1. MAIN DETAILS

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2. PROBLEM STATEMENT

(3) How can we increase the mental health & psychological wellbeing of people affected by humanitarian settings?
This challenge brief is also partly addressing statement (1) How can we improve access to services related to protection for the most vulnerable by tackling capacity barriers within the overall humanitarian response?

3. CURRENT CHALLENGE

ZOA Iraq has been providing psychosocial support to individuals in Mosul since March 2017, as the first Psychosocial Support actor on the ground together with a local NGO. The scale of atrocities that have taken place in Mosul is beyond comprehension, leaving the population with tremendously high mental health needs. The humanitarian community cannot address all these needs with its current approach. Currently, mental health projects in Mosul are specialized and focused, with qualified staff and longer-term mental health response curricula of 2 to 3 months, and long-term case management. This approach is thorough but serves only a small portion of the population. The number of people in need of mental and psychosocial support is simply too large to be addressed by interventions such as these, as mental health professionals cannot serve all those in need. Coordination of the MHPSS interventions in Mosul have also proven a challenge, leaving certain neighbourhoods underserved compared to others.

Basic mental health and psychosocial knowledge is lacking in the community, and therewith it also lacks validation and ‘normalisation’ for lots of behaviours in children (such as bedwetting, sudden anger to siblings, lost appetite) and adults (frustration, change in behaviour, depression) in the aftermath of war. Increased understanding of the impact of traumatic events and a first guidance in overcoming some of the challenges will create a
psychosocially healthier, more resilient population in Mosul. Many mental and psychosocial problems can be directly linked to insecurity, distrust and feelings of unsafety. Therefore, we see the need on community level to include elements of peacebuilding (communication and conflict resolution) to basic psychosocial knowledge and support (such as psychoeducation on traumatic events, relaxation techniques and psychological first aid).

Some inherent challenges of urbanised areas are that people lack privacy, space and calm to maintain a healthy environment. People in urban areas will need to maintain their mental health and wellbeing while having a lack of privacy and freedom due to security issues. Investment is needed in finding out what are active elements and conditions for effective low cost mental health interventions in urban areas such as Mosul.

Humanitarian parameters of the challenge

Mosul city, an affected population estimated around two million, is in recovery stage. Various MHPSS actors in the city are challenged by the same problems as described above, and no solutions have been found yet. If we can address this challenge, it can also be rolled out by other organisations and brought forward in the Protection Cluster Iraq and possibly other settings.

4. IMPACT GOALS

The goals of this challenge and impact that ZOA Iraq would like to see can be described into four components. These are:

1) **Our goal is that communities within Mosul are better equipped to deal with their mental health and PSS needs.** We recognize the strength of certain individuals within the community. When traumatic events or circumstances occur, people automatically tend towards the strong people within their community who can listen to their stories, concerns and who can give advice. These ‘Community Builders’ with whom we already work within the community, possess social leadership and a good reputation, contributing to the social capital of the community. On the other hand, they also have their limitations in time and skillset. Giving a more important role to these Community Builders in community itself is in line with the trend of ‘task shifting’ in the (mental) health sector, to overcome capacity barriers.

2) As Mosul is in the aftermath of war, the components linked to peacebuilding (distrust, insecurity and feelings of unsafety) need to be addressed, to avoid stagnation. Therefore, in this community-based approach, we would **link peacebuilding to the basic mental health and psychosocial support**. This can only be done successfully when working closely with the Community Builders, directly building on the existing pillars within the community. Looking for a deeper connection between psychosocial support and peacebuilding is innovative in itself and will be a valuable contribution to humanitarian work in the aftermath of conflict. A curriculum based on Psychological first aid and/or other basic psychosocial support programming elements, combined with peacebuilding components; conflict resolution, communication, trust building, might have the highest impact within the community. The knowledge of the Community Builders will then be widespread through Community Engagement Groups, whose aim it is to give peer-to-peer psychosocial support to build the resilience within their community. ZOA Iraq developed a draft curriculum but needs funding to further elaborate this in consultation with the Community Builders/local knowledge and implement a successful pilot. It also needs scaling up to give measurable and attainable outcomes to the humanitarian community.
3) Given that more humanitarian crisis will take place in **urbanised areas**, knowledge about specific working elements of such community-based approaches on Psychosocial Support and Peacebuilding, will be beneficial to future urban approaches.

4) **Access**: A community-based approach will reach more vulnerable populations in an urban environment, as the most vulnerable are not the ones to find assistance through NGOs by themselves. If we work with leaders from within the community, of different genders, ages and backgrounds we will reach a larger number, and more vulnerable, individuals.

