Dutch Relief Alliance – Innovation Fund (DIF) – Call 2019 ‘Safety and Protection’
Challenge Brief, version 2, 26th April 2019

1. **MAIN DETAILS**

Stichting ZOA

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2. **PROBLEM STATEMENT**

The below problem statements are relevant in the Liberian and Ethiopian context and considered to be most urgent to address. Two problem statements have been chosen to focus at, because mental health, psychological wellbeing and social/gender norms in both countries are interlinked.

“How can we increase the mental health & psychological wellbeing of people affected by humanitarian settings?”

“How to improve approaches to addressing social/gender norms (harmful) & power structures in humanitarian settings?”

3. **CURRENT CHALLENGE**

Slum areas in Liberia’s capital, Monrovia, are expanding. In Doe Community 60,000 residents live in poor, stressful conditions. 22,000 vulnerable urban refugees reside in Addis Ababa, Ethiopia.1 Extreme poverty, poor access to basic services, high youth unemployment, rapid urbanization, gender inequity and sexual and gender-based violence continue to cause poor mental wellbeing for Liberians in Monrovia’s slums and urban refugees in Addis Ababa. A major challenge remains addressing the psychosocial needs of both groups, low levels of trust and lack of social cohesion.

ZOA has a strong community-based and livelihood approach. In Liberia, Community Based Social Therapy2 has proven to be an effective method to address unresolved trauma, improve wellbeing and to foster reconciliation of mainly rural dwellers. **This approach needs contextualization and reconsideration for urban beneficiaries in complex slum situations (Doe Community) and for urban refugees in Ethiopia.** ZOA Ethiopia gained experience of supporting urban and camp-based refugees through combining psychosocial support with livelihoods. A recent study by Tilburg University (supported by ZOA Ethiopia) showed that all refugees are to some degree traumatized.

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1 UNHCR Ethiopia: Urban Refugees Factsheet (December 2018): most refugees in Addis Ababa come from Eritrea, Yemen, Somalia, South Sudan and other refugees, including from the Great Lakes region.

2 Community Based Sociotherapy (CBS) is a group-based methodology that has been proven to foster profound reconciliation and healing from accumulated and unaddressed grievances and trauma in post conflict settings. CBS was first launched in Rwanda in 2005 and proved to be an effective methodology to assist Rwandans to dealing with the psycho-social, intergroup, and civic consequences of genocide and war.
For livelihood interventions to be successful psychosocial needs will have to be addressed adequately.

Considering that ZOA is not a specialized mental health organization, the challenge will be how to address the tremendous psychosocial needs of target groups in Monrovia and Addis Ababa. To that end, ZOA will utilize psychosocial support packages focused on "community and family support" fitting under level 2 of the pyramid under the IASC guidelines. Other partners including government, local/INGOs providing specialized MPHSS assistance will be mapped, and referral pathways will be developed to ensure beneficiaries have access to formal clinical support. Eventually, beneficiaries will be rehabilitated and reintegrated into the community through both psychosocial and livelihood support.

4. IMPACT GOALS
- Reduced suffering (including reduction in SGBV) and improved mental health and psychosocial wellbeing for urban (refugee) populations in Liberia and Ethiopia

ZOA Liberia and ZOA Ethiopia have identified huge psychosocial needs that seriously limit people's wellbeing, but also the effectiveness of ZOA's livelihoods programming. Understanding and working towards addressing these needs as an organisation not specialised in mental health is therefore key to the success of all forms of support to vulnerable slum residents in Monrovia and refugees in Addis Ababa. ZOA would like to foster mutual learning and exchange of approaches.

Progress towards the goal contributes to a more harmonious, trustful and collaborative environment in which targets group are better able to meaningfully participate and make use of livelihood opportunities. Having an improved wellbeing, value in society and empowerment, beneficiaries will also be better able to take part in social and economic activities, which benefits the society at large.

