

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/308215080>

Healing invisible wounds and rebuilding livelihoods: Emerging lessons for combining livelihood and psychosocial support in fragile and conflict-affected settings

Article in *Journal of Public Health Policy* · September 2016

DOI: 10.1057/s41271-016-0009-0

CITATIONS

7

READS

1,125

2 authors, including:



Samy Kumar

Columbia University

2 PUBLICATIONS 122 CITATIONS

SEE PROFILE

Original Article

Healing invisible wounds and rebuilding livelihoods: Emerging lessons for combining livelihood and psychosocial support in fragile and conflict-affected settings

Samhita Kumar* and Alys Willman

World Bank Group, 1818 H St. NW, Washington, DC 20433, USA

E-mail: skumar25@worldbank.org

*Corresponding author.

Abstract Populations living in fragile and conflict-affected settings (FCS) endure serious hardship, often including witnessing or having direct exposure to violence. These experiences adversely affect the mind, body, and spirit, and diminish the capacity of individuals and communities to take full advantage of economic empowerment opportunities. A small but growing number of programs have begun to combine psychosocial support with livelihood support in FCS, with some promising indication that this combination can enhance project outcomes. This paper assesses evidence to generate a ‘hypothesis of change’ that combining psychosocial with livelihood support can improve development outcomes in FCS. We reviewed evaluations of three categories of programs: (i) those that provide psychosocial support and assess impact on economic empowerment, (ii) those that provide livelihood support and assess impact on psychosocial well-being, and (iii) those that combine both types of support and assess impact on one or both outcomes.

Journal of Public Health Policy (2016) 37, S32–S50.

doi:10.1057/s41271-016-0009-0

Keywords: Psychosocial; livelihoods; development; mental health; conflict; violence

Introduction

Over the last 15 years, interpersonal violence - the intentional use of threatened or actual physical force or power against another person - has shifted from being understood as a public health concern¹ to a central development challenge. Killing roughly half a million people



each year, more than nine times the number killed in open warfare,² interpersonal violence impedes sustainable development by limiting opportunities, discouraging investment, and eroding social cohesion.³ At the macro level, the costs of interpersonal violence can add up to significant proportions of gross domestic product (GDP), and the long-term effects of traumatic exposure cannot be quantified.

Development institutions have given increasing focus to this issue in fragile and conflict-affected settings (FCS), where an estimated 1.2 billion people live.⁴ FCS includes those countries with a harmonized average country policy and institutional assessment rating of 3.2 or less, or the presence of a UN and/or regional peace-keeping or peace-building mission during the past three years.⁵ If current trends persist, poverty will gradually be concentrated in FCS, where the share of the world's poor is projected to double to 60 percent by 2030.⁶

In FCS, exposure to violence happens within a larger context of adversity and chronic stress, such as the loss of livelihood, displacement, exclusion of vulnerable groups,⁷ or the stress of regularly seeing one's perpetrators.⁸ These stressors exacerbate negative mental health impacts from direct exposure to violence by draining coping resources.⁹ To some extent, standard development interventions, such as restoring service provision and livelihoods, can be expected to have a natural, positive impact on psychosocial well-being, and by extension, development outcomes. Now, a number of agencies are exploring how interventions can deliver *enhanced* outcomes when psychosocial support is integrated into program design.

This paper contributes to a working hypothesis that combining psychosocial support with economic empowerment can improve both psychosocial and economic well-being in FCS. It explores the relationships between exposure to violence and economic agency (the ability of an individual to shape the economy, for example, through his/her use of capital), three main hypotheses of change, and recommendations for filling this critical knowledge gap.

Violence, Stress, and Economic Agency

Diverse studies document a relationship between exposure to high-violence settings and sub-optimal economic outcomes. Studies of the Vietnam War found that US veterans diagnosed with Post-Traumatic

Stress Disorder (PTSD) were significantly less likely to be employed, earned lower wages,¹⁰ and were more likely to experience substance abuse and social withdrawal, which affected their ability to work.¹¹ Results indicated that the presence of psychiatric disorders was as important as economic factors in determining employment status.¹⁰

There is growing evidence for these findings in developing countries, including in FCS. In Bosnia and Herzegovina, PTSD symptoms were associated with lower wages among ex-combatants.¹² In Tajikistan, ex-combatants were significantly less likely to be employed than other men¹³ while in Northern Uganda, households where at least one individual reported experiencing a traumatic event (often exposed to violence) experienced higher food insecurity (Mazurana, D 2014, Presentation). Last but not least, a longitudinal study of war-affected youth in Sierra Leone found that psychological distress impacted the ability of youth to stay in school and achieve educational goals.¹⁴

