

The Importance of Psychological Needs for the Post Traumatic Stress Disorder (PTSD) and Displaced Children in Schools

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The study targets children in especially difficult circumstances from 8 - 14 years; and explores the importance of psychosocial needs for the PTSD and displaced children in schools. Out of 235 participants, descriptive statistics indicated that 63 children are traumatized. Based on ANOVA findings, the result revealed that there is significant effect of war on children from 10 – 14 years since $N=63$; $F=3.421$; $p=.006$. Psycho Therapy activities are used to identify and treat those maladjusted children under their noses. The main objective of this paper is to recognize and reduce the ill-effects and adverse consequences of trauma among the affected children and integrate them into social institutions to lead a normal life.

Psychosocial needs have been of pivotal concern to psychologists and educators to improve the mental health and learning situations of the traumatized and displaced child victims. The concepts of displaced and war-affected children refer to children affected by war or those who are socially marginalized and became traumatized.

The main objective of this study is to recognize and reduce the ill-effects and adverse consequences of trauma and displacement among the affected children and eventually enabling them to integrate into the social institutions and lead a normal life. The protection of those children will be ensured through the Promotion of international human rights standards and through the offering of psychosocial needs. This situation may be eventually developed into Posttraumatic Stress Disorder (PTSD) especially among children who have been victims of displacement. Examples of PTSD have been stated clearly by Thabet, and Vostanis (2000) that children experienced symptoms of PTSD more than adults such

as recurrent fear, lack of emotional stability, poor concentration, avoidance of certain social situations, dropped out from schools, poor academic performance, and truancy are considered to be symptoms for identifying situations of trauma disorders.

The EMDH organization (2000), emphasized that parental separation in most cases, is caused by war conflict, displacement, and environmental phenomena that is, natural disaster such as Tsunami/flood, desertion, earthquake, death, and so on. This in turn, would cause PTSD among the children who are left behind. Besides separation, there are other factors that contribute to PTSD like social factors for instance, Divorce, and Parental Deprivation.

Over the past twenty years, PTSD events have become a global issue. Several studies have confirmed the increase in the rate of children who have suffered from psychological trauma that was caused by war and natural phenomena. Ackerman et al. (1998) also had cited some examples that caused psychological PTSD such as hurricanes, kidnappings, bombings, shootings, sexual and physical abuses. Regarding displacement, it is mainly caused by natural disaster and war conflict (Akhundov, 1999; Mayers, 1995). For example, as a result of displacement some children are also exposed to domestic prob-

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lems linked to alcohol abuse by their parents, the loss of family members or acute illness and family separation as mentioned earlier by EMDH organization (2000). However, in any displaced and war torn areas, about two or three out of five children in a group, are found victims of PTSD in Wau town.

The state of posttraumatic stress disorder is a well-established fact among children who are the victims of war and natural disasters. Research has shown some evidence of causes in their findings from observational studies regarding those children exposed to war and displacement. These children, in most cases, are difficult to be recognized, identified and understood. As a result, they give the impression of being not affected at all.

War conflicts have been identified also as a major cause in casualties that has led to massive displacement of children. The scale of this displacement has been compounded by famine and widespread food shortages. War Child UK (2001) reported that many children became orphans during the fighting that occurred in many places which resulted into large numbers of children separated from their families. The study pointed out that more than sixty million people had been killed in wars, natural disasters during the 20th-Century. For example, in the last decade, 1.5 million children had died in wars; four million had been disabled and a further ten million traumatized (UNICEF, 1996).

In addition to such evidences, both the rebels and army in any war zone areas recruit, abduct children, kill them, abuse their rights, kill their parents or cause them to be displaced. Despite that, a large portion of the fighters are child soldiers in third world countries mainly in African countries where there are war conflicts. War Child NL (2001) reported that there were approximately 5,000 displaced people in the (IDPs) camp in Afghanistan and that three quarters of them were children without parents or caretakers.

