to past and present collective experiences, the trainer also invited staff to relate the training content to their individual experiences of adversity. The box below looks deeper into this biography work.

Insight into: Biography Work

A very experienced trainer can facilitate exercises where staff can, if they wish, reflect on and share about their biography with colleagues. The trainer (1) ensures that participants are able to apply 'distancing techniques'[23] to contain difficult feelings at the end of the exercise, (2) offers individual stabilisation *during* the training and (3) offers individual follow-up sessions after the training.

With Emma, the trainer facilitated an exercise called The Lifeline.[24] Participants reflect individually on difficult and joyful experiences in their life, place them on a timeline and are invited to share selected aspects with colleagues. Doing this kind of biography work in a staff care project can have several **advantages**. Emma staff said: *"Colleagues get to know each other better, which can support their cooperation. Also, the management gets to know their team better, to be understanding of them. Colleagues who have experienced fewer difficulties in their lives can develop more understanding and empathy for those with more. Staff can be proud and excited to see how many challenges they have overcome in their lives, and that there were also happy times in life, not just difficult times. The activity can help them to celebrate their successes and give them motivation."*

This kind of work also carries **risks**, however. Emma staff said: *"Sharing personal information with colleagues can be stressful and overwhelming emotionally, especially if one does not know them very well yet. It can also result in a feeling of loss of control, if it is not done consciously."* The exercise can only be applied when the trainer knows the group, the group is not too big, and enough trust has been established. Make sure that the distancing techniques are performed, that the parties involved do not exchange further details of their biography. Emphasise voluntariness, participants can also just display symbols without naming in the group what they associate with them. *"The whole group can discuss what are the advantages and disadvantages for them all if they share their experiences with each other. Furthermore, how making your own decision about this is connected to self-care. After each sharing, there should be time to check on one's own stability."*

Based on an understanding of stress, trauma and the STA, the trainer gave **complementary modules** on topics like grief and loss, crisis management, informal and formal roles, diversity (religion, ethnicity, political stances, class, age), feminist identities and feminist aspects of leadership (e.g. concepts of power).

Two topics cut across all modules: vulnerabilisation and feminism.

- **Vulnerabilisation and Resilience.** Originally, the term resilience was emancipatory. Previously there had only been a focus on pain and suffering. So it was new to acknowledge that people who experienced adversity also have survival skills and resources. Working out the resources of a person or a group can indeed be empowering, but only if you have first acknowledged the violence and injustice, pain and suffering. We use the term 'vulnerabilisation' to underline how socio-political contexts (poverty, gender inequality,

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[23] When we feel extreme anxiety, sadness, or anger, distancing techniques can help regulate this stress. These techniques create a distance between you in the here and now and the stressful event in the past. For example, people imagine putting the memories into container, lock it and putting it somewhere far away, until they have the capacity or support to further deal with them.

[24] The exercise is based on the lifeline exercise from Narrative Exposure therapy as suggested by M. Schauer: For the training, the instruction is adapted to a group setting. The focus is on the "bird's eye perspective" and on resources. The simultaneous use of body tapping can help to regulate emotions. See footnote 26.

3. Training Methodology

The above section on the Training Curriculum describes what participants learn, and *now* this section describes how they learn. Our trainings are designed to foster attitude change in addition to improving the participants' theoretical knowledge and practical skills.

While the term **attitude** can be understood in many ways, it is generally accepted that attitude has three components: **affects** (what you feel about something), **behaviour** (what you do and say about something) and **cognition** (what you think about it). Let us consider an example: the attitude towards taking breaks during worktime. You ask about the affect: How do you feel about taking breaks? You ask about behaviour: Do you take breaks? And you ask about cognition: What do you think about taking breaks? Here is one attitude. *"I feel guilty when taking breaks. I don't take breaks. I think that taking breaks means I'm being lazy."* Another attitude could be: *"I enjoy taking breaks. I set my alarm to not forget to take breaks. I think taking breaks means I care for my health."*

Our trainings invite you to become **mindfully aware** of your affects, behaviour and your cognitions. We all have our ways of how we learned to feel, what to do and say and what to think in a given situation. Our attitude is shaped by our

racial discrimination, war and crisis) make people vulnerable. For example, patriarchal societies make women vulnerable: Women in patriarchal societies are at high risk of experiencing SGBV. Women of colour or women with disabilities experience an even higher risk. Reflecting on vulnerabilisation and the different dimensions of discrimination can increase solidarity and connection. Then, on this basis, focussing on resources can be empowering.

- **Feminism**. As Emma is a women's rights organisation, the trainer focused on the particular realities of women in every module and she took a feminist stance. For example, she would ask: How is self-care different for men, women and other genders? Participants had critical discussions on women's care roles in society, the impacts of this on how women view and practice self-care, and possibilities for feminist viewpoints and practice. In a gender-diverse organisation, you will need to reflect men's positions, too. Gender-sensitive staff care is not only about women; it's also about men and non-binary people. You need to address gender stereotypes and discuss how this affects, for example, stress and trauma reactions, and who needs what to increase safety, solidarity/connection and empowerment in your organisation.

personal history and the socio-political context we live in. One of the most important tools the trainer and coach introduced to Emma to create and foster awareness is the **Triangle of Awareness**[25]. It helped staff become more aware of feelings, body sensations and thoughts. *"The project helped me feel my body again,"* an Emma colleague shared. It also helped them to become aware of how these three parts all affect each other – how, for example, a body sensation like muscle tension can incite feelings of fear and thoughts of despair. So, the triangle of awareness describes the inner and mostly unconscious processes of awareness.

Thoughts

Body Sensations   **Emotions**
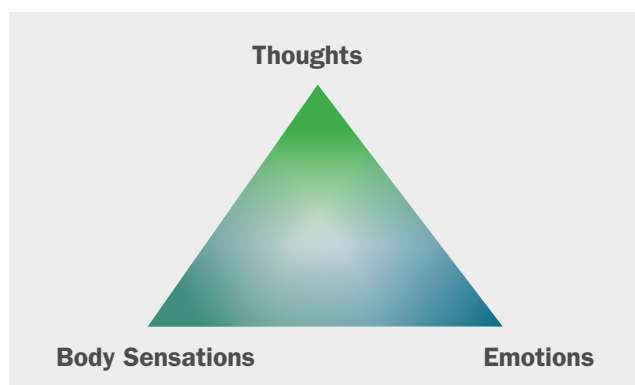
When we are mindfully aware, the next step can be **reflection and self-reflection**. By reflection we mean exchanging and discussing things with others. *"The consultant has managed to bring something from latent to open, to make it possible to discuss things,"* as an Emma colleague put it. By self-reflection we mean internally communicating with ourselves: It's when you take time to think about what you feel, do, say or think. It's when you analyse where this comes from, what it leads to, if you want to change it. This can lead to attitude change: *"In the beginning many staff didn't want the project. In our culture mothers have to sacrifice their lives,"* an Emma colleague remembered, *"but eventually we realised that self-care is not selfish. We changed this idea that mothers have to sacrifice their lives; that their demands and needs come last."* This is why we do a lot of mindful awareness and (self-) reflection exercises in our trainings.

4. Training Participants

The stress- and trauma-sensitive approach is about addressing the culture in an organisation. Therefore, all levels of the workforce, regardless of the job role, need at least basic education on stress and trauma and on the STA. *"At the beginning of the project, the political and advocacy staff at Emma saw the project as being just for psychologists,"* an Emma colleague remembered. When Turkey invaded Rojava, the Kurdish region of Syria, in late 2019, *"one of our trainings was adapted to the current political circumstances. It became apparent that (...) staff care is not just a thing that psychologists deal with; it has a socio-political dimension (...). It affects all staff and management at Emma."* Management plays a particularly important role: They role-model stress- and trauma-sensitive behaviour and are responsible for structural change.

