



Conflict Resolution and Peacebuilding: Social Work Education and Practice in Humanitarian Settings

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ABSTRACT: The world is experiencing unprecedented levels of humanitarian crises due to the effects of climate shocks, intra-state and inter-state armed conflict. As of 2020, there were more than 70 million displaced persons globally with the global pandemic making the situation worse. It is expected that the current economic downturn will roll back the gains made in gender equity and poverty level improvements. With old conflicts remaining unresolved, and new ones springing up across the globe, a critical question arises of the role of social workers as agents of conflict resolution and peacemakers in addition to their traditional role of providing psychosocial support. This paper attempts to provide perspectives on the need for mental health social workers to actively and explicitly engage in conflict resolution and peacebuilding. In doing so, the authors will discuss the case of the Wajir Women Peace and Development, a women led organization that shaped the role of local professionals in engaging and sustaining peace in Northern Kenya and beyond. The choice of this organization is based on the personal and work experience of the authors who hail from Wajir and worked as a health and teaching professionals in late 1990s to mid-2000s.

Keywords: social work, psychosocial support, conflict, peacebuilding, and mental health



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Every year the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) releases the status of the global humanitarian landscape, and 2020 was a year like no other. As per OCHA's report, 2020 was record-breaking, where 1 in every 33 people needed humanitarian assistance (OCHA, 2021). The global COVID-19 pandemic has led to the worst global economic crisis since the great depression. It is expected that unemployment, closely associated with loss of income and loss of economic opportunities will lead to extreme poverty and hunger, especially in conflict and fragile settings (OCHA, 2021).

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Further, and more importantly, the global COVID-19 pandemic has led to increased political tension and exacerbated conflicts across different regions. This has led to an exponential increase in displaced persons and refugees. The United Nations High Commission for Refugees (UNHCR) estimated that the number of persons violently uprooted from their homes has reached a staggering 70 million in 2020 (UNHCR,2021). OCHA and UNHCR estimate that millions of people in 22 conflict-affected countries face hunger and serious starvation (OCHA, 2021; UNHCR, 2021).

These conflicts have disproportionately affected women, girls and children, which leads to an increased risk of conflict-related sexual and gender-based violence (OCHA, 2021). Although the pandemic has led to a spike in violence, conflict has been steadily increasing since 2008 and remains the main driver in displacement, gender and sexual-based violence and increased psychosocial related distress (Ryan, Bauer, Endale, Qureshi, Doukani, Cerga-Pashoja, & Bass, 2021; Global Peace Index, 2020).

Conflict also remains the single most important cause of mental illness and psychosocial distress. As shown in the study of the global burden of disease, where mental illness, neurological disorders and substance use are estimated to affect about 10% of the general population globally. This number more than doubles to 22% (one in every five persons) in countries affected by conflict and humanitarian crises (Ryan et al, 2021). Therefore conflict is a significant driver of mental health issues (Ryan et al, 2021).

The impact of such conflicts varies and ranges from political division, all-out armed conflict, economic decline, state collapse and social fragmentation. Further, conflict affects not only the social, economic and political well-being of individuals but also their psychosocial well-being. Moreover, as per the global burden of diseases (2019), low indicators in mental wellbeing are as a result of poor governance, underdevelopment, economic decline, poverty, social and gender inequality, and environmental degradation that are all linked to conflict (OCHA,2021). In essence, the social determinants of health are significantly compromised in conflict-afflicted settings.

Social work as a global profession with roots across the world has a role to play to address this significant global crisis. In fact, as per the International Federation of Social Workers, social work is the largest non-political organization in the world for peace and social justice. Thus, making the profession unique in promoting peace and addressing conflict (Keefe & Koch, 1999). In addition, with its headquarters in Switzerland, the International Federation of Social Workers has active continental memberships in Africa, North America, Europe, Asia and Pacific, as well as Latin America and Caribbean, social work is globally well situated in playing key role in addressing the

