

Pathways to emergency and disaster counselling in Zimbabwe

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Abstract

Emergency and disaster counselling has not gained enough respect in developing nations despite a hodgepodge of traumatic situations in form of both man-made and natural catastrophes ranging from intractable wars, floods, landslides, droughts, conflict, terrorist attacks and epidemics characterizing the world today. Research prognosticates an increase in severity and incidence of droughts globally. Evidence indicates rising discontentment and conflicts globally. All these developments are insignia of a pending disaster with a potential of causing deep stress and trauma to the impacted and affected communities. Through examination of the Zimbabwean situation, this study makes a case for emergency and disaster counselling as both, a political good and a right to the citizens as part of the nations' responsibility to protect its citizens. This study provides a springboard for taking a conscious relook at emergency and disaster counselling in contemporary disaster intervention management strategies administered to at risk societies. The study recommends institutional building in disaster risk counselling and enactment of disaster management laws which capture disaster counselling as a security and health right. The study further commends utilization of existing counselling institutions in Zimbabwe as well as setting best practice standards for operation which are supported by law. Further recommended is the need for the Government; through the Civil Protection Unit to create regulatory, monitoring and evaluation frameworks as well as procedures and guidelines that regulate the disaster counselling practice in Zimbabwe.

Key words: Emergency, disaster counselling, disaster trauma, psychological health, stressed societies, human right

1. Introduction and Background

Post emergency and disaster counselling has not gained enough respect in developing nations. This is despite a hodgepodge of traumatic situations in form of both man-made and natural catastrophes ranging from intractable wars, floods, landslides, droughts, conflict, terrorist attacks and epidemics characterizing the world today. Evidence point to the growing frequency and severity of hydro-meteorological catastrophes and disasters due to climate change globally (Guha-Sapair et al, 2012). Research prognosticates an increase in severity and incidence of droughts globally. Furthermore, Amnesty International indicates rising discontentment and conflicts globally (Amnesty International, 2012). Tyrannical governments, premised on inverted democracy, prostitution justice and kleptomania, signal unshaken determination to stay in power, putting millions of people at the mercy of their political machinations increasing the risk for political conflict and civil wars. The decreasing concern for human rights across the globe by some governments in pursuance for political supremacy remains a major and potential source of risk for surreptitious and spontaneous violent conflicts and mass movements of people that creates both emergencies and disasters. The world remains politically polarized, investing billions of dollars in defence and war technology creating the risk for a war in the future. The global displacements are harvesting volumes of refugees living in deplorable conditions create a potential disaster. All these developments are insignia of a pending disaster with a potential of causing deep stress and trauma to the impacted and affected communities. This paper makes a case for emergency and disaster counselling as both, a political good and right to the citizens in the global world as part of the nation's responsibility to protect its citizens. This study provides the need for taking a conscious relook at emergency and disaster counselling in contemporary disaster intervention strategies administered to at risk societies.

The aim of this study was to examine possible pathways to emergency and disaster counselling in Zimbabwe given its centrality in sustainable post disaster risk recovery. The study sought to upraise the current situation in Zimbabwe regarding emergency and disaster counseling and depict recommendations thereof.

2. Methodology

Data was gathered from nine (9) officially registered counseling organizations, which were active in counseling practice in Zimbabwe at the time the study was done. Purposive sampling was used to select the organizations. Data was obtained through telephone and face-to-face interviews using interview guides. Short electronic questionnaires administered through email were also used. Six Key informant in depth interviews were carried out. Secondary data was used to complement the primary data. Reports and reports from key informants were used to complement data from questionnaires and secondary sources. Data was analyzed qualitatively and quantitatively. Results and recommendations were drawn from the analysis.

