

THE ROLE OF PSYCHOSOCIAL SUPPORT IN BUILDING HEALTHY, RESILIENT COMMUNITIES IN AFRICA

POLICY PAPER

INTRODUCTION

Psychosocial support plays an integral role in building healthy and resilient communities and societies. When integrated into broader transitional justice and prevention processes, mental health and psychosocial support interventions facilitate healing for victims and communities affected by conflict and help restore dignity and resilience for individuals and communities alike. Broader transitional justice interventions and prevention efforts also benefit from individuals, communities, and societies being fully healed.

SUMMARY

Communities throughout Africa face multiple challenges and crises including conflict, natural disasters, instability, violence, and, more recently, a global pandemic that have left them devastated and attempting to rebuild better. Specifically, there has been an escalation of gruesome and senseless violence and conflict in countries such as Cameroon and Nigeria. Intra-country conflicts persist in Nigeria among the Fulani and Hausa ethnic tribes. Fragile, weakening, and/or failing democracies are also on the rise in countries including Swaziland, Lesotho, and Zimbabwe, while politically motivated violence, especially linked to elections, is a common occurrence in South Africa and Zimbabwe. Insurgent and extremist groups are on the upsurge in the Lake Chad Basin region covering Nigeria,



Local Guinean partners work in groups to develop Guinea's "River of Life" as part of an intergenerational storytelling event led by GIJTR partners ICSC and CSV.

Chad, and Niger; the Sahel region including Mali and Burkina Faso; and in Mozambique in Southern Africa. Coups, unconstitutional changes of power, and popular uprisings in Mali, Chad, Guinea, and Sudan have also compounded instability on the continent. Added to this mix of traumatic events are persistent patriarchal tendencies, norms, and beliefs that fuel high levels of sexual and gender-based violence, both in conflict settings including Sudan, South Sudan, Mozambique, and Democratic Republic of Congo as well as non-conflict countries such as South Africa. Furthermore, many communities and societies are still dealing with the legacies of violent past atrocities such as colonialism, slavery, and attendant gross human rights violations and unresolved trauma related to wars.

The compounded impacts of these events on individuals, families, affected communities, and societies are enormous. The trauma resulting from these experiences and challenges impacts communities negatively and leads to fragmentation, isolation, and mistrust within families, communities, and societies, which in turn makes rebuilding peace and social cohesion difficult and protracted violence more likely.

All these challenges have an impact on communities' ability to recover, thrive, and function as a cohesive unit. Mental health and psychosocial support (MHPSS), as an integrated element of community interventions, has become necessary for facilitating healing at both individual and collective levels.

The work of the Centre for the Study of Violence and Reconciliation (CSV) in providing MHPSS services to victims of conflict and trauma reveals that building healthy and resilient communities depends on teamwork and common goals across the development, humanitarian, and peace sectors—and working in collaboration with communities of people who are experts in their own lived experiences and strengths.

The main finding from our work in South Africa, South Sudan, Sudan, The Gambia, Guinea, and Bangladesh, among other countries, is that MHPSS both plays a critical role in facilitating healing for communities and societies broken by war and conflicts and enables all other transitional justice processes and interventions to achieve the goal of reconciliation and ultimately sustainable peace.

KEY FINDINGS

As a member of GIJTR, the Centre for the Study of Violence and Reconciliation advocates for integrating MHPSS into transitional justice processes and peacebuilding as an approach aimed at building community resilience. Our work in traumatized communities has led to the following key findings on the impacts of trauma at all levels of society:

The multiple levels and reach of trauma in societies resulting from historical and continuous violence call for a multidisciplinary approach to community healing.

THE GLOBAL INITIATIVE FOR JUSTICE, TRUTH, AND RECONCILIATION

In 2014, the International Coalition of Sites of Conscience (ICSC) launched the Global Initiative for Justice, Truth & Reconciliation (GIJTR), a consortium of nine international organizations focused on offering holistic, integrative, and multidisciplinary approaches to issues of truth, justice, and reconciliation. GIJTR works primarily with local populations, civil society organizations, survivors, and governments to develop transitional justice approaches that are victim-centered and collaborative and support dignity, respect, inclusion, and transparency in societies emerging from conflict or periods of authoritarian rule. Since its founding, GIJTR has engaged with people from 76 countries, worked with 760 civil society organizations, conducted 463 community-driven projects, and documented more than 7460 human rights violations.

For more information, please visit gijtr.org.



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Unresolved trauma is likely to perpetuate cycles of violence and mass atrocities. Therefore, to ensure sustainable peace and the non-reoccurrence of violence and human rights abuses in communities, the trauma of the violence and conflict as well as the root causes of that violence must be addressed. Through this multidisciplinary approach, MHPSS thus serves a dual purpose: it responds to the healing needs of the community regarding past trauma while ensuring that ongoing and future cycles of violence and trauma are prevented by strengthening and enabling communities' resilience and ability to heal.