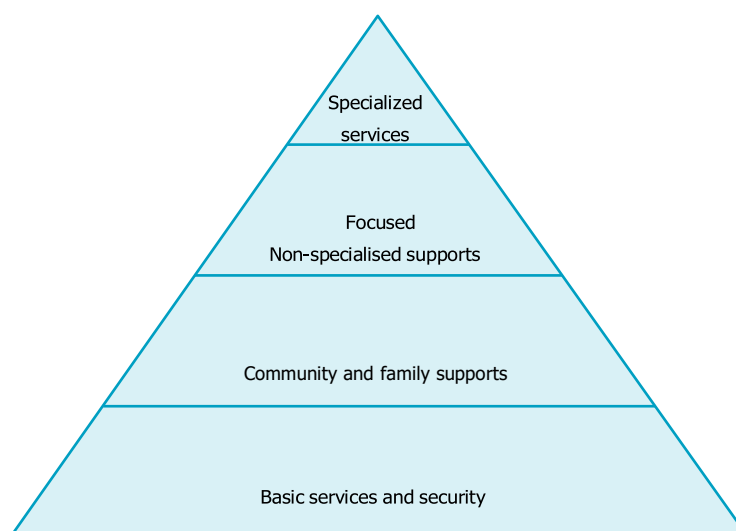
raving conflict and instability globally. It's within this context that this paper argues for enhanced social work education and practice to include conflict resolution and peacebuilding.

Responding to humanitarian induced psychosocial distress

Given the mental health and psychosocial trauma associated with humanitarian crises, international humanitarian organizations under the auspices of the Inter-Agency Standing Committee (herein referred to IASC) provided a framework and guidance on how best to support the mental health and psychosocial needs of those within such humanitarian situations. Within this framework, IASC (2008) drafted minimum multi-sectoral guidance. It brings together leading UN agencies such as the World Health Organization, United Nations Children's Fund, and the International Organization for Migration in addition to the International Red Cross, Medicines Sans Frontiers, Save the Children, International Medical Corps and host of other major global organizations (IASC, 2008).

In 2007, the IASC developed the guidelines on mental health and psychosocial support in emergency settings that emphasizes and ensures psychosocial interventions are integrated in every stage of humanitarian services, as illustrated in the pyramid below (figure 1) (IASC, 2008).

Figure 1. Intervention pyramid for mental health and psychosocial support in emergencies (IASC, 2008). (source: Inter-agency standing committee).



As illustrated in figure 1, the pyramid of support and interventions include broad-based immediate lifesaving provisions of food, security and shelter to vital community rebuilding interventions such as community centers, safe spaces, and children's playgrounds that enhance community connection and belonging. Whereas the higher up levels specifically address significant mental health issues that need the attention of trained health professionals (IASC, 2008).

However, historically, humanitarian interventions primarily focused on the physical and immediate needs of food, shelter and safety while mental health needs largely ignored or pushed to the periphery (IASC, 2008). But, with the new paradigm shift, mental health and psychosocial support has taken a central stage in addressing conflict-driven distress. Evidence shows increased focus on mental health and psychosocial support services provided by international aid agencies working with refugees and other conflict settings can ameliorate social sufferings and reduce morbidities, disabilities and mortalities associated with psychosocial conditions (Ryan et al, 2021; Vigo & Thorncroft, 2016).

Fostering peace in humanitarian context through mental health and psychosocial support (MHPSS) interventions

Conflict and civil strife severely disrupt societal cohesion, breaks down social norms and leads to widespread psychosocial suffering (Tankink & Otto, 2019). Whereas long-standing conflicts disrupt trust between individuals, families, communities and their institutions. In addition, research has also shown that younger countries are at higher risk of civil conflict (Cincotta, 2018). The International Crisis Group's 2018 list of ten conflicts showed that, compared to the previous years, intra-state conflicts dominated the wars within countries (Cincotta, 2018). About 70 percent of such civil and ethnic conflicts were in countries with young population of an average age of 25 years or younger (Cincotta, 2018).

