"INVISIBLE WOUNDS": A PRACTITIONERS' DIALOGUE ON IMPROVING DEVELOPMENT OUTCOMES THROUGH PSYCHOSOCIAL SUPPORT

May 6, 2014, Washington DC, room MC C2-131
Table of Contents

Background ........................................................................................................................................... 2
Agenda.................................................................................................................................................... 3
Welcoming Remarks............................................................................................................................ 4
  Insights from Modern Behavioral and Social Sciences for Economic Development .................. 4
What is trauma? How it affects individuals and communities.......................................................... 6
  Extreme Stressors, Mental Health, Psychosocial Support and Livelihoods: An Introduction .......... 6
  The Impact of Individual Traumas on Communities and Societies ............................................. 9
Why work? The connection between livelihoods and psychosocial well-being.............................. 12
  Why work? ...................................................................................................................................... 12
  Livelihoods and war wounds in Northern Uganda: The impact on recovery ............................ 15
  The Link between Livelihoods and Psychosocial Well-being ..................................................... 20
What difference does it make? Designing interventions with trauma and psychosocial
  well-being in mind ............................................................................................................................ 23
  How Psychosocial and Economic Support Are Mutually Enabling: Learning From Participatory
    Action Research With Girl Mothers in Armed Forces and Groups in Northern Uganda, Liberia and
    Sierra Leone ..................................................................................................................................... 23
  Moving Beyond Platitudes: Integrating Peace (&) Work in Liberia ........................................... 27
  Resilience and Education Outcomes in Adversities: The Social and Emotional Imperatives ...... 32
What works? Implementation, monitoring, and assessing the impact .............................................. 37
  Does mental health matter for poverty alleviation? Experience and results from Uganda, Liberia,
    DRC and Burundi ............................................................................................................................ 37
  What Works: Developing Interventions for War-Affected Youth in Sierra Leone ........................ 39
  Understanding and Responding to Psychosocial Impacts in Operations – Opportunities and
    Constraints ....................................................................................................................................... 48
ANNEX A: Speaker Bios ......................................................................................................................... 51

Cover art by Andy Jefferson titled “The Heavy Load”, 1995
Background

Extreme events like wars, or natural disasters, leave visible destruction in their wake. The burned houses of the displaced, the barren fields where crops used to grow, the battered bodies of survivors all can be seen, rebuilt, replanted and given medical attention.

But what about the damage that cannot be seen? What about the difficulty sleeping, managing emotional responses, concentrating, or trusting others that plague survivors? These “invisible wounds” find their way into our projects and affect our intended outcomes. They may keep people from attending meetings regularly – or from even showing up in the first place – and they may hinder participants from taking risks or thinking longer term. Individuals dealing with traumatic events and other adverse conditions may respond very differently to incentives than those who have not. Further, for those exposed to protracted violence, collective action may be difficult. Adding to this complexity, individual reactions can vary in important ways by gender, age, and other identity characteristics. Restoring livelihoods for these individuals and communities is particularly critical, because economic hardship can prevent healing, further reinforcing the difficulty they face in accessing economic opportunities. How can we be sensitive to these issues in our work, and what difference can it make for the effectiveness of our projects?

To tap into the experience of development practitioners, mental health and psychosocial experts, and researchers in addressing these issues, the World Bank staff convened the Practitioners’ Dialogue “Invisible Wounds,” held at its offices in Washington, DC, on May 6, 2014. Presenters showcased recent research on the nature of trauma and how it interacts with livelihood projects. They also provided examples of how development projects have been designed in ways to effectively engage individuals and communities coping with trauma.

This public event is one activity within the Trauma-Sensitive Livelihood Projects initiative (P149616) managed by the World Bank’s Social Cohesion and Violence Prevention Team, and funded by the Korean Economic and Peacebuilding Transitions Trust Fund (KTF). The overall purposes of this initiative is to improve effectiveness of World Bank efforts in fragile and conflict-prone situations by (i) building the capacity of World Bank staff to understand trauma and psychosocial well-being and how they manifest in our projects, and (ii) piloting small-scale activities in two to three projects to further build the evidence base for trauma-sensitive operations.

The Invisible Wounds team is led by Alys Willman (TTL, Social Development) and composed of Anton Baaré, Nodoka Hasegawa, Jennifer Kuiper and Joyce Chinsen.
## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
<th>Presenters</th>
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<tbody>
<tr>
<td>9:00am</td>
<td>Welcome</td>
<td>• Varun Gauri, Co-director, <em>World Development Report</em> 2015, World Bank</td>
</tr>
</tbody>
</table>
| 9:30 - 11:00 | What is trauma? How it affects individuals and communities | • Mark van Ommeren, Department of Mental Health and Substance Abuse, World Health Organization  
• Beatrice Pouligny, Independent Researcher and Senior Consultant at the United States Institute of Peace  
• **Moderator: Steve Commins, 2015 World Development Report, World Bank** |
| 15 min     | Coffee break                                    |                                                                           |
| 11:15 - 12:45 | Why work? The connection between livelihoods and psychosocial well-being | • Richard Mollica, Director, Harvard Program in Refugee Trauma  
• Dyan Mazurana, Associate Research Professor at the Fletcher School and Research Director at the Feinstein International Center, Friedman School of Nutrition Science and Policy, Tufts University  
• Joanna de Berry, Senior Social Development Specialist, Global Program on Forced Displacement, Europe and Central Asia Region, World Bank  
• **Moderator: Anton Baaré, Senior Social Development Specialist, Social Development Department, World Bank** |
| 60 min     | Lunch                                           |                                                                           |
| 1:45 - 3:15 | What difference does it make? Designing the intervention with trauma and psychosocial well-being in mind | • Mike Wessells, Professor of Clinical Population and Family Health, Program on Forced Migration and Health, Columbia University  
• Prabha Sankaranarayan, President and Chief Executive Officer, Mediators Beyond Borders  
• Joel Reyes, Senior Institutional Development Specialist (Education Sector), Human Development Network, World Bank  
• **Moderator: Kinnon Scott, Senior Economist, Latin America and Caribbean Region, World Bank** |
| 15 min     | Coffee break                                    |                                                                           |
| 3:30 - 5:15 | What works? Implementation, monitoring, and assessing the impact | • Jeannie Annan, Director of Research, Evaluation and Learning, International Rescue Committee and Visiting Scientist at the Harvard School of Public Health  
• Theresa Betancourt, Associate Professor of Child Health and Human Rights, Department of Global Health and Population, Harvard School of Public Health  
• Vara Vemuru, Senior Social Development Specialist, Africa Region, World Bank  
• **Moderator: Susan Wong, Sector Manager, Social Development, World Bank** |
| 5:15 - 5:30 | Closing remarks                                 | • Ede Ijjasz-Vasquez, Sector Director, Sustainable Development, Latin America and the Caribbean Region, World Bank |
| 5:30 - 7:30 | Reception                                       | • Mark E. Cackler, Acting Director, Social Development, World Bank         |
Welcoming Remarks

Insights from Modern Behavioral and Social Sciences for Economic Development
Varun Gauri, Co-director, World Development Report 2015, World Bank

Given that the World Bank supports countries to alleviate poverty and conditions causing or worsening poverty within its populations, it has a very large stake in identifying and addressing obstacles that prevent achieving these goals. In particular, the World Bank is seeking to better understand the dynamics between exposure to violence and economic outcomes and decision making of impacted populations.

For example, exposure to violence creates a mindset that is primed to be risk averse. Those who are risk averse may not take the chances required to benefit from livelihoods opportunities, such as support for starting a business. Mechanisms for recalling traumatic events might provide levers in triggering risk-hedging behaviors in trauma-affected individuals. Further, the more recent the violence, the more risk averse a person is likely to be. This is implies that there is a willingness to pay for certainty that varies at least in part on an individual’s experiences.

A recent study (Callen, Isaqzadeh, Long and Sprenger, 2014) examined how experience of violence affects perceptions of monetary risk in Afghanistan. Researchers elicited hypothetical lottery choices using multiple price lists under experimental fear and happy/neutral primes. The study asked respondents for information on their personal stressful experience, posing the following question: “We are interested in understanding your daily experiences that make you fearful or anxious. This could be anything, for example getting sick, experiencing violence, losing a job, etc. Could you describe an event in the past year that caused you fear or anxiety?” They then matched individuals with geocoded and time-stamped violence data in Kabul from 2002 to 2010. Among the findings was the conclusion that past violent experience did not significantly alter lottery certainty premium directly but it significantly deepened the susceptibility for fearful recollections in causing preference for certainty.

The World Bank is interested in not only individual responses to traumatic events but also the larger concerns of community effects and inter-personal relationships. Several studies have looked at the effects of social cohesion following devastating natural disasters. In addition to bringing physical destruction, natural disasters may reshape preferences and expectations guiding economic choices. A recent study sheds light on the long-lasting effect on altruism from the 2004 Indian Ocean Tsunami. In a standard dictator game among a sample of similar microfinance borrowers, people who experienced damage on average offer and expect to receive less by about 5% of the total endowment. People who suffered heavier losses such as house damage and injuries, offer and expect to receive more compared to
those who did not, hinting at indirect reciprocity. Better understanding of these dynamics can improve targeting of aid to recoup lost social capital caused by traumatizing disasters.

The World Bank’s World Development Report (2015) will include four important human tendencies pertinent to developing policies based on insights from modern behavioral and social sciences for economic development.

1. **Limited Bandwidth:** Paying attention is costly to individuals; when a person thinks hard, it expends biological energy. Therefore, the natural human preference is to keep things simple. Although economics is the science of scarcity, economists don’t tend to focus on the fact that attention is scarce and that individuals have a limited capacity for what they pay attention to. This reality has implications for program take-up for those who are overwhelmed by adverse experiences or ongoing living conditions. In designing interventions, one needs to think about simplifying procedures, focusing on rules of thumb (e.g., financial literacy), and using physical design.

2. **Intention-Action Divides:** Gaps between intentions and action are seen when a person does not always follow through as planned. Although this concept is not controversial, rational models of human behavior typically assume that people act consistently with their beliefs. But behavioral patterns observed in smoking, over-eating, and savings behaviors are common examples where this is not the case. Policy commitment devices are designed to overcome these gaps; such devices might include timing subsidies to promote a sense of abundance when investments in school enrollment or farming supplies are required. Others are reminders of intentions for saving or taking drugs, default choice, early childhood development to support executive function.

3. **Social Meaning:** People understand their experiences and opportunities through the cultural lenses that they are born into. These native languages and cultural concepts make certain notions available to us. What “honor” means, what the term “government” means, what “poverty” means vary from place to place. So there is scope for a variety of approaches that can readily shape aspirations and rebrand indigenous practices.

4. **Social Norms:** We are intrinsically social. Information about what others do and believe is crucial to shaping what is considered to be acceptable behavior. Mechanisms of peer pressure have tremendous effects, sometimes in negative or positive directions (e.g., attitudes toward drinking on college campuses, female genital mutilation, safe driving habits, corruption). Humans tend to imitate what they see in the environment so collective patterns are highly influential. In traumatic situations, a collective narrative emerges, which can shape the kinds of collective action possible and choices that people make.
What is trauma? How it affects individuals and communities


Extreme Stressors, Mental Health, Psychosocial Support and Livelihoods: An Introduction
Mark H. van Ommeren, PhD, Department of Mental Health & Substance Abuse, World Health Organization

Despite perceptions of mental health and psychosocial support (MHPSS) involving a soft science, the MHPSS field is relatively strong in being science-based. In 2011, there was a systematic review of 32 controlled studies on MHPSS in humanitarian crises¹, and that number has likely doubled since that time. And in 2009, researchers published a meta-analysis of mental health epidemiological surveys. This analysis identified 181 surveys², and many more studies have been done since that time. Most other areas of humanitarian practice have less of a research culture and a less extensive evidence base. Nonetheless, much more research is needed to provide valid and reliable evidence-basis for current MHPSS practices.

A general observation is that there is not a common language in the MHPS fields. Different sectors use different terms and definitions for the same terms, leading to confusion. For example, the health sector uses the term “psychosocial support” to refer to non-biological interventions for people with mental disorder (e.g., psychosocial rehabilitation, cognitive behavioral therapy). On the other hand, non-medical professionals in protection, social and community services fields use the same term to refer to any non-clinical support for any person with or without mental disorder (e.g., child friendly spaces). The definition of “mental health” originally referred to positive aspects of mental well-being (cf WHO 1946 definition of health), but the term has evolved increasingly – but not consistently - to be also used to mean mental disorders. In 2007, the Inter-Agency Standing Committee – involving consensus among 27 international humanitarian agencies – adopted a composite definition of mental health and psychosocial support, which covered both protection or promoting psychosocial well-being as well as preventing or treating mental disorder.

Similarly, there are differing uses related to the term “trauma.” Does trauma refer to a traumatic event or to traumatic stress? The WHO’s International Classification of Diseases³ (similar to the well-known diagnostic system of the American Psychiatric Association) provides a relatively narrow definition of “traumatic event” as an event that is extremely threatening or horrific. However, others call for use of broader terms that includes loss and ongoing extreme stressors. “Traumatic stress” can be defined in terms of consequences that can be manifest as distress at the individual, community or the social level. In health circles and in medical terms, a traumatic event is a risk

³ WHO’s International Classification of Diseases (ICD) is the standard diagnostic tool for epidemiology, health management and clinical purposes.
factor for many mental disorders (e.g., depression, post-traumatic stress disorder (PTSD), substance use disorder, etc.).

Research has tracked the prevalence of depression and anxiety following traumatic events. One recent meta-analysis found that rates of depression and PTSD ranged on average around 15-20% after disasters among the methodologically stronger studies. These studies also indicate a dose-response relationship in which more adversity (such as traumatic events and loss) leads to higher incidence of disorder. An unsupportive recovery environment (such as insecurity, which may be correlated to lack of livelihood opportunities) is also a risk factor for higher rates. Those that have experienced domestic violence are 2 to 3 times more likely to be depressed or experience anxiety. Depression is more common amongst women than men, and half the difference between men and women is likely explained by domestic violence.

Both normal distress and mental disorder are linked to decline in functioning. This decline has important implications for successful participation in livelihoods programming. Studies of the Global Burden of Disease indicate that depression, dysthymia and anxiety (including PTSD) account for about 10-20% of total Years Lived with Disability, globally. This rate goes up to about 1/3 of years lived with disability in young adults. This is potentially an important finding for the World Bank, as one needs people to function to participate and benefit from livelihoods programming.

In summary, one of the links of “trauma” to livelihoods is clear: extreme stressors cause distress and mental health problems, which impair functioning, especially in young people. Yet, communities need a functioning work force to benefit from livelihoods programming.

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4 The proposed ICD 11 clinical definition of Post-Traumatic Stress Disorder requires re-living events, avoiding reminders, and hyper-arousal and impaired functioning.

Can something be done? Is it cost-effective? In humanitarian settings, IASC and WHO guidelines recommend social interventions for addressing non-pathological distress and adding scalable mental health care for moderate-severe mental disorders. The latter might include a mental health care package involving primary mental health care and/or low-intensity psychological interventions. These low-intensity psychological interventions can also be added to interventions outside the health sector. These types of options have been found to have low start-up costs and be cost-effective overall. A recent cost effectiveness analysis of 44 assessed intervention strategies for five neuropsychiatric conditions indicated that reallocation of resources to cost effective intervention strategies would increase health gain, save money and help implement expansion of services for neuropsychiatric conditions in low resource settings. The cumulative per capita cost of the most cost effective set of interventions covering all five conditions in Sub-Saharan Africa and Southeast Asia was estimated at International $4.90-5.70. In 2001, the Commission for Macroeconomics and Health determined interventions to be very cost-effective if each Disability-Adjusted Life Year (DALY) averted is less than one year of average per capita income. This would make addressing depression and hazardous alcohol use very cost-effective.