### Potential for impact

When this challenge is addressed, it will serve various needs within the humanitarian community. It will build a strong case for approaches of future MHPSS interventions that are community-based. With global urbanisation, more crises are occurring in cities\(^1\) and thus using Mosul, a major urban humanitarian crisis, as a case while at the same time addressing needs is very appropriate and cost-efficient. In the emergency state of a disaster immediate needs to be addressed and coordination between NGOs is critical. In the recovery stage of a disaster, as Mosul is in now, it is crucial to include the community at grassroots, regional and city level. Urban areas pose many challenges to donors and implementers. Delivering aid in cities is complex and needs a different mechanism than those in classic rural or camp contexts.

This challenge will build on the unique opportunities of urbanised areas; opportunities for increased coherence, use of networks and large human capacities and local ‘lived’ knowledge. The sooner Mosul has MHPSS projects that are embedded within the community and build community knowledge, the quicker Mosul will have a widespread resilient, healthy population that relies less on external interventions.

Consequently, the access to services challenge will be addressed. When the community is increasingly capable to deal with mental health issues themselves, less people will need specialized services. When this roll-out is successful, this approach will lead to a very cost-efficient humanitarian approach.

### Relevance for DRA

As mentioned by Minister Kaag: ‘We are looking for concrete ideas/solutions to massively scale up MHPSS interventions’. If we are able to roll out a successful community-based programme that includes the ‘community builders’, we can target many more people to with mental and psychosocial support. Outcomes of this challenge will advocate on urgent humanitarian debates around MHPSS, peacebuilding, urban interventions, task-shifting and community cohesion. Besides sharing knowledge with actors in Iraq, an outcome will be a research report to be widely shared with the International Protection cluster, donors and relevant partners to the Dutch Relief Alliance.

### 5. ASSUMPTIONS

- ZOA will be able to address this challenge together with War Trauma Foundation, expert on mental health and psychosocial support to war-affected people. ZOA will bring the

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\(^1\) **Urban Humanitarian Crises, UN-Habitat in Disaster and Conflict Contexts, 2010, Nairobi, Kenya**

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contextual knowledge and has on the ground presence, ready to implement, but needs support in the research and development component of this challenge; developing and measuring the impact of the community-based approach and testing the effectiveness of spreading. Another specific technical/ knowledge partner can be added to the challenge, if proven knowledge and work experience will contribute to the challenge.

- ‘Community Builders’ can be identified and selected and are open to work on psychosocial support and peacebuilding. Their interest would be to work without stipend, aiming to contribute to rebuilding the social fabric of Mosul.
- Communities are safe and secure enough to include a peacebuilding component.
- A good referral system can be set up to address the needs of those people who cannot directly be helped in the community approach.

6. RISKS

- A main risk is that mental health problems need more specialised support than the community builders can deliver. This innovation builds on the community and the large up-scale of MHPSS care. However, for effective response a referral system to formalized care should be in place. Project staff should be capable of pointing out cases in need of referral and immediately direct this.
- Another risk is that the ‘Community builders’ have their own mental health needs that they have not fully dealt with. Therefore, the community builders have to be supported. At the start a training needs to be given, including time and space for voicing their own life stories. During the project they should be closely monitored at all times and be given the opportunity for debriefings and evaluations. ZOA needs to work with a few experienced staff and with War Trauma Foundation in this regard.
- As the type of peacebuilding and psychosocial work in this challenge is quite ‘informal’; monitoring and measuring change and impact will be challenging. It needs development of different individual assessments, large-scale community household assessments and narratives by the work of community builders.
- Safety and security risks may hamper the work. The situation in Mosul is stable at the moment but needs to be closely monitored.

7. NEXT STEPS

- Desk research on earlier attempts to combine peacebuilding and MHPSS, and desk research on MHPSS interventions that take rural versus urban into account
- Getting more information from the MHPSS mapping of NGO work in Mosul. There is still little (efficient) coordination, but first mappings have been done. Identifying exact locations for referrals, including the type of specialized care and duration.
- Setting up meetings with government departments in Mosul city, for inclusion of their concerns and build on joint efforts. Ultimately find a way to include the government of Mosul in longer term roll-out.
- Opening up for specific expertise in peacebuilding/conflict resolution and/or post-conflict interventions in urban areas which clearly adding value to the knowledge of ZOA and War Trauma Foundation.
- This community based method could be tested in both the urban area of Mosul, as in the rural areas surrounding Mosul to gain insight in the differences of rural and urban dynamics
8. SUMMARY

ZOA Iraq and the War Trauma Foundation intend to provide a service on MHPSS in Mosul. This project ultimately will help to scale up the middle 70% of mental health services. By strengthening community and family support and by bringing more people up to community worker level; a smaller percentage of the community will need to rely on specialized services in Mosul, which currently lack capacities to address all needs.