Through what mechanisms is exposure to adversity linked to economic outcomes? Some posit that access to secure livelihoods alone can act as a protective factor by reducing stressors. For example, studies of refugees in Cambodia illustrate a positive protective effect of work on mental well-being.^{15,16} However, these findings come with the caveat that impacts depend heavily on the quality of work attained. On the basis of other studies, researchers argue that stress and adversity impair the development of non-cognitive skills related to memory, executive decision-making, concentration, emotional regulation, and future planning,^{17,18} and that some skills, such as self-esteem and perseverance,¹⁹ are as important as intelligence and overall cognitive abilities in determining labor market outcomes over the lifetime.²⁰

There is also recognition of inherent resilience and the importance of community resources in healing. Community rituals have the ability to give individual suffering a space, encouraging collective acknowledgement and validation from the community, and helping reintegrate individuals who have been through difficult experiences.^{21,22} Although the emotional and cognitive support that communities provide is one of the most decisive factors in mitigating effects of war, including anxiety and mental distress,²³ development interventions rarely draw on the resources of spiritual and community leaders to restore livelihoods.



Recognizing the impacts that psychosocial well-being can have on economic empowerment and vice versa, a recent review²⁴ analyzed whether livelihood programs decreased the risk of mental illness or if mental health interventions kept poverty at arm's length. The results revealed that mental health interventions were associated with improved economic outcomes while the effects of livelihood interventions were dependent on the type of intervention. For example, cash transfers were better associated with mental health benefits than were microcredit interventions; the latter caused anxiety due to difficulty in paying back loans. The amounts of loan or cash grants along with level of beneficiary participation were key important inputs to consider in the intervention.

Rationale and Methods

The literature on the relationships between psychosocial and economic well-being is growing, but the evidence base is greater in higher-resource settings than elsewhere. While neuroscience research indicates that crucial decision-making skills adults need to manage the complexities of progressing in employment to overcome poverty are “often compromised by situational and chronic experiences of social bias, persistent poverty, and trauma,”²⁵ the pool of rigorous programs in FCS remains relatively small.

We excluded from the literature review programs in post-disaster environments – given that the evidence suggests that the nature of adversity and its impact on communities are qualitatively different. The experience of a natural disaster tends to be time-limited, and community coping resources are often less-strained, if not strengthened,⁸ unlike in conflict settings, where exposure tends to be prolonged and social fabric weakened.²⁶ Some studies suggest that because of its intentionality - as opposed to being an act of God, or Mother Nature - and the often deliberate manipulation of social tensions, conflict and violence may provoke longer-term impacts on both individual resilience and community relationships.

We searched PubMed, PsycNet, and Google Scholar with the following search terms: ('trauma' or 'mental health' or 'psychosocial support' or 'resilience') and ('livelihood' or 'employment') and ('fragility' or 'conflict' or 'violence') and ('intervention'). We also

approached practitioners and researchers for relevant publications. First, we screened titles in the search results to determine relevance and if they were written in English. Of 808 results, we identified 101 for abstract screening. Among these, we selected 12 programs based on occurrence in FCS. This search was not exhaustive, but looked for as many integrated programs as possible that fit the described criteria. Because we did not find enough rigorous studies, we refrained from conducting a formal systematic review.

Results

We present all results in Tables 1, 2, and 3.

Exploring Hypotheses of Change: Implications for Development Interventions

While evidence of a relationship between psychosocial and economic well-being is clear, the pathways that link one and the other are not yet so. This is because programs differ in their focus as well as in the type of activities implemented. In addition, measured outcomes in the selected studies are not uniform. These limitations for comparison do not necessarily modify the hypotheses of change but may present an obstacle for how the pathways are understood.

Hypothesis 1 Psychosocial interventions, in and of themselves, improve economic well-being. This review categorized only one study as relatable to this hypothesis (see Table 1). The Youth-Headed Households with the Adult Mentorship²⁷ project in Rwanda, which aimed to mitigate the impact of disrupted household structures and marginalization, showed an increase in asset score in the intervention group. These results hint that psychosocial support alone may positively impact economic outcomes.²⁸

Hypothesis 2 Livelihood interventions, in and of themselves, improve psychosocial well-being. The evidence here (see Table 2) suggests that livelihood assistance alone does not translate directly to improved psychosocial well-being, but can help reduce stressors when building longer-term assets.