Despite the established need and promising benefits of providing MHPS support, major barriers exist. The most significant obstacle is low political will. The MHPSS community has been ineffective in making the case for MHPS, partly because there has been a lot of expressed disagreement among advocates on priorities. Further, people with the problems themselves should normally be strong advocates. Yet, the people with mental health and psychosocial problems are often amongst the most vulnerable and marginalized, with the greatest social stigma and least political voice. These factors—coupled with the incorrect belief that MHPS support is not cost-effective—have made it difficult to generate broad public interest or support. However, things are changing. There appears to be an increased interest of major international agencies to address MHPSS.

Several steps can be taken to support trauma-sensitive livelihoods programs. First, of primary importance is designated technical leadership within agencies that can act as a focal point on these issues to support the field. The United Kingdom’s Department for International Development (DFID) as well as Agence Française de Développement (French Agency for Development - AFD) both have recently identified focal points. Second, in terms of programming, both the social and the health sector will need to be involved. Indeed, low-intensity psychological interventions can be added independent of the sector one works. Indeed, WHO is developing right now low-intervention interventions than can be implemented by community workers and is also developing guided self-help packages. Many of the colleagues today will provide further examples of what steps need and can be taken to support trauma-sensitive livelihoods programs.

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The Impact of Individual Traumas on Communities and Societies
Béatrice Pouligny, PhD, Independent Researcher & Senior Consultant, US Institute of Peace

Psychosocial well-being pertains to the inter-relationship of psychological and social problems. As individuals, there is a very close and dynamic connection between psychological aspects of a given experience (an individual’s thoughts, emotions and behavior) and the wider social experience (relationships, traditions, culture and spirituality). In individual narratives, trauma is often described as a distress in the collective body, rather than/or along with the distress in the individual body or self. In most cultures, trauma is understood as also affecting relatives, both alive and dead. In this broader context, there are moral and spiritual dimensions of suffering. Communities also attach different meanings to violence and trauma, including political meaning. Therefore, how people frame and understand trauma has an impact on the capacity to cope with it. All of this explains that, even at the individual level, it is crucial to integrate trauma’s political, cultural and moral dimensions.

Two key questions need to be answered in order to understand the connections between individual trauma and its collective manifestation and impact: How do individual traumas affect communities and societies? What is the nature of that collective impact? These often correspond to intangible dimensions of peacebuilding and socio-political transitions and are couched within the ethos of the surrounding institutions. Further, trauma has the potential to make long-term structural impacts on these institutions, in particular under conditions of massive and long term violence.

Understanding the contextual factors of trauma include recognizing that there are drastic differences between interpersonal violence and other types of traumatic events, such as natural disasters. This difference is explained mostly because of the intentionality of the violence and its impact on human bonds. Making an assessment of the how a community understands its experiences requires listening to how the collective articulate distinctions and acknowledgements of events. Certain factors are especially relevant, including duration and intensity of violence, the existence of cycles, who commits the violence (e.g., are perpetrators from inside or outside of the community), and the specific forms of violations (e.g., sexual violence, amputations). There are also micro-variations in each situation, including a micro-geography of violence and its impact, at times varying from block to block in neighborhoods, as has been the case in Libya and Syria.

There are four main mechanisms through which individual trauma impacts communities. First, there is a functional impact, pertaining to the way families and communities function. The existence of a large percentage of individuals displaying symptoms of trauma has consequences on the way communities interact and operate. The presence of traumatized people may change family and community dynamics and thereby extend beyond the sum total of individual trauma. This is especially true in situations of ‘complex trauma’ where there is not only a single event. For some, exposure to violence endures throughout their entire life, such has been the case of Sudanese and Palestinian refugees, people living in Haiti and the Eastern Congo, or others in long term violence and natural disasters. This also includes perpetrators’ trauma, a dimension too often forgotten.

A second mechanism is symbolic impacts, in which the trauma affects the community’s conception of human bonds and the way individuals think of themselves in relation to the group. It can change the forms and meanings that define a sense of ‘community’ and societal relations. These kinds of changes are one of the main differences between the consequences of inter-personal violence and other forms of trauma such as natural disasters. These kinds of distinctions are observed in cases where researchers have been able to compare the effects of both types of trauma, such as in Haiti, Democratic Republic of Congo (Goma, North Kivu), Indonesia (Aceh), and Sri Lanka.
A third mechanism is a potential cycle of violence and trauma, if trauma is not addressed. Cycles are seen as inward and outward expressions of reactive violence in which victims can become perpetrators and visa versa. However, it is important to note that this is not a mechanical result but untreated trauma increases the risk of this pattern.

Related to this is a fourth mechanism in which trauma has intergenerational effects or the notion of ‘historic trauma’ in which narratives of traumatic events are passed down to the next generation. Trauma can also be transmitted through silence or an absence of an explanatory narrative, such as has been the case in Cambodia and Guatemala.

A Risk/Opportunity Framework helps to understand how the effects of trauma, as a result of violence, may shape the future of communities and societies. Under this framework, trauma can contribute to a community’s fragility or resilience. There are five main dimensions that have been observed and documented. The first is the impact on social relations and trust. In the domestic sphere, these impacts can change gender as well as inter-generational relations, as has been documented in Rwanda, Sierra Leone and Guatemala. In the public sphere, changes can occur between groups (identity as well as social groups). Transformations in the sense of ‘community’ contribute to the weakening of informal social control mechanisms. Lastly, ‘civic trust’ and the collective action capacity can be strongly impacted, an aspect which is strongly related to a deep sense of “not feeling safe”.

A second dimension is the impact on behavioral norms, in which points of reference are shattered and the rules or norms of community members no longer guide allowed conduct. Such ‘cultural trauma’ describes the loss or disintegration of cultural beliefs and values as new social patterns begin to emerge. Impacts on norms can arise from specific forms of violence, such as amputations; repetitive transgression of taboos, such as sexual violence; massive violence, such as massacres; and targeting of cultural symbols, as seen in Cambodia, Guatemala, and Afghanistan. In all these situations, a significant impact on group consciousness can be observed. New social patterns may emerge, including new forms of violence. These kinds of changes reinforce a sense of loss and basic trust in the order of things. These concepts are heard in narratives with phrases such as “We are lost,” “We never saw that before” or “This no longer has value.”

Third is the transformation of identities, which is connected to collective memories. The role of ‘chosen traumas’ as it relates to identity describes a community’s choice of traumatic events that can be leveraged to mobilize the larger group. This practice can create an opportunity to promote a sense of a shared history, reinforce feelings of belonging that aim to maintain social cohesion, and defend symbolic borders. But it also can risk excluding some groups in the society, redefining of ‘us’ versus ‘them’, inciting revenge, and increasing threats of violence. These risks are especially relevant when political leaders re-write or control these narratives for self-serving political motives. At the individual level, there is a risk of mutilating personal memories and complicating healing processes.

Fourth is the impact on state-society relations, in which perceptions of the State and formal and informal institutions change. It can impact the legitimacy of the value systems and the institutions that embody them. There can be a loss of trust in leadership and doubts that official institutions can or will provide protection.

Finally, the fifth impact is on economic well-being and development. A community can experience increased difficulties taking care of individual traumas and dealing with their collective consequences. There can be a reduction of mutual support mechanisms and increased tensions among individuals and groups. Functionality for self-care, as well as ability to care for the community, is compromised.
Understanding individual traumas and their impact on communities has important consequences for practitioners and those working in the field. Analytically, practitioners need a better articulation of the different dimensions of trauma even for each individual (e.g., psychological, physical, moral, spiritual, cultural). Part of this understanding is being able to perceive each individual story as being inscribed in a larger one. As much as possible, this type of analysis requires trans-disciplinary approaches; if there is not a mental health expert on the team, the team needs someone who minimally has an awareness of these issues. Programmatically, practitioners need to keep in mind several dynamics as they design and implement interventions. If in violent and post-violent contexts, practitioners must be sensitized to the issue of the perpetrator’s trauma (or the group associated with the perpetrators). In the short-term, the practitioner can assume that the traumatic event has had impacts in all aspects of life. In the longer term, trans-generational dimensions of trauma need to be factored in any program. Structural, long term impacts of trauma have consequences for almost every aspect of the socio-political life, in particular when violence is massive and ongoing. It is essential that practitioners grasp local understandings of trauma as well as local responses. They need to be aware that the local interpretation and meaning of trauma may vary a lot. Although many programs are national in scope, the differing impacts of trauma will vary across communities.

In conclusion, this is long-term work. An important role of an outsider to the community will be support for resilience mechanisms and understanding better what this means for individuals. People as individuals want to move on and do not want to be defined completely by their trauma or victimhood as their sole identity. To help with this progress, one has to be aware that the larger political frameworks can freeze the situation without allowing the transformation of the conflict. People involved in these negotiations need to be more aware of the consequences on the society as a whole.

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A current resource to support practitioners in the field working with populations and communities that have experienced traumatic events is WHO’s *Psychological first aid: Guide for field workers* (2011), translated into at least nine languages.
Why work? The connection between livelihoods and psychosocial well-being

Moderator: Anton Baaré, Senior Social Development Specialist, Social Development Department, World Bank

Why work?
Richard F. Mollica, MD, MAR, Professor of Psychiatry, Harvard Medical School; Director, Harvard Program in Refugee Trauma; Director, Cambodian and Refugee Clinic, Lynn Community Health Center

Efforts to integrate trauma awareness into development work began in earnest around 15 years ago. Before that, the world of development did not take into account contextual factors such as torture, human rights violations, rape, or mental health diagnoses. In these earlier days, people thought of trauma in terms of a rubber band: people who are experiencing traumatic events are pulled like a rubber band; but once the conflict is over and people are back home, these same people return to the same lives prior to the conflict.

However, there was a growing recognition that failure to address the mental health consequences of trauma were preventing societies to recover from conflict. In 2002, an international workshop in Sarajevo focused on developing a plan for addressing issues of mental health. As a follow-on to that meeting, an international collaboration (which included HPRT, World Bank, Caritas Rome, and Fulbright New Century Scholars Program) developed a global initiative called Project 1 Billion: International Congress of Ministers of Health for Mental Health and Post-Conflict Recovery. In December 2004, the project brought together Ministers of Health from post-conflict countries to endorse a science-based, culturally effective and sustainable approach to post-conflict recovery. Three major outcomes of Project 1 Billion are the Global Mental Health Action Plan, Global Mental Health textbook, and Global Mental Health Trauma and Recovery certificate program (with 430 alumni working in more than 85 countries).

The Project One Billion (2004) New Framework for Mental Health Recovery has eight inter-related and integrated dimensions. Taken together, this offers a model for action. For example, in Bosnia, a project integrated the issue of livelihoods into “treatment” plans and services delivered through Primary Health Care clinics. This approach embedded both clinical and non-clinical psychosocial support within the PHC system. The eight dimensions include: (1) Policy/Legislation, (2) Financing, (3) Science-based mental health service, (4) Multi-disciplinary education, (5) Role of international agencies, (6) Linkage to economic development, (7) Human rights, and (8) Research evaluation/Ethics. The impact of mass violence on economic development as well as its underpinnings, including the health of a community, underscores the need for an integrated health and recovery plan. This in turn contributes to the development of social capital, value for human rights and the community’s ability to contribute to economic growth/recovery.
The *H-5 Model* arose out of the Global Mental Health Action Plan. It highlights five major elements of caring for traumatized victims and communities: (1) Human Rights, (2) Humiliation, (3) Healing, including self-care, altruism and spirituality, (4) Health Promotion, and (5) Habitat and housing. Humiliation pertains to the recognition that violence is both a tool and outcome of humiliation; a healing approach should address issues of dignity and dignity violations. Health promotion is essential; people who have been violated often develop serious illnesses (e.g., diabetes, heart disease, strokes). These disabilities can, in turn be chronic or lead to death. Habitat and housing pertain to promoting a healing, ecological setting in which people live. Notably, current practices and structures in refugee camps do not offer a setting for healing. Ideally, the model would be applied through bottom-up leadership, an approach not typically adopted by medical physicians who are unaccustomed to giving up power.

In 1999, 45% of the original respondents who met the DSM-IV criteria for depression, PTSD, or both continued to have these disorders and 16% of respondents who were asymptomatic in 1996 developed 1 or both disorders. Forty-six percent of those who initially met disability criteria remained disabled. Log-linear analysis revealed that disability and psychiatric disorder were related at both times.

Experiences of violence significantly impact psychiatric well-being, even decades later. A community comparison study of mental health outcomes in Cambodia compared mental health diagnoses of 989 Cambodians living in Siem Reap (who had much higher exposures to multiple traumatic experiences and 76.23% tortured) and 1,031 in Surin (the majority of whom had no traumatic experiences and .6% tortured). The incidence of PTSD and depression was significantly higher for Cambodians living in Siem Reap (20.6% and 49.5%, respectively) than those living in Surin (2.2% with PTSD and 19.7% with depression).

<table>
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<th>Variable</th>
<th>Siem Reap (n=989)</th>
<th>Surin (n=1031)</th>
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<tr>
<td>PTSD</td>
<td>20.6%</td>
<td>2.2%</td>
<td>11.39 (7.33 - 17.7)</td>
</tr>
<tr>
<td>Depression</td>
<td>49.5%</td>
<td>19.7%</td>
<td>4.01 (3.29 - 4.88)</td>
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Important from the perspective of functioning and engagement in livelihoods programs, psychiatric comorbidity has been associated with disability in communities affected by mass violence. In a population of Bosnian refugees interviewed in 1996 in a refugee camp in Croatia, psychiatric comorbidity was associated with disability independent of the effects of age, trauma, and health status. Respondent refugees with depression alone were 3.75 times more likely to report disability than asymptomatic respondents. The odds for disability increased progressively with the addition of

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10 Findings are based on a 1996 survey of Bosnian refugees living in a refugee camp in Croatia. Assessments included (1) degree of disability associated with trauma and other risk factors, (2) relationship between psychiatric symptoms (depression and PTSD) and disability, and (3) relationship between chronic medical illnesses and disability.
psychiatric symptoms.\textsuperscript{11} Those who reported symptoms for both depression and PTSD were five times more likely to report disability than those who reported no psychiatric symptoms. Symptoms of PTSD and depression are associated with disability independent of poor physical health. Analysis of cumulative trauma indicated that the probability of disability was 2.36 times more likely for those with 3 to 5 traumatic events than those with 0 to 2 events.

Similar enduring effects have been found with these Bosnian refugees as was indicated in the Cambodian example. In 1999, 45\% of the original respondents who met the DSM-IV criteria for depression, PTSD, or both continued to have these disorders and 16\% of respondents who were asymptomatic in 1996 developed one or both disorders. Forty-six percent of those who initially met disability criteria remained disabled. Log-linear analysis revealed that disability and psychiatric disorder were related at both times.

In terms of the relationship between livelihoods and mental health, there is strong evidence for the protective effect of employment on depression and general mental health, based on a meta-analysis of 23 high quality studies.\textsuperscript{12} Similar findings were found for the positive protective effect of work in Cambodian refugees.\textsuperscript{13} However the health benefits of becoming employed depended on the quality of the job. An Australian longitudinal national household survey (Household Income and Labor Dynamics (HILDA)) of 7,155 working-age respondents investigated whether the benefits of having a job depend upon the job’s psychosocial quality (i.e., levels of control, demands and complexity, job insecurity, and unfair pay), and whether poor quality jobs are associated with better mental health than unemployment.\textsuperscript{14} The study found that unemployed respondents overall had poorer mental health than those who were employed. However, “[t]he mental health of those who were unemployed was comparable or more often superior to those in jobs of the poorest psychosocial quality.” Therefore, the transition from unemployment to a poor quality job was more detrimental to mental health than remaining unemployed. This study established a linear relationship between adverse conditions and mental health, finding that job quality predicted mental health outcomes.