With the majority of these conflict-affected regions being overwhelmingly comprised of younger populations, there is an obvious risk that a significant portion of the younger generation will grow up within protracted conflict. This risk may lead to accepting violence as normal with the consequences of potentially sustaining or reproducing violence through vengeance, joining armed groups, and intimate partner or domestic violence. In addition, studies of adverse childhood experiences and trauma such as hunger, violence and neglect have been associated with long-term chronic health conditions, including mental health and substance use (Dube, et al, 2003). Therefore, neglecting to address the conflict and its psychosocial impact will consequently

undermine peace, health and development.

Importantly, researchers, policymakers and practitioners in the field of mental health, psychosocial support and peacebuilding have appreciated the fact that interventions that are aimed at achieving reconciliation and peaceful co-existence are also ingredients for psychosocial wellbeing (Hertog, 2017; Kubai & Angi, 2019; Davis, Nsengiyumbwa & Hyslop, 2019). Thus, both MHPSS and peacebuilding are important elements for any conflict and post-conflict rebuilding.

Experiences from South Africa and Rwanda has shown the benefits of healing and building trust through the process of truth and reconciliation activities rooted in the local context to address historical and contemporary conflicts through narrative forums and reconciliation (Davis, Nsengiyumbwa & Hyslop, 2019; Stein, 2008; Allan & Allan, 2000). While in other contexts with active conflict, demilitarization, disarmament, rehabilitation (including addressing psychosocial traumas), and re-integration have led to improved peaceful co-existence, and hence, reduce associated negative impacts such as psychological distress and re-emergence of deadly violence (Morse, 2005, Aiken, 2008). In post-genocide Rwanda, a local Rwandan non-governmental organization – Never Again Rwanda and an international non-governmental agency - InterPeace, jointly implemented a mental health and psychosocial and peacebuilding project called “societal healing and participatory governance for sustainable peace in Rwanda” (Davis, Nsengiyumbwa & Hyslop, 2019). This four year project focused on trauma healing, forgiveness, building trust, peace activism and societal tolerance. The project evaluation showed varied improvements in all the variables associated with the impact of the past human tragedy in the Rwandan context (Davis, Nsengiyumbwa & Hyslop, 2019).

On the other hand, key stakeholders such as the United Nations Children Fund, educationist and nonprofit organizations are focusing on humanitarian settings and looking at the role of education in peacebuilding process (Hamber, 2020). While at the same time mainstreaming and implementing mental health and psychosocial support within the education system in conflict afflicted settings (Mattingly, 2017, Novelli & Smith, 2011). These are transformational approaches for addressing the psychosocial impacts of humanitarian crisis as a preventive measure and importantly as a way of nurturing the young population to learn skills of conflict resolution and peacebuilding in an attempt to disrupt the cycle of conflict (Hamber, 2020).

Conflict tends to affect the individuals, families and communities’ psychosocial well-being negatively; high levels of poor mental health and poor social functioning affect the ability of these groups to operate peacefully and effectively during and after conflict. Therefore, post-conflict

reconstruction processes must purposefully place the provision of mental health and psychosocial support services at their core as stipulated and developed by the IASC and also in line with the International Federation of Social Worker's holistic approach to care (IASC, 2008, IFSW, nd).

The role of helping professionals in peacebuilding activities

The importance of addressing peace and human rights violation through advocacy, reconciliation and peacebuilding in communities ravaged by conflict and internal strife is not new to health and social services providers. Professional groups like Physicians for Human Rights (<https://phr.org/>) at a global level and various local organizations like Wajir Women Peace and Development Agency of the Horn of Africa (Menkhaus, 2008) that brought together women educators and health professionals to address intractable ethnic conflicts in their region showed the importance of addressing the root cause (conflict) of the symptoms (psychosocial distress).

The case of Wajir Women Peace and Development Agency

The Wajir Women Peace and Development Agency started its work in Wajir County, in northeastern Kenya in the early 1990s as a local grassroots organization to address the perennial clan conflict and general insecurity in the region (Menkhaus, 2008). Wajir County is an expansive region bordering Somalia and Ethiopia and hosts thousands of refugees from both countries (Menkhaus, 2008). Due to its frontier nature and its own citizen's pastoralists' dynamics, inter-clan tension and violence became increasingly problematic in the 1980s and 90s. These conflicts were exacerbated by increasingly meager pasture and water resources due to climate change and often morphed into intense competition for resources among nomadic communities (Nassef, Anderson & Hesse, 2009).