People with different job roles need the trainings to focus on different aspects. Therefore, we had two lines of trainings. On the one hand, there was a set of trainings for the teams in different locations. Some of them were for entire teams; others concentrated on psychologists in their role as 'self-care focal points' (see page 22/23). These trainings focused on **self-care**. On the other hand, there was a set of trainings for the **management team**, which included directors, heads of departments and community centre managers. These trainings focused on **staff care** aspects. They enabled the management team to apply the STA to the management, structures and processes of the organisation, that is, to the organisational level.

Recommendations on Trainings

- Make trainings as **stress- and trauma-sensitive** as possible.

- Ensure everyone in the organisation gets basic **education on stress and trauma**. Start with the management team.

- Think about **which complementary modules are suitable for you**. It is important to communicate the purposes and aims of each type of training

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[25] Based on: Mindfulness in the Heat of Conflict: Taking STOCK (2015), Harvard Negotiation Law Review, Vol. 20, University of Florida Levin College of Law Research Paper No. 16-12, available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2754646

and the criteria used to select the participants. This is to prevent feelings of exclusion ("They get training, we don't.").

- It is best when **each training group is made up of people with fairly similar backgrounds**. If the group is too heterogeneous then some participants might be under-stimulated and others overwhelmed by the content or pace. Adapt the training content to meet the training needs of specific groups. If possible, provide separate trainings for psychosocial staff. As a minimum, have different materials for psychosocial staff and for staff from non-psychosocial roles such as administration, finances, and security.

- When learning about stress and trauma, you need repetition and reflected practice. For this, we recommend the following things: Ensure that there is **a short-term follow-up** with the participants within 6 weeks after the training. You could, for example, form small groups of participants for an online follow-up session where they can share experiences and open questions. Give **multiple training impulses**. One-time trainings are helpful but not sufficient. Offer several trainings, so participants can consolidate their knowledge, skills and attitudes. If you have established a trustful relationship with the trainer, further learning might be possible with **online training**, which is flexible and less expensive. However, the format has limitations, as the trainer shares: *"When participants get into very emotional states during online trainings, this cannot be 'held' by the trainer alone, only together with the other participants. It's best if the participants come together in small groups at the different locations for the online training, so no one sits alone in front of the screen."* Ensure **regular reflection** on the application of a stress- and trauma-sensitive approach, on achievements and challenges. You can do this with external facilitators (e.g., in coaching or supervision) or by yourself (e.g. in intervision, exchange meetings or workshops).

- When you start trainings on staff care, start with an **external trainer**. At a later stage, internal trainers need to take over. We did not specifically train internal trainers at Emma because this would have overloaded the project. But Emma's MHPSS technical manager co-trained. Now that staff care is institutionalised, Emma will decide who ensures ongoing education on stress and trauma to all levels of staff. At *medica mondiale*, it's the manager of the trauma work department who provides the staff care trainings. Experienced psychosocial staff co-trains. It is a task for management to ensure stress and trauma-sensitivity within the organisation, so we recommend the lead trainer to be at management level. All trainers had participated in trainings on stress and trauma beforehand.

- Training the principles of stress- and trauma-sensitivity is not sufficient: You also have to **cultivate** them. On the one hand, ensure that stress- and trauma-sensitivity is anchored in structures, policies and procedures in your organisation. This is part of an organisational development process. On the other hand, ensure that staff applies knowledge and skills to their everyday work life. In both cases, coaching can be helpful.

- **Think about when and where you will hold the training.** Perhaps at the end of the month staff are busy writing reports to donors, so this may not be a good time. Choose the location wisely: If clients come to the office, then using the office for training will make it difficult or even impossible for staff to take a step back from their daily work and fully focus on themselves. Align training days and hours to office hours. Involve staff in deciding about the location. This is particularly relevant for female staff: participating in full-day trainings might be difficult or impossible for them because they have care responsibilities at home. Participating in a retreat may be difficult or impossible if this requires travelling or staying overnight unaccompanied.

Part II: Coaching

Complementary to the trainings, the consultant also offered coaching sessions. The coaching helped staff apply what they learned in the trainings and fulfil their role in the staff care project. Coaching was provided to five groups both online and in person. Some coaching sessions focussed on staff care, others on self-care.

Coaching with a Focus on Staff Care

Coaching for the Management Team

This team consisted of the two directors, the heads of departments (project, HR, finance etc.) and the community centre directors. Their role is to plan context-specific staff care activities, structures and processes and to implement tasks derived from that. For example, they developed a guideline on *Providing Self-Care Activities as part of Staff Care at Emma: Role and Responsibilities of Self-Care Focal Points, Centre Managers*. The coachings were mostly separate slots during the trainings. The coach supported the Management Team in planning staff care activities adapted to the needs of the various locations.

Coaching for the Staff Care Project Team

This team consisted of the MHPSS technical manager (who is one of the directors), the project coordinator and a psychologist. Their role is to coordinate (e.g., the trainings) and monitor the staff care project (e.g., the activities of the self-care focal points in the various centres). The coaching was provided online once a month. The coach supported the Project Team in a) adapting the project activities to the current crisis and newly emerging needs (e.g. the COVID-19 pandemic), b) guiding the Self-Care Focal Points (e.g., introducing and adapting new self-care exercises), c) developing self-care material (e.g., a manual with self-care exercises).

Coaching for the Directors Team

This team consisted of the two directors, one of whom is the staff care project manager. Their role with regard to the staff care project is to support and steer staff care from the highest level of the organisation. The coaching was provided monthly. The coach supported the directors in observing the positive and negative impacts of staff care, particularly the impact staff care-related changes had on the directors and their cooperation as well as other relevant topics and dynamics in the organisation. The coach also supported the directors in addressing challenges by taking strategic decisions, strengthening leadership skills and role-modelling self-care. Common challenges for the directors were: to find a balance between supporting staff and making demands on them; to communicate the limitations of staff care; to address differences between the directors; to make the project process meet the project objectives in the project proposal; to release stress and regain stability in times of crisis. So, this coaching did not only deal with the staff care project: it also strengthened the directors themselves – personally, in their professional roles and as a team. In this safe space they could reflect on the personal challenges involved in a change process like this.

Coaching with a Focus on Self-Care

Coaching for the Teams in the Community Centres

Each of these teams consists of all staff at a particular Community Centre. Their role is to practice self-care activities, both individually and collectively in self-care sessions. The coaching was provided immediately after the trainings. The coach supported the teams in learning and contextualising self-care exercises (e.g. body tapping[26] and Trauma-

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[26] See video by Emma about tapping: https://www.facebook.com/Emmaorganization/videos/376506336897153

sensitive Yoga (TSY)). This allowed the consultant to observe the learning and reflect on it with the staff care project team in order to provide follow-up support.

Coaching for the Team of Self-Care Focal Points

This team consists of the Self-Care Focal Points, one of whom works at every Emma location. Their role is to schedule, facilitate and report on self-care sessions for the teams. The coach supported the Self-Care Focal Points in getting clarity about their role (e.g., what they are expected to do and not do) and how to fulfil their role (e.g., learning self-care exercises).