An ethnographic study of 48 female domestic workers in Malawi drew similar conclusions regarding “toxic” employment. The analysis found that deterioration of mental health status was associated with poverty, inhumane treatment, social isolation and erosion of hope. One respondent explained: “Perhaps you’ve cooked food and it hasn’t turned out well. Or perhaps when dishing out the meat you weren’t careful in how you apportioned it. Instead of asking you about it, they just start slapping you. You try to explain, but they don’t understand. So they just keep on beating you, slapping you. And if you try to ask ‘Why are you beating me?’ then they curse you to the extent that you also get angry and you just feel like hanging yourself, ‘What else can I do?’”\textsuperscript{15}

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|c|}
\hline
Psychiatric Status & Total (%) & Disabled (%) & Odds Ratio (95\% CI) \tabularnewline \hline
Asymptomatic & 55.2 & 13.9 & 1.00 \tabularnewline PTSD alone & 5.6 & 20.0 & 1.51 (0.58-3.90) \tabularnewline Depression alone & 18.6 & 38.4 & 3.75 (2.23-6.31) \tabularnewline Depression & PTSD & 20.6 & 45.5 & 5.02 (3.05-8.26) \tabularnewline Total & 100.0 & 25.3 & NA \tabularnewline \hline
\end{tabular}
\caption{Bosnia Refugees: Disability}
\end{table}


\textsuperscript{11} In this analysis, the association between disability and PTSD alone became insignificant.
\textsuperscript{15} Mkandawire-Valhmu L. “Suffering in thought”: An analysis of the mental health needs of female domestic workers living with violence in Malawi. \textit{Issues in Mental Health Nursing}. 2010; 31:112-118.
There is still much to understand regarding the relationship between work and mental health. In post-conflict settings, people who have been working are more resilient to not having mental health problems. Thirty-three longitudinal studies show that a person is healthier if working. Provided employment is not “toxic,” there is reason to believe that work is a potent therapeutic factor for people recovering from violence. But we still need to a study of highly traumatized populations that compares mental health effects for providing standard care and another providing job opportunities. Such a study helps to identify effective mechanisms for moving the unemployed out of depression to work. The solution is likely to be a combination of services and livelihood opportunities. In Bosnia, providers brought work services into primary health care clinics and found this to be very effective. Initially CBT was separate and failed but then brought into PHC and was successful.

Livelihoods and war wounds in Northern Uganda: The impact on recovery
Dyan Mazurana, PhD, Associate Research Professor, Fletcher School; Research Director, Feinstein International Center, Friedman School of Nutrition Science and Policy, Tufts University

In examining the impacts of war on affected populations and efforts for recovery, it is essential to look at physical, psychological and emotional injury. Results of these types of injuries, including harm from war and serious crimes, are interconnected. To understand better how people are surviving and recovering from conflict and what role internal and external interventions play in supporting recovery, teams of researchers have initiated the Secure Livelihoods Research Consortium (SLRC). The Consortium is an eight country study, funded by DFID, Irish Aid and EC. Findings from this research are intended to inform livelihoods and political recovery in post-conflict situations.

In Uganda, the team focuses on Northern Uganda and is led by the Feinstein International Center, partnered with ODI, AVINET Uganda, and WORUDET. According to the Uganda National Household Survey, northern Uganda has a far greater percentage of the population living below the poverty line than any other region of the country: 46% in 2009/10, compared with 11% in the central region, 24% in the east, and 22% in western Uganda. Additionally, northern Uganda has among the lowest literacy rates in the country, the lowest access to any education facilities, and highest teacher absenteeism.

The SLRC, Uganda study is representative of 3.63 million people living in Acholi and Lango sub-regions, which are the two areas in Uganda most conflict-affected by the Lords Resistance Army (LRA) and Government of Uganda (GoU). The research began in 2012 and ran its first panel survey of 1,877 households in 2013. The research is focused on four components:

- People’s livelihoods (income-generating activities, asset portfolios, crimes, shocks, food security, constraining and enabling factors, strategies and outcomes).
- Access to basic services (education, health, water), receipt of various inputs (social protection and livelihood services).
- Perceptions and relationships with local and central governance processes and practices (participation in public meetings, use and functioning experience with grievance mechanisms, perceptions of major political actors priorities and polices).
- Experiences and impacts of serious crimes.

Over 80% of households rely on subsistence agriculture as their primary livelihood
The study sought to understand what factors are correlated with households’ improved wealth, assets, and food security. The study found that two factors seem to drive this relationship: livelihood occupation of the head of household, and education level of the head of household. Households with the least wealth, assets and food security are primarily reliant on subsistence cultivation (81% of entire population) and casual labor (2%). Women’s main occupation, especially in female-headed households, is subsistence cultivation.

Households who are best off represent only 8% of the population. These households live primarily off of livestock (4% of entire population), are employed by the government of Uganda (3%), or own their own business (1%).

Education level of Household Heads was the second most important factor in determining wealth and food security status. Male heads of household that have graduated at O level\(^{16}\) and above are significantly more likely to have greater wealth and assets and better food security. Female Heads of Households (FHH) need to have graduated at A level and above to see real increases in wealth and food security. However, in 2013, the enrollment at the A level in Uganda is just 1,100 students (a quarter of whom are women). The majority of household heads (53.5%) had not completed primary school; these consistently report some of the worst household outcomes.

Recovery for the displaced is slow. There is no significant improvement in wealth and asset accumulation for displaced households until they have returned for at least 10 years. Displaced female heads of households start off further behind and even after 10 years do not catch up with male-headed households. Male-headed households in rural areas and female-headed households in urban and peri-urban areas are worse off.

Access to livelihood transfers\(^{17}\) is sparse, especially in the context of hundreds of millions of dollars spent for recovery in Uganda. Only 16% of households have had any livelihood transfers in last three years; half of these were free seeds. The lowest impact was from seeds and fertilizers and the highest from direct cash for seeds. Over half of the receiving households reported no positive impact from the transfers.

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\(^{16}\) O level is passing four years of secondary school; A level is advanced secondary education.

\(^{17}\) “Livelihood transfers” in our survey included: seeds, fertilizers, pesticide and tool distribution; agricultural extension services including training and marketing; seed money for revolving funds (savings and credit); non-agricultural services, including training and marketing; and any other project that helped the household with their livelihood.
Further, who receives livelihood transfers is skewed. The more food secure and wealthy the household, the more likely they received transfers and reported positive impact. Male-headed households were also more likely to receive transfers (significant at 5%). Most of the households receiving savings and loan seed money were those owning their own shop or market stall. Households with a member working in the private sector or an NGO made up the highest percentage of households receiving non-agricultural services. Researchers conclude that the targeting of transfers has been skewed away from the households most in need of support to those with already-better food access and wealth due to policies that privilege more so-called “viable” households.

Social protection transfers and services in the study areas are practically absent, with only 4% of households receiving social protection services. One-third of these have received support only once. Half of the households that reported receiving free food or household items only received them once over the course of the year. This is especially concerning given Uganda has experienced over two decades of armed conflict and received hundreds of millions of dollars of international aid. The survey found that of the few households that reported receiving support, households with a greater number of elderly household members and those that were displaced were significantly more likely to receive at least one transfer of social support.

The SLRC Uganda study has produced the first representative figures on serious violations of international law for all of Acholi and Lango sub-regions. The study finds that the number of households that have experienced serious crimes is substantial. Fourteen percent of households had members violently killed by parties to the conflict (estimated between 67,747 to 99,941 people); 13% of households had members forcibly disappeared and never returned by parties to the conflict (63,826 to 99,180 people). The total violently killed and disappeared and not returned is between

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18 Social protection is understood in this context as: free food or household items; school feeding programs; old age pension; feeding patients in hospitals; retirement pension; and any other money payment from the government or other organisations.
19 From 2002 to 2012, the United States has provided $560 million to LRA affected areas for humanitarian assistance.
20 Drawing from international law and the context of the GoU and LRA armed conflict, the following were categorized in the survey as experiences of serious crimes when they were perpetrated by parties to the conflict: destruction and/or looting of property; abduction; forced recruitment; forced disappearance; severe beating or torture; being deliberately set on fire; being a victim of and surviving a massacre; being attacked with a hoe, panga or axe; sexual abuse; returning with a child born due to rape; being forced to kill or seriously injure another person; being seriously wounded by a deliberate or indiscriminate attack; and suffering emotional distress that inhibits functionality due to experiencing or witnessing the above. These crimes were recorded if they were perpetrated by parties to armed conflict (including government forces, militias, LRA rebels, or Karamojong raiders).
131,573 to 199,121 people; most all were civilians. Households that have experienced any type of serious crime in Acholi is 55% (147,211 to 179,597 HH) and in Lango is 28% (67,555 to 104,403 HH). In total, 214,766 to 284,000 households and 903,108 to 1,184,001 individuals experienced serious crimes in the two sub-regions.21

Removing property crimes22 and only focusing on crimes related to physical and psychological injury, serious crimes were found to be significantly correlated (at 1%) with being war wounded, less food access, having less wealth and fewer assets, worse access to health care, worse access to education, worse access to water, more dissatisfaction with health and education services, and the most negative views of local and central governance. This has serious implications not only for recovery but for citizens’ perceptions of government legitimacy.

Of those that experienced serious crimes, the majority experienced more than one, with compounding negative impacts. The study finds that the greater number of serious crimes a household experienced, the worse off the household was in nearly all indicators. At the same time, these households were no more likely to receive livelihood services, social protection or other forms of transfers/services. When they do receive services, they are significantly more likely to say those services had no impact (significant at 1%).

Serious crimes frequently resulted in war wounds, defined in the study as physical, psychological and emotional injury that impairs functioning. Ten percent of the population is war-wounded in Acholi and Lango, and 1 in 3 households has an injured family member. Yet not all of the war-wounded are significantly impaired in their functionality, nor do all report that they need treatment. Our survey findings suggest that 2 percent of the entire population of the two sub-regions is seriously affected and another 3 percent is essentially incapacitated. The proportion of households is significantly higher in Acholi, which is expected given the war there was especially intense with large numbers of displaced. Few have received full treatment.

Serious Injuries

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21 The current population statistics for Acholliland are based on the population of 1.17 million in the 2002 census, then extrapolated to account for yearly 3.57% population growth (see http://www.indexmundi.com/g/g.aspx?c=ug&v=24) to reach a 2012 estimated population of 1,502,451. For Lango, the population estimate in the 2002 census was 1.5 million, extrapolated to reach a 2012 estimated population of 2.13 million. The error of estimation is approximately 1% in each direction with a probability of .95. Rather than present the median figure, the study presents the range of the estimated total affected population.

22 The “destruction of property” is not included in any further calculations on serious crimes, but rather only those crimes that related to people experiencing bodily harm and emotional distress that impairs functionality (all the other categories of serious crimes in our study). This approach shows the strength of the data in terms of bodily and emotional harm.
Physical, psychological and emotional injuries to household member(s) can pull down the entire household. War-wounded households have less diversified livelihood portfolios, lower wealth and assets, more food insecurity, and employ more coping strategies. The more serious the crime experienced by the household, the more likely member(s) are to have an injury that impairs work ability.

Heads of households account for 15 percent of those with reduced functioning due to war injuries. Heads of household that are wounded are three times more likely to be completely incapacitated for their injury. Of those injured heads of households, 18% had psychological and emotional injuries that limited functioning and ability to carry out their livelihoods, and 63% reported that their injuries made it impossible to work at all. War wounded households tend to be headed by women and the elderly and are poorly educated (if at all) (significant at 1 percent).

In qualitative work with a sub-sample of the war-wounded households from the survey, the study found that livelihood activities in these households were reduced by half, and individuals who had their own businesses or worked with livestock were never able to return to these livelihoods.

The type of serious crime experienced was also significantly correlated with having an emotional or physical injury. For example, 59 percent of individuals who reported having returned from captivity with a child born in the bush, 40 percent of individuals who were forced to kill or seriously injure another person, and 35 percent of individuals who were forced into labor or slavery also had a physical or emotional injury. War experiences greatly injured people’s bodies and minds. Fifty percent of individuals who suffered a physical injury due to beating, torture, battles or an attack are suffering from a physical injury now, compared to 9 percent of respondents suffering physical injuries unrelated to the war. Additionally, 21 percent of individuals who suffered emotional distress during the conflict are suffering from such distress now, compared to 4 percent of those that did not suffer from emotional damage due to the war. This finding strongly suggests that injuries to the body and mind sustained during the war are lingering on or exacerbating new injuries.

In conclusion, the SLRC, Uganda study makes clear that the affects of what has happened to people in the past are evidenced in the present and impede their ability to move forward. The livelihoods needed to pull people out of poverty are largely unavailable to most in these areas of northern Uganda. The education levels needed are not reachable, especially for female heads of household. The households with multiple victims of serious crimes and the war wounded are among the worst off in all categories and the authors believe they are experiencing deepening poverty. War wounded persons require specialized services and programs not prioritized in rebuilding of health infrastructure by donors in post-conflict. Targeting for livelihood and social protection services where occurring is benefiting the wealthiest and most food secure households. National policy often shifts away from vulnerable populations to viable populations in a post-conflict setting, with the hope that the better off will somehow pull up the rest of society. This study indicates that this is not the case, and next year’s panel survey is likely to see those households at the bottom even worse off.
For a full more information on this study, please contact Dr. Dyan Mazurana (dyan.mazurana@tufts.edu).


Three briefing notes are also available:

The Link between Livelihoods and Psychosocial Well-being
Joanna de Berry, Senior Social Development Specialist, Global Program on Forced Displacement, Europe and Central Asia Region, World Bank

This presentation explores the links between livelihoods, traumatic experiences and psychosocial well-being using qualitative research from experience in Uganda, Afghanistan and Azerbaijan. There is not a single, cross-cultural definition of livelihoods. Instead, of unpacking the various meaning in multiple contexts, it is best to use an expanded definition of livelihoods as “a means of living.” In understanding these relationships, it is important to consider the following questions:

- What do people want out of life; what do they desire in these contexts?
- What are the means and important assets for achieving well-being?
- How do war and traumatic experience disrupt livelihoods and psychosocial well-being?
- What are implications of these dynamics for programming?

To begin, what are the components of well-being in these contexts? In Uganda, possessing cattle are a high priority. This is not just because they are a means of living but also because cows determine identity that have implications for future aspirations, such as whether and to whom children will marry. It is a means for feeling good about oneself. Ugandans also seek material consumption, such as mobile phones, mattresses, and bicycles. These represent specific targets attributable to a good life. In Afghanistan, people define a good life as being able to provide hospitality, requiring a home with food offered to guests. Additionally, a good life is having strong social connections within family as well as the wider community (wasta).
Continuing with these examples, which assets enable achieving this vision of a good life? In Uganda, cows are not only a symbol but also a means for achieving a good life. Other important assets in this context are agriculture, land and strong relationships with people that support productive use of these resources. In Afghanistan, relevant assets are related to morality and faith. Without a moral life as defined by God and religious practices, there is no possibility of achieving a good life.