3. Conceptualizing counselling and disasters

There are numerous scholarly definitions of counselling in literature. A definition endorsed by 29 major counselling organizations in the world is that counselling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals (Kaplan, 2011, Kaplan et al, 2014). To psychologists, it is the:

Application of psychological knowledge and theory derived from research to the area of client empowerment and enhancement, to assist children, young persons, adults and their families with personal, social, educational and vocational functioning by using psychological assessments and interventions and preventive approaches that acknowledge ecological, developmental and phenomenological dimensions (New Zealand Psychologists Board, 2013, p27)

Defining disasters has become problematic to scholars. The word is derived from a Latin word *astrum* meaning a star. The ancient believed that volcanoes and earthquakes were mandated by heavens (Zebulewsky, 2001). There is no consensus on the definitions. Literature proffers more than 40 definitions of disaster (Korver, 1987). By definition, an emergency is a sudden and usually unforeseen event that calls for immediate measures to minimize its adverse consequences (UN, DHA). According to Frostier (2011),

an emergency is an event usually with little or no warning, causes or threatens death or injury, serious disruption of essential services or damage to property, the environment or infrastructure beyond the normal capabilities of the principal emergency services in the area in which the even occurs, and requires the activation of specific additional procedures and the mobilization of additional resources to ensure an effective, coordinated response (p15).

ISDR (2004) defines disaster as:

a severe disruption to the survival and livelihood systems of a society or community, resulting from their vulnerability to the impact of one or a combination of hazards and involving loss of life and/or property on a scale which overwhelms the capacity of those affected to cope unaided (ISDR, 2004; ODI, 2007; Lindell 2011)

The World Bank (2006, p.xlix) defines disaster as:

A serious disruption of the functioning of a community or society causing widespread human, material, ,economic or environmental losses that exceed the ability of the affected community or society to cope using its own resources.

Commonwealth of Australia (2002), the World bank (2006), Gist and Limbin (1999) agree on that disaster cause a serious disruption in a community causing damage, loss of life and material and exceed the ability of the impacted community to cope that they require external help to cope. Winkworth (2007) notes that the defining feature of a disaster is the scale of the consequences of the disaster on a group. Hutton (2001) and Gist and Lumbin (1999) further elaborate that disasters do not happen to individuals per se, but is only qualified as a disaster if it overwhelms the impacted community's capabilities to contain and control the consequences with its own resources.

Norris et al (2002) notes that disaster stressors like life threat, exposure to horrific events, death, injury, loss of property stress due to relocation may affect human mental health significantly. This impact on mental health underscores the need for mainstreaming disaster cancelling in disaster management practice. Research indicates that people exposed to disasters may exhibit different psychological problems, which include post Traumatic Stress Disorder, major depressive disorders, and anxiety disorder. Counselors report disaster effects ranging from disillusionment and anger to schizophrenia (Moore, Daniel et al, 2004). The scale of people affected and impacted in disaster events provides the motivation for bringing disaster counselling as significant step in rehabilitating disaster victims. The year 2012 alone was declared a year of recurring disasters (Ferris, 2013, p ix). The total number of affected people in 2012 alone is estimated at 106 Million people (Ferris et al, 2013, p4). This figure shows that disasters are affecting many communities, hence the need for mainstreaming disaster counselling in disaster management practice.

4. Viewing disaster from an alternative lens

In counselling and social work, disasters are viewed as a type of collective stress situation in which societal processes fail to meet the needs of the impacted. Disasters differ from other stress types because they are crisis

situations (Barton, 1969, Quarantelli, 1998). Thus this position is consistent with Crisis Intervention Frameworks counselling and social work disaster research (Miller, 2003).

5. Emergency and disaster counselling in other countries

Disaster counselling is needed for both service providers and recipients of the service. They are both exposed to and affected by the traumatic events. The engagement with the disaster scene creates psychological discomfort, which can cause mental health. In Japan, Red Cross provided counselling for Tsunami Victims, (Muller, IFRC, 2013). Australia used a treatment called *Psychological First Aid* on bush fire and flood victims (Prideaux, 2011). Psychological First Aid is an approach, which helps survivors in the immediate aftermaths of disaster. The intention of this paper is not to upraise different forms of counselling or prescribe any form of counselling. The paper is concerned about the conspicuous absents of counselling interventions that instill empowerment and enhancement, to assist children, young persons, adults and their families with personal, social, educational and vocational functioning to bring their communities to normalcy and attain a state of mental and psychological health in current disaster interventions practices.