The study, “Generating Skilled Self-Employment in Developing Countries: Experimental Evidence from Uganda,” showed 38 percent



Table 1: Programs in FCS that provide only psychosocial support

| Program | Country | Target Users | Interventions | Results | Lessons Learned |
|---|---------|--|---|--|---|
| Youth-Headed households with adult mentorship ^{2,6,27} | Rwanda | Youth aged 12–26 who were head of household and lost one or both parents | <p><i>Psychosocial:</i> Regular home visits</p> <p><i>Livelihood:</i> N/A</p> | <p><i>Psychosocial:</i> Perceptions of increased adult support and less marginalization, grief, maltreatment; Treated youth reported significantly lower levels of depression at follow-up compared to baseline (mean scores 2.3–4.6 vs. 2.5–4.0; $p = .009$),</p> <p><i>Livelihood:</i> Asset* score of 3.8 in intervention group versus 3.3 in controls ($p < .001$) at baseline. Change in asset score information unavailable</p> | <p>Mentoring from adults measurably mitigates negative psychosocial outcomes;</p> <p>Program design encouraged scalability and community participation to reduce stigma and marginalization;</p> <p>18 month follow-up continued to show positive results;</p> <p>Caring relationship improved severe psychological problems in absence of clinical support;</p> <p>Some factors associated with high depression scores include being female, a high level of education, and having fewer assets.</p> |

*Note: We use the term 'asset' to refer to primarily economic assets, or those entities functioning as stores of value, and from which owners derive some level of economic benefit over a period of time (such as income derived from the use and value of the asset).



Table 2: Programs in FCS that provide only livelihood support

| <i>Program</i> | <i>Country</i> | <i>Target users</i> | <i>Interventions</i> | <i>Results</i> | <i>Lessons learned</i> |
|---|----------------|--|--|---|--|
| Youth opportunities program ²⁸ | Uganda | Unemployed youth age 16–35 years, 75 percent rural, earned <\$1 a day and worked <12 h/week | <i>Psychosocial:</i> N/A <i>Livelihood:</i> Unsupervised cash grant of US\$ 382 per head | <i>Psychosocial:</i> Almost null effects on anti-social behavior (measured from 8 forms of aggressive behavior with neighbors, community leaders, and police) and social cohesion (measured by kin integration, community participation, community public good contributions, and protest attitudes and participation.) <i>Livelihood:</i> Treatment group had 38 % higher earnings, 17 % more hours worked; compared to controls, treated women had 73 % greater income and treated men had 29 % greater income | Targeting the 'motivated poor' limits the type of beneficiary, excluding youth more preoccupied by trauma and in need of psychosocial support; Absence of repayment mechanism and reliance on grants may hinder scalability; Reliance on self-reported measures for non-economic indicators can introduce multiple biases; |
| Women's income generating support program ²⁹ | Uganda | Poor young women aged 20 to 35 years, with little or no formal education, low income, and limited access to credit | <i>Psychosocial:</i> N/A <i>Livelihood:</i> Business skills training; Startup grant (US \$150) and follow-up support; Optional components include training and self-support and spousal inclusion and training. | <i>Psychosocial:</i> No significant associations with psychological or social well-being; general reduction in psychological distress <i>Livelihood:</i> Increase in monthly cash earnings for women from US \$6.6 to US \$12.52. | General reduction in distress attributable to quality of life improving with increasing time spent away from displacement camps; Ineffective at changing levels of social integration and empowerment; Cash earnings most impactful at lowest levels of capital and access to credit; |



Table 2: continued

| Program | Country | Target users | Interventions | Results | Lessons learned |
|------------------------------|------------------------------|--|--|--|--|
| Pigs for peace ³⁰ | Democratic Republic of Congo | Men and Women; This sub-study focused on rural women aged 16 years and older; permanent residents of village; Either married, responsible for younger siblings, or widowed adult | <p><i>Psychosocial:</i> N/A</p> <p><i>Livelihood:</i> Microfinance intervention using animal husbandry/livestock assets; 2–4 month pigs; Loan repaid by 2 piglets provided to a new household in the village</p> | <p><i>Psychosocial:</i> Measured PTSD and Depression; Mean PTSD score is 2.30 (SD .66); Mean Depression score is 1.86 (SD .49); Correlation symptoms of depression and PTSD was .623 ($p < .001$)</p> <p><i>Livelihood:</i> Asset value as moderator of conflict-related traumatic events for PTSD (.008) and depression (.002) was significant; significant when controlled for covariates, PTSD (.021) and depression (.002)</p> | <p>Livestock/assets impacts beyond wealth; Strengthened self-perception of status as well as household and community status perception of female beneficiaries; Cross-sectional study design limited causal inferences and recall bias of traumatic events score may have impacted data.</p> |