Both of these examples from qualitative work lead to important conclusions about what people want from life and the means for reaching these goals. First, means for achieving well-being is more than just financial. There are physical, psychological, emotional, and spiritual aspects to livelihoods as well. Although this may seem to be common sense, the prevailing assumption at the World Bank is that people’s aspirations for livelihoods are tied primarily to improved income, which is achieved through improved financial assets and resources. Second, there is a complex causality linking psychosocial, mental, and emotional aspects. In Uganda, experiencing a life full of laughter sustains your relationships with family. With the family’s support, there will be better agricultural results, which then lead to more consumption and celebration. In Afghanistan, abiding by a strong morality is evidenced through a home full of hospitality. Hospitality builds stronger social ties, which are more likely to lead to a job through these connections.

Traumatic events and war can destroy these complex linkages; it can “make you crazy.” For example, many of internally displaced persons (IDPs) in Azerbaijan have been away from their homeland for more than 20 years. IDPs state that the most depressing aspects of their lives are the poor housing and conditions in which they are forced to live (e.g., crowded collective centers with few services). This demonstrates the physical to mental link between conditions of hardship. This displacement distorts a sense of what makes a good life and can block accessing the customary assets important to achieving this life. The loss is not just in terms of physical assets, such as land and housing. It is also loss of identity, the ability to relate to essential government structures, the skills needed in the market place. The consequences of displacement are physical, emotional, and social. Displaced are at higher risk of poverty and high levels of debt. After many years, loss and suffering are the basis of their identity. Although the government insists there will be a return to their homelands, 20 years later their state of limbo persists. Additionally, political reasons keep the displaced in Azerbaijan from defying the government narrative of return. Political

### Livelihood: “A means of living”

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<thead>
<tr>
<th>Means (Assets)</th>
<th>Living (Well Being)</th>
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<tbody>
<tr>
<td><strong>Uganda (Rural Teso)</strong></td>
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<tr>
<td>Cows</td>
<td>Wealth (cows)</td>
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<td>Money</td>
<td>Health</td>
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<td>Agriculture</td>
<td>Mental Peace</td>
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<tr>
<td>Trade</td>
<td>Marriage and family</td>
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<td>Land</td>
<td>Laughter</td>
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<td>God</td>
<td>Spiritual blessing</td>
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<td>Knowledge</td>
<td>Celebration</td>
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<td>Education</td>
<td>Transition and agency</td>
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<td>Relationships and family</td>
<td>Home</td>
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<td>Hope</td>
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| **Afghanistan (Urban Kabul)** | |
| Job | Morality |
| Money | Mental and physical health |
| Physical environment | Family/home |
| Faith and religious practice | Community |
| Morality | Hospitality |
| Mental courage | Connections |
| Connections | Faith |
| Physical strength | Happiness, hope |

### War Destroys: Being poor can make you crazy

<table>
<thead>
<tr>
<th>Loss of Assets</th>
<th>Loss of Well being</th>
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<td>IDPs in Azerbaijan</td>
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<td>Land</td>
<td>Marginalized</td>
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<td>Social connections</td>
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<td>Financial capital</td>
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<td>Location and housing</td>
<td>Poverty</td>
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<td>Jobs</td>
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<td>Relevant skills</td>
<td>Hopeless</td>
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<td>Access to the formal economy</td>
<td>Dependent</td>
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<td>Identity and registration</td>
<td>Mourning and grieving</td>
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<td>Government structures</td>
<td>Limbo and insecurity</td>
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<td>Decreased hospitality</td>
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<td>Poor living conditions</td>
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rhetoric focuses on IDPs’ lack of resilience and self-reliance and portrays them as victims of Armenian aggression. As such, the government is the only reliable means of support, and yet putting the displaced into camps only serves to maintain their marginalization and separation. Monthly stipends further set up a dependency framework. In negotiations with the government, the World Bank struggled to find appropriate language to encourage self-reliance without undermining the political positioning.

Under some conditions, peace, recovery and reconstruction have the potential to restore livelihoods and psychosocial well-being. Young people want to make the natural transitions to adulthood in which they move from dependents to caregivers. Many conflict-affected people see money, jobs and agency as a pathway out of depression and suffering. But it is not a simple relationship between peace livelihoods, healing, restoration and recovery. First, livelihood opportunities in a post-conflict context may be particularly harsh. IDP camps have very few entry points into the formal economy, and the informal sector can be highly exploitative and dangerous. When people work all day under difficult conditions, they often return home drained, with reduced ability to provide care for family and children. Second, the assets for achieving desired livelihoods have often changed or been destroyed, such as the disappearance of cows. The process of recalibrating a mindset to redefine what delineates an asset requires difficult adaptations. Third, post-conflict markets change and are typically very weak. In locations like the Democratic Republic of the Congo, the market doesn’t exist and value chains opportunities are not evident. Finally, mental health impacts can be very long lasting and detrimental. Helping refugees transition into jobs is not just about making a job available but also about confidence building and relearning how to structure time to show up as expected in the workplace, especially if the refugee or displaced has been living in a camp for 20 years.

Working on livelihood programs for people who have gone through traumatic experiences cannot be “business as usual.” Taking into account the particular economic environment as well as the psychosocial impacts resulting from what people have been through is the starting point in program design. Programs need to offer different things to different people, whether they are vocational training, micro-credit, or other assets. The reality is that people respond to offers differently based on their vulnerabilities. Similarly, programs too must respond differently to the new realities on the ground.
What difference does it make? Designing interventions with trauma and psychosocial well-being in mind

Moderator: Kinnon Scott, Senior Economist, Latin America and Caribbean Region, World Bank

How Psychosocial and Economic Support Are Mutually Enabling: Learning From Participatory Action Research With Girl Mothers in Armed Forces and Groups in Northern Uganda, Liberia and Sierra Leone

Mike Wessells, Professor of Clinical Population and Family Health, Program on Forced Migration and Health, Columbia University

The starting point for effectively working with the most highly vulnerable populations is to assume that those outside the community do not know either their key problems or the solutions to them. In order to find the best approach, researchers need to learn and find out what works from those affected by trauma or other impacts on their psychosocial well-being. In fact, the assumption of trauma in girls that have been recruited is itself problematic. Trauma is unquestionably important, but it might not be the most significant psychosocial issue. Also, a medical model and a deficits emphasis may be disempowering. In working with formerly recruited girls, it is essential to understand their resilience and to engage with them in a community-based, participatory process of identifying their main challenges and encouraging them to be the key agents in addressing those challenges.

Following armed conflict, it is rare to find disarmament, demobilization and reintegration (DDR) processes for young people that are informed by the young people themselves. Moreover, among recruited children, girls are often not included or do not participate in the same way as other youth. But girls’ experiences are different from their male counterparts as the psychosocial effects of war are highly gendered. Among the biggest gender differences is that many formerly recruited girls are mothers and identify as such. Even four years after a DDR process, girls are often still isolated and stigmatized and called “rebel girls.” Even following a ceasefire, most economic programs to benefit these girls and young women would have likely failed as they believed their ‘minds were not steady,’ and people would not have bought from them.

An ecological perspective gives a helpful understanding of girl mothers’ situation. For example, a girl from Sierra Leone who had been abducted by the Revolutionary United Front (RUF) when she was 12 years old faces multiple psychosocial risks. Both she and her baby are HIV positive, and she has trouble taking care of her child, especially paying for healthcare. Her belief that the child’s father and captor is now her legitimate husband puts her in conflict with her family. Badly stigmatized, she feels unable to work and has no economic means, and is isolated and stigmatized in her community. Also, she is perceived as spiritually contaminated because of having been around dead people in the bush. Her case illustrates the holistic nature of psychosocial distress and the broad, interrelated set of issues that interventions need to address.

The research presented here was the Participatory Action Research (PAR) conducted in Sierra Leone, Liberia, and northern Uganda in 2006 to 20-10. The core principle of the PAR is that local groups have the power to define a key problem and take steps to address it, thereby engaging in self-help. Importantly, the meaning of “self-help” in this context refers not only to individual action but also collective action. In this research, community acceptance was enabled by peer psychological support.
and the transformation of girls' roles, which made possible acceptance by the wider community. In fact, the reintegration process is very much one of community transformation. It is important to view the girls’ well-being as inseparable from the well-being of their children. In this context, PAR is more than developing opportunities for livelihood; it is a transformative process in which girls achieve positive social roles as mothers and contributing family members, and thereby gain acceptance in the community. It is also an ethically intensive process in which the girl mothers themselves chose how to do things and made decisions about what to share publicly or to keep confidential.

Broadly, the PAR consisted of two stages. First, the girl mothers discussed among themselves what their main challenges and problems were. Second, they decided how they wanted to address the problem. As we will see, livelihoods projects were at the heart of the actions they chose.

Facilitating the work of the girl mothers were 10 NGO agencies that already had relations of trust with people in the rural and urban areas included in the research:

- **Sierra Leone**: Christian Children’s Fund, Christian Brothers, Council of Churches in Sierra Leone, National Network for Psychosocial Care
- **Liberia**: Save the Children/UK, THINK
- **Uganda**: Caritas, Concerned Parents Association, Transcultural Psychosocial Organization, World Vision

Each NGO worked with groups of approximately 20 girl mothers in each of two sites. The 658 girl mothers were selected through a consultative local process that aimed to intermix formerly recruited girl mothers with other vulnerable young mothers. This was important because it would have been unethical to support only formerly recruited girl mothers when many others were equally vulnerable due to, for example, family separation. Before the PAR had begun, most of the girl mothers reported that they engaged in sex work in order to meet the survival needs of themselves and their children.

In phase 1, which lasted nine months to a year, the girls convened their own discussion groups to talk about their own areas of concern and learn from each other about their situations. In these discussions, the girls talked about their lack of livelihood in the context of being an effective mother and securing the best future for their children. They directed and led the discussion on their own behalf, based on their own problems and needs. The groups evolved into networks of care and reciprocal support for each other. This peer support is vital given how marginalized these girls had been in their communities. The discussions eventually led to the girls identifying their hopes and dreams. Nearly all the girl
mothers wanted to be able to participate in community-wide meetings and to speak, as other people did. All of the girl mothers wanted a means of livelihood in order to contribute to their families, be good mothers, meet basic needs, and gain community acceptance.

In phase two, each group of girl mothers developed livelihood actions, which involved either individual or group activities funded by small loans or grants. Sample activities included group projects such as bread making, animal husbandry, farming, and individual activities such as petty business activities. To implement these activities effectively, the girl mothers learned business skills. Although the NGO workers facilitated this, they maintained a respectful distance and adhered to the motto ‘If it doesn’t come from the girls, it's not PAR.’ The girls also expressed themselves through drama and song.

Community advisors, whom the girls had selected, played a key role. The advisors helped to raise community awareness about the girls’ situation and how they were changing and being responsible mothers. The advisors also helped the girls to design their projects, introduced them to their networks for buying and selling, assisted in managing conflicts, and mentored the girls on how to behave and reintegrate into the community. In addition to offering pragmatic advice, the advisors acted as a key bridge with the community. The advisors were essential in helping to improve community perceptions of the girls as people who had suffered and who now wanted to be good family and community members and who deserved support from the community.

This project’s mixed methods evaluation including ethnography, photographs and information collected by the girl mothers, and a survey based on what they saw as important outcome areas. The mothers noted how the girls were not only integrating into the community as responsible individuals, with bank accounts for example, but also advocating for themselves and their individual rights. Further, the mothers described the girls as having matured into being more capable adults, and of taking care of their children.

For the girl mothers, key outcomes included the benefits of finding commonality and shared purpose. Finding other girls who had had similar experiences and faced common challenges helped to reduce their sense of isolation. And the supportive problem solving discussions helped to boost the girls' hope and sense of well-being. The girl mothers showed increased self-confidence, felt that they had the opportunity to influence their circumstances, and demonstrated improved self care. Overall, the girls’ sense of self improved, as did their sense of collective responsibility for each other and their families. Their livelihood activities heightened their sense of self-efficacy, and each step they took promoted their self-esteem and improved their psychosocial situation. A significant benchmark for the girls was their newfound ability to attend community meetings and to speak publicly. By the end of the project, over 87% of the girl mothers said they no longer did sex work.

Reduced stigma and improved community relations were important outcomes of the PAR work. Once the girls were seen as participating in activities beneficial to their families and the community, and as behaving in accordance with expected norms, the social acceptance of the girls increased. As community people saw the girl mothers in their new roles and as ‘serious,’ they increasingly accepted the girls as community members. Over time, the denigrating terms such as “rebel girls”
were replaced by “good woman” and “good mother” and other words indicating respect and  
community membership. The girls also recognized restorative justice norms, acknowledging that  
they had done harm, and many groups of girls attempted to give something back to their  
communities, thereby increasing their acceptance even further.

The girl mothers also succeeded in promoting the acceptance of their children, which is no small  
accomplishment in light of the stigma typically associated with children born of rape. As the girl  
mothers’ began their economic activities, neighbors watched closely to see whether the girl mothers  
behaved as good mothers and their children were doing well. With the money they had earned, the  
girl mothers often paid their children’s school fees or for health care and other necessities. Over  
time, the neighbors allowed their own children to play with the girl mothers’ children, who in many  
cases were classmates in school as well.

As for economic outcomes, the girls didn’t escape from poverty, but they succeeded in earning  
enough to meet basic needs and function as good mothers. A challenge, however, was that urban  
areas have volatile economies, and some of the girls had non-diversified business portfolios that  
were not robust enough to withstand changes. Yet the project facilitators had to find a balance  
between letting the girls take risks to be entrepreneurs and preventing them from being set up for failure. Expert  
economic advice and business training was essential to achieve this balance.

The project also encountered limitations such as the mothers not having adequate child care during their work  
hours. Also, the girls’ increased earning, self-esteem, and self-advocacy  
have brought relationship challenges. Some of the girls experienced a domestic violence backlash, or  
direct pushback and accusations from boyfriends and husbands. These issues might have been  
prevented had the planning and implementation processes included men to a greater extent. In fact,  
some groups of girl mothers have begun inviting men to their discussions. Other limitations were  
that the girl mothers' successes spurred jealousies in the community, and girl mothers continued to  
have pregnancies while they participated in the project. These issues warrant ongoing attention.

Numerous lessons come out of this work. First is the importance of relationships in psychosocial  
support. Although psychosocial support is sometimes thought of in terms of individual counseling,  
this work emphasizes the importance of supportive peer relationships and community relations as  
foundations of psychosocial well-being. Second, the girls’ agency was  
the foundation of the process and itself contributed to the girls'  
psychosocial well-being. Third, effective action by the girls required a slow, patient process. It is quite unlikely that a 'quick fix' or push for  
rapid results would have worked with the girl mothers, as it took time  
to build up their competencies, self-esteem, and social networks. Perhaps the World Bank could help by making available multi-year  
funding, which is often not an option in many DDR processes.
Perhaps most important, the combination of psychosocial support and economic support promoted well-being in ways that neither intervention could have achieved on its own. In many respects, these two elements were complementary and synergistic. Psychosocial improvements were necessary for the success of the economic activities, and the girls’ participation in the economic activities helped them to be good mothers and to be seen as contributing family members. The latter perceptions made community people more likely to accept the girl mothers, and this acceptance in turn boosted the girls’ psychosocial well-being. A needed step forward is to break down the siloes, integrating psychosocial and economic dimensions more fully. If the World Bank did this, it would likely boost their ability to support highly vulnerable populations and make a significant contribution to human well-being.

Moving Beyond Platitudes: Integrating Peace (&) Work in Liberia
Prabha Sankaranarayan, President and Chief Executive Officer, Mediators Beyond Borders

For peaceful practices to be the norm, a society needs three complementary components:

- Reliable and credible governance and security systems;
- A citizenry that can learn and practice nonviolent methods; and
- Individuals who are able to employ these practices.

Protracted violence as well as exposure to cumulative trauma threatens each one of these components. Reconstruction programs—Rule of Law, Aid, Livelihoods, Development, Health and Education programs—can be exponentially more effective if the design ensures that the populations are able to absorb and make use of the programming.

