



Community based MHPSS
a foundation for sustainable peacebuilding

Experiences from Burundi and DR Congo

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1. Introduction to Mental Health and Psychosocial Support (MHPSS) for Peacebuilding

Adverse environments as often experienced in (post) conflict countries, can lead to negative psychosocial impacts, contributing to a higher level of conflict in society, and ultimately to violence. Individuals and communities suffering from these negative impacts often struggle to effectively be involved in their own communities' transformation towards sustainable development and peace.

Mental Health and Psychosocial Support (MHPSS) is an area of action that targets (post) conflict communities to help them cope with the effects of extreme stressors. MHPSS interventions can address trauma, strengthen resilience and foster reconciliation on both the individual and the community level. A systematic application of a psychosocial lens ensures that peacebuilding programmes are inclusive, contextually relevant and sustainable. However, in the context of peacebuilding, MHPSS still receives relatively limited structural consideration, in terms of research, policy, and practice.¹

ARC programmes 2016 - 2021, funded by the Dutch Ministry of Foreign Affairs have been led in Burundi by Help a Child and by Oxfam; and in DR Congo by ZOA. The main objective of these programmes was to enable communities, civil society organisations and local authorities to address root causes of conflict.

Extensive research on MHPSS interventions was conducted within three Addressing Root Causes (ARC) programmes: two in Burundi² and one in the Democratic Republic of Congo (DRC)³. Based on this research, the objective of this policy brief is to describe the different MHPSS interventions and how these MHPSS interventions contribute to peacebuilding. The policy brief concludes with recommendations to practitioners and policy makers. This policy brief focuses on **community based psychosocial support**, rather than clinical-based MHPSS provided by professionals.

¹ Recently more research is conducted on the link between MHPSS and Peacebuilding, e.g. [Towards an integrated approach – IJR](#). The Dutch Ministry of Foreign Affairs hosted an [international conference on MHPSS in Crisis situations](#) and is advocating for the integration of MHPSS in Peacebuilding interventions.

² Help a Child (2021) Trauma healing as a key component in peacebuilding – Burundi

³ [ZOA \(2021\) The effect of Community Based Socioterapy \(CBS\) on the lives of women and men in Kalehe, DR Congo](#); to measure the effect of CBS this research used bottom up indicators developed by the participants.

2. MHPSS interventions within (post) conflict Peacebuilding programmes: Case of ARC Burundi and the Democratic Republic of Congo

Interventions within ARC-Burundi programmes

In both ARC Burundi programmes, a combination of **individual trauma counselling** and **support groups** was implemented to respond to the high number of post-traumatic stress disorder (PTSD) symptoms and to enable individuals to build psychological resilience. A total of 162 **Community Counsellors** (APS: 'assistants psychosociaux'), 2 per community, were trained by psychologists from THARS (Trauma Healing and Reconciliation Services) on the notions of trauma, counselling and support techniques and the building of trust and mutual tolerance, especially among young people. The Counsellors for the MHPSS interventions were intentionally chosen out of the communities, due to their previously established confidence and acceptance in the community, which contribute to the acceptance of the MHPSS interventions and the inclusion of vulnerable groups. Psychosocial support was offered to members of the SHG (Self Help Groups), this ensured they continued to participate in the SHGs despite their psychosocial condition, and increased participation (of youth) in vocational training and income-generating activities.

Complementary to the individual counseling, THARS set up five **community listening therapeutic rooms**, which are run by experienced psychologists, in the provinces of Bujumbura-Mairie, Bujumbura, Cibitoke, Muyinga and Makamba. Community counsellors can refer participants to these rooms for cases beyond their skills or visit for their own personal coaching, as they likely also experienced violence and now support the healing process of others. In order to cope with the high need for follow-up, **counseling support groups**, which organize "Healing of Memories sessions", were established. Truth telling, drawing, and rituals (such as those related to mourning in Burundian culture) were used for healing and restoring trust. The Community Counsellors will remain at the end of the programme and ensure sustainability as they can use their gained knowledge and skills and acquired legitimacy to support at social problems or trauma in their communities.



Community dialogue: Memory initiative in Burundi

Intergenerational dialogues⁴ led to the set-up of community initiatives and platforms to deal with the past, as well as a book of community stories based on painful past experiences. It is currently used as an educational tool at the community level. These different interventions pull individuals out of their psychological isolation, as they understand that other social groups suffered similar, or worse, fates; which is a first step towards rebuilding relationships between formerly opposed groups.⁵