Insight into: Coaching for Teams

In every coaching session for Emma staff, the coach asked questions that focused on one of three fields of self-care, which Emma identified for themselves: 1) self-reflection, 2) healthy life, and 3) awareness and mindfulness. In the field of self-reflection, the questions were: "What does self-reflection mean to you? How do you apply self-reflection in your context? What are gender aspects of self-reflection?" They practiced, for example, to reflect on what gives and what takes energy.[27] In the field of healthy life, the coach asked, "What does a healthy life mean to you at work?" Answers included: having a healthy breakfast or lunch together, including fruits and vegetables instead of sweets and junk food. Lastly, in the field of awareness and mindfulness, the coach introduced the Triangle of Awareness (see page 26).

Recommendations on Coaching

- Coaching should only start after it is clear who is taking each role in the staff care project. This determines who needs coaching on which topic. The coaching is about building and strengthening the staff's capacities to fulfil these roles.

- For the management team, the staff care project team and the directors, one and the same person should coach and train. After a basic and consistent understanding of self- and staff care is established, coaching for other groups such as the teams in community centres and self-care focal points can be facilitated by well-trained and experienced psychosocial staff. This is to foster implementing an understanding of self- and staff care which is based on attitudinal change.

The coaching contributed to filling out the details in an Action Plan for staff care and self-care, which the next chapter describes in more detail.

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[27] This was done by using the "battery exercise" which includes a partner interview (you can find the exercise on the webseite: https://medicamondiale.org/en/service/media-centre/self-care-exercise-energy-balance).

"We integrated the STA – Stress- and Trauma-sensitive Approach into the organisation."

Emma's Action Plan

This chapter describes what Emma changed. First, the new activities, documents and structures are presented. Then we explain our recommendations.

The Action Plan

The table on page 32 shows the overview of what Emma changed: The left column lists the three principles of the STA – Stress- and Trauma-sensitive Approach. They act like a compass guiding the organisation to the destinations of safety, empowerment, and connection.[28] The middle column lists the fields of action (e.g., physical safety) that Emma identified under every STA principle. The right column lists activities, documents and structures that Emma came up with to address every field of action (e.g., security training). In the following, some of the most important new structures, documents and activities listed in the table are explained in more detail:

Structures

Emma's directors established a **management team**, consisting of the directors, the heads of departments and the community centre managers, and delegated responsibilities. Emma also appointed a specific staff member (usually a psychologist) to be the **self-care focal point** in each work location: in every community centre and in the head office. Self-care focal points develop monthly self-care plans, select self-care exercises and facilitate self-care sessions. They make the plans together with and report to the centre manager, who is responsible for staff care and responds to upcoming staff care needs. The centre manager reports to the MHPSS technical manager.

Documents

The **security policy** describes how to protect your physical health. For example, it provides addresses of hospitals and doctors, and advice on using work SIM cards to avoid using personal phone numbers. A **safeguarding policy** will lay out how to report and resolve complaints (e.g., against misusing funds or power), and there is a separate **Policy on Protection from Sexual Exploitation and Abuse** (PSEA). A **staff care concept** describes the objective of staff care and self-care and related structures, documents and activities, while a **staff care policy** describes managerial responsibilities for staff care. A code of conduct lays out the moral and ethical expectations to staff to ensure respect and prevent discrimination. The above-mentioned documents are part of the **Onboarding Package** for new staff.

The organisation supports self-care focal points with documents such as **self-care activity plans, guidelines, role descriptions and a manual with self-care exercises**.

Activities

A **self-care** session is when a self-care focal point facilitates self-care exercises for a group of colleagues. *"We do this on the last day of the week or according to our time."* Self-care exercises can be body exercises (e.g., progressive muscle relaxation, body tapping, mindful breathing), imagination, meditation exercises or much more.

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[28] The STA includes as a principle solidarity and connection with survivors of SGBV - because they often are stigmatised by the family, community and/or society, *medica mondiale* highlights the importance of solidarity with survivors. Emma includes solidarity as well when mentioning connection. For Emma, solidarity is automatically practiced when supporting clients/survivors. Accordingly, we will use the principle of connection and solidarity when referring to the STA – Stress- and Trauma-sensitive Approach and to the principle of connection when referring to Emma's approach to staff care.

STA Principle	Fields of Action	Structures	Documents (Policies, Guidelines, Plans)	Activities
Safety	Physical Security Digital Security Financial Security	**Security Framework** • Security Focal Points in every work location	**Security Framework** • Security Policy • Policy on Protection from Sexual Exploitation and Abuse	**Security Framework** • Security and First Aid Training • Digital Security Training **Financial Security** • Project Proposal Writing and Fundraising Training
Empowerment	Dealing with power imbalances Technical Capacity Building Management Feminist Identity	**Self-Care Framework** (*more info further below) • Self-Care Focal Points **Supervision** • Team Supervision • Case Supervision	**Staff Care Framework** • Staff Care Concept • Staff Care Policy • Onboarding Package for new staff • Formal descriptions of job roles and responsibilities **Self-Care Framework** • Self-Care Activity Plans, Guideline for Self-Care Focal Points, Role Description for Self-Care Focal Points, Manual with Self-Care Exercises	**Self-Care Framework** • Regular Self-care Sessions in all Emma locations **Cooperation with Donors** • Including budget for staff care in project proposals • Requesting more flexibility in spending schedules to adapt to changing circumstances more easily **Feminist Identity** • Workshop on feminism to give deeper meaning to the work • Involving young Emma staff in activities of international women right's activists
Connection	Diversity Social Activities Meeting Structure Communication Feminist Networking	**Social Activities** • Including social activities into work plans **Meeting Structure** • Meetings of all Emma staff • Meetings of community centres and head office • Meetings of the Management Team **Communication** • Annual employee appraisal, including asking about needs • Virtual exchange groups in a messenger app • Shared calendar for Management Team **Feminist Networking** • Founding a Feminist Network in Kurdistan	**Diversity** • Code of Conduct	**Social Activities** • Team outings, team breakfasts, celebration of birthdays, visiting colleagues who have given birth, or lost a loved one, grief sessions with colleagues who have lost a loved one **Communication** • Psychosocial check-ins at the start of meetings **Feminist Networking** • Acts of Solidarity (e.g., during Rojava and Afghanistan crisis)

💡 Recommendations on developing an Action Plan

When developing an Action Plan…

- **Describe objectives you can achieve in a socio-political context of conflict and crisis.** Do not raise expectations so high that you can only fail. Do not describe a certain state you want to achieve through staff care: "People are well, healthy, not stressed." It is better to describe an improvement: "People feel more safety, empowerment, connection." Be aware that "doing staff care" is not an objective: it is a way to reach the objective. What is yours?

- **Communicate financial restrictions.** Management needs to clearly communicate what can and cannot be financed. With an increasing awareness for staff care, staff will obviously raise new issues. For example, someone may ask for an office chair that does not cause them back pain. Do you have funding for ergonomic office furniture? Communicate this dilemma to the staff: The staff care project might be stuck between needs and opportunities. Staff care can lead to conflicts if staff see that management claims ("we are implementing staff care") are not in line with what management actually does ("not financing this and that"). Beware that staff care will always compete with other project activities. Negotiating with donors for the time, money and staff needed for staff care is a chance to raise awareness on why staff care is important.

- **Communicate what you will and will not change.** When it comes to staff care projects, you need to narrow them down well. Because in a way everything is staff care – things as different as an ergonomic office chair, work time regulations, communication culture or number of clients per staff. Find a convincing balance between doing everything and doing too little. Of all the things you could do to make your staff feel more safety, empowerment, and connection, can you find a few which would make the biggest difference?[29] It is not only money that is scarce, but also time. You have to make choices, but staff will understand better if you communicate the choices well.