Designing trauma sensitivity and understanding into these programs from the outset is therefore critical to their success. Mediators Beyond Borders International’s (MBB) Liberian Initiative developed two multi-modal, multi-disciplinary models that integrated peacebuilding, vocational training and psychosocial support. The outcomes from both programs indicate higher rates of employment, connection to community, trust across groups, awareness of the impact of trauma, participation in economic activities with other groups and the ability to engage peacefully. An invitation to support, collaborative design and multi track interventions are key components of MBB’s projects.

Why trauma?
Trauma’s impact is enormous. The tactics of the civil war in Liberia caused families to scatter, traditional leaders to betray their own people, and brought decades of witnessing and being coerced into committing unbearable atrocities. Liberia’s population was just under 4 million (UN-DESA), and a Journal of the American Medical Association study estimated that 800,000 Liberian adults meet the criteria for a Post Traumatic Stress Disorder (PTSD) diagnosis, 750,000 for a diagnosis of major depression, and 317,000 have suicide ideation or have made suicide attempts (Johnson et al. 14). Trauma symptoms certainly are widely observed in Liberian ex-combatants. (Taylor et al. 23) Community does not revive simply by returning to life as it was. Relationships, trust, and collective responsibility must be intentionally reconstructed. The two programs described are at different stages in Liberia’s recovery and are designed as trauma informed peacebuilding programs.

By addressing the enormous impact of traumatic events, we eliminate one of the key factors supporting extreme violence. Repetitive traumatic exposure can negatively impact people’s ability to act peaceably; they are less able to cope with stressors, making them reactive. Detaching from
feeling any connection to community is one form of self-protection. Additionally, they must reestablish a sense of personal power. Well-designed programs can create that sense of power through recognition of strengths and agency; but without that, victims may regain power violently. (Gilligan) Particularly where whole communities experience trauma, the symptoms do not generally dissolve with time; rather, they remain until they are integrated into community experiences and collective memory. (Siegel) Tragically, the literature about the trans-generational transmission of the impact of trauma is only growing and experts see trauma passed down, in physical and psychological symptoms, through multiple generations. (McGoldrick and Walsh)

The lessons from the post-conflict literature are clear: single-topic interventions often fail; programs must address the complementary needs and pressures that can overwhelm a good single-topic program. (Machel; World Bank MDRP; Taylor et al. 9-10) By developing individuals’ strengths and bringing estranged people to work together, each program component strengthens the others to weave a web that supports trust-building, reduces root causes of conflict, and puts in place keys to a reconciliation system.

The first MBB program involved the rehabilitation, repatriation, and reintegration of former child soldiers living in the Buduburam refugee settlement in Ghana. None of the former child soldiers had participated in the disarmament, demobilization and reintegration process established by and under the direction of the UN High Commission on Refugees. MBB worked in conjunction with local partners, with the former child soldiers and with the communities that received them. Building on the widely accepted principle that reintegration of ex-combatants is critical to a sustainable peace, MBB expanded to providing a multimodal program for former child soldiers living at the camp. The project trained these youth in conflict resolution and construction skills, supported them through counseling (provided by psychologists from the University of Legon, Ghana) to build resilience in the face of their trauma, and provided mentoring by former soldiers now successful in society. While negotiating for their repatriation, the project “prepared the ground” for the youths’ return, working through traditional leaders and civil society to surface community concerns and begin the long process of forgiveness. Project partners lived in community for months of transition, bridging the inevitable divides arising from unfamiliar groups sharing space and extremely limited resources. The group has repatriated and safely reintegrated into society, with more than half having steady work in a country that bears 85% unemployment. MBB then replicated components of this program in the second initiative, Women Hold Up Half the Sky, which was adapted to meet the needs of women who fought in and/or were deeply impacted by the civil war. Stigmatized and with few marketable skills, many of these women lived on the
margins of society. MBB and the Psychosocial Consortium of Liberia (PCL) contributed to the rebuilding of community in Bomi County, Liberia. Women of nine tribes and two religions came together; they collaborated to move beyond the psychological and economic devastation of the civil war to build trust and social cohesion. Similar to the previous initiative, MBB with its partner PCL applied a multimodal approach that included dialogue, permaculture, and resiliency building.

Why dialogue?
Dialogues are carefully designed to bring together community members of different identities with the objectives of increasing understanding, strengthening relationships, and identifying means of coexisting. Dialogue is structured to restore the sense of the other’s humanity and rebuild trust and connection, which is the basis for rebuilding the shattered sense of community.

When equal numbers of alienated women ex-combatants and women in community participate, both groups benefit, and contact hypothesis indicates this will help in normalizing relations. (Contact hypothesis) Experience shows that such efforts are much more likely to be successful when coupled with conflict-related skills training. (Babbitt et al.)

Additionally, addressing trauma is a critical component of conflict resolution and development efforts, but programs often overlook this. (Zelizer 81-94) Over the last decade, there has been increasing recognition that the fields of peacebuilding and trauma are interconnected, (Lederach; Lange and Quinn; Reilly, McDermott and Coulter) but programs that truly integrate the two fields are rare.

Finally, a joint income-generation project operationalized the increased trust and enhanced collaboration created by the project, and served important therapeutic goals. PCL facilitated the provision of training in permaculture—a low-input, high-yield form of sustainable agriculture involving multiple species plantings along with waste management and rainwater catchment. Permaculture systems encourage community collaboration to manage small, collective plots, which can be farmed for personal consumption or for marketing crops. Further, if ex-combatants are seen producing food and working on behalf of the communities they held hostage during the war, these communities become more receptive to reconciliation and reintegration processes. This program approach was consistent with a key lesson from USAID’s Liberia Community Infrastructure Program (LCIP), which found that “[f]urther activities should focus on the rehabilitation of smallholder cash and food crops. Smallholders can learn a great deal about advanced production techniques and marketing of produce, but [programs] must reflect the time needed to transfer the necessary learning and confidence.” (USAID 4)

Opening the training that is focused on trauma recovery and resiliency, especially gender-sensitive responses, helped to consolidate the gains made by the participants in all the aspects of the program. Among the community members included in these trainings were women, youth, and civil society groups; traditional leaders; local authorities; physicians’ assistants and nurses; ex-combatants; and social workers.
The Core Group consisted of women who participated in dialogues, psychosocial workshops and permaculture. The group included the most influential women in the town—the Town Chief, the chairlady of the mosque, the market superintendent, and a midwife—and members of a variety of tribes, ages and religions. Community members participated in dialogues, trauma workshops or both; approximately 120 people were directly affected and, the ripple effect extended to all women living in Gba, family of project participants, both men’s and women’s town leadership, and other communities who were reached by the Liberian dialogue facilitators.

The rest of the Gba community was also engaged, which led to male religious and elected leaders donating land, 50 high school students clearing it, and women preparing food for activities. Youth, religious, and elected leaders, and men and women citizens participated in town meetings to inform about and marshal support for the project. As the project unfolded, the warp and weft of interactions amongst the women and between participating women, leaders, and the rest of the community underwent transformations.

The farming expanded to a second plot and the group is recruiting more women farmers. Some have taught these farming techniques to family members to use in their home gardens. Prior to this project, women’s meetings were suspended because of conflict. Now, meetings have resumed and influential Core Group women are using the dialogue techniques to run them, as well as mosque meetings, helping all town women have more peaceful interactions.

The program’s impact assessment, as well as the lessons learned, is based on several sources of information. MBB and Liberian peacebuilders gathered data through pre- and post-surveys for the dialogues and trauma resilience workshops and with the core group, focus groups of participants and staff, key informant interviews, and observations.

The assessment activities revealed the extraordinary development of a shift within the community from tolerant coexistence to the weaving of a social fabric. After their experience in dialogue, women spoke of forgiving personal grievances they had carried for years. One who had fully isolated herself because of conflicts with her co-wives is now inviting them to join in the farming. Before the project, tribes in the area had not been outright hostile, but harbored suspicions and prejudices that kept them insular. Kissi and Gola women, for example, initially told the project they refused to farm jointly because the Gola were thought to be lazy and would take advantage. This evolved from insisting on individual plots, to farming in shifts, to side-by-side farming today. Indeed, the Town Chief observed: “Since 2004, many programs came through here, but this is the first one that brought us together.”

Women also reported improved psychosocial functioning. Several say they are beginning to sense peace about feelings that have tormented them, and they are less reactive and harsh with their anger. Women whose depression had caused them to withdraw and feel unworthy to speak now feel “free” and “brave” to offer their perspectives and are empowered to speak and take action. One said:

“When the program start, I happy. The reason why: I not used to go among women. I used to be ashamed. When women would get together, they would call me, and I would say no. But now, they make me feel free. I can talk with my friend-woman. If they’re wrong, I say what they are doing wrong. ... I feel to myself: I am a woman. I can stand among public and talk. ... I happy for what they do for me. For them to do something that I feel heard.”
The infusion of a quality of playfulness in their interactions is one of the most remarkable differences. A woman who was forced to braid the hair on her decapitated husband’s head now jokes and laughs in the field. The rains washing away crops became a shared challenge, not a cause for blame or abandoning the project, and then the laughter at the first sight of green growth transcended their religious and ethnic differences.

And in all project activities, there were stories of grief and resilience. When these stories are shared, the space for true community and support is created. This mini-community created rituals for honoring the past and celebrating the future. They helped each other through the sudden death of a spouse, and through the telling of losses never before shared. And this sense of connection began rippling outward, beyond the project participants. Many said they had been indifferent to the fights around them, but felt newly connected to neighbors and responsible to help them resolve their conflicts, another piece of the social fabric being restored.

Finally, there is a cadre of Liberian peacebuilders able to create this change in other communities. They indicate they have already led dialogues to improve understanding in their churches, communities and families; and communities are requesting more. Several staff members are better able to support people through trauma and to weave those skills into peacebuilding programs.

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The Hunger Project, “Empowering Women as Key Change Agents.”


**Resilience and Education Outcomes in Adversities: The Social and Emotional Imperatives**

Joel Reyes, Senior Institutional Development Specialist (Education Sector), Human Development Network, World Bank

This presentation will outline a definition of social emotional resilience in international development, what the implications of resilience are for learning and what some of the policy and practice recommendations are for fostering and promoting resilience based on recent research. Finally, there are some specific recommendations for curriculum, pedagogy and school management programming financed by the World Bank.

In 2000 there was a great deal of optimism as the international development community defined clear health and education indicator for the Millennium Development Goals to be achieved by 2015. With 2015 looming, we now know that there has been very uneven progress especially toward education focused Millennium Development Goals (MDG). Much of the gap between what has actually been achieved and what was planned is in areas most affected by conflict and violence. International development solutions are sought that can be worked on collectively. For the World Bank those solutions focus on declarations of effectiveness, including ownership, alignment, harmonization, results and mutual accountability. Ownership as the first declaration of effectiveness is the one the Bank has the least influence on. This is a declaration of effectiveness that the Banks partnering countries must embrace.

Much of the uneven progress towards meeting the Education MDG is especially acute in countries affected by conflict, violence and other chronic adversities. It is estimated that there is a 77% gap in primary education completion in complex crisis and violence affected environments and 50% of the children out of school are in these violence-affected environments. In addition, 90% of the conflicts in the 21st Century are in countries that have had conflict within the last 15 years. This pattern of
reoccurring conflict means that the transformations attempted by development programs and aid have not been successful in these contexts. Therefore new approaches must be tried. Fragility and risk can no longer be assessed without an assessment of resilience as well.

Resilience is the process that children, women, men and communities in the context of trauma and risk use to mitigate and protect themselves from trauma or the process children women, men and communities use to achieve desirable outcomes in the face of these adverse conditions. This can also be called “positive deviance”. In terms of education, what is it that certain families in this context do to help their children reach a certain level of achievement or continue to learn? The goal is to learn what successful families are doing so that programming can support social services for all families.

This approach has promoted collaborative work across both international humanitarian and development institutions. Humanitarian institutions work on the protection from immediate risk, usually during emergencies while development institutions work on long-term outcomes. Working with social emotional resilience in context of adversity is a framework that can support the achievement of both humanitarian and development goals by protecting from risks and achieving desirable outcomes. In the context of violence social and emotional well-being is a mediator and moderator of learning. Therefore if the Bank is not going to work with social and emotional well-being then it should not set long term indicators for learning. The central question is how can the Bank and education systems perfect foster and use resilience.

As a development agency, the most desirable outcome for the World Bank is “Education For All.” To this end, countries need to the ability of students, education institutions, and communities to achieve positive education outcomes in spite of adversity. The question is how can that be achieved? Focus needs to be on protecting, fostering and using existing and new assets (e.g., emotional and social strengths, opportunities and resources) to contribute to learning and to minimize their exposure to risks. (Reyes 2013)

Studies on education resilience therefore look at the resilience outcome – learning and school success – and resilience processes – protective/promotive factors interacting with risks to produce the resilience outcome. What does this mean for education systems? Not only is resilience (learning) possible in spite of adversity, but education can also play a critical role in fostering resilience.

Education is a key entry point to influence children’s development. In education, there is evidence that resilience (especially the focus on education community assets and engagement) promotes learning and well-being, and resilience itself can be fostered through the provision of relevant and quality education services that foster classroom, school and community interactions among students, teachers and parents. Society and the state have a responsibility and a role in the resilience process through the ensuring the availability and accessibility of services and opportunities and navigation and negotiation processes.

A resilience approach identifies the system level strengths and entry points for action, and positive transformation. According to Masten Systems-oriented resilience is “The capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development.”

The negative impacts of conflict on children, youth and adults have been well documented. Some of the impacts included developmental problems including the development of identity, self-esteem, future purpose; social relationships marked by mistrust and violence and a whole range of psychological disorders including PTSD, depression and anxiety. The impacts on the neuro-biological
systems include limbic functions that become hypersensitive resulting in over emotional reactions. The executive functions crucial to attention, memory and higher-level learning are also affected.

Resilience factors need to be analyzed as well. It is also well documented that children and youth can engage in their world in a number of ways that support resilience:

- **Cognitive Engagement**: Existential questioning, meaning, purpose and hope
- **Emotional Engagement**: Engaging one’s emotions as opportunities to develop a concept of self (self-esteem, awareness, confidence, etc.).
- **Proactive Engagement**: Seek new skills and competencies to have some control over the adverse situation.
- **Connected Engagement**: Need for connection, mutual protection, support and group identity.
- **Committed Engagement**: Commitment and accountability

They want to engage proactively to control the problems that they face in their lives. Children and youth want to express their anger and sadness. They seek new skills and competencies. They also want to connect with other for protection and mutual support. Using the example of the girls from Sierra Leone, in spite of the girls having jobs they are still re-traumatized on a regular basis by the marginalization and stigma they suffer from the wider community. It was only through this need for connection among themselves that they were able to move forward.

This framework has a number of implications for Ministries of Education as they are defining policies and practices. First, how do they protect children and youth from the sources of trauma? Second, how do they protect and foster the assets they do have. Third, this support must be as close as possible to where the students live. To accomplish these objectives the Ministry of Education must first understand the emotional and social impact of violence. Violence is socially pervasive and it manifests itself across individuals, families, communities, societies, and states. Once the overt violence ends post-conflict tensions remain in institutions, communities, families, schools. The hidden risks of violence, isolation, discrimination, marginalization and its de-humanizing effect can be extremely difficult to identify. As a key part of society education systems can condone or promote violence in either direct or hidden ways. Culture can justify violence and conflict (beliefs, norms, values) and while social institutions can enforce them.

Second, the Ministry of Education must identify the emotional and social assets. Assets are the resources, opportunities, strengths, services, positive coping mechanisms, inherent in each individual, community and institutional, cultural & indigenous practice. There are a number of organizations in the community that can be leveraged to provide some of the needed social emotional support including local NGOs, foundations, community based organizations and faith base groups.

