

Trauma-Informed Approaches to Development Checklist¹

Understanding Trauma and Its Role in International Development

What Is Trauma?

Trauma can be understood as an experience, series of events, or set of circumstances that overwhelm the capacity of an individual or community to manage distress, which may have lasting adverse effects on the physical, social, or emotional wellbeing and ability to function of the individual or community (see box).² Trauma has a wide array of sources, and trauma symptoms vary from individual to individual. Armed conflict, natural disasters, political upheaval, poverty, violent crime, sexual and gender-based violence, and other forms of trauma have affected staff and beneficiaries in many international development contexts and instances of humanitarian work. Individuals and communities have different strengths that enable them to sustain the shocks of traumatic events and continue to function. Nearly everyone will have a range of reactions to trauma. Due to various biologically based factors, traumatic stress may only create minor disruptions in life or functionality for some while debilitating and severely disrupting life for others. Direct and vicarious exposure to traumatic events can acutely affect survivors and, more broadly, associated communities in the near term as well as the long term.³

With professionals across the international development sector in mind, this checklist synthesizes industry-leading research on effective trauma-informed approaches. By

Multisectoral Impacts of Trauma

- *Education*: Trauma symptoms that result in hypervigilance in children can prevent them from using parts of their brain that they need to learn to read, which can prevent our education programs from achieving learning outcomes.
- *Global health*: Mental health conditions have been found to contribute substantially to global mortality. Ongoing traumatic stress can cause significant chronic health issues like heart disease, diabetes, autoimmune disorder, and more.
- *Peace and stability*: Studies show that trauma exposure, post-traumatic stress disorder (PTSD) symptoms, and other mental health factors can precipitate negative attitudes toward justice and reconciliation.
- *Democracy and governance*: People with psychosocial disabilities often experience profound stigma, discrimination, and human rights violations, particularly in lower- and middle-income countries.

1. Authored by the Trauma-Informed Approaches (TIA) Working Group at Chemonics International: India Boland, Garrett Koelsch, Nicole Patierno, the Gender Equality and Social Inclusion Practice, and the Peace, Stability, and Transition Practice. Many thanks to our contributors: Bridget Burke, Aliya Souhaid, Samantha Law, and Kaelan Sullivan. Finalized on October 14, 2020.

2. Substance Abuse and Mental Health Services Administration, [Trauma-Informed Care in Behavioral Health Services, Treatment Improvement Protocol \(TIP\) Series 57](#), HHS Publication No. (SMA) 13-4801 (Rockville, Maryland: Substance and Mental Health Service Administration, 2014).

3. Ibid., xviii. Vicarious trauma, or “secondary trauma,” refers to trauma-related stress reactions and symptoms resulting from exposure to another individual’s traumatic experiences rather than from direct exposure to a traumatic event.

applying the guidance in this brief, accessible checklist, those designing and implementing international development projects can streamline knowledge of how traumatic stress affects their projects' contexts throughout activities. In doing so, practitioners can ensure their overall project approaches — regardless of whether they primarily focus on traumatic stress — are more context-specific and comprehensive.

Why Is It Relevant in Our Work?

Global mental health experts recognize that traumatic stress can dramatically affect progress toward the same outcomes Chemonics projects work toward each day, including educational achievement, economic productivity, social cohesion, positive communal relations, and overall health and wellbeing. There is a clear consensus among experts that coordinated, multisectoral responses coupling trauma-informed mainstreaming with mental-health-specific initiatives can best address traumatic stress.⁴

Applying a Trauma-Informed Approach

Chemonics' approach to implementing each project — regardless of its scope or technical sector — should reflect a nuanced understanding of traumatic stress relevant to the project's context. Projects should implement a trauma-informed approach that (1) accounts for the project's operating context, particularly with respect to adverse past or present conditions with potential mental health consequences; (2) understands how its activities, its context, and the individuals therein will (or do) interact; and (3) avoids negative impacts and maximizes positive impacts for local partners, beneficiaries, and other third parties affected by activities. All projects should strive to remain aware of and sensitive to the prevalence of trauma, but only some are designed to directly engage with, mitigate, or manage trauma. This checklist's purpose is to help users build upon the "Do No Harm" principle by providing basic considerations for carrying out trauma-informed development based on industry-leading, evidence-based approaches.⁵