Table 3: Programs in FCS that provide both psychosocial and livelihood support

| Program | Country | Target users | Interventions | Results | Lessons learned |
|---|---------|--|--|---|---|
| Sustainable transformation of youth in Liberia ³¹ | Liberia | High-risk, poor, urban men, aged 18–35, of mixed income levels | <i>Psychosocial:</i> Group Cognitive Behavioral Therapy (CBT) 39 a week for 8 weeks <i>Livelihood:</i> US\$ 200 unconditional cash grant | <i>Psychosocial:</i> reported long-term decrease in impulsive behaviors and improvement in perseverance/grit in men receiving therapy; higher self-esteem in men who received therapy and cash but no change in locus of control <i>Livelihood:</i> Short run increase (.49 standard deviations in the short run from cash alone and .47 standard deviations with cash and therapy) in estimated earnings and consumption in the past two weeks, and durable assets index; Reduction in violent and criminal behaviors by 30–50 % in treated men | Fleeting economic gains attributable to shocks (robbery), but cash was saved and invested in petty business; Brief increase in legal income helped reinforce changes in self-control, self-image, and behavior change over a longer time period; Novelty in addressing non-cognitive skills and high reductions in criminal behaviors; Limitations due to reliance on self-reported (albeit validated) data; |
| Landmine action agricultural training program for ex-combatants ³² | Liberia | High-risk youth defined as Ex-combatants susceptible to recruitment by armed groups or unemployed and engaged in illicit activities (e.g., mining, rubber-tapping, hunting, logging) | <i>Psychosocial:</i> Group and individual counseling <i>Livelihood:</i> Agriculture training; startup capital of \$125 delivered in 2 phases. | <i>Psychosocial:</i> N/A <i>Livelihood:</i> Trainees' number of hours worked increased by 4 h. (33 % increase compared to controls); Insignificant income increase of \$11.82 in treated men; durable assets index had significant increase ($p < .05$) | A modest change in income (40 cents a day) led to a sizable shift in illicit employment; Self-reported measures were a limitation to interpreting the results; Difficulty measuring motivation for rebellion; |



Table 3: continued

| Program | Country | Target users | Interventions | Results | Lessons learned |
|--|---------|--|--|---|---|
| Adolescent girls initiative: economic empowerment of adolescent girls and young women (EPAG) ³³ | Liberia | Women aged 16–27 with basic literacy skills, not enrolled in school | <p><i>Psychosocial:</i> 6 months of life skills (self-regulation)</p> <p><i>Livelihood:</i> 6 months of technical training followed by 6 months of business/vocational follow-up support</p> | <p><i>Psychosocial:</i> self-regulation had small but statistically significant effect; self-assessed entrepreneurial score increased by 7 percentage points in EPAG group*</p> <p><i>Livelihood:</i> In EPAG group, economic activity increased by 47%; earnings rose 80% relative to controls; and income shifted from a mean of LD 700 (US\$ 10) to LD 1260 (US\$ 18).</p> | <p>Program brought more people into the labor force rather than enhancing the productivity of those already working;</p> <p>Program designed around the convenience and needs of girls (e.g., schedule, location, and childcare);</p> <p>Behavior that is private or about social structures is likely to be misreported;</p> <p>Self-report biases</p> |
| Psychosocial support to vocational schools ³⁴ | Uganda | Most vulnerable youth determined by individual assessment of social, health, and economic indicators | <p><i>Psychosocial:</i> Counseling, referral for treatment, interpersonal skills training with cognitive and behavioral methods</p> <p><i>Livelihood:</i> vocational training, business skills, connecting youth to income generating activities</p> | <p><i>Psychosocial:</i> Main problems students experienced daily or more than once weekly: worries about family (83%), income (79%), future (77%), sleeping problems (69%), psychosomatic symptoms (59%), flashbacks (44%), concentration problems (43%), nightmares (35%), and lack of energy (34%)</p> <p><i>Livelihood:</i> N/A</p> | <p>Training vocational teachers to provide psychosocial support for students was more appropriate than a medical or psychiatric response;</p> <p>Majority of students had minor worries instead of severe psychological distress and PTSD;</p> |



| | | | | | |
|---------------------------------------|--------|--|--|---|--|
| Teenage mothers project ³⁵ | Uganda | Unmarried teenage mothers (aged 14–33, mean age of 20.5) | <i>Psychosocial:</i> Counseling and support groups for coping with stigma, reconciliation of relationships between parents and teen mothers, and advice for continued education and income generation in the support groups and individually (i.e., goat rearing) <i>Livelihood:</i> (formal) education of teen mothers and income generation in the support groups and individually (i.e., goat rearing) | <i>Psychosocial:</i> improved self-confidence and improved autonomy had contributed to increased agency <i>Livelihood:</i> Increased income generation through individual and collective income generating activities; Of 52 support groups, 13 groups had been actively involved in income generation of around 200,000 shillings (US\$ 76) per year. | Self-confidence, although very low during pregnancy and early motherhood, had improved as a result of counseling, participation in the teen mothers' support groups, and a more supportive environment; Individually, teen mothers had generated income through goat keeping, business or employment; collective income was generated through support groups; |
| Empowerment tool ³⁶ | Gaza | Women suffering domestic violence | <i>Psychosocial:</i> individual empowerment plans, and counseling <i>Livelihood:</i> vocational training in sewing, knitting, ceramics, or beauty care tailored to specific capacities and needs | <i>Psychosocial:</i> Improved social cohesion and self-confidence (qualitative) <i>Livelihood:</i> N/A | Overall beneficiaries had high levels of self-confidence and empowerment at baseline, but less so with their skills related to vocational skills and business development; Staff found it difficult to cross demarcations between therapy and vocational training both in and outside of the NGO compound; The return of military operations and conflict caused staff and trainees to revert in progress; |