Children and youth possess characteristics that should also be considered assets like motivation, future hope, energy, creativity, etc. However, a foundational pillar of resilience is to explicitly ensure assess, identify, protect and use assets in education communities. Every community and society has important strengths and assets. Sustainable designs and implementation depend on strengthening these. There are no universal protective factors for all children. The factors are all context-dependent. The factors won't serve the same role in all settings because they vary based on the child, risk factor and outcome of interest.

The Bank is working in areas of content and curriculum, teaching and learning, and school management. These are the three areas that must align education services to social and emotional processes that foster resilience. Local relevance is important.
Education Services must be aligned with Content and Curriculum. The curriculum must be locally relevant and culturally grounded with appropriate activities. Content and curriculum programs need to be tied to both strengths and examples of ways to move forward. Therefore resilience stories need to be documented and illustrated in each context. Educational Services must be aligned with pedagogical strategies. Innovative processes such as peer-to-peer learning, experiential programs (community projects) are very important. Risks to the students must be minimized, while protecting and using assets, and contributing to learning and skills relevant in difficult contexts. Tangible examples in each community of how it can be done need to be highlighted. Next, education systems need to institutionalize and scale up the changes. Finally educational services must be aligned with school management ensuring the involvement of parents and student leaders.

The Educational Rapid Assessment (ERA) framework includes components and levers to assess risks, assets, school-community relations, and education system services. It seeks to contribute to an in-country policy dialogue by encouraging progress toward the following goals: i) managing and minimizing risk, ii) using and protecting assets, iii) fostering school-community support to at-risk students, and iv) delivering resilience-aligned services in contexts of violence.

ERA FRAMEWORK

(Reyes, 2013)

Here are specific examples of risk analysis and assets on which to build programming. In Honduras specifically and most of Central America in general, analysis of the risks affecting the population show:

- High levels of urban violence.
- Maladaptive coping mechanisms (membership of violent youth gangs).
- Unsafe access routes to and from school.

In spite of the very dismal assessment researchers also found a number of assets:

- The protection of mothers to and from school.
- Culturally grounded activities: art, drama, music, etc.
- Youth leaders and innovators.
- Education system with rich history of flexible modalities.
Families and communities in Honduras are working with churches, clubs, and small businesses to support extra-curricular activities. PTAs are implementing safety planning to support mothers providing safety to and from school and within school. These individual actions create a positive school climate and discipline. The extra-curricular activities foster a sense of belonging and offer outlets for peer socialization, after school during peak hours of gang recruitment/participation in violent activities. The School climate has been improved through murals on walls done by school arts classes, lighting on access routes that students and parents say are most important.

The situation in Mali is very different. The citizens of Mali suffer from:
- Massive Displacement Due to Political and Security Crisis in the North
- Food insecurity and Health (Malaria)
- Violence Related Trauma

However Mali too has some powerful assets including the support of host communities to IDPs, Peer Support among Displaced Children and Youth Redeployment of teachers to the South and Community-School Based Management Systems.
- School-community management committees – support needs of IDPs
- Ministry considering to extend the role of Community-School Committees: Nutrition, Socio-Emotional Support, Protection

Palestinian children and youth in the West Bank, Gaza Strip and Jordan are living within the context of militarized violence and restricted access and prolonged displacement. Prime examples of situation specific assets are:
- Children and youth mention education is their “weapon” not violence.
- Peer to peer learning support (older/advanced students teach younger/behind students)
- Teachers provide both academic and social and emotional support
- High expectations to achieve along discipline

In reading the literature and studies about school based management there is a great deal of information about its efficiency and effectiveness. However there is not much information on how families and communities support and generates the social and emotional support that is so important. This is research that needs to be done. School management is not only about economic efficiency but also about providing safe space for children and youth.

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What works? Implementation, monitoring, and assessing the impact

*Moderator:* Susan Wong, Sector Manager, Social Development, World Bank

**Does mental health matter for poverty alleviation? Experience and results from Uganda, Liberia, DRC and Burundi**

Jeannie Annan, Director of Research, Evaluation and Learning, International Rescue Committee and Visiting Scientist at the Harvard School of Public Health

Young people in disaster and conflict affected communities face numerous risks to their development and well-being. These risks include domestic and community violence. Caregivers of children have limited capacity to provide adequate nutrition, education opportunities, and care and protection for children. Identifying evidence-based approaches to address these risks remains a challenge. This reviews four Randomized Control Trials (RCT) on programs that targeted both economic and psychosocial outcomes for populations affected by violence and conflict.

The first study was in Uganda. The non-governmental organization (NGO) AVSI had been working in northern Uganda for decades targeting the most economically vulnerable. The program included a small cash grant, business skills training and follow up business and social support for the marginalized participants, most of who were women. The most psychologically vulnerable were not explicitly targeted. Although the participants reported experiencing trauma and violence similar to others in the region and some even reported being abducted by the Lord's Resistance Army (LRA), on average these participants reported “less than a little” anxiety and depressive symptoms. The study demonstrated that the program had a strong impact on the women’s economic outcomes including increasing hours worked, doubling earnings, and tripling saving. No impact was reported on symptoms of depression or anxiety. Conducting follow-ups with participants was the most expensive part of the program, and the evaluation examined the effect of the program on those with no follow-up, those with two follow-up sessions and those with five follow-up sessions. The follow-up sessions conducted by the NGO workers as part of the program did have an impact on business start-ups and survival of the business but not on income. It was concluded that the effect of the follow-up was not significant enough to justify its cost as part of the program.

The second study is on post-conflict Liberia. The NGO Action on Armed Violence targeted the most high-risk individuals, including 1,274 ex-combatants and those engaged in illicit activities like illegal mining, rubber tapping, and hunting. The group on average reported “a little” on PTSD and distress symptoms—relatively little considering that most of them had either witnessed or participated in violent acts. The program inputs included four months of residential agricultural training, $125 in tools and materials, assistance returning to the community including help from the community in finding a piece of land. A psychosocial component was included with life skills training and on-site mentoring from a national NGO, National Ex-combatants Peacebuilding Initiative; many of the mentors themselves were ex-combatants. The impact on the youth showed a shift in employment to agriculture from the illicit activities with no decrease in income. In addition, it showed a reduction in self-reported engagement with recruitment from the Ivory Coast. However there was no overall change in PTSD or distress.

The third case to be reviewed is from a program implemented by the International Rescue Committee (IRC) in the Democratic Republic of the Congo (DRC). This program specifically targeted those with high symptoms of depression and other mental health problems. The beneficiaries were 301 survivors of sexual violence. IRC provided Village Saving and Loan Association (VSLA) training that targeted sexual violence survivors while avoiding stigmatizing them. The study showed some economic impact but no impact on their psychosocial symptoms. Simultaneously, a parallel study
was implemented with a similar population in eastern DRC. The study was on a mental health intervention only, using cognitive processing therapy. This study finds very strong reductions in mental health symptoms. The outcomes on economic impact are inconclusive and still being analyzed. The study also examines the outcomes of those who first went through the mental health intervention and then the VSLA to look at how this affected both take-up and outcomes of the economic program.

The fourth study is an IRC intervention in Burundi. The intervention targeted prevention; risk and preventive factors related to children’s well-being. The intervention was a VSLA plus a family based discussion group, and included 1,595 families in communities affected by conflict and displacement. Children within the target population reported relatively low symptoms of psychosocial distress. The economic impact was strong on both consumption and assets. The family discussion group reduced harsh punishment but showed no direct impact on children’s mental health or overall well-being. Participants in the discussion series (as well as the VSLA) reported 30% less use of harsh discipline23 than those who participated in the VSLA intervention alone.

A reoccurring theme across these studies is success in economic impacts without similar gains in mental health impacts. More nuance regarding the link between mental health well-being and economic impacts is needed. More thought is needed in terms of identifying theories of change and better identification of populations and desired effects. Development practitioners need to give greater thought to targeting and/or screening without stigmatizing the participants. In psychosocial work, interventions need to consider both symptoms and the skills needed to support both employment and cognitive well-being. Key research questions going forward need to include: How do we teach impulse control, planning for the future and goal setting for young people in crisis affected settings? Overall research questions across all interventions include: How do we follow up over the long term and learn about effectiveness? Lastly how do we think about cost effectiveness especially in terms of scaling up successful programs?

23 Examples for harsh discipline include shaking the child (11% for VSLA+, compared to 17% for VSLA) and hitting or slapping the child on the hand, arm or leg (6% for VSLA+, compared to 17% for VSLA).
Building on 12 years of work and observational studies, a team of local and international researchers have designed and evaluated the Youth Readiness Intervention (YRI) for war-affected youth in Sierra Leone. The team included a large group of collaborators, including local communities, government officials, academics, and local partners. The most recent work has been funded by the U.S. Institute of Peace and UBS Optimus Foundation.

Engaging war affected youth has wide-reaching implications. Worldwide, there are over one billion children, adolescents and youth living in countries affected by armed conflict (UNICEF, 2008). Epidemiological studies find that children and youth exposed to war suffer from high rates of traumatic stress reactions, depression, anxiety and high risk behaviors (Tol et al, 2012; Betancourt et. al 2012; Bayer et al., 2007; Okello, Onen, & Musisi, 2007; Kohrt et al., 2008). Of particular concern for development efforts, mental health conditions are the leading contributor to impairment and disability worldwide (WHO, 2011).

Despite the large number of those impacted and the consequences for individuals and societies, there is little research on interventions that respond to these needs. More research is needed to investigate the longitudinal pattern of mental health adjustment among war-affected children to track development over time. More is needed on the role of post-Conflict stressors and protective processes in mental health, especially after humanitarian actors leave. More is needed on intervention research to better understand results and lessons learned on current efforts. The evaluation of YRI in Sierra Leone is designed to contribute to the knowledge base and address some of these gaps.

The Sierra Leone context is one of decades of conflict and hardship. It has been amongst the bottom 10 countries on the Human Development Index with high rates of maternal and child mortality rates, illiteracy, and youth unemployment. Life expectancy is under 50. Given that the average age is 19 years, addressing the development needs of Sierra Leone’s youth bulge is a priority. The Civil War lasted from 1991 to 2002. The vast majority of the population (75%) experienced some sort of displacement. An estimated 15,000 to 22,000 children of all ages were associated with armed groups of all sorts (McKay and Mazurana 2004). By the end of war, the general sentiment was that “No one’s hands are clean,” and there was some community openness toward those forced to participate in the violence.
However, stigma based on armed involvement is the best predictor of poor outcomes for young people in the study to date.

The YRI evaluation design drew from a mixed methods longitudinal study of war-affected youth (2002 to present), which led to the design of a mental health intervention (the Youth Readiness Intervention), which was evaluated with a randomized control trial (Betancourt et al., In press). The Longitudinal Study of War-Affected Youth in Sierra Leone (LSWAY) was designed to identify factors related to risk and resilience in children’s psychosocial adjustment and community reintegration among a cohort of N=529 war-affected youth first interviewed when they were ages 10 to 17, many of them former child soldiers. Results from the longitudinal study are intended to be informative to programming and policy to support more effective development goals.

**Measures**

**Demographics**: age, gender, SES collected via youth self-report

**Psychosocial Adjustment**: depression, anxiety, hostility, prosocial behaviors/attitudes, confidence

*Oxford Measure of Psychosocial Adjustment* (McMullin & Loughry 2004)

**War Experiences**: deprivation, witnessing, victimization, perpetration

*Columbia Child War Trauma Questionnaire* (Macksound & Aber 1996)

**Community and Family Acceptance**: Inventory of Socially Supportive Behaviors (Barrera and Ainlay 1983)

**Perceived Community Stigma**: Everyday Discrimination Scale (Williams 1997)

**Standard Scales of Depression, Anxiety, PTSD**:

*Hopkins Symptom Checklist* (Derogatis et al 1974)

*Child Posttraumatic Stress Disorder Reaction Index* (Pynoos et al 1996)

**Life Outcomes and Post-Conflict Opportunities**: in school, employment, intimate partner relationships, civic behavior

*Post-War Adversities Index* (Layne et al 1999)

There have been three waves of surveys. Sierra Leonean youth, community representatives, caregivers, social workers and local staff were involved in questionnaire development and research design to ensure situational analysis and sensitivity to community concerns. Between 2002 and 2008, the team conducted three surveys, enabling inter-generational study working with the original sample of youth participants, many of who are now raising their own children. 70% of the sample has been maintained over time, despite the challenges of working in a post-conflict context recovering from massive displacement and ongoing insecurity. (Betancourt et al, *Child Development* 2010 & 2013; *J of the Am Acad of Child & Adolescent Psychiatry* 2010)
Survey findings regarding war experiences indicated high exposure to toxic stress. A great accumulation of research shows that toxic stress exposure can derail healthy development, with lasting impact on learning, behavior, and health. Effects related to domains often referred to as “soft skills” or “self-regulation” and “socio-emotional skills” include staying calm under pressure, working well in groups and engaging in productive and planful behavior. In the case of young people in Sierra Leone, exposures have taken several forms. The average age of abduction was 10.3 years (SD = 3.0). Average length of time child soldiers were socialized by fighting forces was 4.1 years (SD = 2.4). Violence exposures was similar in males and females with the notable exception of rape and sexual violence, which was reportedly experienced by 45% of female ex-RUF and 5% of male ex-RUF (numbers which are likely to under-report incidence). More than a quarter of the sample (26.9%, n=70) reported having killed or injured others during war, at times under the threat of being killed themselves. Fifty percent of former RUF youth reported being forced to use drugs or alcohol. (Betancourt et al, Child Development, 2010; JAACAP 2010)

The example of Sahr (not his real name) provides insight into how these toxic stressors have enduring effects, especially if the post-conflict setting does not provide a supportive environment for healing. A participant in the longitudinal study, Sahr is a 17-year old living in the provinces in Sierra Leone. At the age of seven, the Revolutionary United Front (RUF) abducted him. He spent four years with the RUF, witnessing massacres, bombings, amputations and shootings. The RUF tasked him with spying and information gathering, and fed him food laced with drugs. After the war, he spent two years with a foster mother before his family was located and he was reunited with his mother, grandmother and uncle. His father had died. Although his mother—who struggles with mental health problems (referred to locally as poil at)—and his grandmother loved him dearly, his own uncle, who was now the head of household, considered him to be “troublesome.” In the following years, Sahr had difficulties reintegrating with the community and he had difficulty coping.

Stress is a part of life, and learning how to cope with stress is an important part of a child’s healthy development, whether it’s the stress of meeting new people, learning to walk, or dealing with problems. The range of physiological responses to stress includes increased heart rate and fluctuations in stress hormone levels, such as cortisol. What the Harvard Center for Child Development refers to as “positive” stress occurs to a young child within an environment of supportive relationships with adults, these physiological effects are buffered and brought back down to baseline. The result is a healthy stress response system. For larger “tolerable” stressors that are serious but temporary events -- such as a frightening injury, medical procedure or a natural disaster -- these physiological responses are sustained for a longer period of time. But still, the buffering effects of supportive adult relationships allow the brain to recover from what might otherwise be damaging effects. It’s when situations of extreme stress are prolonged and unrelenting, in the absence of supportive adults, that a child is affected by what is referred to as toxic stress. These situations can include extreme poverty, physical or emotional abuse, chronic neglect, severe maternal depression, substance abuse, or family violence. Without the support of a caring network of adults, toxic stress can disrupt brain architecture and lead to stress management systems that respond at relatively lower thresholds, thereby increasing the risk of stress-related physical and mental illness.