At the core of this organization was the only local girls' primary school head teacher Ms. Dekha Ibrahim who after realizing the impact of inter-clan conflict on her students' well-being and learning decided to launch a women only peacebuilding and conflict resolution group that largely drew its members from women professionals and business leaders (Nassef, Anderson & Hesse, 2009).

The organization was so successful that Wajir became a beacon of peace and stability. The organization's work attained global prominence and its model has been replicated in countries like Cambodia, Palestine, Israel among others (Menkhaus, 2008). Dekha Ibrahim was eventually awarded the Swedish Right Livelihood Award, which is regarded as an alternative to the Nobel Peace prize (Interpeace, 2011). Dekha and her colleagues in the health and service sector have

come to appreciate the need to restore peace in order for essential services such as education, health, farming, and business to be restored and thrive.

It is such acknowledgement of no development, health or education without peace, that more organizations and professionals are focusing on a hybrid of service provision, whether health, education or justice with peacebuilding and conflict resolution. Furthermore, historically and contemporarily, mental health and peacebuilding practitioners have worked in silos. Mental health professionals largely focused on the psychosocial well-being at the micro, macro and mezzo level of the society while practitioners in peacebuilding and conflict resolutions primarily worked with families and communities on issues related to social fractures and fissures within affected communities (Tankink & Bubenzer, 2017).

It is worth noting that policy makers and researchers are now connecting both fields and showing evidence for the need for an integrated model that blends mental health and peacebuilding. Policymakers and practitioners are emphasizing that improved coordination and cooperation between the two programs are critical as part of integrated post-conflict reconstruction framework. That is why it is timely for the social work profession to situate itself as a leading profession in mainstreaming an integrated mental health and psychosocial support services and peacebuilding in humanitarian settings (Tankink & Bubenzer, 2017). This paper articulates for such discussion within the social work profession

Paradigm shift at the United Nations level

In 2015, the United Nations' General Assembly adopted the Sustainable Development Goals (SDG), a comprehensive and ambitious blueprint comprising of 17 inter linked global goals that will guide the global community for the next 15 years (2015-2030) (UN, nd). Part of these goals include SDG 3 for good health and wellbeing and SDG 16 for peace, justice and strong institutions (UN nd). Since the adoption of the Sustainable Development Goals, the General Secretary of the United Nations and other agencies have been conceptualizing and developing framework to address human development, conflict resolution and peacebuilding through the humanitarian-development-peace nexus in an attempt to comprehensively and synergically address the three aspects i.e. humanitarian crisis, peacebuilding and development (WHO, 2020). In a landmark United Nation General Assembly resolution in 2020, The United Nations dual peacebuilding and sustaining peace was adopted (UNDP,nd) which centered gender and youth involvement in development, health and conflict resolution.

Similarly, the World Health Organization published thematic paper on peacebuilding and

sustaining peace through linking health and peace.

And in the words of the World Health Organization Director General “there cannot be health without peace, and there cannot be peace without health. Conflicts are a major obstacle to health, while a lack of access to health and basic social services can lead to feelings of exclusion, which are in themselves a major driver of conflict and violence. Delivering health care can help prevent this vicious circle, if done so in a way that is specific to the context, sensitive to the triggers of conflict and both delivers health benefits and contributes to the peace process” (WHO, 2020).
Dr. Tedros Adhenom Gebreyesus, 2020.

The World Health Organization’s health and peace initiative acknowledges that majority (80%) of it is core activities and 70% of disease outbreaks occur in fragile, conflict-affected and vulnerable settings. Hence, the importance of centering health as a positive influencer of peace and the organization as a sustaining peace actor through its health interventions and do no harm approach (WHO, 2020).