Table 3: continued

| Program | Country | Target users | Interventions | Results | Lessons learned |
|---|--|---|--|--|--|
| Youth readiness intervention ³⁷ | Sierra Leone | War-affected youth aged 15–24 years | <i>Psychosocial:</i> 10 sessions of group Cognitive Behavioral Therapy <i>Livelihood:</i> Subsidized education opportunity | <i>Psychosocial:</i> significant post-intervention effects on emotion regulation ($b = .108$), pro-social attitude ($b = .151$), social support ($b = .134$), and reduced functional impairment ($b = -.173$) <i>Livelihood:</i> Significant follow-up effects on school enrollment (OR 8.88, CI 3.29–23.97), school attendance (OR 34.93, CI 2.69–454.00), and classroom behavior ($b = 0.95$) | Focus on self-regulation, anger, and interpersonal skills; Youth Readiness Intervention and free education subsidy had no effect on mental health and functioning as indicated by PTSD symptoms and overall psychological distress; Limitations due to self-reported measures on symptom outcomes; |
| Building meaningful participation in reintegration among-war affected young mothers ²¹ | Liberia, Sierra Leone, Northern Uganda | Young mothers who had returned from armed groups and other young mothers deemed to be vulnerable in communities of selected field sites | <i>Psychosocial:</i> Community-based participatory action research. Groups of young mothers identify problems and develop and implement a strategy to resolve it <i>Livelihood:</i> Agricultural activities, microcredit loans, and skills training | <i>Psychosocial:</i> 89 % of young mothers reported feeling more supported and respected by their community; 83.3 % reported they could take better care of their children; 87 % reported overall health had improved after the project <i>Livelihood:</i> An increase in alternative livelihood opportunities as more girls did not engage in transactional sex. Data on economic gains are limited | Community Advisory Committees played a key role mediating between young mothers and the community at large; Supportive peer and community relations were instrumental in providing psychosocial support to young mothers; The combination of psychosocial and economic support promoted well-being in ways that neither intervention could have achieved on its own; Highly fluid environments with many conflicts or early post-conflict settings may not be suitable for PAR. |

* *Note:* We use the term self-regulation and entrepreneurial ability in reference to the Liberia EPAG program. Self-regulation indicates whether the female youth participant can formulate a goal, make a plan, stay on course despite setbacks, modulate intense emotions, and so on, while entrepreneurial ability is based on questions regarding how well the participant believes she can perform, and is considered a task-oriented measure of self-efficacy.

higher earnings in treated groups and almost null effects on social cohesion and anti-social behavior.²⁹ It further suggests that selection bias of the ‘motivated poor’ may have excluded youth in greater need of psychosocial support and limited the amount of improvement seen in social behavior.

The “Women’s Economic and Income Generating Program (WINGS)” project in Uganda showed a general reduction in psychological distress, as measured by a locally adapted checklist for anxiety and depression symptoms. Efforts were ineffective at changing levels of social integration and empowerment.³⁰

The study “Livestock Animal Assets Buffer the Impact of Conflict-related Traumatic events on mental health symptoms for rural women,” in Democratic Republic of Congo (DRC), found that as asset value, or the number of livestock, increased, symptoms of depression and PTSD reduced.³¹ Results indicate that livestock assets impact the household beyond wealth, improving not only the status of the household in the community but also the self-perceived status of female beneficiaries.

Although these are mixed results in a small sample of programs, the success of the livestock assets project in DRC on both economic and psychosocial indicators appears to be related to the provision of longer-term asset-building support and a focus on strengthening community relationships as part of a rotating credit scheme.

Hypothesis 3 Interventions that combine psychosocial and livelihood support improve both economic and psychosocial well-being. The evidence for this hypothesis is mixed among eight programs that integrate livelihood and psychosocial interventions (see Table 3).

