CHALLENGE BRIEF – DRA INNOVATION FUND  
Afghanistan Joint Response

1. DETAILS OF PARTICIPATING ORGANISATIONS

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2. PROBLEM STATEMENT

How can we improve the mental health and psychosocial wellbeing of people affected by humanitarian settings?

3. CURRENT CHALLENGE

3.1 Description of the current challenge

What is the challenge:

Nearly four decades of armed conflict has bankrupted the resilience of Afghan society. Many Afghans experience direct consequences of the conflict, causing a vast amount of mental pain and suffering. Psychological and social consequences of conflict are pressing, such as the negative health impact of daily chronic stress, unsafety, uncertainty about the future and the disruption of familial and communal relations.

It is broadly acknowledged in humanitarian coordination strategies that psychological and social care for conflict affected people is a dire need. Unfortunately, most Afghans hardly have access to quality, localized mental health and psychosocial support, suited to their needs. This in combination with stigmatization causes mental and psychosocial issues to be largely unrecognized.

As long as mental and psychosocial problems remain unrecognized and hidden in Afghan society, efforts to build and provide services or community-based care will not be effective. A different localized approach is needed that makes use of existing coping mechanisms, in order to bridge this gap.

Symptoms and causes of the challenge:

- **Lack of recognition and priority**: Mental health and psychological well-being is not a priority with recurrent natural disasters and recurring violence.
- **Lack of capacity**: Health care is poor to start with and there are very few trained professionals or structures in place. Knowledge and capacity on MHPSS among Afghans including aid workers is not only limited but also very simplified and superficial. It is not build on their own understanding and access.
- **Stigma**: There is a huge stigma on mental health problems and even aid workers themselves are reluctant to speak out on mental health related issues and how these issues should be addressed.

- **Lack of localisation/translation**: The knowledge of local mechanisms and use of local vocabulary is largely lacking to introduce or describe mental health and psychosocial support. Simply ‘importing’ international concepts and approaches, without investing in translating and adapting them to fit Afghan needs and to build on local coping mechanism is hugely ineffective.

### 3.2 Humanitarian parameters of the challenge

**Relevant context:**

- Over 3.5 million people were displaced in the country in 2018 and it is estimated another 800,000 people will be displaced in 2019 and 700,000 returning Afghans will arrive from Iran and Pakistan. As they have urgent needs regarding their socialisation, protection, safety and mental health, this innovation challenge will **target displaced people** (conflict and natural disaster affected IDPs and returnees).

- The **humanitarian workers** supporting these groups can be a first entry point. Most Afghan and expatriate humanitarian workers, providing assistance under dangerous conditions, don’t have access to mental or psychosocial care or general stress management themselves. Very few (Inter)national organizations are providing MHPSS to their staff.

**Actors:**

- the **Ministry of Public Health**: has launched the ‘National Strategy for a Mentally Healthy Afghanistan’.

- There are several initiatives from mental health focused organisations such as HNI/TPO, PUI and **International Psycho-social Organisation (Ipso)**.

- Important actors for addressing this challenge will be **national staff** of the humanitarian organizations and **local communities and displaced people themselves**.

**Stage:**

The challenges start at the beginning of the project cycle in the initiating phase, with the lack of reliable data on MHPSS and appropriate/adequate knowledge of local coping strategies and services for the specific Afghanistan context.

### 4. IMPACT GOAL

#### 4.1 Envisaged change

We recognize that the above described challenge is huge, and that it cannot be tackled it through any single project. This is why we chose to narrow our scope and target staff and communities in one province, and to address specific psychosocial aspects of the mental health and psychosocial spectrum. This way, we have a concrete entry point of working on this urgent issue.

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1. IOM, DTM, December 2018
2. Humanitarian Response Plan 2019
**Change**: Increased access to and use of effective, localized MHPSS services and local coping mechanisms for humanitarian staff and IDPs and returnees in Nangarhar and/or Herat province with mild to moderate mental health issues.

Based on state-of-the-art insights, a substantial part of dealing with mental health and psychosocial problems can be taken up by communities themselves, supported by trained but not specialized workers. Research in different fragile contexts shows that this so called task-shifting is a promising strategy for enhancing effectiveness and impact of care. As much as 50% of the people suffering from mild to moderate mental health issues can be supported through community based approaches, encouraging local ways of coping already embedded in the Afghan culture.5

This will have to be proven in a pilot, that is embedded in ongoing AFJR activities. Insights and lessons from this pilot can potentially be used as a model to localise mental health and psychosocial support in other regions of the country and ultimately, to other humanitarian settings where similar challenges are current.

Sub goals:
- Mental health and psychosocial needs of 25% of humanitarian staff in the AFJR consortium member organisations have been assessed and addressed;
- Increased understanding of local perceptions on mental health and wellbeing in selected communities in the AFJR project areas; Understanding how the psychosocial wellbeing of people (different groups in selected communities) has been affected and which positive and negative coping strategies they use.
- Analysis of the existing landscape of work & services in psychosocial wellbeing and its approaches and capacities;
- Using these insights, a local model/solution(s) to address mental health and psychosocial wellbeing is developed and piloted.
- Learnings are available to further improve or scale the innovation.