6. Disaster counselling methods

WHO (1989) set out the roles of counsellors in assisting disaster victims to prevent and mitigate its psychological and mental health consequences (Doherty, 1999). Various disaster victims experience disaster impacts differently and as such have different levels of trauma. Taylor and Frazer (1981) provides a taxonomy of victims showing various classes of disaster victims at risk of experiencing symptoms of physical and psychological stress due to disaster or emergency exposure. The exhibition of physical –psychological symptoms in this context is viewed as a process of coping to disaster and not as psychopathological (p22). This thus calls for forms of counselling for immediate response and long-term counselling for post disaster recovery and integrative rehabilitation process. Research indicates that many people recover after six months to one year four months (Green and Lindy, 1994). Different stressors affect people differently. Disaster stressors include threat to life, injury, and exposure to death, bereavement loss of property, loss of home and dislocation. These stressors influence the mental health outcomes of the affected people.

7. Special populations mostly vulnerable

Literature is clear on the impact of disasters on various categories of special populations) Rodriquez – Oreggia et al, 2008). These populations are also the most vulnerable to emergencies and disasters. The special populations include children, elderly, women, and people living with disabilities (Hoffman, 2009, Cooper, 2010). Thus, it is not by accident that special populations are the most vulnerable to the psychological effects of disaster and should have disaster counselling. The special populations require focused disaster planning that addresses their needs throughout the disaster cycle because they are the most vulnerable and affected (Dries et al, 2014.) Sharona Hoffman identifies some categories of special population as people with disabilities, elderly persons, women, pregnant women, prisoners, children as the most affected by disasters (Hoffman, 2009). Whilst acknowledging that everyone need counselling, these special populations need more attention than others.

8. Common psychological effects of disasters

Research indicates a plethora of emotional, cognitive, and physical effects resulting from disaster exposure. Common effects include shock, denial, loss of control, anger helplessness (NSW health, 2000). Physical effects include fatigue and sleep disturbances, nightmares, sadness, grief; cognitive effects associated include memory loss, intrusive thoughts, social withdrawal and relationship difficulties (NSW health, 2000. p33). According to Rabiél et al (2014) psychological effects of disasters often affect people long after the disaster situation has happened. Thus, there is need for taking post disaster counselling as a post disaster intervention seriously.

9. Disaster counselling in disaster frameworks

There is very little mention or emphasis on disaster counselling in the international and national disaster management frameworks. The Hyogo Framework For Action 2005-2015, despite it having a theme on building resilience of nations and communities to disaster, it does not make any reference to disaster counselling. Yet resilience is a direct outcome of the psychological preparedness and wellbeing of the very community concerned. Furthermore, it identifies aspects like information exchange, education and training, research and public awareness (UNISDR,2007) but fails to make mention of disaster counselling which psychologically prepares the community mentally to participate in the former activities as one of the key aspects. Likewise, the Sphere handbook, the manual that spells out the Humanitarian Charter and minimum standards in humanitarian response suffers from the similar handicap. The Sphere handbook has no mention of disaster counselling in all 402 pages of standards. Yet it purports to inform on improving the quality of actions during disaster response and alleviate human suffering arising from disasters (Sphere, 2011). The Sendai Framework has the same deficiency

of negating disaster counselling. These frameworks are pivotal to the governance of disaster responses and it is unfortunate that they repugnant to the disaster counselling in disaster and emergency management practice.