- **Find a balance between opening and closing your Action Plan.** Other needs may come up after the needs assessment, priorities may change after the initial planning. Acknowledge complexity and stay open to what comes up in the process. Reduce complexity again by re-focusing so things remain manageable. Finding this balance between allowing for complexity and focusing on the most important things is one of the most important skills when steering a staff care project. One example of how we adjusted our initial planning is that we included the topic of grief and loss in the training curriculum after realising how important it is to be addressed explicitly.

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[29] The 20-80-rule, also known as the Pareto Principle, may provide some orientation here. It suggests that 20 percent of your activities will account for 80 percent of your results. The idea is to identify inputs that are potentially the most productive and prioritize them.

💡 Recommendations on dealing with financial constraints

When we talk about staff care, we need to talk about money:

- **Start with no-cost or low-cost changes:** Establish a culture of care and support. Your staff should know that if they have a problem, colleagues and management will listen and try to help. Stress- and trauma-sensitivity should become part of day-to-day work practice rather than only being done in separately scheduled staff care activities. Ask questions, listen actively, be compassionate and act in solidarity where possible. Ask for feedback on how to best foster safety, empowerment and connection. Realise what you can do without an external consultant. Emma staff suggests *"social activities, online connection via messenger apps, relaxation and meditation activities, better time management, redistribution of tasks among staff, clear roles, clear communication line, taking breaks."* Establish spaces for reflection on stress and adversity. Any space in which staff feels truly acknowledged, heard and listened to can help them to cope. Consider intervision, a format of mutual consultation among colleagues, especially when supervisors are neither available nor affordable.

- **Negotiate for more costly changes:** Integrate a budget line for staff care activities in every project (e.g., for supervision, coaching, social activities). Show donors your staff care concept[30] (one or two pages). Additionally, establish an overhead for staff care and include this in all funding. This means a certain percentage of every project budget (e.g., 3%) for covering costs you have identified as important for staff care (e.g. health / accident insurance, paid sick and maternity leave, air conditioning, ergonomic furniture).

💡 Recommendations on self-care activities

"Self-care may be labelled as selfish, but it's compassion to care about yourself and it is an act of preventing you from self-harm," an Emma director states. Which needs for action follow from this?

- **Directors and managers need to role-model self-care.** Directors' and managers' own health awareness (e.g., being sensitive to stress signals) and health behaviour (e.g., taking regular breaks at work) influences how staff think or behave.[31]

- **Every individual needs to take responsibility to take care of themselves.** Help staff to do more than just make requests and demands. Show them where they have control, influence and responsibility. For example: taking a break, setting boundaries with colleagues, and supervisors, and negotiating for their own needs.

- **Directors and managers need to support self-care.** Emma discovered that self-care activities were the most developed in locations with the strongest support from the centre manager. The managers need to support staff when they need time to plan and do self-care sessions. Participation in self-care sessions should be part of worktime.

- **Self-care focal points need to be established,** ideally in every work location. These are staff who offer self-care sessions in a group format. Choose well-trained psychosocial staff who are experienced in group facilitation and, ideally, bodywork (e.g. Yoga). Clarify the role of the self-care focal points so they know what is expected from them and what isn't. Explain the difference between their role and the centre managers (who are responsible for staff care), so that they

30 See Emma's staff care concept here: https://emmaorg.me/.
31 C. Kranabetta and C. Niessen (2016): Managers as Role Models for Health: Moderators of the Relationship of Transformational Leadership With Employee Exhaustion and Cynicism. Journal of Occupational Health Psychology 22(4), available at: https://www.researchgate.net/publication/303379643_Managers_as_Role_Models_for_Health_Moderators_of_the_Relationship_of_Transformational_Leadership_With_Employee_Exhaustion_and_Cynicism

do not interfere with managing staff. Explain the difference between facilitating a self-care session for colleagues and a psychosocial group counselling for clients, so they do not start counselling their colleagues. Give them time and support to grow into their role – to discover which exercises work best, to develop a larger repertoire and to better understand group dynamics. Provide repeated training and regular coaching. Provide tools (e.g., a guideline for self-care sessions) and resources (e.g., a manual on self-care exercises). When someone takes on the role of a self-care focal point, some of their other tasks need to be adjusted, delegated or skipped. Being a self-care focal point should not be an extra burden.

- **Self-care sessions need to be stress- and trauma-sensitive.** Participation in self-care sessions and exercises must be voluntary: respect personal boundaries and acknowledge staff freedom. Also, respect different physical abilities and conditions. Reinforce a body-friendly culture and raise awareness of any potential body shaming. Take time to explain the effects and possible side effects of every single self-care exercise. The better participants understand the exercise, the more effective it is. Organise a trial session where the self-care focal points explain the effects and side-effects to each other. This will ensure the quality of later explanations to staff. Consider staff turnover: new staff should not participate without first receiving this information (which the existing staff already know). Practice mindfulness exercises such that they are safe for those who have experienced violence (see Chapter 5, page 22).

💡 Remaining challenges

Key internal challenges:

Onboard many new staff members and adapt organisational structures to a much larger workforce. Over the course of the project, Emma grew from 20 to 40 staff after several successful project proposals. **Make time for and prioritise self-care.** *"For some staff, the project makes them stressed. They feel forced to join the activities (…). They consider that the activities take time from themselves or consume valuable time from their deadlines."* Some worry that staff develop excessive expectations, neglect their own responsibilities or use staff care as an excuse to work less. **Find the right balance between staff's needs and rights on the one hand, and their duties and responsibilities on the other.**

Key external challenges:

Cooperate with donors in a stress- and trauma-sensitive manner. The workload remains high and the working natures of the cooperating organisations are completely different: one is a quick-response activists' mode in a crisis country, and the other is a more static administrators' mode in a context of peace and stability. **Finance staff care activities.** *"Now we know the problems, but the project ends, and we haven't addressed all problems,"* one director said. Emma and *medica mondiale* included a staff care component in a new project, which finances activities such as continued coaching for the director, team and case supervision, as well as team-building activities. **Have enough resources.** Serious staff care clashes with the 'efficiency thinking' of donor organisations. Staff care activities that simply address *symptoms* of stress easily distract from the most important cause of stress: limitations of time, money, and staff.

Stress- and trauma-sensitive staff care is supposed to make people feel better and stabilise your organisation. If you put a lot of effort into staff care, you need to also take time and find out if it really makes the positive differences you want. This is what the next chapter is about.

"If you apply Monitoring and Evaluation thoughtfully from the beginning, it's empowering."

Monitoring and Evaluation in a Staff Care Project

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You want your staff to feel more safe, empowered, and connected. You are making an effort. So now it is time to ask: Are you actually achieving your objectives? This is where monitoring and evaluation (M&E) comes in. M&E is an essential element of project management in any project. In development cooperation, it is generally also an external requirement, so it is very often perceived as additional workload and as stressful. However, M&E should be part of the organisational culture and leadership.

When M&E is well planned and resourced, it actually enhances the experiences of self-efficacy and control. So it can be empowering – if it is done regularly and is matched to the needs and capacities of the project team. **Monitoring** simply means regular checking of whether your project is still on track. You could see this as a navigation tool. **Evaluations** are systematic and objective assessments of your project or programme. These are done mostly by external experts. Evaluations are an opportunity to step back, reflect and learn. They are a chance to gain knowledge about the outcomes and success of your project, gain a new vision and more focused direction for the future. It is a chance to reflect meaningfully together on the project. M&E can also help you raise funds for staff care, as it evaluates and proves the impact of your project.