**4.2 Why is a solution important?**

**For the involved organisations:**
The agencies involved in the Joint Response Afghanistan should have localized and appropriate MHPSS for their staff and at the very heart of their humanitarian activities, to ensure being live-saving through resilient MHPSS structures. This is at the interest of all organisations involved in humanitarian action.

**For Afghans and their country:**
**Future and well-being perspective** - Afghanistan is at the bottom of the happiest country list (154 out of 156)6, expressing the discouraging outlook many Afghans have on life. As so many Afghans suffer from mental and psychosocial issues, it is urgent to work on improving their wellbeing.

**Rights perspective** – Not addressing this challenge denies people of their basic human right to health, including mental health and psychosocial wellbeing (article 25 of the Universal Declaration of Human Rights).

**Cost/Impact perspective** – Not addressing this challenge will cost society at large: social capital is lost and rebuilding is ineffective if mental health needs of the population are unmet.


4.3 Why relevant to DRA?

The formulated challenge is relevant for the DRA for the following reasons:

- If this challenge remains unaddressed, it will hamper the longer term effect of assistance provided. The quality and effectiveness of assistance is very likely to increase if MHPSS is incorporated both at organizational and community level, as studies have shown (ACF7);
- The learnings of this localized approach can potentially be scaled up/used to other crisis areas;
- It is in line with the strategic objectives if the DRA – localization: the envisaged solution to the challenge will generate local capacity;
- Impact perspective- If the mental health and psychosocial needs of humanitarian staff themselves are addressed, they will be able to have more impact.
- Mental Health and Psychosocial Support is one of Dutch MoFA’s focusses in its foreign policy/ director of humanitarian diplomacy (‘Mensen Eerst’ - Geestelijke gezondheid en psychosociale steun in crisissituaties).

5. ASSUMPTIONS

- Staff members working for humanitarian agencies are affected themselves by years of conflict;
- Information collected is accurate and challenge is correctly analysed;
- In general the aid community tends to lean on standardized solutions for MHPSS;
- As the latest survey on MHPSS in Afghanistan took place in 2012, it is anticipated that problems have increased as conflict and displacement has increased since then. A localized approach will also need more and different information than a mere survey;
- Investing in (addressing) the mental health and wellbeing of staff themselves will be conditional. People/staff who are capable of self-care will be more effective in helping others, will be able to help develop localisation and ‘lead by example’;
- Finding local entry points is key: Our Afghan staff themselves will be this entry point, followed by the local communities that we are working with; They cannot only help to understand local concepts of mental health and wellbeing, but they will also help to identify services or interventions that fit their local needs;
- AFJR partners are able to provide access to services; Good psychosocial support should be part of/complementary to what humanitarian organisations do in general, based on the identified needs and in cooperation with the target groups;
- Localized approaches bring better results.

6. RISKS IN PURSUING THIS CHALLENGE

- Lack of collaboration, expertise and/or proper data may affect effectiveness of the project and ultimately the assistance provided by stakeholders.
- Security and access: Afghanistan context remains very volatile and unpredictable. Mitigation: working with our beneficiary communities provides staff and project the best possible environment.

7 Action Against Hunger Position Paper: Addressing Mental Health and Trauma through Integration
• Afghan culture and context and differences within the country, including language barriers could lead to delay or results that cannot easily be scaled up.
• Lack of local involvement may affect design, content of the project and the delivery of the project;
• Insufficient staff capacity affecting the design of the innovation and monitoring; to set up and extract learning from the project relevant for scaling up;
• Though AFJR partners recognize the issue at stake, and seek for ways to address it better, it does not make them PSS driven or PSS specialists.

7. NEXT STEPS

This 2 years’ pilot project will be divided in several steps:
1) Research/Assessment
2) Establishment of MHPSS at organisation level (staff care)
3) Roll out into to be identified communities
4) Evaluation and conclusion/lessons learned to take forward

More specifically the following steps will need to be taken:
• Further research into earlier efforts to localised MHPSS programming in Afghanistan or possibly other humanitarian contexts (including research in local coping mechanisms and key influencers);
• Define and select the region for this pilot project;
• Identifying and selecting the right partners in- and outside Afghanistan to:
  o Provide deeper understanding of local perceptions of mental health and wellbeing to build on to translate/develop relevant mental health and psychosocial services.
  o Ensure an action based learning pathway in order to maximize the potential for learning and scaling up
  o Ensure a knowledge and evidence-based approach to the Afghan authorities, both governmental and non-governmental.

Partners:
This project is in partnership with Cordaid, Oxfam, SV-IRC, TdH and ZOA in Afghanistan. We envisage real involvement of the Kabul University in the research, design and evaluation of the project. **AFJR Partners are looking for other external interested parties with technical MHPSS and research expertise who are able to meet the following conditions:**

External partners should have:
• And extensive understanding of local context in Afghanistan and if possible, have an established network;
• A good understanding of MHPSS in humanitarian/ protracted crisis setting
• Experience in undertaking research in Afghanistan or similar context, more specifically qualitative research on MHPSS and/or community based approaches.