The main thrust of this study is to reduce PSTD among the displaced, natural disaster,

and war affected children by meeting their psychosocial needs; and rehabilitate children who are the victims of trauma and those who lack protection from their parents and the government. Briere, et al (2001) reported that the victims of trauma were considered as children whose basic needs, rights, and well beings are usually neglected. According to the studies by Mugaju et al. (1998); Dutton (1998); Baker, and Shalhoub-Kevorkian, (1999) concluded that those children who are born under continuous war condition or military operations are subjected to daily stress and PTSD. For instance, some may experience severe PTSD when witnessing the violent death of their closed relatives (Smith, 1999). The impact of war has also been the cause of negative change in behavior, individual personality disorder, children's future life, and social set-up (Dutton, 1999). The most psychologically affected children are those aged from 10 to 12 years; because about 99% of their problems are caused by stress or war related (Froum and Kendall-Tackett, 1998).

A review of previous work on traumatized children in Wau town since November 1999 to November 2000, revealed that a growing number of studies have been accumulated on the psychological effects caused by armed and political conflict on children.

This is in line with the description given by the psychologists that some trauma occurred either due to the related events or prolonged stress (McNally, 1996). Dutton, (1999) also believes that witnessing or experiencing parental violence, being shamed, and insecure attachment constitute a dramatic and powerful source of trauma. That means traumatic exposure in childhood can occur during critical periods of personality formation coupled with exposure to these factors. This will be the most effective factor that hinders the child's academic performance in the school as well as educational settings in the future when they reach the stage of adolescents and adults. Dutton in his study (1999)

cited some effects of trauma in child victims such as an unstable sense of low self-esteem (distortion of self); and the inability to focus on appropriate stimuli, in addition becoming too aggressive to his/her class-mate; also they have difficulties in controlling anger; and are very aggressive towards others.

However, such children, if they are enrolled in a school, for instance, will become the leaders of their peer group within the classroom as well as display a bullying behaviors among the children (Rigby, 2002). Such behaviors may put the classroom into unrest situations which may lead to poor academic performance in a class-room. As a result of these traumatic events, a psychological treatment program needs to be introduced in order to rescue the situation of these children by meeting their psychosocial needs.

Studies have also established a number of strategies such as therapeutic remedies for the victims of the trauma incidents (Mayer, 1995; and Akhundov, 1996). For instance, they emphasized on effective and well-accepted strategies namely, talk, play, music, story-telling techniques, art, movement, and poetry recitation and so on. These techniques/strategies are known as psychosocial needs that are very useful in helping and correcting unwanted behaviors of the children who require psychotherapeutic interventions and children who need social reintegration and educational rehabilitation.

During wars, and tribal conflicts, the government neglects child's rights and needs. Parents or caretakers will not have any say to matters pertaining to their children's rights because they have no power or say over them. This neglect of child rights may lead to sexual abuse or even the loss of the life of their parents. For example, as such situations were witnessed by the author in war torn areas (South Sudan – Wau town) that parents preferred not to keep their daughters with them at home because someone may come at night or any time and take them by force in presence of their parents and they will

not be able to defend their daughters at the risk of being killed for the sack of their own daughters. In other words, these daughters may be raped by force in the presence of their parents, relatives or caretakers. Parents then resort to separate their children from them by sending them to safer towns and cities where there is security and respect of human rights. In such a situation, parents become helpless to their children because they are unable to protect their poor children from the plight of unwarranted situations caused by the consequences of war-conflicts and natural disasters.

Psychosocial Needs Strategies

The child is exposed specifically to programmed activities of which he/she may participate in one of the activities for certain period of months after which they move from activity to activity in rotation for the prescribed period; Any treatment program should not be less than a period of six months; Encouragement for international children celebrations' days, such as International Children's Day, Mother's Day and so on.

After the prescribed period of reformation, the children will be integrated or rehabilitated back to schools or to the society under the responsibility of their parents, caretakers and social welfare institutions. However, psychosocial needs of the child exposed to traumatic events can be ensured through the following processes:

1. The psychologists lead to create awareness among the staff of institutions that are involved in children's affairs. These professionals, who are applied and social psychologists, should provide them with skillful training on how to promote and protect the rights of the child during and after the period of conflict. After this initial training, the promotion of the skill should continue either through workshops, seminars, conferences or more intensive trainings about the nature of traumatized children as well as

the nature of the remedies to be given these children. The workshops should be in form of progress evaluation aimed to correct and advice the staff in their programs of work with the victims.