In our staff care project, we had a budget and M&E expertise – from start to finish. From a staff care perspective, it is important to realise that any activity, including M&E activities, can easily turn into a major source of stress if you are not careful. For example: You have prepared an online training and then, at the last minute, you develop and translate M&E questions and try to squeeze them in. Nonetheless, every process and activity can also contribute to staff care. This chapter gives you some ideas how you can do M&E based on the experiences of our staff care project.

During the planning phase of our staff care project, Emma did a **needs assessment** (see Chapter 3 for details), and *medica mondiale* did a **baseline study**. What's the difference? A needs assessment identifies an action to achieve a certain objective, while a baseline study measures a state. A needs assessment may tell you that you need to train people on stress and trauma to foster a stress- and trauma-sensitive communication. A baseline study may tell you what people already know about stress and trauma. Anything that you measure here, you could also measure again later, e.g., in a mid-term or end-line evaluation. Then you will see if there were any changes.

💡 Recommendations on M&E

Here are some of our recommendations on M&E in a staff care project:

• **Plan your Monitoring and Evaluation system at the very beginning** with the stakeholders in the project. Define the purpose and scope of the M&E system and equip it with resources.

• Monitoring, i.e. documentation, analysis and adaptation should be **part of the work task** and not an add-on.

• **Develop the methodology** for your evaluation processes right from the beginning. Adjust the methodology of any upcoming evaluation to the complexity of your project. Decide on the type of the evaluation: depending on the use and purpose, you should decide early and plan for an upcoming evaluation. Consider methods such as outcome mapping and outcome harvesting.

• **Take time to develop a Theory of Change**. A Theory of Change or any other impact model is key (see Annex 3 on Impact Model on staff care). Define your domains of change. Think of a Theory of Change as starting a journey, knowing the destination with a clear understanding of some key milestones which show if your project is on the right path.

• **Think twice about indicators**. Indicators measure your projects' achievements in a specific area. They give evidence that something is happening. For example, 40% of staff practice self-care activities regularly. To identify your indicators, you could start by asking the Miracle Question: *"Imagine one morning you wake up and a miracle has happened over night. In your organisation, everyone feels safe, empowered,*

and connected. What's different now?" People might respond things like *"We have coffee breaks together."* The answers will point to your indicators – in this case to self-care activities. Focus on a few achievable outcomes and indicators.

• If you are conducting or commissioning any kind of data collection such as a baseline study or evaluation, make sure that the ethical principles and standards of good evaluation practice are applied. **Keep trauma sensitivity at the core of every phase**.

• **Avoid data overload**. Whatever instruments you develop, be clear on what purpose they serve: Who will use that information for what? Key indicators for collecting too much data are: the data is not used by anyone, or staff often complain about the workload. Always take such concerns seriously. Activity monitoring sheets for staff – for example, to report on frequency and content of self-care sessions – should be short and in local languages to make reporting as easy as possible. Look regularly at your monitoring data during project management meetings.

• **Do not reinvent the wheel**: For many of the things you may want to measure in a staff care project (e.g. stress, wellbeing, secondary trauma, compassion fatigue, resilience, empowerment), you can use tried and tested instruments, e.g., from UN organisations. These generally include short tools that are easy to use.

• **Take time to get good data. Test tools** and check how respondents understand questions, for example by using the think-aloud method.[32] **Give a trigger warning** and clearly mention the topics you will touch on in the beginning. Keep it short

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[32] M. van Someren; Y. Barnard and J. Sandberg (1994): The think aloud method: a practical approach to modelling cognitive. London: Academic Press, 11, available at: https://www.researchgate.net/publication/215439100_The_Think_Aloud_Method_-_A_Practical_Guide_to_Modelling_CognitiveProcesses .

and simple, e.g., **use short and unambiguous questions and statements**. For example, we rephrased *"I feel that people's influence in decision making and recognition in the team depend on their social background"* to *"Certain team members receive more appreciation and have more influence than others. There is not enough equality."* Avoid technical terms that are hard to understand (e.g., instead of 'trigger' say 'things that make people suddenly remember traumatic experiences and cause distress'). Avoid suggestive questions. These are questions that suggest that a certain answer is obvious, correct, accepted. For example, we had asked *"How much do you fear to speak your mind when the majority of your colleagues have other opinions?"* which assumes that you were uncomfortable in that situation. So we changed this to a statement *"I cannot speak my mind freely, when the majority of my colleagues have other opinions"* and made it easier to disagree with the statement, if this was the case. If the person who writes the tools is not from the socio-political context the tool is used in, ask someone from the regional context to ensure the questions are appropriate. Last but not least: **Train the data collectors** on how to use the tools stress- and trauma-sensitively.

- **Ask questions**. In order to assess some training activities, including workshops or coaching sessions, multiple choice tests don't make sense. Use short and simple feedback questions like *"What is the most important thing you learned today?"* or *"What will you do differently after today?"* Always ask *"What should be done differently next time?"* to invite helpful critical feedback. This not only gives you valuable information. This also promotes self-reflection.

- **Conduct regular learning workshops with the project stakeholders including leadership**. In these workshops, you jointly look at what you have achieved and what changes have occurred.

You can do them online for three hours to connect across work locations without much effort. In the busy implementation period, time for reflection can be scarce – so fix dates for the appointments early.

- **Think about how you can share your learnings** inside your organisation as well as with other organisations in the country or region. For example, budget for a 2-minute video that you can put on your website and share on social media, or a written publication (like this recommendation paper), or a public event.

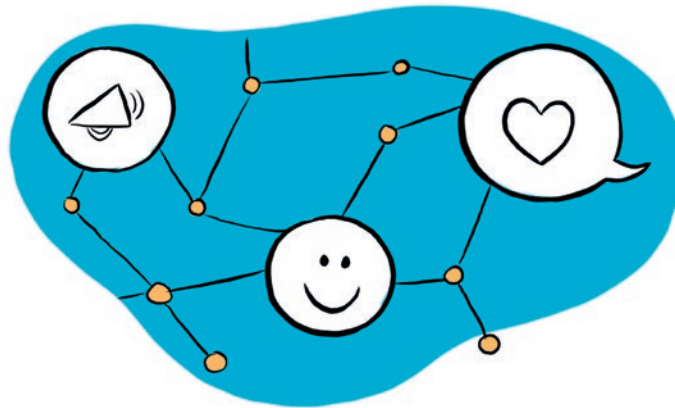- **Use what you learn and adapt your project!**

The next chapter describes the results of the end-line evaluation of our staff care project.

"My mind has changed completely."

Impact on the Organisation

"The staff care project helped strengthen Emma as an organisation," one director said. By establishing new structures (e.g., the management team, the self-care focal points) the directors shared responsibilities across more shoulders, simplified processes and strengthened the role of managers. Self-care focal points anchored self-care in the organisational structure, ensuring its implementation. Policies related to staff care ensure a common understanding and foster feelings of safety, empowerment and connection among staff. For example, staff mentioned they feel safe with Emma as an organisation when they go to the refugee camps because of the security policy: *"We feel that Emma cares for us."*

Impact on Managers and Directors

The relationship between management and staff has improved. *"Sometimes we used to have conflict in the management that affected the staff. This has changed,"* someone said, and a team leader describes how her personal development impacts on her working relationship with staff: *"In the beginning I easily became very angry due to stress, this affected the work atmosphere. During the staff care project, we got to know how to deal with each other. I learnt not to burst out in anger, I learnt how to control it. I am successful. I know how to deal with the staff, and they are happy with me and express their feelings."* Managers are more visible on the work floor. Staff are more comfortable telling managers if there is something bothering them. *"We are now bolder, more empowered. We are clearer in setting boundaries. We demand more from our supervisors; we clearly state our expectations. We feel free to request support. We feel that this is okay,"* one Emma colleague said. *"Staff know their (…) rights and duties better. When the salary is late, they ask about it,"* one manager said.