10. Emergency and disaster in Zimbabwe

The Disaster history of Zimbabwe shows evidence that compel us to revisit the national disaster management governance system. Three main disaster types dominate the disaster topography in Zimbabwe. Droughts, floods, and epidemics form the most frequent and dominant forms of disaster events in Zimbabwe. Epidemics occurred in 1992, 1996, 2000, 2005, 2007, 2008 and, 2009. Flood disasters occurred in 2000, 2013, 2014 and, 2015 (EM-DAT: The OFDA/CRED International Disaster Database, 2015) Table 1 indicates the frequency of the disasters in Zimbabwe by type as well as mortality. Despite the fact that there is high underreporting due to the absence of a well-articulated disaster risk and emergency communication monitoring and evaluation framework and knowledge management system in Zimbabwe, these figures are deemed high and a cause for concern to development and disaster management practitioners.

Table 1. Top Disaster events in Zimbabwe.

Disaster Type	Period	Not killed
Epidemic	1992	258
Epidemic	1996	1311
Epidemic	2000	93
Flood	2000	70
Epidemic	2005	73
Epidemic	2007	67
Epidemic	2008	4276
Epidemic	2009	50
Epidemic	2011	45
Flood	2013	125
Flood	2014	*
Total number killed		6368

Created on: Jan-23-2015,-Data version: v12.07¹

The data indicated in Table 1 does not show the number of people affected, however it serves its purpose of bringing to the attention the need for and justification for disaster counselling in Zimbabwe. It means that 6368 families required a form of counselling for having lost members of their families during the period concerned and the death of a member destroys the socio-economic structure of the family making weakening the resilience of the family to disasters.

Table 2 indicates the number of people affected by several disaster occurrences in Zimbabwe

Type of Disaster	Year of Occurrence	Number of People Affected
Drought	1982	700,000
Drought	1991/2	5,000,000
Epidemic (<i>Cholera</i>)	1996	500,000
Drought	1998	55,000
Flood	2000	266,000
Drought	2001	6,000,000
Flood	2001	30,000
Drought	2007	2,100,000
Epidemic (<i>Cholera</i>)	2008	98,349
Drought	2010	1,680,000

Source: Prevention Web, 2012

Table 1 and Table 2 provide sufficient evidence of how disasters affect the community and implicit to the evidence is the need for disaster counselling for these communities to restore them to normalcy.

¹ Source: "EM-DAT: The OFDA/CRED International Disaster Database, www.em-dat.net - Université Catholique de Louvain - Brussels - Belgium"

11. Institutions offering disaster counselling in Zimbabwe

Disaster counselling has never gained attention in Zimbabwe despite it being a security, human rights, and health issue. In Zimbabwe, disaster management is entrusted to The Civil Protection Unit, a feeble institution whose execution of the mandate has been invisible to say the least. The Civil Protection unit besides being in Intensive Care Unit, it lacks capacity to deal with the coordination of the disaster management in Zimbabwe. It has no research unit as well as the necessary investment in technology to execute its mandate. The institution is yet to play its central role in disaster management in Zimbabwe.

12. Institutions dealing with disaster counselling in Zimbabwe

In Zimbabwe, disaster counselling has not had any institutional presence. There is need for institutional building based on disaster legislation in Zimbabwe. The absence of disaster legislation /law has been the greatest inhibitor to proper disaster management practices, which involve the right to access to disaster counselling. Despite the legalistic huggermugger, there are institutions that are inclined to the provision of counselling in Zimbabwe. These institutions include the Zimbabwe Association of Family Therapists and Professional Counselors (ZAFTPC), a brainchild of the Zimbabwe Open University, Faculty of Applied Social Sciences, and Department of Counselling, whose main goal is strengthening meaningful and lifelong human development through professional counselling. ZAFPPC has its representation in eight regions in Zimbabwe. However, its work has been invisible and made difficult by lack of a legislative framework to guide their operations. There is no notable record of their work in action. Connect Institute of Systemic Therapy established in 1982 as a welfare organization also provides counselling services in Zimbabwe. Christian Counselling Centre, a non-profit registered Trust also offers counselling services. Christian Counselling Centre, Southern African Institute of Counselling, Institute of Governance and Cancelling, New Start Centre, Psychotherapy and Cancelling and, CONTACT are some of the institutions offering general professional counselling in Zimbabwe.