2. Besides the staff, the training program can also be applied to police officers, caretakers, parents, teachers in schools, and community leaders. This training may help the hidden victims who are staying with their relatives and they are not known but attending schools or spending their time in the streets with their friends.
3. Another vital role is also played by teachers in identifying the victims who have poor academic achievement patterns or academically not adjusted to school environment due to some prevailing social problems in their homes.

So if these individuals attend such training then those 'hidden' children may achieve their psychosocial needs through them in schools, as well as community and any other institutions. The content of the training for example, should involve professional topics such as:

Theories of child development, Child protection, Deprivation and their effects on the child's behavior, Diagnosing the post-traumatic stress disorder, Child Mental Hygiene, Primary Health Care (PHC), and Psychosocial Needs of the Traumatized Child. In addition, staff, animators, and care-takers should be know and be equipped with the knowledge of Convention of the Right of the Child (CRC); Establishment of counseling units and psychological follow-up centers in any place where there is conflict of war, displacement, and natural disaster; Encouraging Therapeutic Techniques in the reformatory centers.

After the children are enrolled in the psychosocial program, they are allowed to

select an activity of their interest or choice. Then after pursuing the prescribed tasks for a specific period of time, they are shifted to the next activity according to the flow of the therapeutic program. The psychologist moves from activity to activity following the behavioral responses of the victims. These activities are considered as psychological treatments that bring about a change in behavior, give moral support to the children, and develop a spirit of boldness, creativity, and democratic atmosphere among them (Cohen, et al. 2001). The activities are music, drawing, computer games, collective sport activities, story-telling, constructive plays, and puzzles activities. New activities will be introduced during the implementation of the program if there is a need relevant to the particular behavior of the victims.

Music Therapy

This activity is one of the therapeutic activities prescribed by psychologists to be used to reduce the tension of PSDT among the traumatized (Mayers, 1995; EMDH, 2001). Its psychophysical and mental healing is recommended mostly for the traumatized children to use. It consists of songs, dances, and drama plus motivational motives and emotions that act as push factors for participation. Some studies emphasized that songs contain more neutral content up to 20-25%; and at the end come songs and dances with an optimistic happy component 60-70% (Mohideen, 1995; Smith, 1995). Children can be encouraged to memorize some suitable songs they hear from parents, care-takers, on television, and so on. In this way singing promotes better behavior in the victims. This can be done without their knowledge and in a fun way. The singing sessions can be carried out by animators during the activity or by the children themselves during their free time. This therapeutic activity instills and brings to fore the qualities of self-confidence, self-expression and creativity in a child. Traditional songs, dances, drama are to be encouraged

for the children and then gradually patriotic ones are to be introduced.

Drawing Therapy

The strategies used in this therapeutic activity are mainly pertaining to psychosocial needs. In the program, the children are initially administered a pre-test activity. Mohideen (1995) recommended that drawing be supported by a coloring activity as an enjoyable task. But one may wonder how much language is there in the coloring? For example, if a pair of children is set for a coloring task, they will have to discuss between themselves which colors to use, whether they should use dark colors or light colors. Such decision-making situations would require the use of language, and they can only arrive at the appropriate choice of color after some discussions. Furthermore, these discussions will not be strictly restricted for talking about colors but could act as a catalyst to talk about the people and things in the picture and beyond.

At the end of the activity, the animator will discuss with the individual child about his/her drawing of which he will write his remarks about it. Then the psychologist will analyze the behavior of the child through his/her drawing. From the drawing insights may be drawn to reveal the problems that the child may be suffering from.

In each session the children are given different tasks. They may be asked to draw a scene according to the sequence of the objectives of the treatment program. For example, there are some NGOs like "Enfants Du Monde-Droits De L'Homme" (EMDH) and Children's Humanitarian foundation, an Azerbaijani (BUTA) applying almost always the same strategy for example, draw my-self, my-life, my-lovely day and so on despite the fact that the scene may not reflect the exact meaning of the situation. As a summative evaluation, children are asked to draw a free scene at the end of the program. It is used as post-test activity. As a result of comparisons between the pre-test and post-test, the num-

ber of traumatized children is substantially reduced. By the end of the program, those who are able to successfully cope with the program are enrolled in schools and motivated by the institutions concerned. Further support is rendered through a continuous follow-up program by social workers/officials.