Responding to COVID-19

The COVID-19 pandemic exacerbates many sources of trauma and created conditions concretely linked to the increased risk of negative mental health outcomes.⁶ The need for trauma-informed approaches to development has only increased; individuals and communities already in distress deserve responsive assistance as they endeavor to cope with the pandemic and its aftermath.

COVID-19 has affected every person differently, but it has introduced stressors that could compromise the ability of all staff to perform their daily routines or normal tasks — including because of their feelings of anxiety, uncertainty, isolation, sadness, and grief. It is as important as it ever has been to ensure projects also focus on the wellbeing of their staff; this focus is a responsibility, not a luxury, during the COVID-19 response.⁷ This checklist provides information on how projects can care for staff by using principles grounded in trauma awareness.

4. G. Ryan, V. Lemmi, et al., "[Mental Health for Sustainable Development: A Topic Guide for Development Professionals](#)," K4D Emerging Issues Report, (London: Mental Health Innovation Network and IDS, 2019).

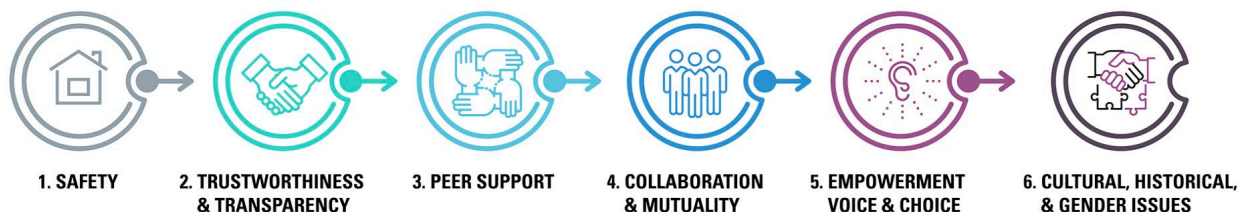
5. Mary Anderson developed and presented the "Do No Harm" tool in her book *Do No Harm: How Aid Can Support Peace – Or War* (Boulder, Colorado: Lynne Rienner Publishers, 1999). The organization CDA Collaborative Learning (CDA) further publicized this tool. "Do No Harm" refers to an organization's capacity to address human needs in developing contexts without making local dynamics worse. For more on the tool, see "The Do No Harm Program," CDA, updated July 28, 2017, <https://www.cdacollaborative.org/cdaproject/the-do-no-harm-project/>.

6. Nirmita Panchal et al, "The Implications of COVID-19 for Mental Health and Substance Use," Kaiser Family Foundation, updated August 21, 2020, <https://www.kff.org/health-reform/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

7. IASC [Inter-Agency Standing Committee], [Guidance: Operational Considerations for Multisectoral Mental Health and Psychosocial Support Programs during the COVID-19 Pandemic](#) (IASC Reference Group MHPSS, 2020).

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Center for Trauma-Informed Care outlines six key principles as essential to the concept of trauma-informed approaches. In partnership with SAMHSA, the Center for Disease Control developed a training, including the graphic below, based on these key principles to provide a framework for tailored interventions across development contexts. Effectively using the checklist that follows depends on understanding these principles for implementing a trauma-informed approach to development. What does it mean for an approach to be trauma-informed? Part of what it means is that the approach upholds these six principles, which provide the foundation for implementing trauma-aware programming.

Exhibit 1. Six Principles for the Trauma-Informed Approaches Checklist⁸



Source: https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

Safety. When assisting a survivor with responding to a traumatic event, it is necessary to ensure the survivor feels safe about doing so. Fostering this sense of security may require providing physical safety — guaranteeing the absence of a physical threat — or providing internal safety — enabling an individual to feel comfortable expressing their thoughts, feelings, and emotions without fear of reprisal or judgment. Creating environments that promote safety is critical for healing from and coping with traumatic stress.