Emma directors have less excessive expectations towards their staff. *"I have witnessed a lot of attacks on my nation. My belief is to fight for the rights of all people in my nation. I dream about this, that is my life. I allocate most of my life to this. I work hard, 14 hours per day, I don't say no,"* one director says. *"I realised that this is me and not necessarily everybody can do this. My goal is not everybody's goal, it is bigger. I cannot expect everything from everybody."* Chapter 7 points out that leadership's behaviour strongly influences behavioural norms in the organisation. If leadership has their own standards, they need to explicitly and repeatedly explain how they do not expect the same (e.g. working on holidays) from staff.

Emma management is more aware of the need for an appreciative work culture. Local NGOs often cannot provide the working conditions and financial benefits that private companies and international NGOs enjoy. In order to attract and keep staff, it is important for them to create a work environment that focuses on what goes well and
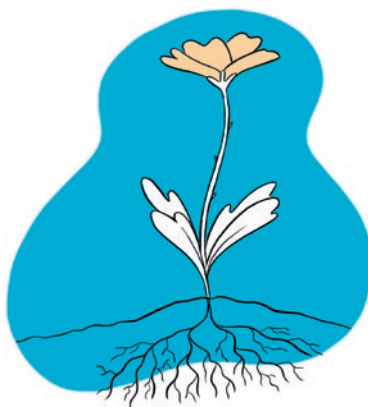
where staff feel they can make a difference with their talents. At Emma, the management is now more aware of this point. *"How can we appraise staff because they did a great job, we don't do this yet. And how can we encourage others,"* In the evaluation, someone said. *"We have started to use the three STA principles more ourselves. This shows in small things. We start our meeting with a praise session, to get into a good mood before we discuss problems."*

Impact on the Team

Connection is the one principle of the STA – Stress- and Trauma-sensitive Approach where the most and the strongest changes have occurred. *"There are many differences for myself and for my work: I trust myself and I trust my colleagues."* In particular, staff in the Dohuk office reported that they are more able to discuss together, hear each other's input, and accept each other's different opinions without major arguments. *"When there are work issues, we put it inside our 'Work Circle' and discuss it. Once we go home, we step outside of the circle. We laugh together and don't make the situation personal,"* says an Emma colleague, describing their use of a tool they learned in the training. Participants also indicated to be better connected to the offices in other locations, particularly through various Viber groups they founded and the regular Zoom meetings they have since COVID-19. They also report being more

personally attached to each other: *"Before we didn't ask how you are doing at work. But now, colleagues ask how you are doing and ask when important events happen."* They even organise surprise birthday parties for each other. *"We became friends together, better than before."* In a focus group discussion, someone said how this also applies to dealing with different backgrounds and cultures: *"On the personal level, we are more connected now. There is more co-existence between us regardless of ethnicity, religion or place of living."* The trainer and coach observed that *"it's become less of a taboo to address majority relations and power differences within the Kurdish society. That Kurds build the majority and hold more positions of power. That Arabs and Yazidis are often discriminated against and excluded in society. And how this also affects the teams."* The fact that Emma is a women's organisation is a unifying factor. Many said: *"It feels like working with 'one family'."*

Staff experience a circle of empowerment around them that approves and supports them in their work. *"In one training session we had a problem,"* remembered a colleague from the finance department that often struggles with donor demands. *"We then agreed upon a reporting mechanism. Our finance system functions better and our team coordinates better, for example staff share their reports."* Another colleague describes mutual support: *"We understand that each one of us has a job with different responsibilities and that*

we must be supportive to each other. In case any of us is going through a hard situation, we support each other and respect how everyone is working hard." Another colleague stresses this: *"At the team level, we are helping each other more than before."* There is a greater tendency towards problem-solving and cooperation.

Impact on the Individual

The evaluation found that resilience is being strengthened by the increase in empowerment: **Staff value and practice self-care**: An unexpected spin-off of the staff care project is that Emma staff also do self-care exercises in their private life with family and friends. Staff better listen to their own needs and are friendly with themselves. *"On the personal level: I love myself more than before,"* someone said, and someone else concluded: *"My mind has changed completely."* Staff can better regulate stress. *"Before, we were very stressed with work and didn't know how to deal with it,"* an Emma colleague remembered. *"Now we know how to reduce the stress. (....) We have a specific day to do activities for us as staff to take away the work stress."* Of all the changes, the self-care activities are perceived most useful. They take place very frequently and staff immediately notice the difference they make to their well-being.

Staff feel stronger: *"I am different now. When I go back in my memory, I am back at one of our*

trainings. The trainer talked to each of us alone, asked me to think about myself and to think about all the emotions in my body. Before this session, I was afraid of some cases and situations, now I am no longer afraid of anything. I can manage everything."* Another colleague refers to the impact of a self-reflection exercise: *"I remember an exercise in which I was mapping on a piece of paper my negative and positive emotions. I realised how many positive things I have in my life. I am grateful that I changed my negative emotions into positive ones."*

Staff feel much more at ease with taboo topics like SGBV, abortion, rape and women's rights and they have an increased awareness of their own role in society: *"I think I do great and significant work in my community."* Staff talk more about work with family and friends and say: *"I am proud of myself and the work that I do with and for my sisters."*

This is how Emma elaborated and implemented a staff care concept in and throughout their organisation. These are the most significant changes the staff care project has brought for Emma on different levels. In the following chapter, we will look at the experiences of *medica mondiale*'s other partner organisations after staff care was introduced to their organisations.

Chapter 9

"You need to sit together in the first place."

A Leadership Perspective on Staff Care

How do you protect yourself and your staff from the effects of stress and trauma? In the staff care project with Emma, *medica mondiale* drew on 25 years of work experience with other feminist and women's rights organisations in other conflict-affected countries. In this chapter, you'll learn what women leaders of *medica mondiale*'s partner organisations in Afghanistan, Liberia, Kosovo and Bosnia and Herzegovina want to share with you on staff care.[33]

Interviews with four women leaders

medica mondiale: **If you could do only one thing to care for your staff: What would it be?**

Caroline Bowah, *Medica Liberia*:
Stress and trauma affects staff performance and staff well-being. We need to be aware that our staff can get burnt out or re-traumatised. So it is important to create a nice environment, where people can feel and see that the organisation cares for them. Integrate staff care and self-care into your general work. **It's not a one-off thing.**

Mirlinda Sada, *Medica Gjakova*, **Kosovo:**
The most important thing is to create a very nice environment for work. Where everyone is equal and treated with dignity. **Equal treatment** for all the staff really helped me, even if it was initially a burden for me. They are now aware that everyone is the same here.

Saifora Paktis, Medica Afghanistan:
I would also give all staff the same rights. You need to develop **trust**, so people are open, they speak, laugh and joke: "Please laugh and enjoy that you are alive!" And give **encouragement** and **confidence**, make compliments: "Yes, you can do it!" Also, have flexible working hours. So, I will only ask about work, not about how long they were in the office or whether they want to do it from home. Create a peaceful and flexible working environment. You don't need money for that.