Computer Games

Children enjoy playing computer games and they do use language if they are playing with a partner (Mohideen, 1995). Games which will make the children employ more language should be made use of rather than fun games on cartridges. Language games that are interactive in connection with computer-assisted language learning should be made use of.

Collective Sports

Collective sports are introduced to children who are involved in the program. These provide entertainment and refreshment during the break time. These collaborative kinds of sports have good feedback on behavioral problems. For example, children are allowed to select according to their choice or interest in a particular game such as football, running, volley ball, competitive games, music, and so on. The importance of these activities is essentially to improve emotional health, rehabilitation, personal relationships, building self-confidence, and a democratic atmosphere among the children. They are also for creating favorable conditions for addressing personal characteristics such as withdrawal, egocentrism, depression, and frustration.

Tales (talk) Theatre

The animators create and write local stories for the children in this activity to supplement the prescribed stories or the written ones. Here, children are to re-enact their own experiences and problems. The psychologists should encourage fairy-tales and legends for the child actors. Children should be asked to tell the stories that they

liked reading to their parents and peers. The care-takers, parents, and institutions must encourage their children to narrate to them stories they have previously heard. Their attempts at story-telling would promote good and accepted behavior.

Constructive Play

In constructive play, children are encouraged to do a task with the help of one another (Mohideen, 1995; Rigby, 2002; Smith, 1995). Before and while they attempt to construct a task, for instance, a toy house or a doll, there are opportunities for language use and self-expression. With the help of this skill, children will grow up to become sociable people with good interpersonal skills and future leaders.

Puzzles Activities

Children can be asked to identify given words which are hidden in a host of jumbled letters (Smith, 1995; Mohideen, 1995). Such puzzles give children word recognition practice and logical thinking in solving the puzzles. This activity can be done in pairs to encourage the partners to talk, or can be done individually.

Procedures

Victims of war, natural disasters, and IDP children have multi-social needs, which need a customized psychological rehabilitation program. This would eventually enable them to integrate and unify them in a normal life style with other community members in social institutions such as schools, working places, society, and so on. To implement this program, the following strategies should be applied with the help of different personnel. It should involve applied psychologists, social workers, animators or social-pedagogical personnel, community leaders, medical assistants, and nurses. These strategies should be supplemented with instructional methods like teacher-student center, group center, individual center, materials and counseling

methods. This needs a well trained and experienced persons such as psychologists, social workers, animators, community leaders, and medical services.

a. Psychologist

The role of the psychologist is to select and design the treatment program according to the importance of the activity and the children's behavior. The content should be related to the nature of the problem that is affecting the child. The psychologist has to confine himself to the difficulties faced by the children, animators, and social workers during the implementation of the program. In other words, he is responsible for the supervision of the activities, the children's progress, and social workers.

b. Social Workers

The social workers, work together with the community leaders for the selection of the child victims from the IDPs areas and communities. The children selected by them will be scrutinized carefully when attending the diagnostic procedures which will be carried out by the concerned psychologist with consultation from their parents. The social worker is also responsible for making the appointments with the parents, or caretakers to have a date with the psychologist to discuss about the problems of their children who are involved in the activities. On the other hand, common issues are also the responsibility of the social workers to focus on them either among the animators or the children in the places of work or rehabilitation centers. If the issues are difficult to resolve then they raise them to the psychologist to present them at the evaluation meetings.

c. Animators

They are constantly with the children when the activities are in session even during the break-time to help those victims who are unable to cope with the program. In the class, they introduce the children to the activities us-

ing group-learning strategy, student-teacher strategy, and discussion between the children and the animator. They raise the problems facing them, which they perceive as difficult for them to handle such as abnormal, aggressive, avoidance, inability and social isolation behavior. They some times propose what they observe well during the children's activities that need to be added to the program. On the other hand, they also write songs, stories, and suggest games or activities to supplement the program. However, during the evaluation period, they present their proposals for integration in the program to be accepted by the evaluation committee.