Trustworthiness and transparency. Traumatic stress reactions can include hyperarousal to a perceived threat and hyper attunement to or suspicion of individuals that appear dishonest or ingenuine.⁹ Therefore, promoting environments of transparency and trustworthiness can be key to increasing feelings of safety among survivors of trauma. Communicating clearly and often, avoiding “surprises,” and acting with honesty and integrity are essential to promoting healthy responses to traumatic stress.

Peer support. Evidence shows that individuals who have support — from employers, supervisors, and especially from peers — cope better with traumatic stress than those who feel alone in their experience.¹⁰ Loneliness can exacerbate post-traumatic stress symptoms. Promoting environments in which individuals have mentorship opportunities and chances to connect with peers, organizations maintain networks with one another, and individuals and communities communicate freely about their experiences can improve an individual’s ability to cope with the experience of trauma.

Collaboration and mutuality. Ensure that the relationship between implementing partner and beneficiary is collaborative, regardless of setting or activity. Development actors cannot make decisions pertaining to interventions or involvement in communities autocratically; instead, they should develop trauma-informed plans collaboratively with beneficiaries and, when appropriate, with family, caregivers, and communities.

8. Center for Preparedness and Response, “Infographic: 6 Guiding Principles to a Trauma-Informed Approach,” Center for Disease Control and Prevention, updated July 9, 2018, https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm.

9. Substance Abuse and Mental Health Services Administration, *Trauma-Informed Care in Behavioral Health Services*, 2014.

10. Substance Abuse and Mental Health Services Administration, *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*, HHS Publication No. (SMA) 14-4884 (Rockville, Maryland: Substance Abuse and Mental Health Services Administration, 2014).

Empowerment, voice, and choice. Another key factor in recovery from traumatic stress is an individual's sense of self-efficacy and control. Those subjected to traumatic events experience the loss of control over their emotional or physical safety as they are forced to endure distress. An organization or institution can support survivors of trauma by offering staff or beneficiaries the ability to make choices. Some schools that focus on treating trauma, like the Sensorimotor Psychotherapy Institute,¹¹ follow the principle that survivors intrinsically know what they need to heal. Empowering survivors to make choices, drive development initiatives forward, and make their voices heard is key to trauma-informed approaches.

Cultural, historical, and gender issues. Traumatic events occur within complex, intersecting cultures and contexts. It is critical to reflect on how predominant cultural or historical grievances may continue to affect, perpetually traumatize, or increase the traumatic stress of survivors who are part of minority groups. Development activities must deliberately consider issues such as historical conflict dynamics, racial dynamics within a project, how cultural context drives gender expectations and norms, intergenerational transmission of trauma, and norms around sexual and gender-based violence in households.

Using the Checklist

Trauma-informed development need not focus primarily on treating trauma-related symptoms, but all of Chemonics' activities should work toward Chemonics' multisectoral mission of helping people live healthier, more productive, and more independent lives. An insufficient understanding of the impact of trauma can undercut our work (see box)¹². This checklist provides a starting point for the ongoing process of creating trauma-informed systems, practices, and cultures. The checklist is not exhaustive, and many recommendations can be implemented concurrently or non-sequentially.

Recommendations for the assessment (next page) will prove most impactful if followed from a project's outset, but a project can meaningfully carry them out at any time. Conducting an assessment is useful both for projects seeking to become more trauma-aware and sensitive and for projects seeking to directly address trauma or provide PSS. Similarly, a project can carry out recommendations for implementation at any time. The recommendations on staff focus mostly on creating trauma-sensitive workplaces that accommodate, support, and train staff and partners. The recommendations on monitoring,

Multisectoral Application of Trauma-Informed Approaches

- *Education:* Offering social and emotional learning opportunities within traditional curricula can improve outcomes in learning and overall wellbeing.
- *Global health:* Integrating mental health services or referral pathways into general health-care can be less stigmatizing and institutionalizing than offering treatment in specialized facilities.
- *Peace and stability:* Program staff and partners can be trained on the history and prevalence of traumatic in-country events and dynamics to design trauma-sensitive peacebuilding, reconciliation, and social cohesion activities.
- *Democracy and governance:* Training law enforcement and legal and justice system professionals in culturally responsive, trauma-informed methods of responding to hate-based violence can mitigate the multiplying experience of trauma and stress among survivors.