13. Results and discussion

All nine institutions interviewed were dealing with counselling, were legally registered as professional counselling institutions, and has valid practicing licenses. At least eight (8) out of the nine (9) institutions had more than 12 year in existence. When asked whether they have been formally involved in disaster counselling, all counselling institutions (N=9) agreed to have provided some form of counselling to disaster victims as either crisis counselling or post disaster counselling. However none (N=9) of the institutions confirmed not to have been formally invited to offer professional counselling at national disaster by the government responsible authority at any point in time. The organizations also inveterate that they had not at any point in time been involved with or engaged by the Civil protection unit during the times of catastrophes. Neither were they in the structure of the Civil Protection Unit which coordinates disaster management in Zimbabwe. Regardless of their systemic exclusion from participation in disaster management, these results testify beyond doubt institutional existence of counselling institutions which if extended the opportunity to participate in disaster counselling will close the missing link.

The institutions (N=9) also noted that there are no public disaster counselling services in Zimbabwe. Counselling is an individual private practice in Zimbabwe. There are also no disaster counselling services provided by the government of Zimbabwe where people can find help when disaster strikes them. The under resourced Ministry of social welfare does not have qualified professional counselors neither has it taken disaster counselling as its key activity in the past. Zimbabwe extrapolates lessons from other countries like Australia where disaster management systems have improved; there exist toll free 24hrs telephones information and disaster welfare support. Australian Social Work Services Department of Human services help victims impacted by disasters by providing counselling². Other institutions, which offer counselling, are Anglicare,³ providing counselling in disaster situations. Such counselling facilities and centers do not exist in Zimbabwe. There is need for institutional reorientation and change management to cover this ever-enlarging gap in Zimbabwe.

When asked on the need for disaster counselling in Zimbabwe, the institutional opinions were unanimous on the need for disaster counselling. They indicated that it was long overdue and the urgent need for the government to seriously consider disaster counselling not as a favor but as a health right to disaster victims. Commenting on the institutional preparedness when given the opportunity to offer disaster counselling comes five (56%) (N=9) of the organizations indicated high preparedness in terms of skills and capacity to be involved in disaster risk reduction and post disaster recover if modalities of engagement are worked out.

Some indicated that there were no disaster laws that compelled the state to pave a way for disaster counselling as a result it is difficult to administer the service without a regulatory framework protecting both the service provider and the recipient. Suggestions from the respondents pointed to the urgent establishment of the

² www.human.services.gov.au/customer/services/centrelink/social-work-services

³ <https://www.anglicare.org.au>

disaster law especially because disaster issues are matters of national security and involving with the disaster victims sometimes becomes a political matter as disaster intersect with human rights and human security.

There is no doubt that psychological ramifications of disasters are likely to mirror and obstruct sustainable and successful post disaster resilience and recovery of the impacted communities if disaster counselling is not administered to affected communities. In line with this position, the following recommendations are derived from the results and tendered as a step towards the construction of a springboard for disaster cancelling in Zimbabwe. The Government of Zimbabwe through the Civil Protection Unit should capitalize on the existence of the registered counselling organizations that have demonstrated the willingness to be co-opted in the disasters management practice. The study further recommends that the Government of Zimbabwe should establish a disaster management law to pave ways for total participation of stakeholders in executing their mandate. The disaster management laws will help to spell out procedures and parameters of engagement that will legitimize the actions of both practitioners and recipients in disaster risk management practice. There is need for a political will to mainstream disaster counselling in all disaster interventions in Zimbabwe. This will help to extend the much-needed service to those disaster victims that do not afford private counselling from councilors.de oversight of their practice .Counselling is a very delicate sector where strict regulation in terms of ethics and practice is require due to may windows for human abuse.