Addressing psychosocial consequences of violence, crises, and conflict is a critical component of rebuilding, healing, and reconciling traumatized societies.

In countries dealing with legacies of past atrocities and systemic violations of fundamental rights, healing is central to individuals, communities, and societies coming to terms with those past abuses and preventing their recurrence in the future. Psychosocial support acknowledges the interconnection between the individual (a person's "psyche") and their environment, interpersonal relationships, community, and/or culture (their social context). It is essential for maintaining good physical and mental health and provides an important coping mechanism for people during difficult times. This approach extends beyond the one-on-one therapeutic model, taking into account the relationship between the individual and the collective by incorporating a community-based view of healing. It also avoids one-size-fits-all interventions, relying instead on context-specific engagements to facilitate healing and resilience. Examples of such community-based psychosocial interventions include support and self-help for diverse groups in communities including women, youth, and people with disabilities, among others; structured play activities for children; mind-body approaches such as relaxation and breathing exercises; storytelling; music; sports; body mapping; and handicraft or vocational courses that can be utilized to address the effects of trauma in communities and build community resilience.

CASE STUDIES

THE GAMBIA

The Centre for the Study of Violence and Reconciliation has been engaging with the transitional justice process in The Gambia since 2016. The Gambian process addresses gross human rights violations and repression committed under Yahya Jammeh's dictatorship, which began with the 1994 coup and ended with his electoral defeat in 2017. In December of that year, the new government passed the Truth, Reconciliation and Reparations Commission (TRRC) Act as part of a National Transitional Justice Plan. The TRRC's mandate was to "investigate and establish an impartial historical record of the nature, causes and extent of violations and abuses of human rights committed during the period July 1994 to January 2017 and to consider the granting of reparations to victims and for connected matters." Public hearings commenced in January 2019 and continued through May 2021, during which time the TRRC received 2,600 statements and heard testimonies from 393 witnesses covering 16 themes. The final report and recommendations were finally released in November 2021.

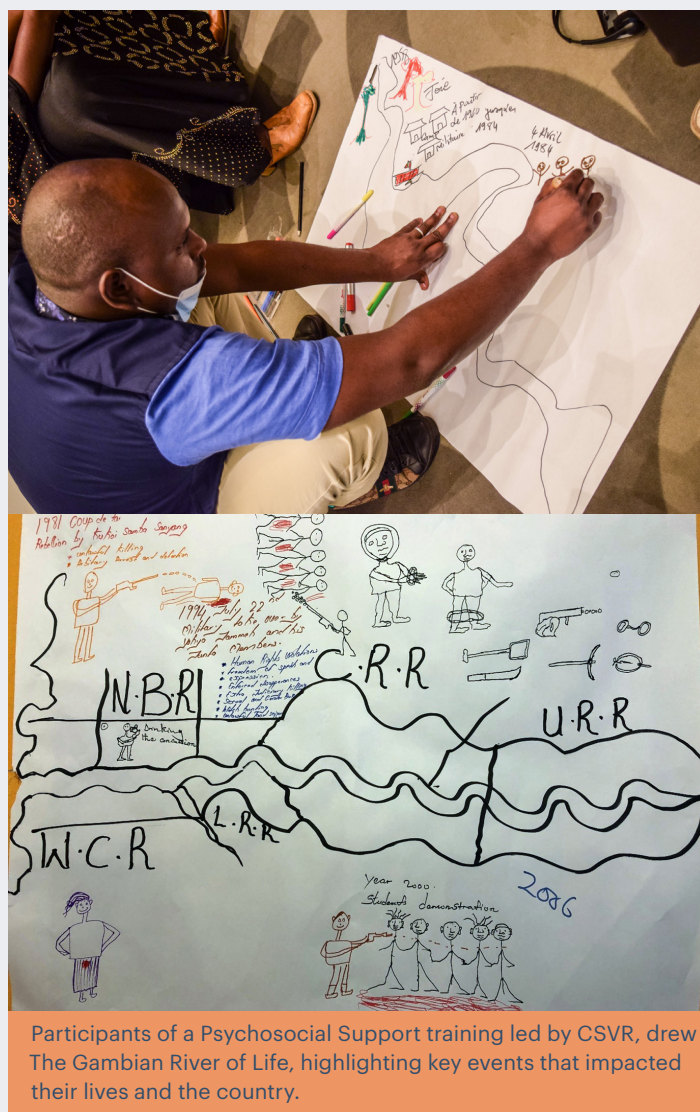
A needs assessment conducted by CSVR in 2017 found glaring gaps in the national transitional justice process when it came to the provision of MHPSS services. In turn, CSVR signed a Memorandum of Understanding (MOU) with the Ministry of Justice to provide technical support to the national transitional justice process in The Gambia to build this capacity. Through the auspices of the MOU, and with support from GIJTR, CSVR assigned a senior psychosocial professional, Jacqui Chowles, to the TRRC's Victim Support Unit. Chowles's role entailed providing technical support to the TRRC by guiding the