11. See, for example, Sensorimotor Psychotherapy Institute, "About," Sensorimotor Psychotherapy Institute, updated July 29, 2020, <https://sensorimotorpsychotherapy.org/about/>.

12. On education, see OECD, *Social and Emotional Skills: Well-being, connectedness and success*, (Paris: Directorate for Education and Skills, OECD [Organisation for Economic Co-operation and Development], 2018); on global health, see World Health Organization (WHO) and World Organization of Family Doctors (Wonca), *Integrating mental health into primary care: a global perspective* (Geneva and London, WHO and Wonca, 2008); on peace and stability, see Abiosseh Davis, Celestin Nsengiyumva, and Daniel Hyslop, *"Healing Trauma and Building Trust and Tolerance in Rwanda: Interpeace Building in Practice, Paper No. 4"* (Stockholm: Swedish International Development Cooperation Agency, 2019); on democracy and governance, see Substance Abuse and Mental Health

evaluation, and learning (MEL) are particularly useful for proposal teams seeking to integrate trauma-awareness into program design and for program teams seeking to ensure trauma-sensitive programming and assess impact toward positive mental health outcomes.

Assessment

- Have you completed a [Mental Health and Psychosocial Support](#) Services (MHPSS)¹³ assessment to establish — at a minimum — a basic understanding of a) local sources of trauma, b) the state of basic service provision and most-vulnerable groups, c) current MHPSS resources and access issues d) local attitudes toward mental disorders, and e) culturally specific coping mechanisms?¹⁴ Projects should determine whether the United Nations has already done an MHPSS study in the country or regions in which the projects are intervening. This information will prove especially useful if a project’s statement of work or budget will not allow for a full MHPSS study.¹⁵
- As part of your assessment, have you consulted or interviewed local informants and stakeholders through an inclusive and safe participatory process? For example, a safe process of participant disclosure would seek to minimize re-traumatization and ensure confidentiality as well as participants’ physical security. With the advent of COVID-19, conducting virtual interviews may be preferable (when appropriate), but ensuring interviewers and participants have adequate personal protective equipment (PPE) to meet in person must be factored into your assessment strategy.
- Have you created an enumerator training for staff carrying out your MHPSS assessment or working on your MEL team, verifying that personnel are conflict-aware, share an informed understanding of the terms in their surveys, and can explain the terms and surveys to participants?
- Have you integrated findings from the MHPSS assessment across relevant aspects of your work and MEL plan?

Implementation

- Based on your assessment, have you evaluated how the basic needs (food, water, shelter, security, and basic health services) of your target population are being met? Have you considered how your activities can support basic service provision as well as MHPSS activities or refer to MHPSS services? Studies show that target populations often do not receive interventions that focus solely on PSS well when basic needs remain unmet.¹⁶

Services Administration, SAMHSA’s National Center on Trauma-Informed Care and SAMHSA’s National GAINS Center for Behavioral Health and Justice, [Essential Components of Trauma-Informed Judicial Practice](#), draft for review and comment (Rockville, Maryland: Substance Abuse and Mental Health Services Administration, 2013).

13. IASC, [IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings](#) (Geneva: IASC, 2007): 38.

14. IASC, “IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings,” OCHA [United Nations Office for the Coordination of Humanitarian Affairs], updated August 20, 2020, <https://interagencystandingcommittee.org/iasc-reference-group-on-mental-health-and-psychosocial-support-in-emergency-settings>.