d. Community Leaders/Elders

They are the people who keep order among the people they are responsible for in the IDPS areas. They are also responsible for their activities and welfare in those areas. Their role in such programs is to enlighten their people about the program introduced by the NGOs, and they act as mediators between the parents and social workers. If the children escape from the activity, they are to be contacted by social workers in order to trace their whereabouts. In addition to this, they work hand in hand with the organizations for social mobilization as a backbone for the success of the projects, especially in the field of human rights. They supplement the activities that raise public awareness on the related issues such as cultural events, meeting with community members, encouragement of the parents to accept the project, and how to collaborate to bring peace among the people.

e. Medical Services

A health unit should be established for the purpose of providing primary health services to meet the immediate health needs of the victimized children in the activities centers. The medical assistant (MA) and nurse will be responsible for these medical services. He also gives training about primary health

knowledge to the teachers, parents of the traumatized children, and social workers. Beside all these tasks, he is responsible to give medical awareness to the community about the dangerous diseases like aids and so on.

Method

Participants

The selection of the sample from the child victims has been in the assessment phase, these children were both males and females out of 235 children, males constitute 155 (66%), and females constitute 80 (34%) of 8 to 14 years. They were initially randomly selected from the seven areas in Wau town to participate in this survey, and were screened by the psychologist (author) to identify the traumatized child victims of war. The number of children screened was 63 (26.8%). However, among 235 children, 63 children indicated positive effect trauma and 172 indicated negative. While maintaining the ratio between positive: negative cases = 26.8%: 73.2%. The sample is representative of the general population, as it was selected from all seven IDPS areas around and inside Wau town in Bahr el Ghazal state. All children were indigenous people of the south Sudan. They lived in all the seven IDPS areas of Wau town after their relocation from their original areas; the East Bank IDPS area 50 (21 %), Marial Ajedh IDPS area 44 (19%), Bar Yar IDPS area 36 (15%), Wau Town IDPS area 25 (11%), Wau West IDPS 30 (13%), Street children 21 (9%), and Institutions 29 (12%).

Regarding the procedure used to collect the data, approval was sought and obtained through EMDH organization; an initial administration was carried out in the IDPS areas. The procedures and instructions were explained to the children. The results will be computed by using Statistical Package for Social Sciences SPSS, version 15.00 in relation to one way ANOVA to identify the effect of the trauma on the child victims in IDPs areas.

Results

The means, standard deviations, and population of the traumatized children from each of the seven IDPS areas can be seen in Table 1 below. The results indicate that there is a significant effect of trauma on war child victims as it appears in table 2. To accomplish ($F = 3.421$; $P = .006$). Since p-value is less than alpha value ($P = .006$ and $\alpha = 0.05$) therefore there is a significant effect of war on the children with age range between 10 to 12 years as it appears in (Figure, 2). These results revealed that street children, institution, and east bank were highest than wau town, wau west, marial ajeth, and Bar yaar areas (Figure, 1); to accomplish, East bank

have 18 traumatized children, marial ajeth 12, bar yaar 4, wau town 10, wau west 6, street children 5, and institutions 8 children.

Discussions

As expected, the seven IDP areas showed differing trauma profiles on the war victims' child. The findings was that the street child camp showed the highest mean score as well as the mean scores for the other two IDPs camps, to accomplish East-bank scored mean of 80.39 and Institutions have mean score of about 80.88. While the rest of the affected children located in the four IDPs camps have experienced PTSD situation, Marial Ajeth ($M = 77.83$, $SD = 3.27$, percent = 19.0), Bar

Table 1
Means and Standard Deviations for Identified Traumatized Child Victims Living in IDPs Camps

| Area | N | M | Std. D |
|--------------|----|-------|--------|
| East Bank | 18 | 80.39 | 4.67 |
| Marial Ajeth | 12 | 77.80 | 3.27 |
| Bar Yaar | 4 | 77.75 | 4.57 |
| Wau Town | 10 | 78.30 | 4.35 |
| Wau West | 6 | 78.83 | 7.94 |
| Street Child | 5 | 81.00 | 3.61 |
| Institutions | 8 | 80.88 | 4.85 |
| Total | 63 | 79.28 | 4.75 |

Table 2
One-way ANOVA for Traumatized War Affected Children Living in IDPS Camps

| | | Sum of Squares | df | Mean Square | F | Sig. |
|----------------------|----------------|----------------|----|-------------|-------|------|
| Traumatized Children | Between Groups | 362.100 | 6 | 60.333 | 3.439 | .006 |
| | Within Groups | 982.503 | 56 | 17.545 | | |
| | Total | 1354.603 | 62 | | | |