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Footnote: 24 Stress is a part of life, and learning how to cope with stress is an important part of a child’s healthy development, whether it’s the stress of meeting new people, learning to walk, or dealing with problems. The range of physiological responses to stress includes increased heart rate and fluctuations in stress hormone levels, such as cortisol. What the Harvard Center for Child Development refers to as “positive” stress occurs to a young child within an environment of supportive relationships with adults, these physiological effects are buffered and brought back down to baseline. The result is a healthy stress response system. For larger “tolerable” stressors that are serious but temporary events -- such as a frightening injury, medical procedure or a natural disaster -- these physiological responses are sustained for a longer period of time. But still, the buffering effects of supportive adult relationships allow the brain to recover from what might otherwise be damaging effects. It’s when situations of extreme stress are prolonged and unrelenting, in the absence of supportive adults, that a child is affected by what is referred to as toxic stress. These situations can include extreme poverty, physical or emotional abuse, chronic neglect, severe maternal depression, substance abuse, or family violence. Without the support of a caring network of adults, toxic stress can disrupt brain architecture and lead to stress management systems that respond at relatively lower thresholds, thereby increasing the risk of stress-related physical and mental illness.
with everyday stress. There would be cycles of Sahr stealing and fighting, and the community members attempting to “correct” his behavior through teasing and beatings. He has problems with interpersonal relationships, engages in risky behavior, dropped out of school, remains unemployed, and lives on the community outskirts where he is socially isolated. His situation has steadily worsened. Sahr’s mother says he was an agreeable boy before being abducted; now he sometimes threatens others by pulling a knife.

Both qualitative and quantitative data indicate that outcomes like those found in Sahr’s story are not just related to war-exposure but also about the post-conflict environment and how individuals and communities are able and equipped to navigate these circumstances. Although on average there is more evidence of resilience than risk, the young people of post-conflict Sierra Leone are of particular concern because of the psychosocial obstacles they face in order to benefit from the development agenda. These obstacles include being able to show-up on time, get along with peers, and listen to teachers and supervisors. Poor outcomes are greatest in those with an accumulation of war-related and post-conflict risk factors. The constellation of symptoms and impairments that impede school and social role functioning include poor emotional regulation, uncontrolled anger, interpersonal deficits, hopelessness and risky behavior. Leverage points are community acceptance, reducing stigma, providing schooling and other forms of social support.

Sierra Leone is currently experiencing steady economic development, and youth are a priority for the President’s development agenda. The World Bank has recently rolled out $20 million USD for Youth Employment Support (YES). There is significant growth in the private sector, which has resulted in the creation of job opportunities. There are catch-up “second chance” education programs for adolescents and young adults who lost years of schooling due to the conflict.

However, large subgroups of youth are unable to benefit from the current education and vocational training programs. The more troubled youth are the most need in need of such opportunities to get back on track. Even when available, these youth are unable to latch onto, maximize or benefit from these options. Time and time again it is the same high-performing group of young people who are showing up to participate in these development programs, while young men and women like Sahr are left out.

In an effort to better equip this target population to benefit from educational opportunities, local and international partners came together to design the Youth Readiness Intervention (YRI). The team followed a mixed methods process of intervention development and cultural adaptation. Starting in 2010, focus groups with conflict-affected youth, caregivers, elders and community members helped to identify priority, issues, barriers and facilitators for young people to get into programs. Key informant interviews included mental health professionals, youth serving organization staff, educators, health care workers, religious and community leaders, and key stakeholders in Sierra Leone government Ministries. The concept of readiness was mentioned by a majority of participants (56.3%). Examples of youth selling the NGO-provided livelihood supplies such as carpentry and
sewing kits indicated that young people lacked a vision of the future that would support maximizing these investments.

Input from these discussions served to adapt the evidence-based modules to develop the Sierra Leone Youth Readiness Intervention Facilitator’s Manual (2013). The Manual includes session outlines, exercises and activities, and group facilitator training materials, which can be piloted in Sierra Leone. A second outcome is the formation of a community advisory board to help with ongoing processes of envisioning, community outreach, and ethics of implementation steps.

The formative research also highlighted several important contextual realities. First, there are very limited human resources for health, let alone mental health in Sierra Leone. There is one psychiatrist, two psychologists to serve a country of approximately six million people. The few Masters-level social workers are trained primarily in policy and not counseling services. This limitation suggests program delivery in groups staffed by counselors with a very basic level of training and excellent supervision. Second, comorbidity (e.g., an individual can present with post traumatic stress reactions, high-risk behavior, suicidal ideation and depression all at once), histories of complex trauma (e.g., family separation, repeated war experiences in childhood, loss etc.), and effects on interpersonal functioning and self-regulation need to inform intervention design. And finally, the intervention can’t stand alone; it must link to opportunities for livelihoods or education for young people to advance themselves.

YRI draws on a two-staged model for dealing with complex trauma. Stage 1 focuses on promoting participants’ stabilization and coping skills. Stage 2 addresses more intense content. Stage 1 delivery can be provided with very basic staff training, and some young people will benefit without further intervention. Similar to a stepped model of care, Stage 2 can be more focused on treatment for post-traumatic stress reactions or other symptoms for those needing a higher level of care.

Designing successful interventions require developing a Theory of Change that explains why and how the program will be effective. The YRI’s three-phase flow reflects traditional trauma-informed treatments—stabilization, integration and connection. Under each of these treatments are components from evidence-based psychotherapies, mainly from Cognitive Behavior
Through the initial focus group process, these practices were determined to be safe with proper staff training and supervision. The group begins by developing an understanding of the varied impact of trauma and initial coping and relaxation skills (stabilization). The group process then moves into deeper work on core deficits in problem solving and future orientation, and a deeper exploration of participant’s struggles with anger and maladaptive coping (integration). Upon developing greater self-awareness and ability to manage their own strong feelings, participants are introduced to and practice skills essential to navigating their environments and interpersonal relationships (connection). This includes deepening social connections in and out of the group context that have potential to serve as a source of guidance and social support long after the treatment ends.

Staff training and supervision is essential for implementation success as well as avoiding staff burnout and poor quality of care. Practice through role plays is vital, and best if performance and observation is in the local language. In providing teaching examples, it is also helpful to use local situations relevant to the target population. Important investment Developing local staff leadership is an important step to taking the intervention to scale; a cascade capacity building model in which the trained then train others supports this approach.

Piloting the YRI included evaluation using a Randomized Controlled Trial. The program and RTC were implemented August to October of 2012 in the Western Area of Sierra Leone, involving 436 youth. Through extensive community outreach, the team talked to 761 young people, leaders, and youth-serving programs to identify potential participants. Program inclusion criteria included:

These treatments have robust evidence of effectiveness in the US and UK; however, there is a paucity of data in low and middle income countries, particularly war-affected regions.
- Elevated distress (.5 SD above previous cohort mean on a total distress/problems score).
- Some impairment in day-to-day functioning.
- School intending (i.e., embrace opportunity to go to school if opportunity presented).
- Adolescent girls and young women and adolescent boys and young men, ages 15-24 (i.e., UN definition of “youth”).

The team then randomized the youth into the YRI and a control condition, stratified by age and gender. After completion of YRI, randomization group was to be offered education beginning immediately or in the fall of 2013.

Eight local community health workers with bachelors-level education delivered the 10-week intervention in teams of two. Sessions were held for 2 hours weekly. Interventionists completed a two-week training course with weekly group and individual team supervision. Prior to and following the intervention, locally-trained research staff in Krio conducted 90-minute assessment batteries with participants.

Based on pre/post testing, the main outcomes of interest pertained to day to day functioning, emotion regulation, overall psychological distress, social support and interpersonal skills (pro-social attitudes/behaviors). Encouraging treatment effects were found in each of the following areas:

- Increased emotion regulation (DERS Scale) effect.
- Increased pro-social attitudes/behaviors.
- Decreased functional impairment.
- Decreased psychological distress, in those with the highest level of symptom severity at baseline.
- Improved social support

School outcomes were especially notable. Although overall school attendance was low because no transportation subsides were offered, at eight-month follow-up 29% of those that persisted in school were YRI participants as compared to only 4.7% of the control group. YRI recipients were six times more likely to persist in school. Further, teachers’ blinded assessments of students indicated that YRI youth demonstrated significantly better classroom performance, attendance and non-cognitive skills (e.g., getting along with their peers, doing better in groups, showing up on time, respectful of others).

Next Steps for the YRI involve both programmatic adjustments and additional evaluation. Additional content and modules are likely to address some of the depressive symptoms of youth participants, although the longitudinal studies indicate that the post-conflict environment is the primary driver of
these reactions. The team is exploring new delivery sites for education readiness. Possible integration into youth employment programs in collaboration with the World Bank initiative might add a mentoring component with post-placement check-in sessions. Cost-effectiveness in relation to intensity dose should be examined; the current YRI program is 10 to 12 weeks but effects could increase with longer programming, such as the one-year Jobs Corps programs for youth in the United States. Further implementation research would support scaling up and quality improvement techniques, such as the Multi-Agency Learning Collaborative.

In summary, understanding the consequences of trauma is essential for advancing livelihoods in violence-affected settings. Based on over a decade of experience in Sierra Leone, services rooted in the community are possible. Livelihoods and employment programs present an exciting opportunity for cross-sectoral integration in which mental health support is not limited to the health sector but can be combined with education and livelihoods initiatives.

“I [didn’t] know how to interact with people, I was so aggressive... but since I went through [the YRI] my life has changed.”

-YRI female participant, 16 years old

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References


Reports, Books, and Chapters


Understanding and Responding to Psychosocial Impacts in Operations – Opportunities and Constraints
Vara Vemuru, Senior Social Development Specialist, Africa Region, World Bank

How should we design projects with psychosocial impacts in mind? I’m interested in how we benefit and utilize all of the learning we hear today. I look at engaging on projects for the World Bank from an operational perspective—seeking methods that will create opportunities so that our research can actually benefit communities.

My responsibilities cut across a wide range of World Bank supported sectors. I look across issues from energy to community-based development (CBD) to health. Based on consultation, I’ve found that each country and each project creates a distinct space to address issues of inclusion and to do something meaningful. The state of Tamil Nadu in India offers a useful case study in this regard. Tamil Nadu is one of the more developed states that started with a CBD program for the poorest and is now eight years in existence. The project specifically targets peoples with disability for inclusion of the most vulnerable and in this, the community organizations have acted as both counselors and first responders, thus creating opportunities in the process for addressing issues of mental illness and trauma. By bringing to the surface the issue of vulnerable dependents with mental retardation, this program challenged the notion of who is considered “the poorest.” In fact, it is a boundary that we pushed with this project. After the initial six years of implementation and because of monitoring and evaluation, mental illness beyond retardation surfaced as an issue for many individuals and for many different reasons. It is important to note how this recognition happened because of interactions with the communities. Project success with the disabled, sensitive consultations and accompanying discussions prepared the community to talk about mental health—a highly stigmatized issue. The most touching example to me was when a mother explained how she could not talk about her mentally challenged daughter and felt helpless, but that this project was the first time she felt confident that something could be done.

Our India project created opportunities because of its inclusive mobilization and institution building approach. We were fortunate because our premier partner was the National Institute of Mental Health and Neuro Sciences (NIMHANS) in Bangalore. Many other state-level organizations participated as well. The community discussions revealed other causal factors for mental illness, way beyond the constraints of our moralities and values judgments. For example, community representatives talked about forced marriage, and when rape occurs within marriage. Others shared examples like when a girl is jilted, or has a botched abortion or has seen her child die. The community wanted to address the considerable individual negative mental consequences of such circumstances.

This India program is in 15 districts in a large and populated country. It builds on institutions built over eight years and is geared toward a population that now has a basket of livelihoods due to project support. The clear procedures and protocols for screening and treatment of the physical challenges offer important insights to dealing with mental illness. First, if the family is not interested, it’s not
worth pursuing. Second, this program is just the beginning. For an individual to have an identity and to benefit the family, that individual needs a livelihood. And finally, not everybody can be treated. So in these cases, what does a person need for long term support?

This experience in India is what I took to three challenging countries in Africa, specifically South Sudan, volatile northeast Nigeria, and Northern Mali. Opportunities for intervention always exist, especially when a project is informed in two ways: macro analysis and especially microanalysis about conflict causes and impacts. This kind of research can be either stand alone, or be part of a monitoring effort. Take the case of Sri Lanka. Projects developed during peacetime were not tenable when the conflict erupted again, and during interactions community gave critical feedback. Community informed their apprehensions that during the war, for example, both the government and the LTTE were responsible for conscription of youth and there were disappearances and deaths. This resulted in many cases of trauma both from the experience of forceful recruitment but also from being forced to shoot a gun at age 17 for the first time. The hospitals were full of young soldiers with nervous breakdowns alongside community members who were traumatized.

The opportunity we gained from Sri Lanka’s experience was the development of portable or “movable” assets, such as skills training for youth that helped them survive, and to gain an identity and a dignified existence, sometimes in a new location.

Addressing trauma when it is a recurring event requires a strategy for recreating and nurturing the social fabric based on inclusion and mobilization. This South Asia example shows how community based organizations (CBOs) provide the anchor for this work, along with flexible interventions (i.e., public/private, NGO). Also, clinical interventions are important. But constraints present challenges. In countries like South Sudan, there are no or very few doctors much less psychiatrists or hospitals in many of the places. Meanwhile, the need is overwhelming. How much can you do and where does one start? It’s difficult to promote action in places that seem to unravel as quickly as you build and where there appears to be very little progress. Also, the circumstances can change so quickly that demands for action fall outside the project’s scope. It is especially hard when these unraveling places compete with projects that have real, measured outcomes.

We have however, intervened in areas that could have tangible impacts. For example in South Sudan, we had to design a skills development component carefully by overcoming many obstacles. One such important obstacle was a perception that a target population was not interested. But context is important. In the context of South Sudan, we discovered during a social protection project that youth who were an important target of the project felt disbelief that anything would work or would last. Many years of conflict had rendered ineffective the talk about tomorrow because everyone was concerned about surviving today. There was no way we were going to inculcate in youth job ethics and “norms” (i.e. show up on time, work for 8 hours, get paid, clock out.) We also must be mindful of other limitations, like ethnicity and cultural functions. This focus on life skills is part of a development sequence – of making these youth employment-ready before they are able to learn skills and respond to a livelihood opportunity, with reintegration as the final step.

Lack of information is a constraint on our ability to act in the context of psychosocial trauma. Impact evaluation is a particular need so that we can better evaluate options. Research and this menu of options for intervention remain an important gap to fill for this type of work. We especially need updated information that takes into account volatile recent events and the fragile status of some of these places, like northern Nigeria. We will all benefit from context, models, and tailored research.

South Sudan is a case in point of the constraints that development organizations like the World Bank face. Even the simplest of projects in South Sudan looks very complex. Project teams need to
appreciate and commit to essential elements of project design, fully aware of the complexity; otherwise, it can create problems. Broad ranging team conversations become difficult because of competing and conflicting needs in the project design—the need to make realistic decisions but also to responsibly discuss all options. And, the tension for bank projects is always on the need for “early results,” which will require a sequencing of more difficult issues to tackle within a complex context.