15. Search, for example, on the “Resources” page on [MHPSS.net](#).

16. See, for example, Edward C. Green and Michael C. Wessels, [Evaluation of the Mobile War Trauma](#), a report conducted under USAID for the Displaced Children and Orphans Fund and War Victims Fund Project of TvT Associates (1995): 5.

- Are you contributing to the creation of integrated support systems? ¹⁷ Programs in any sector that work with trauma-affected communities should engage with a network of partners and other entities focused on adjacent issues. Depending on the results of your MHPSS assessment, your networking should incorporate bodies that focus, for example, on justice and reconciliation (an integrated system that can help address conflict-related trauma) or on inclusive livelihoods opportunities (an integrated system that can help address poverty-related trauma).
- Have you engaged with local MHPSS providers? Are you building sustainable local capabilities by strengthening the resources already present? Focus on community involvement at every stage of the intervention and build on what people are already doing to help themselves. ¹⁸
- Have you identified barriers to accessing appropriate MHPSS services for the general population and for vulnerable groups? Have you provided beneficiaries with assistance or information to access services?
- Have you established formal paths to refer participants with severe mental health symptoms? ¹⁹

Staff

- Have you shared the results of the MHPSS assessment or context analysis with program staff? It is important to mainstream awareness among staff of the context in which they work. If possible, facilitate training for staff on trauma awareness and sensitivity in community engagement and activities.
- Particularly for internal staff, have you created a list of care resources, provided training materials, or facilitated training sessions on trauma sensitivity? Without proper training and support, employees can experience burnout, compassion fatigue, or even vicarious trauma. A trauma-informed approach must emphasize helping staff develop and maintain the same health and wellness skills that the program aims to build in those receiving services. For example, United Nations self-care and resilience resources provide a good standard of [basic resources for staff](#). ²⁰ Save the Children provides more [detailed information and training materials](#) ²¹ for those hosting an internal workshop on staff wellbeing, and the IASC recently published the [Basic Psychosocial Skills: A Guide for COVID-19 Responders](#). ²²
- Do you have policies, procedures, and training in place designed to promote positive workplace values and prevent sexual harassment, exploitation, and abuse (SHEA)? For more on implementing a survivor-centered approach in programming and the workplace, please see

17. IASC, [IASC Reference Group Mental Health and Psychosocial Support Assessment Guide](#) (IASC RG MHPSS, 2012).

18. IASC Global Protection Cluster Working Group and IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings, [Mental Health and Psychosocial Support in Humanitarian Emergencies: What should Protection Program Managers Know?](#) (Geneva: IASC, 2010).

19. World Health Organization, "Management of physical health conditions in adults with severe mental disorders: WHO Guidelines" (Geneva: World Health Organization, 2018. License: CC BY-NC-SA 3.0 IGO). "Common" and "severe" are sometimes used to distinguish prevalent mental health conditions (e.g., mild depression and anxiety) from less common, often more disabling conditions (e.g., moderate to severe depression, bipolar disorder, and schizophrenia).

20. HR Portal, ["Self-care and resilience."](#) United Nations, 2015, <https://hr.un.org/page/self-care-and-resilience>.

21. Pernille Terlonge and Ulrik Jørgensen, Save the Children Denmark, [Psychological First Aid Training Manual for Child Practitioners](#), eds. Anne-Sophie Dybdal and Mie Melin (Save the Children on behalf of the Child Protection Initiative, 2013).

22. IASC, IASC Reference Group for Mental Health and Psychosocial Support, [Basic Psychosocial Skills: A Guide for COVID-19 Responders](#), (IASC, 2020).