Means Plots

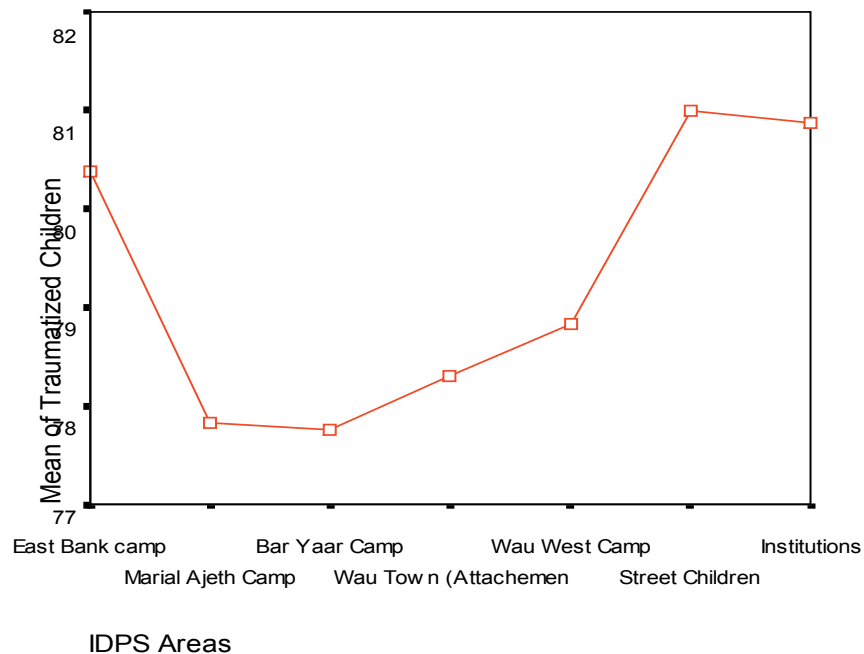


Figure 1. Mean of traumatized children in IDPs camps.

Yaar ($M = 77.75$, $SD = 4.57$, percent = 6.3), and Wau town (78.30 , 4.35 , percent = 15.9), they have similar mean scores. This indicates that the war affected child victims was sharing common factors that contribute to PTSD situations in the IDPs camps. Given that the PTSD events, have previously associated with social, psychological, environmental and cultural conditions that exist among the children. Before considering possible reasons behind this event, it is important to point out that the IDPs areas were particularly sharing similar environmental, psychological and social factors. Firstly, these internal displaced persons were displaced from rural areas to towns where they have the same and equal services rendered to them in the IDPs camps by the non governmental organizations (NGOs). The reasons of displacement of child victims may have been related to the fact that this

group of children, either by their own choice or their parents have chosen to leave their home land, to pursue a better secured life and educational opportunity. Another possibility could be related to the parents who are unable to meet the needs and protect their children from their child rights abuses. The present findings indicate that the war affected child victims from age 10 to 12, were confirmed to be more traumatized than those who are below 10 years and above 12 years.

This study replicated numerous other studies that found the importance of psychosocial needs for the displaced and traumatized children in primary education to be a moderate predictor of trauma among the affected children and especially in educational settings. This study suggested several activities to meet those psychosocial needs of the child victims.