Results from “Reducing Crime and Violence: Experimental Evidence on Adult Non-cognitive Investments” in Liberia reported long-term decreases in impulsive behaviors and improvement in perseverance and grit among men who received cognitive behavioral therapy (CBT). While legal income perhaps reinforced behavior change over a longer period of time, major shocks such as robberies caused the increase in income to be fleeting.³²

The program, “Reintegrating and Employing High Risk Youth: Lessons from a Randomized Evaluation of Landmine Action Agricultural Training Program for Ex-Combatants” in Liberia showed a modest increase in income of approximately 40 cents a day that led to a



sizable reduction in engaging with illicit employment. Depression, emotional distress, and symptoms of PTSD significantly improved, but the gender differences in improvement are noteworthy. Findings among men show that both treated and control groups improved by one-third on indices of depression and PTSD. This reflects a broader understanding in literature on resilience to trauma whereby the majority of people with high levels of exposure to violence heal over time without psychological intervention. Among women, treated women reported 30 percent fewer symptoms of PTSD and depression. Women in general had higher levels of symptoms reported at the beginning of the program, hinting that perhaps they are exposed to situations of violence in their daily lives that contribute to symptoms of mental distress.³³

The program, “Adolescent Girls Initiative: Economic Empowerment of Adolescent Girls and Young Women (EPAG)” showed an increase in self-assessed entrepreneurial score, and small but statistically significant effect on self-regulation (also self-reported). Researchers speculate the limited impact on self-regulation is explained by the contested extent to which it stabilizes earlier in life rather than improving throughout adulthood. Improvements in psychosocial and economic well-being were reflected by increases in economic activity and earnings in the treatment group.³⁴

In Uganda, evaluators of “Psychosocial Support to Vocational Schools”³⁵ observed that training paraprofessionals, such as vocational teachers, to provide psychosocial support rather than nurses or clinicians was a far more appropriate and effective response to student’s needs because most students had minor worries instead of severe psychological distress that warrants clinical services. The program evaluation did not elaborate on the economic or psychosocial gains that the students may have experienced from this intervention.

The program “Qualitative evaluation of the Teenage Mothers Project in Uganda: a Community-based Empowerment Intervention for Unmarried Teenage Mothers” not only improved self-confidence of teenage mothers, but also increased income generation of 200,000 shillings (US\$ 76) per year on average.³⁶

In Gaza, a qualitative study on “Linking economics and emotions: toward a more integrated understanding of empowerment in conflict areas,”³⁷ highlighted the need for a tailored approach to counseling and employment that suited individual capacities and needs. While

adjusting the economic intervention to the needs of the participant was critical, the evaluation did not elaborate on results of the intervention except to note that recurrence of military operations in the region impeded staff and trainees from working with the community outside the compound.

In Sierra Leone, the “Behavioral Intervention for War-Affected Youth, a Randomized Controlled Trial” showed significant intervention effects on the treatment group for emotional regulation, pro-social attitude, and social support, coupled with favorable follow-up effects on school enrollment, school attendance, and classroom behavior. While non-cognitive skills improved among treated groups, the Youth Readiness Intervention and free education subsidy had no effect on PTSD symptoms and overall psychological distress. Researchers suggest reductions in PTSD symptoms and psychological distress depend on concurrent improvements to the project and environment, including longer follow-up with participants, reductions in daily stressors such as chronic poverty or conflict, and greater economic security.³⁸

Last but not least, “Building Meaningful Participation in Reintegration Among-War Affected Young Mothers in Liberia, Sierra Leone, and Northern Uganda,” resulted in a perceived reduction in stigma (as reported by both participants and community members), improved self-esteem, and improved capability to meet basic needs.²¹ The last was evidenced by a finding that 87 percent of the girls reported no longer engaging in transactional sex to meet basic needs for food and housing.³⁹ Importantly, researchers concluded:

the combination of psychosocial support and economic support promoted well-being in ways that neither intervention could have achieved on its own. Psychosocial improvements were necessary for the success of the economic activities, and the girls’ participation in the economic activities helped them to be good mothers and to be seen as contributing family members.³⁹

Taken together, the studies reviewed suggest that improving economic agency and activity via psychosocial support has clearer spillover effects. Conversely, improving psychosocial well-being via livelihood support depends on the nature of the livelihood intervention, echoing the findings of Lund and colleagues.²⁴ Whether the livelihood support was short term or contributed to longer term, asset-building



appears to have been an important factor in determining whether it reduced stressors on the individual and his/her family. Shorter-term interventions, such as cash transfers, may be insufficient to boost participants out of the adverse conditions that contribute to stress and chronic poverty while short-term loans, like microfinance programs, may create stress from the pressure for loan repayment. In addition, drawing upon community support structures was important, such as in the Participatory Action Research program where building community networks provided participants access to social support and economic sustenance as small business owners.²¹

Filling in the Gaps in Fragile and Conflict-Affected Settings

Recognizing the invaluable links between economic agency and psychosocial well-being in literature in high-resource settings, we aimed to understand the impact of these factors on one another in FCS. We find some evidence that development interventions providing psychosocial support alone can contribute to more secure livelihoods. We also find that while providing livelihood support alone may increase economic well-being, at least in the short term, the impact on psychosocial well-being depends on whether the livelihood support builds economic assets as opposed to short-term income boosts. Interventions that combine economic and psychosocial support seem to result in enhanced well-being, especially when the support is sustained over time. However, the persistence of structural stressors, like chronic economic insecurity and ongoing conflict – defining features of FCS – presents a powerful counter-force to these positive impacts. The sustainability of efforts in FCS will hinge on how well development agencies are able to address these structural challenges.