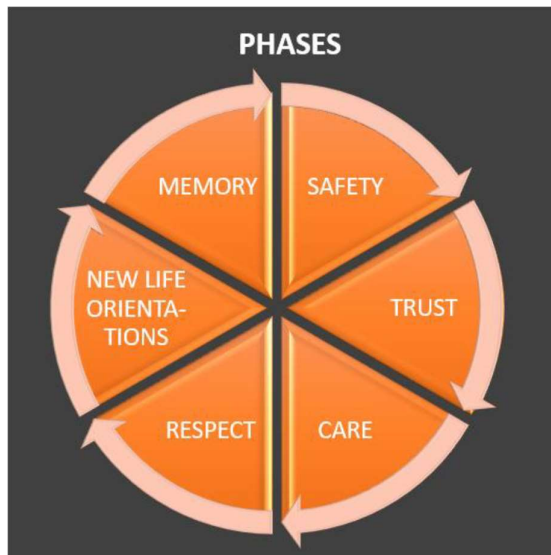
Interventions within ARC-DRC programmes

To restore trust and contribute to a more peaceful future, ZOA, in cooperation with the Congolese expert 'Organisation Paix et Développement Durable (PDD)', has introduced **Community Based Sociotherapy (CBS)** in the conflict-affected communities in the Eastern part of DR Congo. Key to this approach is the fact that CBS is community-led and driven. CBS is based on active participation in groups where the participants from the village discuss a variety of topics based on their daily experiences. The approach is implemented in small groups of 12 – 15 men and women, guided by two well-trained facilitators from the community. The groups meet during a period of 15 weeks on a weekly basis and the participants voluntarily accept to participate without remuneration. The facilitators are trained and supervised by experienced CBS trainers.⁶ In the ARC programme, a total of 72

⁴ For example, between November and December 2019, 70 intergenerational dialogues have been conducted, with approximately 14.000 participants (Under 'Nyubahiriza programme', the other ARC-Programme in Burundi with BBB).

⁵ Op. Cit., (*Trauma healing as a key component in peacebuilding*), p.11.

⁶ Dekker, C. (2018) Handbook Training in Community Based Sociotherapy, Experiences in Rwanda, East Congo and Liberia. See also: <https://www.ascleiden.nl/news/handbook-training-community-based-sociotherapy-experiences-rwanda-east-congo-and-liberia>.



facilitators were trained, and 3174 community members (52% women and 48% men) participated in the CBS groups. The aim of this approach is that the participants learn and experience new constructive behaviour which ultimately has a positive influence on their mental wellbeing, family life, socio-economic wellbeing, interpersonal relations, as well as on social cohesion and civic participation.⁷ This learning process takes time, and CBS uses a six-phase model

(see figure) to guide the conversations in small groups. During the group sessions, a variety of exercises and (locally known) games are used. Groups most often consist of community members with diverse socio-ethnic backgrounds.

During the course of the ARC programme implementation **CBS training** was added, **specifically targeting local leaders**, from both government and civil society backgrounds. This intervention focused on the unique position of a leader and their responsibility to govern in a more inclusive and accountable way.

⁷ [ZOA \(2021\) The effect of Community Based Sociotherapy \(CBS\) on the lives of women and men in Kalehe, DR Congo](#)

3. Contribution of MHPSS interventions to Peacebuilding

Improved individual mental well-being

The interventions in both DR Congo and Burundi improved the mental well-being of participants. Participants in DR Congo report that they are less troubled by mental problems and have more self-confidence.⁸ They graded their everyday life much higher than before joining a CBS group and indicated an increase in their hope for the future.⁹ A beneficiary in Burundi mentioned: *'Over time, counselling sessions, dialogues, supervision sessions provided by THARS have made me a strong man. Today, I am able to see in myself the capacity for resilience to deal with traumatic events'* These positive changes are a crucial precondition for people to be involved in any peacebuilding activity, at the community level or beyond, which requires them to be open for dialogue and to work for a more peaceful future.



Community Based Sociotherapy groups in DRC

Reduction of domestic violence and improved family dynamics

Peace starts at home: if men, women, and children do not feel safe at home, peace has not been achieved. However, societal conflicts and violence can lead to a stressful environment, negatively impacting family life. The increase of women as community counsellors in Burundi encouraged other women to confide that they were victims of domestic violence and they learned to raise their voice, both in the family and community. In DR Congo, CBS participants and also their neighbours

⁸ Pre-intervention 80% of respondents had symptoms indicating a potential mental health disorder which was reduced to 38% post-intervention.

⁹ Respondents graded their life pre-intervention with average of 4.4 which increased to 6.9 post-intervention.

and family members testify that CBS helped them to have more peaceful interactions in the family and that domestic violence in families of CBS participants was reduced:¹⁰ *'My neighbour who participated in the CBS group was a very complicated man, and very mean to this family. But now we see that he has changed completely'*. Consequently, more peaceful relationships and attitudes in the home situation contribute to increased feelings of safety and trust (and general psychosocial wellbeing), which enables a more positive attitude to peacebuilding activities in the community.