Victim Support Unit's psychosocial support documentation processes and offering counselling to victims approaching the TRRC, while building debriefing and self-care practices among the TRRC staff. She also worked to strengthen the psychosocial support referral pathways for victims through training and supervision not only at the TRRC Victim Support Unit but also with the country's main victims' organization, The Gambia Centre for Victims of Human Rights Violations, and other established and emerging civil society groups in both the capital Banjul and, increasingly, in rural areas.

CSVR's integration of MHPSS in The Gambian national transitional justice process focused on three broad MHPSS and transitional justice initiatives. First, given the extent of the abuses committed under the Jammeh dictatorship, local actors emphasized that one-off services linked to the transitional justice process were not ideal. They stressed the importance of developing a framework and infrastructure for MHPSS in the country, particularly for victims of past abuses, and raising awareness of mental health needs among the wider population. In response to this need, CSVR leveraged its partnership with transitional justice experts and GIJTR partners to integrate MHPSS into broader transitional justice and social cohesion work in The Gambia.

Second, CSVR engaged MHPSS in long-term capacity building. As the TRRC's public hearings began, CSVR and ICSC jointly implemented a project to support the transitional justice process in The Gambia. This included, among other activities, tailored workshops with the Ministry of Justice personnel, TRRC staff, and a range of civil society representatives, including human rights organizations, community-based initiatives, and victims' groups on contextualizing and locating MHPSS within transitional justice.

Finally, CSVR supported the development of more extensive community-based MHPSS support. The program was extended to communities outside Banjul. Chowles has facilitated MHPSS and social cohesion and reconciliation training workshops and capacitation to communities in remote areas including former Jammeh strongholds. She also established a nationwide MHPSS referral network that consists of Banjul-based and non-Banjul-based civil society organization and community-based organizations. Since 2020, Chowles has been providing technical and context expertise to Fantanka and the Organization for Psychosocial Support in The Gambia, the two organizations currently providing psychosocial support to victims. This third focus area goes beyond the initial and ongoing support provided to The Gambia Victim Centre.



Participants of a Psychosocial Support training led by CSVR, drew The Gambian River of Life, highlighting key events that impacted their lives and the country.

SOUTH SUDAN

The conflict that started in South Sudan in 2013 has affected the mental health and psychosocial well-being of everyone in the country, including refugees currently hosted by neighboring countries Uganda and Kenya. There is a serious lack of mental health services for victim groups and communities affected by conflict who need support and care. Socially, communities continue to be fragmented along ethnic lines and political affiliations, making social cohesion an impossible task.

Since 2015, GIJTR's human rights documentation initiative has integrated MHPSS in its documentation process. Given the MHPSS gaps on the ground, CSV's interventions in the project have sought to build MHPSS capacity from the ground up, while also providing ongoing support to the documentation initiatives carried out by South Sudanese human rights documenters. Between 2015 and 2017, CSV instructed 48 South Sudanese participants on basic counselling and psychosocial support interventions. The group of 48 trained participants were first taught to deal with their own personal trauma and experiences before they could be trained to provide these services to their community members. The trained psychosocial support services staff totalled 22 South Sudanese-based participants, 20 Ugandan-based South Sudanese participants who were located in three refugee camps in Uganda, and 5 Kenyan based participants based in Kenya.

The activities implemented over the past seven years have included a multi-layered approach to MHPSS in order to ensure safety, facilitate healing, and foster resilience. In that time, GIJTR's MHPSS activities integrated into the broader transitional justice process have:

- ensured that victims received adequate emergency mental health services to respond to the trauma that individuals and families had experienced during the crisis through the establishment of local referral networks;
- instructed and supported local stakeholders and the communities that will provide support services to both citizens within the country and those displaced within the diaspora;
- facilitated education and awareness-raising activities around trauma related to sexual and gender-based violence, as this often becomes an added burden for women who face sexual violence from external perpetrators as well as in their homes;
- enhanced the capacity of local stakeholders to contain and support victims within their communities—building their technical skills to provide mental health and psychosocial support interventions that are geared toward reconciliation and healing;
- raised awareness of the trauma caused by conflict and its consequences on societal relations and enhanced communities' ability to conduct and undertake trauma-informed community outreach and community-led healing processes;
- incorporated religious leaders and other community support institutions into strengthening social cohesion and community networks;
- strengthened civil society's capacity to engage state actors in peace-building activities through advocacy; and
- provided support and knowledge to officials and service providers on self-care.