Dr. Sabiha Husić, Medica Zenica
Bosnia and Herzegovina:
It's difficult to choose one thing. **Meetings and informal get-togethers** are so important. So is supervision. Each of these parts contributes to a better atmosphere and people getting the information they need.

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[33] The text is based on separate interviews between the programme advisor on trauma work at *medica mondiale* and the directors of *Medica Afghanistan*, *Medica Liberia*, *Medica Zenica*/Bosnia and *Medica Gjakova*/Kosovo in spring 2021.

Dr. Sabiha Husić
MedicaZenica, Bosnia and
Herzegovina

Caroline Bowah
Medica Liberia, Liberia

medica mondiale: **What would you recommend other directors / leaders to do?**

Afghanistan: You need to sit together in the first place. When I assumed my role as Director, I asked an experienced psychosocial counsellor to facilitate a session with our team on **communication and how to work well together**. I explained my understanding of management and I asked, "What are your challenges? How could we do better?" You must know their situation. When you understand your team better, you can lead your team better.

Liberia: Start with a **process of consultation**. Find out: "What are the things that are important for you?" Ask again later. This process helps the organisation build its way of doing staff care and self-care.

Bosnia and Herzegovina: It's important that you as a director find out with your colleagues what is a priority for you together in your organisation. See **what is possible** for you to do. Address problems in your organisation step by step.

medica mondiale: **What would be the biggest mistake?**

Liberia: The biggest mistake would be **to make a commitment to staff that you cannot fulfil**. So, if you say for example "We can arrange massages for all staff," that's great, but can you afford it?

So, it doesn't come back to hit you. Don't raise expectations you cannot meet.

Afghanistan: The work-related needs of each one need to be addressed. You can provide good food, good financial support and everything to your staff, but if you **give your staff mental stress**, then you really don't take good care of them.

medica mondiale: **What do you understand by staff care?**

Liberia: **Well-being and solidarity** are two strong words to describe staff care. When you have difficulties, when you have good moments – we try to stand by each other. To make sure there is someone there. Even though we might not know all the facts of whatever the issues the other person is facing – but we must be understanding, we must be supportive. Also, ensure staff can take time off frequently.

Bosnia and Herzegovina: Staff care is to create a better atmosphere for our work. It means **to speak about difficult activities or situations** in our organisations or our country and then to see how we can **deal with these challenges** or problems together.

Kosovo: It's when you encourage people **to speak to each other, to work better together**. So the staff don't have the feeling, "Phew, I have to go to work" but they happily come to work.

Mirlinda Sada
Medica Gjakova, Kosovo

Saifora Paktis
Medica Afghanistan, Afghanistan

medica mondiale: **What do you do on a regular basis? What structures have you changed?**

Liberia: One of the things is to look at my staff physically when they come in on a Monday morning or a Friday afternoon and, if I spot anything, to ask: "Can we talk?" So, we have a spontaneous check-in with staff members and regular **check-ins** in the team. If you need support, then we will work with you. We also do joint **self-care sessions**; we come together into one space and discuss a particular topic that helps us deal with issues in our private or professional lives. We do **annual retreats** if we have the budget for it. And we do **social evenings**. They are really about team building. Ensuring that the team is cohesive.

Kosovo: There are things we do every day. Like, **we take breaks together**. We have breakfast together from 10am to 11am, and to be more relaxed we try not to talk about work. And when they come back from the field, we have coffee together with a dessert or so for half an hour. We discuss things that are not related to work. We cannot escape 100% from work, but 80% yes. This helps us a lot. When it comes to structures, we have **intervision meetings** for staff from different sectors. They discuss the challenges; they have to release stress. About every second month we do some **body exercises together** in nature, Yoga or fitness. We have professional people to help us to release stress from work-related problems. At the end of the year, we **leave the country** for two or three days for a retreat.

Before we go there and as well around Christmas, we play some nice games to get to know each other better in a different way.

Bosnia and Herzegovina: For us it is very important that we have our **ritual for coffee** in the morning and afternoon. We make jokes and enjoy the **laughing energy**. Every week we have an **open meeting**: There is no agenda. We can openly speak about challenges or achievements or whatever it is. Also, staff can come to me every day between 3.30pm and 5pm to **speak about private or professional problems**. Once a month we have a dance together or we organise an aerobics class, and once a year we organise a **retreat**. And **supervision** is so important for us. We have team supervision and case supervision once a month. During our assembly at the end of the year, we **include staff care in the annual planning**. We plan the retreat and supervisions to be clear that we really want to think about ourselves and to make sure we have time.

Afghanistan: We **celebrate** marriages and birthdays. We have a **woman's gym** in the office. **Flexible working hours** and working days. Annual staff retreat, where managers and team members went from the provinces to Kabul or from Kabul to the provinces. For staff dealing with difficult cases, one thing that helps is to hold joint case conferences between lawyers, mediators, social workers and psychosocial counsellors. Something I want to do in the future is **skill-sharing among peers** from the same profession in different locations.

medica mondiale: **What's self-care for you?**

Bosnia and Herzegovina: Self-care means to be **aware of my own vulnerabilities and respect my own limitations**. Self-care is also to **know where my part of an obligation ends** and where it becomes someone else's. Self-care is very important so that I can **continue my private life** despite this stressful work.

Kosovo: In the past, we thought it was a shame to take care of ourselves. Now we have created a culture for self-care. Now it is very important for me to take care of myself – **not only to maintain my health, but also to transmit good feelings to others**. Now the staff says to me: *"It was good to see you, you're so optimistic. It helped me to be less afraid of Covid."*

Liberia: It's really about me. Taking care of me. Looking after me. I have to make sure that I can set **boundaries**. It means to ensure that my health is good, that I can rest, that I can look after myself. So, I stay sane, that I can **mentally and physically** function.

medica mondiale: **Which staff care issues are specific to a women's organisation working in the field of sexualised and gender-based violence?**

Liberia: First and foremost, we all have **our own history**. We all have our pains and difficulties in the work that we do. There are two levels. The first is our personal experiences, which re-traumatise us when we deal with survivors. The second is the **pain and experiences of the survivors**, which affect us as well.

Afghanistan: The easy thing is to provide **childcare**. We have a daycare teacher at the office. The much more difficult thing is to provide **security**: Women's rights defenders sometimes receive life threats when they pursue a case of domestic violence. It is important to understand that our staff and their clients live in the same social environment. You

can't just call the police. This will put your client's life at further risk. Moreover, staff can become a victim of domestic violence themselves.

Bosnia and Herzegovina: It is important for staff to understand **women's rights** and **women's solidarity**. They need to learn how they can protect themselves from stereotypes and habits in our society.

Kosovo: Men can always take care of themselves. But women are obliged to stay home and to take care of the men.

medica mondiale: **What remains challenging?**

Bosnia and Herzegovina: **A patriarchal society**. We as women need to spend double the energy of men to make one step. Men don't want to see positive changes for women's rights. They prefer women to stay at home – but we decide to struggle for gender equality.

Liberia: **Donors** are not sensitised around staff care. I believe that this is under-valued and under-estimated. We need to prioritise staff care. We need to prioritise self-care.

Afghanistan: **Job insecurity**. Everybody is concerned about their salary.

Take-away Messages

Developing and piloting a staff care project with and for the feminist organisation Emma Organization for Human Development was a rewarding journey with a lot of learning. And that journey continues as caring for ourselves remains essential for supporting others, particularly survivors of violence.

As a summary we want to highlight four major take-away messages around addressing staff care.