There is a need for more research and programming to advance our understanding of what works in FCS when combining these two critical elements. One opportunity is to increase uptake of evaluations that not only include economic and psychosocial indicators, but those that can be compared across contexts. Secondly, we can increase the use of process evaluations to understand implementation constraints and barriers in FCS. In doing so, we can incorporate alternatives for monitoring and evaluating data, ranging from mixed methods approaches to culturally validated tools and blinded or third-party



assessments. Last but not least, we can explore and support new conceptualizations and approaches to improving mental well-being. This includes using community-based programs and new proxies for mental health, such as non-cognitive skills, to better understand the underlying traits that drive social cohesion, human behavior, and daily functioning.

About the Authors

Samhita Kumar, MPH is a global mental health and development practitioner and works at the World Bank in Washington D.C.

Alys Willman, PhD From 2008–16, Alys Willman worked on violence prevention for over 15 years in nearly 20 countries at the World Bank as a Senior Social Development Specialist for the Fragility, Conflict, and Violence team. She is currently traveling North America with her family in a Volkswagon bus, exploring where best to put her skills to work next.

References

1. World Health Organization. (2006) Interpersonal violence and alcohol. World Health Organization Report, http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/pb_violencealcohol.pdf, accessed 16 April 2014.
2. United Nations Office on Drugs and Crime. (2011). *Global Report on Homicide*. Geneva, Switzerland: United Nations Office on Drugs and Crime.
3. Willman, A., & Makisaka, M. (2011). *Interpersonal Violence Prevention*. Washington, D.C.: World Bank Group.
4. World Bank. (2015) Overview of fragility conflict and violence, <http://www.worldbank.org/en/topic/fragilityconflictviolence/overview#2>, accessed 10 September 2014.
5. World Bank. (2015) Harmonized list of fragile situations, <http://siteresources.worldbank.org/EXTLICUS/Resources/511777-1269623894864/FY15FragileSituationList.pdf>, accessed 10 June 2015.
6. OECD. (2015). *States of Fragility 2015: Meeting Post-2015 Ambitions*. Paris: OECD Publishing.
7. van Ommeren, M., Morris, J., & Saxena, S. (2008). Social and clinical interventions after conflict or other large disaster. *American Journal of Preventive Medicine*, 35(3), 284–286.
8. Good, B., DelVecchio Good, M., Grayman, J., & Lakoma, M. (2006). *Psychosocial Needs Assessment of Communities Affected by the Conflict in the Districts of Pidie, Bireuen and Aceh Utara*. Jakarta, Indonesia: IOM.



9. Miller, K., & Rasmussen, A. (2010). Mental health and armed conflict: The importance of distinguishing between war exposure and other sources of adversity: A response to Neuner. *Social Science and Medicine*, 71(8), 1385–1389.
10. Savoca, E., & Rosenheck, R. (2000). The civilian labor market experiences of Vietnam-era veterans: the influence of psychiatric disorders. *J Mental Health Policy Econ*, 3(4), 199–207.
11. Anderson, K., & Mitchell, J. (1992). Effects of military experience on mental health problems and work behavior. *Medical Care*, 30(6), 554–563.
12. Searing, E., Rios-Avila, F., & Leczy, J. (2013). The impact of psychological trauma on wages in post-conflict Bosnia and Herzegovina. *Social Science and Medicine*, 96, 165–173.
13. Shemyakina, O. (2015). Exploring the impact of conflict exposure during formative years on labour market outcomes in Tajikistan. *The Journal of Development Studies*, 51(4), 422–446.
14. Betancourt, T., McBain, R., Newnham, E., & Brennan, R. (2012). Trajectories of internalizing problems in war-affected Sierra Leonean youth: Examining conflict and post-conflict factors. *Child Development*, 84(2), 455–470.
15. Butterworth, P., Leach, L., Strazdins, L., Olesen, S., Rodgers, B., & Broom, D. (2011). The psychosocial quality of work determines whether employment has benefits for mental health: Results from a longitudinal national household panel survey. *Occupational and Environmental Medicine*, 68(11), 806–812.
16. van der Noordt, M., IJzelenberg, H., Droomers, M., & Proper, K. (2014). Health effects of employment: A systematic review of prospective studies. *Occupational and Environmental Medicine*, 71(10), 730–736.
17. Bower, G., & Sivers, H. (1998). Cognitive impact of traumatic events. *Development and Psychopathology*, 10(4), 625–653.
18. Koenen, K., Driver, K., Oscar-Berman, M., Wolfe, J., Folsom, S., & Huang, M. (2001). Measures of prefrontal system dysfunction in posttraumatic stress disorder. *Brain and Cognition*, 45(1), 64–78.
19. Murnane, R., Willett, J., Braatz, M., & Duhaldeborde, Y. (2001). Do different dimensions of male high school students' skills predict labor market success a decade later? Evidence from the NLSY. *Economics of Education Review*, 20(4), 311–320.
20. Heckman, J., Stixrud, J., & Urzua, S. (2006). The effects of cognitive and non-cognitive abilities on labor market outcomes and social behavior. *Journal of Labor Economics*, 24(3), 411–482.
21. McKay, S., Veale, A., Worthen, M., & Wessells, M. (2011). Building meaningful participation in reintegration among war-affected young mothers in Liberia, Sierra Leone and northern Uganda. *Intervention*, 9(2), 108–124.
22. Janzen, J. (2016). The anthropology of violence: Context, consequences, conflict resolution, healing and peace-building in Central and Southern Africa. *Journal of Public Health Policy*. doi:10.1057/s41271-016-0008-1.
23. Pouligny, B. (2010). *Resilience, Trauma, and Violence: Background Paper to Society Dynamics of Fragility 2013*. Washington, D.C.: World Bank Group.
24. Lund, C., De Silva, M., Plagerson, S., Cooper, S., Chisholm, D., & Das, J. (2011). Poverty and mental disorders: Breaking the cycle in low-income and middle-income countries. *The Lancet*, 378(9801), 1502–1514.
25. Babcock, E. (2014). *Using brain science to design new pathways out of poverty*. Boston, MA: Crittenton Women's Union.
26. Mollica, R., Brooks, R., Tor, S., Lopes-Cardozo, B., & Silove, D. (2013). The enduring mental health impact of mass violence: A community comparison study of Cambodian civilians living in Cambodia and Thailand. *International Journal of Social Psychiatry*, 60(1), 6–20.
27. Brown, L., Rice, J., Boris, N., Thurman, T., Snider, L., Ntaganira, J., et al. (2007). *Psychosocial benefits of a mentoring program for youth-headed households in Rwanda. Horizons Research Summary*. Washington, DC: Population Council.