GUINEA

The September 28, 2009, stadium massacre that occurred during a pro-democracy rally in Guinea led to the killing of 157 people, 400 people injured, 109 women raped, the disappearance of 89 people, as well as hundreds of people being detained. Following the UN International Commission, then-president of Guinea Alpha Condé appointed three judges to investigate the military involvement in the massacre and initiated a national reconciliation process through the establishment of the Provisional National Commission on Reconciliation (CPRN). The CPRN made several recommendations related to truth, justice, reparations, memorialization, and institutional reforms to promote peace and reconciliation in Guinea. Following the submission of the CPRN report, there has been little progress on transitional justice issues.

As GIJTR partners, CSVR and ICSC undertook a multi-year project to address the transitional justice gaps in Guinea. CSVR integrated MHPSS within the broader community-led transitional justice processes and education. Interventions included capacity-building workshops on psychosocial support for Guinean civil society organizations, including CONAREG regional coordinators, OGDH, AVIPA, AVR, COJEDEV, and HuProFE, among other key local organizations. CSVR started from the basics of what is trauma, assisting participants in processing their own trauma before embarking on capacity building to enhance their ability to provide this support in their own communities. Integrating MHPSS within broader transitional justice interventions and training in Guinea meant that a number of sessions naturally embedded MHPSS activities, while others were stand-alone MHPSS workshops designed to build the local capacity of civil society organizations to provide this support to victims of the massacre in their communities and organizations. GIJTR also supported local organizations to undertake small projects with an MHPSS focus, with feedback and mentorship from CSVR.



Local Guinean partners work in groups to develop Guinea's "River of Life" as part of an intergenerational storytelling event led by GIJTR partners ICSC and CSVR.



Image from a Psychosocial Support Training of Trainers where participants built their capacities to act as community psychosocial support practitioners in Guinea.

RECOMMENDATIONS

To build healthy, resilient communities, the following recommendations regarding integrating MHPSS in transitional justice processes are proposed:

Psychosocial support should be built on local resilience that builds on local strengths and is inclusive of community members.

When psychosocial support incorporates the social aspects of communities and builds upon connectedness as needed by community members, the interventions have a better chance to respond to communities' core and consequential needs, which enables members to achieve holistic healing and restores functioning for individuals, families, and communities alike—and further ensures that communities not only heal but can also access resources that enable them to thrive.

Psychosocial interventions are most effective when they contextualized approaches within indigenous traditions in order to promote resilience and well-being as well as in buy-in from communities.

Psychosocial support services that incorporate indigenous and community-based support systems and networks build resilience in communities and demystify those very psychosocial support services. Victim and survivor groups tend to find such hybrid psychosocial support services more acceptable, sustainable, and not “foreign” to them.

Holistic approaches are necessary to addressing the needs of victims and communities and building resilience.

Community resilience is important for enhancing community development outcomes. Psychosocial support provides this holistic approach that addresses the multi-faceted challenges and needs of victims and survivors in communities. Research shows that effective prevention and rebuilding programs are those that understand and seek to strengthen resilient social processes while addressing the negative social and economic impacts that may hinder them. With a psychosocial approach, the entry points and interventions seek to address all these impacts through both targeted interventions and a referral network for additional services and interventions.

Individual psychosocial healing should be linked to collective healing through psycho-education on and advocacy and for mental health.

When individual healing is linked to collective healing, community members' motivations toward helping others within and outside their group to heal and deal with their trauma quickly repositions. This contributes to active citizenship and communities helping each other communities rebuild.

Effective community resilience interventions should have exit and handover plans that ensure independence, capacity, and ownership of programs for sustainability and development.

While most of the work and capacity building is undertaken by a range of experts, there is a need to build local capabilities that can continue providing the services and interventions long after the MHPSS interventions under specific projects come to an end. The exit strategies need to be clear from the beginning and handover processes planned and carried out well in advance to ensure preparation and ongoing troubleshooting support to the local organizations or participants who take over the interventions.

FURTHER READING

ENDNOTES

- ¹ Sonny S. Patel et al. (2018). "What Do We Mean by 'Community Resilience'? A Systematic Literature Review of How It Is Defined in the Literature."
- ² Community Regional and Resilience Institute Report (2013). DEFINITIONS OF COMMUNITY RESILIENCE: AN ANALYSIS.
- ³ Sonn, C. and Fisher, A. (1998). "Sense of community: Community resilient responses to oppression and change." *Journal of Community Psychology* 26, 457-472.
- ⁴ Iman Nuwayhid et al. (2011). "Summer 2006 war on Lebanon: A lesson in community resilience, An International Journal for Research, Policy and Practice." Volume 6, 2011 - Issue 5: Violent Conflict and Population Health in the Middle East.
- ⁵ Fernandes H. and Allchin B. (2018). "Building resilient communities: The importance of integrating mental health and wellbeing in effective development thinking and practice."



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