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4 Mental and Psychosocial Support
If challenges continue to exist, the potential for conflict will remain high and target groups will not be able to build sustainable livelihoods. Reconciliation is not achieved, a significant proportion of beneficiaries will still suffer from the (gender-based) violence perpetrated on them and need to deal with unresolved traumas causing strong emotions like anger, sadness and frustration. In crowded urban areas, this results in high crime rates, domestic and gender-based violence, drug and alcohol abuse mainly among the large youth population, and intergenerational poverty.

Addressing psychosocial trauma, low levels of trust and social cohesion, the lack of reconciliation and the empowerment of women and youth aligns well with DRA’s priority and increases safety and protection of beneficiaries. Beneficiaries affected by war, migration, Ebola and current poor circumstances regain their dignity, improve their personal well-being and societal position and are less at risk of conflict and (gender-based) violence, and consequently are better able to participate in and contribute to societal development.

5. ASSUMPTIONS
- If slum residents in Monrovia and refugees in Addis Ababa are better able to deal with their negative experiences from the past and their current circumstances, their mental wellbeing will improve which enhances their ability to undertake livelihood activities, participate in a meaningful way in community governance and the wider society;
- If the lack of trust, social cohesion and reconciliation will be addressed in urban areas, people will have more mental space and capacities to work on improving their livelihoods, as individuals and in groups;
- If women, youth and refugees gain a better and more inclusive position in society, they will be better able to express themselves, participate in social, economic and political domains, and therefore valuably contribute to development and peace in Liberia and Ethiopia.

6. RISKS
- In Liberia, increasing frustration of people with the government not being able to keep promises to reduce poverty, provide basic services and social & economic opportunities, and address corruption. This threatens stability as well as the upcoming senatorial elections to be held in 2020;
- The most marginalized urban residents in Liberia live in Doe Community. They are called National Internally Displaced Persons with Special Needs and are heavily involved in the use of drugs and alcohol. Most of them are criminals using violence to pursue their interests. This group forms a large risk for society if needs remain unaddressed. Their situation and behavior might not allow to intervene and provide psychosocial assistance;
- Difficulties in identifying refugees in Addis Ababa and lack of access to the target group due to a large part of urban refugees not being registered (increasing because of undocumented movements to urban areas), their isolated existence and ongoing movements;5
- Lack of willingness of governments, slum residents and urban refugees to participate in activities due to different priorities. Building and maintaining strong relationships is key.

7. NEXT STEPS
- Further assessment of the psychosocial needs, conflict and gender dynamics and identification of more specific target groups in targeted urban locations;
- Evaluation and contextualization of proven methodologies, mainly CBS, to explore if this matches with the needs of targeted populations in targeted areas, while at the same time exploring alternative methodologies to address trauma and social cohesion issues;
- Involvement of YMCA Liberia, ZOA Liberia’s current partner in CBS, who’s capacity has been built in this methodology since 2015. YMCA is recognized for its community work and has a strong

5 UNHCR Ethiopia: Urban Refugees Factsheet (December 2018), and “Urban Refugee Economies: Addis Ababa, Ethiopia” (https://pubs.iied.org/pdfs/10850IIED.pdf)
presence on the ground, thereby providing access to difficult to reach communities. Assess if YMCA Ethiopia can be a potential local partner or identify another local partner;
- Exploration of opportunities to exchange expertise and for collaboration with (local) government institutions, local partners and resource organisations, such as Tilburg University or Kofi Anan Institute, specialised organisations like War Trauma Foundation, Medair, Agar Ethiopia, Jesuit Refugee Services (JRS);
- Develop psychosocial resilience training (PRT), establish referral relations and raising staff awareness on psychosocial trauma and mental wellbeing.

8. SUMMARY
Slum dwellers in Monrovia and refugees in Addis Ababa frequently suffer from psychosocial trauma and poor mental wellbeing. Considering that ZOA is not a specialized mental health organization, the challenge will be how to address the tremendous psychosocial needs of these target groups. ZOA Liberia and ZOA Ethiopia are looking for proven methodologies to address the psychosocial needs of target populations in complex situations.