Other agencies within the United Nations such as the United Nations Development Programme are also focusing on the integration of peacebuilding, mental health and psychosocial support (UNDP, nd). While at government level, the Netherland government in partnership with international organizations, initiated a robust mental health and psychosocial support in humanitarian settlements and established first rapid response psychological team that can be deployed anytime during a humanitarian crisis (Government of Netherland, 2019). The Dutch Surge Support (DSS) is a government program similar to other rapid response team, but for addressing psychological aspects of a crisis (Truell & Jones, 2012). The rationale of the program is based on the fact that mental health needs are as critical as other aspects of crisis such as water, shelter and food and need to be urgently supported (Government of Netherland, 2019). The program is funded by the Netherland government and upon request from international organizations deployed from weeks to months in crisis and conflict settings (Government of Netherland, 2019). The Dutch government is also collaborating with United Nations Development Program in integrating peacebuilding (UNDP, nd).

Conclusion: the role of social workers in peacebuilding and psychosocial support

The International Federation of Social Workers as the global platform for social workers in partnership with three sister organizations; the international association of schools of social work and the international council of social welfare developed and adopted a far reaching global agenda dubbed “the global agenda for social work and social development: extending the influence of social work”. This agenda aims to position social work’s influence globally by ensuring the visibility of social work role in reducing inequalities, strengthening societies and contributing to

developments (Truell & Jones, 2012). The associations' call to action was in response to the increasing need to address global upheavals, human rights abuses, conflicts and wars, inequalities, uneven financial system that drives millions to poverty while few get richer and richer, and the need to address environmental sustainability (Truell & Jones, 2012).

At the launch of the agenda, the following four pillars were endorsed; 1) promoting social and economic equalities, 2) ensuring the dignity and worth of the person, 3) promoting sustainable communities and environmentally sensible developments and 4) promoting wellbeing through sustainable human relationships (Truell & Jones, 2012). In particular, the agenda stressed that "people's health and wellbeing suffer as a result of inequalities and unsustainable environments related to climate change, pollutants, war, natural disasters and violence to which there are inadequate international responses" (Truell & Jones, 2012, p8).

The agenda was adopted and formally released in 2012 and expected to guide these three organizations until 2030. Therefore, running similar timeline with the United Nations' Sustainable Development goals. The agenda was acknowledged and received by the United Nations as an important partner of the of the three social work organizations proving the relevance and importance of social work role in addressing significant global issues.

By focusing on challenges of global magnitude such as conflicts, climate related shocks and natural disasters that are the key drivers of societal instabilities and hence humanitarian induced psychosocial challenges, the agenda is in tune with the larger frameworks that underscores the importance of addressing the macro level issues.

Likewise, at professional level, addressing societal fractures and associated challenges is social work's bread and butter. As clearly stated in the global definition of social work according to the International Federation of Social Workers as a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Underpinned by theories of social work, social workers engage people and structures to address life challenges and enhance wellbeing (IFSW, 2021).

Further, social workers core training at both an undergraduate and graduate level includes working with individuals, families, groups and communities in different settings and contexts such child-parent relationship, marital issues and adoption among others. Therefore, negotiating and managing conflict is an essential skill and core competency for social workers in multiple arenas (Keefe & Koch, 1999). In fact, social work curriculums provide the theoretical and conceptual frameworks as well as practical guidelines, tools and skills to gain competency and confidence in

their day to day practice supporting individuals, families and communities. It is therefore natural for social workers to work with individuals, families and communities to repair and reduce social tension, strengthen social cohesion, and address conflict as well as enhancing psychosocial well-being.

In conclusion, this is the genesis of combining mental health, psychosocial support and peacebuilding in conflict and post-conflict settings. While this may seem obvious or straight forward for social workers working in this area, there is little empirical research and it appears the social work profession has not fully appreciated or acknowledged the integration of mental health support and peacebuilding as two integral aspects to be structured in order to address both the psychosocial welfare and reconciliation of affected communities (Keefe & Koch, 1999).

The agenda of the three sister organizations discussed above provides a larger framework that can support the integration of mental health, psychosocial support and peacebuilding. As evidence builds up for rationale of integrating both, so the need for social worker education to include peacebuilding in program curriculum and practicum. As such, with huge demand for conflict resolution, there is an urgent need for social workers to seize the opportunities and incorporate peacebuilding as a component of addressing psychosocial wellbeing and the overall social determinants of mental health.

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