Female staff are more vulnerable to stress and trauma in patriarchal societies. In societies where women are required to constantly care for others, it is challenging to develop and follow an attitude of self-care. Most of the time, they have to work for others. Also, many female staff members have experienced – and do experience – sexualised and gender-based violence themselves. If they work with survivors of SGBV, their clients' experiences are likely to touch their own wounds.

It doesn't require additional money to begin staff care. It simply requires a decision at leadership level. Start where you are, use what you have, do what you can! Of course, donors also need to provide additional money, though, so NGOs can afford relevant external services, such as supervision, training or coaching.

First and foremost, create a culture of care. This can be part and parcel of everyday work life: people see each other not only as colleagues who fulfil a role, but also as human beings who need and thrive on connection and solidarity. Staff care is not an activity you just attend or tick off occasionally. It is about staff who enjoy going to work, facing and sometimes overcoming difficulties and crises together. You start by jointly reflecting on how you, as a team, want to be. Then you reflect on what each of you can do to become that.

Accordingly, **staff care has many facets, including rules and regulations, relationships and cooperation, social and physical activities, professional exchange and reflection.**

We wish to share these learnings beyond the like-minded organisations we already know, to a broad audience of interested actors, including donors and governmental organisations dealing with topics of SGBV, or other NGOs in and outside the region. This is why we wrote this paper. We hope many others will start a similar journey and find it as inspiring and rewarding as we did.

Annex: Emma Staff Care Policy

Introduction

In this Staff Care Policy, we describe the objectives of a care structure and the responsibilities for staff care within the organisation.

Societal stress factors Emma Organization for Human Development has to deal with

The Kurdish Region of Northern Iraq is in an ongoing severe economic crisis. This economic hardship affects families and friends of Emma staff and incites feelings of powerlessness in, for example, psychosocial counsellors, whose services are of limited help in this situation. The Emma Staff Care Policy has been reflected in the organisation's structure through creating a working environment where potential work-related stressors are minimised or mitigated, as much as possible, through good management practices, effective Human Resources policies, staff empowerment and capacity building. It is also required to have measures in place to mitigate factors that could harm the staff's physical and mental well-being, which includes work-related stress. This policy recognises that there are many sources of work-related stress that can result from the actions or behaviours of managers, staff and beneficiaries as well as structural circumstances.

Emma's understanding of Staff Care

Emma looks at the stressors within and outside of the organisation. We do not only look at stress and trauma from a psychological point of view, which would only consider the individual. Instead, we follow a socio-political understanding of stress and trauma: We also look at how collaboration and how society impact on the individual. We consider the two spheres of within and outside the organisation, and the different levels they consist of. Examples include: within the organisation – management/team level and structures, procedures, work-conditions; outside the organisation – family and the cooperation with donors and other external parties.

I: The overall responsibility for Staff Care leads to the management

The Emma management team acknowledges the potential impact that work in a post-conflict area has on an individual's physical and mental health, and for feminist organisations where almost all staff are women. There are many challenges and risks that women activists face, resulting in a moral and legal duty to take steps to support staff members' well-being. The managers recognise that work-related stress has a negative impact on staff well-being, taking on many forms, and it should be carefully analysed and addressed at an organisational level.

II: Assessment on wellbeing and stress management

A number of sources of stress at work were identified. If not properly managed they can lead to poor health and well-being, lower productivity and increased absence due to sickness.

These are:
- **Demands** – i.e. workload, work patterns and the work environment.

- **Control** – i.e. how much say the person has in the way they do their work.

- **Support** – i.e. the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.

- **Relationships** – i.e. promoting positive working relationships to avoid or minimise conflict and dealing with unacceptable destructive behaviour.

- **Role clarity** – such as whether people understand their role within the organisation.

III. Emma's commitment on Staff Care

In order to establish staff care as part of its organisational culture, Emma commits to taking the following steps:

A. Increase manager and staff awareness of the causes and effects of stress.

B. Integrate staff care activities in daily, weekly, monthly, and annual planning.

C. Develop a culture that is open and supportive to experiencing stress or other forms of mental health.

D. Develop competence of managers through a Knowledge, Skills and Behaviors Framework.

E. Engage with staff to create constructive and effective working partnerships.

F. Establish and maintain an appropriate work life balance.

G. Encourage staff to take responsibility for their own health and well-being through effective health promotion programs and initiatives.

H. Encourage staff time management.

IV. Responsibilities for implementing the Staff Care Policy

In the implementation Emma's staff care activities follow three principles of the STA – Stress- and Trauma-sensitive Approach.

1. **Safety** through providing physical security, digital security and financial security

2. **Empowerment** through staff capacity and team building activities like supervision and training, strengthening self-efficacy and self-esteem, growing feminist identity within the organisation

3. **Connection** through accountable meeting structure, transparent communication, have in place and practice staff & self-care framework, foster diversity, organising social activities, partnering with other organisations, trustful cooperation with donors, feminist networking activities

Directors, Centre and Project Managers will:

1. Support steps taken to develop a culture of cooperation, trust and mutual respect (like e.g. the working from home policy).

2. Encourage good management practices as set out in the Knowledge, Skills and Behaviors Framework.

3. Promote effective communication to ensure that any changes made to management structures and working arrangements and plans align with the security and safety policy during crisis and emergencies.

Managers and Supervisors will:

1. Treat individuals with consideration and dignity, and promote a culture of mutual respect.

2. Ensure good communication within teams with safe spaces for opportunities to raise concerns about work.

3. Ensure risk assessments are undertaken for roles or working practices that may give rise to work-related stress.

4. Encourage staff participation in events and initiatives undertaken by the organisation to promote well-being and effective working.

5. Advice on best practices in relation to human resource management, developing policies and procedures as required.

6. Ensure support to those experiencing stress through supervision sessions.

8. Ensure performance measurements are in place such as
   a. Sickness absence data
   b. Staff turnover
   c. Numbers of grievance and harassment cases

Emma staff members will:

1. Work in a diverse team and treat others with consideration, respect and dignity.

2. Cooperate to implement the Staff Care Policy, attend training and raise one's own awareness of the causes of stress.

3. Bring awareness to work-related stressors and concerns to line managers.

4. Further develop one's own professional skills in order to work effectively in their team.

5. Practice staff care and self-care and give feedback on the effectiveness of the policy.

V. Upcoming plans

Employees who join Emma have a low turnover rate, are committed to their role and work, and remain a productive member of the community.

Kurdistan has a conservative society and being a feminist organisation brings a lot of criticism and attacks. Our society also does not have the type of infrastructure support for women to be able to act independently. Women play the role of caregivers to parents and children and running a household full-time. There are no means for support in place to reduce stress from her social and at the same time professional role (like for example day nurseries). For these reasons, Emma has developed a policy making it possible for staff to work from home when needed, and currently continues to implement this in order to help lighten the stress of women's multiple roles.

Limitations

Emma Organization for Human Development as a feminist organisation has a duty to ensure the health, safety and welfare of its staff as far as reasonably practicable, while acknowledging a lack of resources and donors' funds to do this. There is no health insurance system is in place at this time.

VI. Evaluation and reviews

These arrangements will be updated and revised as required and when deemed necessary by the findings of stress risk assessments.
The contents of the policy will be covered during general onboarding training sessions for new staff members.

VII. Monitoring and reviewing the Staff Care Policy

The Staff Care Policy will be reviewed every three years by the management team.
medica mondiale, our partner and supporting organisation for the implementation of the staff care system, will remain supportive of effective guidance of the Staff Care Policy.

Dr. Bayan Rasul
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