Sexual Harassment, Exploitation, and Abuse: A Toolkit for Building a Prevention and Response Program, a resource that Chemonics' Gender Equality and Social Inclusion Practice developed.²³

Monitoring, Evaluation, and Learning

- Have you conducted a baseline assessment on participants' functioning and subjective wellbeing to inform relevant MEL metrics and collect data on the project's impact?²⁴ Data from these assessments should drive the creation of proposal or project MEL indicators.
- How are you incorporating diverse sections of the population — including women, children, youth, men, and elderly people — in your assessments? Are your measure of verification tools age-appropriate, gender-sensitive, and relevant to the audience? Ensuring the inclusion and participation of all community members is at the core of MHPSS work and requires significant effort.²⁵
- Are your assessment methodologies aligned with the project's cultural context? Building on the inclusion of local informants and stakeholders in activity design, implementers should seek to be culturally and contextually sensitive when assessing the effectiveness of an activity.²⁶
- In addition to monitoring outcomes, are you assessing the subjective experiences of project staff and beneficiaries as they engage in activities?
- Have you created mechanisms to ethically share MEL data with relevant community stakeholders in forums that will help them to improve strategies for long-term care of children and for advocacy?²⁷

Exhibit 2 (see next page) highlights several examples of trauma-informed approaches to development that Chemonics-implemented projects have used. These projects include those that focus on trauma and mental health and those that are more generally designed to enhance economic growth or human rights. The column titled "Trauma-Informed Checklist" highlights items from the checklist that each project included.

23. Goldstein, Ashley, and Caria, Shauna, [Sexual Harassment, Exploitation, and Abuse: A Handbook for Building a Prevention and Response Program \(First Edition\)](#) (Washington, D.C.: Chemonics International Inc, 2019).

24. IASC, [Tool: Mental Health and Psychosocial Support in Emergency Settings: A Common Monitoring and Evaluation Framework](#) (Geneva: IASC, 2017).

25. United Nations Children's Fund, [Operational Guidelines: Community-Based Mental Health and Psychosocial Support in Humanitarian Settings: Three-tiered support for children and families](#), field test version (New York: UNICEF, 2018).

26. The Lutheran World Federation and Islamic Relief Worldwide, [A faith-sensitive approach in humanitarian response: Guidance on mental health and psychosocial programming](#) (Geneva and Birmingham: LWF and IRW, 2018.)

27. IASC, Common Monitoring and Evaluation Framework, 2017.

Exhibit 2. Trauma-Informed Development in Practice

Key Examples of Chemonics Implemented Projects Engaging with Communities Affected by Trauma	Trauma-Informed Checklist
<p>Mexico Juntos para la Prevención de la Violencia (JPV) Project, 2015 – 2020: USAID/JPV partnered with the National Commission to Prevent and Eradicate Violence against Women to design and implement a domestic violence prevention program. The program’s purpose was to address the effects of violence on children and adolescents. The program, the Care Model for Children and Adolescent Victims of Domestic Violence, aims to reduce the impact of violence on children and adolescents by strengthening protective factors as well as parenting skills in women. From October to December 2017, the Women’s Justice Centers in Ciudad Juarez, Chihuahua, and Pachuca, Hidalgo, carried out a three-month-long pilot that focused on psychoeducation therapy for women to improve their parenting skills and group therapy for children and adolescents to strengthen their socioemotional skills. In total, 61 people participated (23 women, 20 children, and 18 adolescents), of which 75 percent completed the entire intervention cycle. Forty-seven percent of women improved their parenting skills, 40 percent of children and adolescents increased empathy levels (a variable linked to resilience), and 54 percent positively changed stereotypes they previously held about gender. The National Commission to Prevent and Eradicate Violence against Women adopted the care model as a public program to be offered through the 48 Women’s Justice Centers, currently operating at the national level.</p>	<ul style="list-style-type: none"> • Assessment: Consult local informants and stakeholders • Implementation: Contribute to integrated support systems • Implementation: Engage with local MHPSS providers • MEL: Establish a baseline • MEL: Measure indicators before and after activity
<p>Colombia Human Rights Activity (HRA) Project, 2016 – 2021: HRA responds to a history of human rights violations in Colombia, in part, by providing strategic litigation support through grants and direct assistance to civil society organizations. In 2019, HRA engaged more than 10 PSS experts to support family commissaries in priority municipalities, thereby facilitating more than 100 gender-based violence cases in the process of litigation. Additionally, more than 650 victims of gender-based violence received PSS, and 650 individuals and public officials received training through HRA grants on gender-based violence prevention. Through grants, HRA has also supported several Colombian civil society organizations with providing PSS to victims of gender-based violence. Fundacion Circulo provided PSS to 256 women and individuals in the lesbian, gay, bisexual, and transgender community who had endured sexual violence by creating psychologist-led peer support groups. HRA grantee Corporacion Humanas supported 24 victims of sexual</p>	<ul style="list-style-type: none"> • Assessment: Consult local informants and stakeholders • Assessment: Create enumerator training • Implementation: Contribute to integrated support systems • Implementation: Engage with local MHPSS providers • Implementation: Assess barriers to MHPSS access