Youth becoming peace brokers

A special focus on youth within the MHPSS interventions contributed to a transformation: from agents of destabilization to peace brokers. As the youth gained more self-esteem and critical thinking, they discovered their active role in society and felt accepted in their community. A former child soldier in Burundi testified: *'Life has not been easy. Feelings of guilt, fear, and nightmares sometimes pushed me to take refuge in the forest where I could stay the whole day. I preferred to isolate myself because I was no longer thinking about my future. But today, I am part of the community structures of Mutambu commune: I am an ADP ('Artisan de paix': Peace broker).'*

Reconciliation and Social Cohesion

Research in DR Congo has shown that CBS participants have better relations within their community: both with people from the same ethnic group, as well as with people from different ethnic groups, with whom they share a violent past.¹¹ CBS participants indicated also an increase in the level of trust between them and previously antagonistic ethnic groups. This important finding takes into account the high levels of mistrust caused by ethnic conflict. While in the past small disagreements could easily escalate into violent long-term conflicts, which then fed into the cycle of mistrust and hatred, CBS helped the participants to solve individual conflicts through peaceful methods. The same effects were seen in Burundi. Trauma healing, truth-finding and truth-telling processes contributed to a reduction of suspicions between social groups and a more positive perception of self and others, which resulted in an increase of trust.

¹⁰ 60% of the respondents indicated pre-intervention that there was a good or very good level of peace in the family, which increased to 86% after they joined the CBS groups.

¹¹ Relations in the community in general improved from 7.2 pre-intervention to 8.0 (out of 12) post-intervention and relations between different ethnic groups improved from 7 (out of 9) pre-intervention to 7.6 post-intervention according to the respondents.



Resistance to political identity manipulation

By improving the quality of participation in community life, MHPSS also contributed, to a certain extent, to a democratic culture which accepts differing points of view. Lack of dealing with the past and distorted narratives of the past create a breeding ground for manipulation and violence: 'From what I heard in the community, we were badly wounded by the cycles of violence. However, through trauma healing session organized by THARS, I have lived to see that all people groups suffered'. Both in DR Congo and Burundi, MHPSS contributed to an inclusive process of dealing with the past and suspicions within a community. The MHPSS interventions helped the targeted communities, especially young people, to look beyond ethnic stereotyping and to evaluate each individual on their own merits rather than on ethnicity: 'During the CBS sessions I learned to value others regardless of their background and social status'. These changes make people more resilient to attempted ethnic manipulation.

Civic participation and inclusive governance

In DR Congo, CBS participants become more involved in dialogue meetings with community leaders than before,¹² and several became leaders themselves. Local leaders who were trained in the CBS methodology are applying a more participatory style of leadership, involving people with different backgrounds (age, gender, ethnic) in their community meetings and decisions. This increased the participation in decision making and improved relations between communities and local leaders, which are both essential for sustainable peace.

¹² Increase from 46% pre-intervention to 59% post-intervention.

4. Conclusions and recommendations

Community based MHPSS is crucial for dealing with the past, building family and community peace, and rebuilding the social fabric. Healing from traumatic events provides the foundation for rebuilding the trusting relationships necessary for inclusive approaches and effective participation in peacebuilding.

This foundation is essential both for grassroots communities and their members and for government at the national level. Therefore, by improving the quality of participation in community life, or in the governance of the country in general, community based MHPSS also contributes to democratic culture and responsible citizenship. Any positive impact on peace and security achieved through top-down peacebuilding and state-building initiatives will not be sustainable if the population is not ready to accept and take the responsibility for owning the peace. It is therefore critical that top-down approaches be combined with bottom-up MHPSS methods for sustainable peacebuilding.

Recommendations

To the governments in Burundi and DR Congo

1. Prioritise community based MHPSS in public health policies in Burundi and DRC and allocate a substantial budget to MHPSS.
2. Integrate community based MHPSS in peacebuilding and reconciliation programmes implemented both at national and local levels, with a particular focus on youth.

To NGOs

3. Strengthen the monitoring and research of the link between community based MHPSS and peacebuilding. Use the findings to develop evidence-based advocacy for the integration of community based MHPSS into peacebuilding programming.
4. Develop bottom up indicators to measure the peacebuilding impact of the MHPSS interventions.

5. Integrate effective community based MHPSS practices, as identified in the ARC programmes in Burundi and DR Congo, into new peacebuilding programmes; and collaborate with experienced NGOs to learn and exchange on the best practices.

To donors

6. Make resources available for longer-term funding of community based MHPSS interventions with proven effectiveness within peacebuilding programming in Burundi, DR Congo, and beyond.
7. Encourage the governments of Burundi, DR Congo and other conflict-affected countries to consider community based MHPSS interventions in their reconciliation and peacebuilding efforts.

COLOPHON

ZOA

Sleutelbloemstraat 45, Apeldoorn
PO Box 4130, 7320 AC Apeldoorn
The Netherlands

T: +31 (0)55 366 3339

I: www.zoa-international.com

E: info@zoa.ngo

Text

Corita Corbijn, in collaboration with PDD
(Paix et Développement Durable)



Help a Child – Burundi

Quartier Kabondo Ouest, Avenue Bisoro, N°25
PO Box 6434
Bujumbura – Burundi

I: www.hacburundi.org

E: info@hacburundi.org

Text

Rickie-Nelly Ndagano, in collaboration with THARS
(Trauma Healing and Reconciliation Services)

Editing

Esther Smit

Photography

ZOA, THARS

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