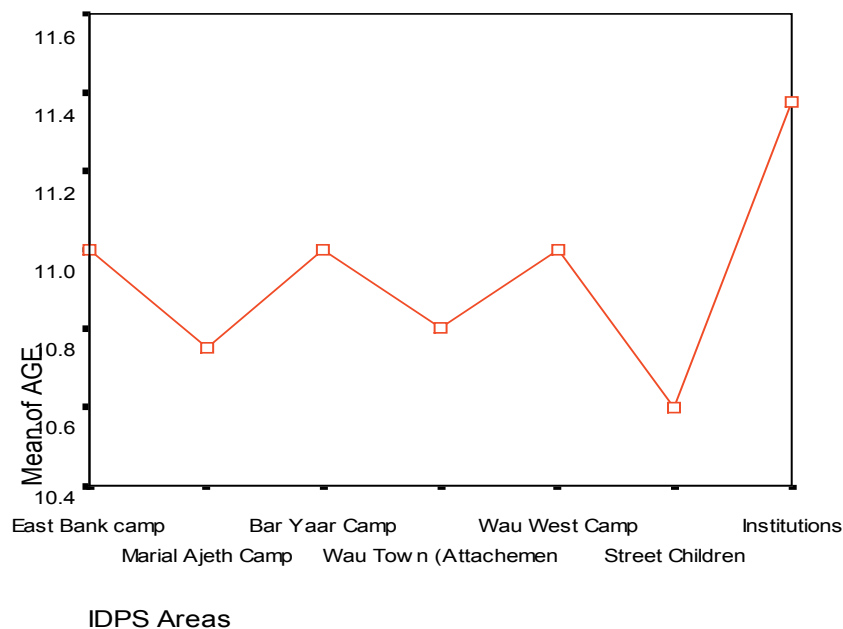


Figure 2. Mean of children's age in IPDs camps

Therefore, the major concerns of this paper are to highlight the issues of psychosocial causes and initiate remedial measures to meet the needs of the affected group of children so that they may pursue their education on a fair footing without underlying psychological disadvantages. To achieve those ends, the author has put forward relevant activities that are considered as psychological treatments used to reveal the desired relief in children's behavior; provide moral support, develop a spirit of confidence, and create a conducive learning atmosphere. However, psychologists emphasized the importance of those psychosocial needs for the education of the displaced and war affected children beside the individual psychological follow-up and counseling, activities considered in a recreational and therapeutic perspective should be improved according to the situation of the victims as well as their needs are concerned. The idea is to conduct activities that already have a place in the life of the victim child.

Secondly, the displaced and war affected children are characterized by marked impairments in academic performance (McNally, 1996). This behavior is mistaken for lack of motivation if school teachers are not tentative to such situations among the children in the classroom. Thirdly, an important emphasis should also be placed on the relationship between the educator and the child, as well as within the group.

The significance of these techniques that is in rescuing the situation of traumatized children as Mayer (1995) emphasized in his study was quite acceptable in this study that dance, poetry, stories, drawings, and play are effective and expressive therapies in meeting the psychosocial needs of the child victims. This will pave the way for their educational success in schools regardless of their level of education.

The current author has experienced this situation when he was working as an applied psychologist in south Sudan in Bahr el Ghazal

state, in a town known as "Wau"; the capital city of the state. He worked with Children of the World and Human Right Organization 'Enfants Du Monde – Doits De L'Homme Dalam' (EMDH) Organization.

In August 2000, Enfants Du Monde-Droits De L'Homme (EMDH) Organization conducted a study which showed that 15% of the 534 children registered in the centre, exhibited symptoms of PTSD resulting mainly in anxiety disorders. The study also found that 99% of the troubles were stress or war related. Those aged from 12 years were the most psychologically affected (traumatized). This study also showed that out of 534 children, 85% did not demonstrate any particular mental problem. This may be attributed to the resourcefulness and inner strength of children to cope with the situation but certainly not due to the fact that they were not traumatized. Although several studies for example, UNICEF (1996) and World Report (2001) have found that a significant proportion of children exposed to stress remain resilient. A few studies, for example, Dutton (1999) and McNally (1996) suggest that in some situations children may better be able to accommodate dissonance and change than adults.

However, this kind of study has not been carried out in this area and particularly, in Wau town though it was one of the heavily affected cities in south Sudan during the war conflicts that started on 16 May 1983, displacement, and natural disaster such as famine which had purportedly killed a large number of people mainly from displaced people every year.

Conclusion

In this regard, children need the protection and restoration of their rights as embodied in CRC of child rights (UNICEF, 1996). For example, there are some articles that agree with the tenets of convention of the child right agreement to govern those rights. However,

the major principles highlighted in this paper are to meet psychosocial needs, restoration of democratic atmosphere among the children, and promote child right in order to rescue them from exposition to the traumatic events so that they can continue their education without any psychological worry. However, to meet those needs, governmental and non-governmental organizations have to work in collaboration to ensure the rights of practice, operation, and implementation of principles of the CRC agreement.

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