Further recommendations allude to the need to involve the counselling organizations as a special sector within the civil protection Unit structure so that the CPU is able to infuse them in their coordinating matrix. Furthermore, there is need for the Government; through the Civil, protection Unit to create regulatory, monitoring and evaluation framework as well as procedures and guidelines that should regulate the disaster counselling practice in Zimbabwe.

The paper recommends further research in how counselling models that are suitable for local conditions may add value to disaster management practice and advice on the policy accordingly and in line with international best practices.

14. Conclusion

Disaster counselling in Zimbabwe is long overdue. Integration of disaster counselling in disaster management practice offers unique contributions to knowledge of disaster resilience and recovery in Zimbabwe. Disaster counselling has the potential for enhancing the mental preparedness of the individual who make the family, which makes the communities. A mentally and psychologically prepared community is a sine qua non for successful disaster recovery intervention. Disaster counselling has much to contribute to the resilience of communities under the threat of disasters.

References

- Cooper A (2010), Institute of medicine (US) forum on Medical and public Preparedness for Catastrophic Events. Medical Surge Capacity: Workshop Summary. Washington (DC): National Academic Press (US); 2010.G Vulnerable Populations in Disasters: Health effects and Needs. Available from <http://www.ncbi.nlm.nih.gov/books/NBK2854/>
- Dries .D ,Reed MJ, Kissoon N, Christian MD, Ditcher JR, Devereaux AV, Upperman JS,(2014),Special Populations: care for the critically ill during pandemics and disasters: CHEST consensus statement, Chest 2014 Octo,146(4 Supply):e75S-86S.DOI10.1378/chest.14-0737
- George, W.D (1999) Cross –cultural counselling In Disaster Settings, The Australian Journal of Disaster, and Trauma studies, Volume1999-2
- Guha-Sapir D,Vos F, Bellow R,Ponserre S,(2012)Annual Disaster Statistical Review 2011,The numbers and trends. Brussels.
- Hoffman,S, (2009) University of California, Vol.42:1491.lawreview.law.ucdavis.edu/issues/42/5/articles/42-5hoffman.pdf
- Kaplan, D.M and Gladding, S.T (2011) A vision for the Future of counselling: The 20/20 Principles for Unifying and strengthening the profession. Journal of Counselling and development, 89,367-372
- Kaplan.D.M. Tarvydas V.M, Gladding S.T (2014)2020: A vision for The Future of Counselling. The New Consensus Definition of Counselling. Journal of Counselling and development, July 2014, Volume 92
- Lindell M K (2011), Disaster Studies,Sociopedia.i.sa,DOI:10.1177/205684601111
- Muller K, (2013) IFRC, The Trauma of a Tsunami is still Fresh for survivors,www.redcross.org/news/article/Japan
- New Zealand Psychologists Board (2013) Scopes of practice and qualifications for psychologists registered under the health practitioners Competence Assurance Act 2003.Retrieved from <http://www.psychologists.org.nz/scopes-of-practice2>
- Overseas Development Institute (2007) Humanitarian Practice Network, ODI, London

- Prideaux, K (2011) ABC News. Friday November 11, www.abc.net.au/worldtoday/achives.html
- Rabiel A, Nakhaee N, Pourhosseini SS. (2014). Shortcomings in dealing with psychological effects of Natural Disasters in Iran, Iranian Journal of Public Health, 2014;43(8):1132-1138.
- Rodriguez -Oreggia, E., De la Fuente A, De la Torre, R (2008) The impact of Natural Disasters on human Development and poverty at the Municipal level in Mexico, RPP LAC- MDGs and Poverty - 09/2008, RBLAC-UNDP, New York.
- United Nations International Strategy for Disaster Reduction (2007), Geneva, www.unisdr.org.
- World Health Organization, Geneva, Switzerland (1989). Coping with natural Disasters. The role of local Health personnel and the community. Geneva, Switzerland: World health organization
- Zebulewisky J (2001), Defining Disaster: The emergency department perspective, Proc (Bayl Univ Med Cent) 2001 April 14(2):144-14-BUMC Proceedings, 2001; 14:144-149