I’d like to emphasize that in all of these operational contexts, psychosocial trauma work is important; and engagement is most critical, as this will provide the openings for future interventions. Despite the many constraints in South Sudan, there is recognition for building the state from bottom up and the Government is keen on building a stronger community with a deepened focus on community level conciliation, for conflict management, not just mitigation. We’ve indeed come a long way.
ANNEX A: Speaker Bios

**WELCOME**

Varun Gauri, Co-director, World Development Report 2015

Varun Gauri is Senior Economist with the Development Research Group of the World Bank and Co-director of the World Development Report 2015 on Mind and Culture. His current research examines how legal institutions and conceptions of justice and human rights affect human welfare. His publications include the books Courting Social Justice: The Judicial Enforcement of Social and Economics Rights in the Developing World School and School Choice in Chile, and papers and book chapters on a variety of topics in development, including the enforcement of social and economic rights, the political economy of responses to HIV/AIDS, the strategic choices of development NGOs, customary legal systems, the political determinants of immunization coverage, efficient contracts for private health care providers, public interest litigation, intersubjectivity in fragile states, and international human rights treaties. His research has been chronicled in The Economist, The Washington Post, and the Indian Express. At the World Bank, he has been engaged in projects and policy dialogue in a number of countries, including Bangladesh, Brazil, Costa Rica, Ecuador, Egypt, India, Mozambique, Nigeria, South Africa, Timor-Leste, and Zimbabwe. He received a BA in philosophy and literature from the University of Chicago, a Masters and PhD in Public Policy from Princeton University, and has held positions as Visiting Lecturer in Public and International Affairs at Princeton University and Visiting Professor in the Department of Economics at ILADES in Santiago, Chile.

**WHAT IS TRAUMA?**

Mark H. van Ommeren
Department of Mental Health and Substance Abuse, World Health Organization

Dr. Mark van Ommeren is the World Health Organization’s focal point for mental health and psychosocial support in emergencies. His areas of responsibility include advising and supporting governments, NGOs, and UN organizations in providing the best possible social and mental health supports to people affected by war and other disaster - with a special focus on mental health system recovery. He has played a key role in initiating and drafting a range of normative documents currently used in large emergencies, including relevant IASC Guidelines, Sphere Standards, WHO guidelines and protocols, and WHO assessment tools. He is also member of the WHO mhGAP team where he is focal point for depression, PTSD, bereavement and psychological interventions.

Béatrice Pouligny
Independent Researcher and Senior Consultant at the United States Institute of Peace

Béatrice Pouligny is an independent researcher and senior consultant at the United States Institute of Peace. She holds a PhD in political studies from the Sciences Po Paris and has taught in Universities worldwide. She is the winner of Fulbright Commission’s New Century Scholar Awards (2002 and 2004). She has more than 25 years of field experience in over 30 war and post-war situations in Central and South America, the Caribbean (Haiti), Africa, Asia, the Balkans and the Middle East. She developed and led an international research-action program called ‘Re-imagining Peace,’ which focused on the process of post-conflict reconstruction by addressing the individual and collective traumatic consequences of war and outlining locally and culturally-based resilience processes. She has contributed to the first European Report on Development, that focused on fragility (2009) and is the author of the report on “Violence, Trauma and Resilience” as part of the World Bank flagship study on “Societal Dynamics and Fragility” (2012). She has designed and led training programs on this subject for different intergovernmental and governmental agencies in Europe and North America and trained community leaders in different countries, including Libya and Syria. She is the author of numerous publications, including After Mass Crime: Rebuilding States and Communities (2007), which she co-edited with Simon Chesterman and Albrecht Schnabel.
Steve was Senior Human Development Specialist at the World Bank from 1999-2005. His work at the World Bank included the establishment of the Bank's children and youth cluster, and a survey of service delivery programs implemented by civil society organizations. He Co-authored WDR 2004, "Making Services Work for Poor People". Following the Report's publication, he managed several initiatives on service delivery in post-conflict countries and the relationships between political reform and improved services. Since leaving the World Bank, he has continued to work on service delivery programs, including the major study, “Service Delivery in Fragile States: Good Practice for Donors”, for the OECD. Other work has included "testing the DFID state building" framework in Lao PDR and Cambodia, managing studies on disasters and safety nets for the World Bank in Bangladesh, a co-authored paper on participation, accountability and decentralization in Africa, and producing studies on health systems strengthening in fragile states and on sub-national fragility in India and Pakistan for the HLSP Institute. Other recent work includes a long term study of livelihoods and post-conflict reconstruction in Pakistan, and the 'new deal' on aid for fragile and conflict affected states.

**WHY WORK?**

Dr. Richard Mollica (MD, MAR) is a professor of psychiatry at the Harvard Medical School and Director of the Harvard Program on Refugee Trauma at Massachusetts General Hospital. At HPRT, he has focused the medical and mental health care of survivors of mass violence and torture around the world, and developed one of the first clinical programs for refugees in the United States. Translated into over 30 languages, the HPRT’s Harvard Trauma Questionnaire (HTQ) has been used worldwide as a culturally validated instrument to measure trauma/torture and psychiatric symptoms of PTSD in refugee populations. He is currently involved in the development of the Global Mental Health: Trauma and Recovery Certificate Program, a global health training program focusing on trauma and recovery in post-conflict and disaster settings. Dr. Mollica has published over 160 scientific manuscripts, including his book, *Healing Invisible Wounds: Paths to Hope and Recovery in a Violent World*.

Dyan Mazurana, Ph.D., is a Research Director at the Feinstein International Center and an Associate Research Professor at the Fletcher School. Her areas of focus include women's and children’s rights during armed conflict and post conflict; serious crimes and violations committed during armed conflict and their effects on victims and civilian populations; armed opposition groups; and remedy and reparation. She works with a number of governments, UN agencies and NGOs on these areas. Mazurana has published over 70 scholarly and policy books and articles. Most recently, she co-edited *A View from Below: Conducting Research in Conflict Zones* (2013). Other recent books include Life and Security in Rural Afghanistan (2008) with Nematollah Nojumi and Elizabeth Stites; Gender, Conflict, and Peacekeeping (2005) with Angela Raven-Roberts and Jane Parpart. Mazurana has carried out research in Afghanistan, the Balkans, several countries in sub-Saharan Africa, and Nepal.

Joanna de Berry trained in anthropology at Cambridge University and the London School of Economics and Political Science. Her PhD considers the post-war recovery of displaced people in the Teso region of Uganda. She is the co-author of *Children and Youth on the Frontline: Ethnography, Displacement and Violence* by Berghan books. She has worked extensively on development projects for war and conflict-affected populations throughout the world including two years in Afghanistan with Save the Children, in South Asia with UNICEF and in poor deprived neighborhoods of South London with local government. At the World Bank she has lead several projects for displaced persons in Azerbaijan, Georgia and currently in Turkey and East Africa.
Anton Baaré is a Senior Development Specialist for the Social Cohesion and Violence Prevention team in the World Bank. His work centers on strengthening the ways the Bank works in Fragile and Conflict-affected settings and in particular on strengthening multi-sectoral responses and improving effectiveness at the operational level. His programming and implementation work covers community driven development, citizen security, demobilization and reintegration programming, gender mainstreaming, social accountability and anti-corruption frameworks. His expertise includes conflict analysis and related scenario planning and risk management. Before joining the Bank he taught on human security and gender, worked as human rights advisor and supported several mediation processes as analyst and mediator, including on justice and security sector issues.

Michael Wessells, Ph.D., is a professor at Columbia University in the Program on Forced Migration and Health. A long time psychosocial and child protection practitioner, he is former Co-Chair of the IASC Task Force on Mental Health and Psychosocial Support in Emergency Settings. Recently, he was co-focal point on mental health / psychosocial support for the revision of the Sphere humanitarian standards. He has conducted extensive research on the holistic impacts of war and political violence on children, and he is author of *Child soldiers: From violence to protection* (2006). Currently, he is lead researcher on inter-agency, multi-country action research on strengthening community-based child protection mechanisms by enabling effective linkages with national child protection systems. He regularly advises UN agencies, governments, and donors on issues of child protection and psychosocial support, including in communities and schools.

Prabha Sankaranarayan is the President and CEO of Mediators Beyond Borders, an Adjunct Professor at the School of Social Work, University of Pittsburgh, and international conflict transformation consultant. She has designed and facilitated interfaith dialogues in Asia and Africa. Her public and private sector work includes conflict analysis for public/private partnerships, consultation and assessment for industrial development zones, design and implementation of trainings for multinational corporations, as well as multi-stakeholder facilitation mediations. She is involved in regional, national and international civic activities focused on civil liberties, sexual violence prevention, conflict mitigation and mediation and the recovery and rehabilitation of trauma survivors. She co-led Mediators Beyond Borders’ seven-year project in Liberia which included programs focused on the training, rehabilitation and re-integration of former child soldiers, gender focused interventions, cross border training and Dialogue and community integration activities. She is a member of the MBB Kenya Team, designing and delivering conflict transformation services among Pastoralists.

Joel Reyes is a Senior Institutional Development Specialist for the World Bank’s Human Development Network. He leads the Fragility and Education Resilience Program entrusted with generating knowledge and developing mixed-methods approaches to support education systems in complex contexts of adversity. During the last 20 years, he has been a World Bank team leader in post-conflict contexts, including El Salvador and Guatemala after the signing of their peace accords, in Colombia during the height of violence in the 1990s, and more recently in Afghanistan, West Bank, Gaza, South Sudan and Mali. The education resilience team he leads supports universities and researchers in contexts of adversity to collect and disseminate resilience-informed evidence useful for education policies and programs. Joel’s academic, professional and life interests have been in the applied human behavioral sciences--complementing graduate studies in economic and political development and in applied organizational psychology; his doctoral work focuses on how resilience can inform education ministries and the international development system to
provide more relevant services for schools and communities in contexts of violence. He is completing his preparation to become a licensed mental health counsellor in Guatemala, his native country.

Kinnon Scott is a Senior Economist in the Poverty, Gender and Equity Unit in the Latin American and the Caribbean Region. Prior to that she worked in the Poverty and Inequality Research Group in the Development Economics Vice Presidency. She has worked extensively on measurement issues related to poverty, financial capability and disability and is an expert on quantitative survey methods. She led a multi-country study to develop and test a tool to measure and understand financial capability in developing countries, co-authoring several reports. At present she is working with counterparts in Mexico and the University of California at San Diego on investigating the links between migration and human trafficking. She is also leading work on poverty and shared prosperity in Central American along with qualitative research on inequality aversion and the willingness to share.

Kinnon Scott
Senior Economist, Poverty Reduction

WHAT WORKS?

Jeannie Anan, Ph.D., is Director of Research and Evaluation for the International Rescue Committee and a Visiting Scientist at the Harvard School of Public Health, studying the long-term effects of violent trauma, the causes and consequences of gender-based violence, and the effectiveness and impacts of humanitarian aid. Recent research projects focus on re-integration of former combatants, surveys of war-affected youth, economic empowerment efforts, and survivors of sexual violence. Areas where she has worked include Burundi, Cote d’Ivoire, northern Uganda, Liberia, the DRC, and Burmese communities in Thailand. She has also worked as a mental health clinician and counselor.

Jeannie Anan
Director of Research, Evaluation and Learning, International Rescue Committee and Visiting Scientist at the Harvard School of Public Health

Theresa Betancourt, ScD, MA, is Associate Professor of Child Health and Human Rights in the Department of Global Health and Population at the Harvard School of Public Health and the Director of the Research Program on Children and Global Adversity. Theresa’s central research includes the developmental and psychosocial consequences of adversity on children and families, resilience and protective processes in child and adolescent mental health, refugee families, and applied cross-cultural mental health research. She is Principal Investigator of a prospective longitudinal study of war-affected youth in Sierra Leone and is evaluating impacts of a Family Strengthening Intervention for HIV-affected children and families in Rwanda. She has written extensively on mental health and resilience in children facing adversity including articles in Child Development, The Journal of the American Academy of Child and Adolescent Psychiatry, Social Science and Medicine and PLOS One.

Theresa S. Betancourt
Associate Professor of Child Health and Human Rights, Department of Global Health and Population, Harvard School of Public Health

Varalakshmi Vemuru
Senior Social Development Specialist
Africa Region

Vara is currently working on the Africa region of the World Bank as a Senior Social Development Specialist. Has over 22 years of work experience of which 13 are with the World Bank. Has extensive task management and operational experience on a range of operations in the South Asia and Africa regions with a major focus on community engagement; social inclusion of women, youth, ethnic minorities, physically and mentally challenged; community-based targeting; local government engagement and local governance; social accountability; and social cohesion in fragile and conflict states. Using the Community Driven Development Approach, has worked with the poorest and the marginalized communities in contexts of pockets of poverty, fragile states/regions, and poor and conflict affected countries; and across a range of sectors like health, education, rural development, agricultural productivity and livelihoods promotion, public works and CCT, social safety nets. Has designed specific methodologies for addressing direct and indirect impacts of conflict and in supporting community engagement, reconciliation, conflict management, creation of social capital and facilitating social cohesion.
Susan Wong is currently the Sector Manager in the Social Development Department of the World Bank. Prior to this assignment, she was Lead Social Development Specialist in the same department and worked in the WB’s East Asia and Pacific region. Susan was most recently based in Indonesia leading the WB’s Social Development unit. Her specialties are in the areas of: monitoring and evaluation, community-driven development and local governance, social safeguards, and program operations. She has published on topics related to monitoring and evaluation, political economy, and community-driven development. Prior to joining the World Bank in 2002, Susan worked on development programs for the United States Agency for International Development, US Department of State, United Nations Development Program, and United Nations High Commissioner for Refugees. She has worked with numerous non-governmental organizations and academic research institutions in the United States, Africa and Asia for the past 26 years.

**Closing Remarks**

Ede Jorge-Ijjasz Vasquez is the Director for Sustainable Development of the Latin America and Caribbean Region, covering the areas of infrastructure (transport, energy, water supply and sanitation, and other municipal services), environment and climate change, social development, agriculture and rural development, disaster risk management, and urban development. Mr. Ijjasz joined this position in November, 2011. The Sustainable Development Department of the LAC region has a diversified active portfolio of about $17 billion. Mr. Ijjasz is currently a lecturer with the Environmental Science and Policy Master’s Program of the Johns Hopkins University, where he teaches contaminant fate and transport modeling and policy. Between 2009 and 2011, he taught a course in Sustainable Development at Tsinghua University in Beijing. Mr. Ijjasz has a Ph.D. and a M.Sc. from the Massachusetts Institute of Technology (MIT) in civil and environmental engineering, with specialization in hydrology and water resources. He has several publications in civil engineering, physics and geomorphology scientific journals. His most recent book is on Sustainable Low-Carbon City Development in China.

**Reception Welcome**

Mark Cackler is the Acting Director of the Social Development Department of the World Bank. Mark joined the World Bank in 1981, after working as an Overseas Representative for John Deere Intercontinental, Ltd., based in Thailand. He has held assignments in the World Bank’s Washington headquarters working in departments responsible for agriculture and natural resources in East Africa, China, Indonesia and the Pacific Islands, and Latin America and the Caribbean. He also worked for four years in the Agriculture Unit of the World Bank's New Delhi Office. In 2007, Mark was appointed Manager of the Agriculture and Rural Development Department of the World Bank (renamed the Agriculture and Environmental Services Department in 2012), where he oversaw the Bank’s global programs for rural poverty alleviation, agriculture and natural resources management. Mark was raised in Moline, Illinois. He has economics degrees from Oberlin College, Ohio, and the University of Jyvaskyla in Finland, and an MBA from Harvard Business School.
Alys Willman, PhD, is a Social Development Specialist for the Social Cohesion and Violence Prevention Team at the World Bank. She leads analytical work and project support on urban, youth and gender-based violence, and is the task team leader of the Trauma-Sensitive Livelihood Projects initiative. She is the co-author of Violence in the City (2010), and Societal Dynamics and Fragility (2013), and has authored numerous articles and reports on violence and illicit economies. Prior to joining the Bank she worked with NGOs in five Latin American countries and taught at The New School Graduate Program in International Affairs. She is also a volunteer sexual assault counselor at the DC Rape Crisis center.