Key Examples of Chemonics Implemented Projects Engaging with Communities Affected by Trauma	Trauma-Informed Checklist
<p>violence with their emotional recovery, empowering them with tools and knowledge regarding their rights. HRA grantee Fundacion Sonrisas Felices de Colombia provides PSS consisting of strategies that victims of gender-based violence can use to cope with their trauma.</p>	
<p>Office of Transition Initiatives (OTI) Libya Transition Initiative (LTI) Project, 2011 – 2022: Since 2011, LTI and its subsequent iterations have served as quick-response mechanisms to promote non-violence and dialogue, bolster confidence in local governance, and increase the capacity of communities to reject extremism. In 2017, LTI delivered PSS to children and youth in a town in Central Libya that was briefly controlled by the Islamic State. When a critical community center reopened, LTI partnered with the municipal council, provided equipment for the center, and covered stipends for facilitators who specialized in PSS work. To measure the effectiveness of this support, LTI conducted pre- and post-surveys with residents. In the pre-survey, 0 percent of respondents knew of any existing PSS services for the community; only 14 percent of residents were confident that the municipal council could provide such services. In the post-survey, 66 percent of respondents were aware of PSS services. Confidence in the council increased to 78 percent.</p>	<ul style="list-style-type: none"> • Assessment: Consult local informants and stakeholders • Implementation: Assess basic needs • Implementation: Engage with local MHPSS provider • Implementation: Contribute to integrated support systems
<p>Supporting Moderate Education in Syria (Injaz and Injaz II) Project, 2014 – 2020: Injaz II and its predecessor have worked since 2017 to support children and families in northeast Syria by providing PSS through local partners. The projects, grounded in the five core components of Social and Emotional Learning, have collectively reached more than 72,000 children with this PSS. In December 2019 and January 2020, Injaz II researched program impact in formal and informal camps. The study found that children who participated in the PSS program had better outcomes in education and overall wellbeing than children who had not participated in the program.</p>	<ul style="list-style-type: none"> • Assessment: Consult local informants and stakeholders • Assessment: Create enumerator training • Implementation: Assess basic needs • Implementation: Engage with local MHPSS providers • Implementation: Identify barriers to MHPSS access • MEL: Establish a baseline • MEL: Use indicators to measure program impact • MEL: Incorporate diverse sections of the population

Key Examples of Chemonics Implemented Projects Engaging with Communities Affected by Trauma	Trauma-Informed Checklist
<p>Iraq Social Cohesion (ICS), 2019 – 2020: ISC is a one-year project that aims to increase social cohesion and resilience in communities in southwest Kirkuk and other locations in northern Iraq — communities considered most vulnerable to the resurgence of violent extremism — while helping to break cycles of violence. ISC designed and conducted a trauma-sensitivity training for staff, partners, and enumerators from the local community, focusing on the prevalence of trauma in northern Iraq and how program staff could engage with communities in ways that avoided or mitigated re-traumatization. These staff, partners, and enumerators then applied the training to co-design participatory research/key informant interviews with local communities on conflict in a trauma-sensitive way. The interviews accounted for the prevalence of trauma in northern Iraq and enabled program staff to avoid or mitigate re-traumatization of the communities engaged.</p>	<ul style="list-style-type: none"> • Assessment: Consult local informants and stakeholders • Assessment: Create enumerator training • Staff: Conduct trauma-awareness training with staff