28. Thurman, T., Snider, L., Boris, N., Kalisa, E., Nkunda Mugarira, E., & Ntaganira, J. (2006). Psychosocial support and marginalization of youth-headed households in Rwanda. *AIDS Care*, 18(3), 220–229.
29. Blattman, C., Fiala, N., & Martinez, S. (2013). Generating skilled self-employment in developing countries: Experimental evidence from Uganda. *The Quarterly Journal of Economics*, 129(2), 697–752.
30. Blattman, C., Green, E., Annan, J., & Jamison, J. (2013). *Building women's economic and social empowerment through enterprise: An experimental assessment of the Women's Income Generating Support (WINGS) Program in Uganda*. Washington, DC: World Bank Group. Logica study series no. 1.
31. Glass, N., Perrin, N., Kohli, A., & Remy, M. (2014). Livestock/animal assets buffer the impact of conflict-related traumatic events on mental health symptoms for rural women. *PLoS ONE*, 9(11), e111708.
32. Blattman, C., Jamison, J., and Sheridan, M. (2015) Reducing crime and violence: experimental evidence on adult non-cognitive investments in Liberia. Cambridge, MA: National Bureau of Economic Research. NBER Working Paper no. 21204.
33. Blattman, C., & Annan, J. (2011). *Reintegrating and Employing High Risk Youth in Liberia: Lessons from a Randomized Evaluation of a Landmine Action Agricultural Training Program for Ex-combatants. Evidence from Randomized Evaluations of Peacebuilding in Liberia: Policy Report*. New Haven, CT: Innovations for Poverty Action.
34. World Bank. (2015). *Can Skills Training Increase Employment for Young Women? The Case of Liberia*. Washington, DC: World Bank Group.
35. Bannink-Mbazzi, F., & Lorschiedter, A. (2009). Psychosocial support to vulnerable youth in vocational schools in northern Uganda. *Intervention*, 7(2), 130–137.
36. Leerlooijer, J., Bos, A., Ruiters, R., van Reeuwijk, M., Rijdsdijk, L., & Nshakira, N. (2013). Qualitative evaluation of the Teenage Mothers Project in Uganda: A community-based empowerment intervention for unmarried teenage mothers. *BMC Public Health*, 13(1), 816.
37. Weyermann, B. (2007). Linking economics and emotions: towards a more integrated understanding of empowerment in conflict areas. *Intervention*, 5(2), 83–96.
38. Betancourt, T., McBain, R., Newnham, E., Akinsulure-Smith, A., Brennan, R., & Weisz, J. (2014). A behavioral intervention for war-affected youth in Sierra Leone: A randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 53(12), 1288–1297.
39. World Bank (2014) *Proceedings of Conference on Invisible Wounds: A Practitioners' Dialogue on Improving Development Outcomes Through Psychosocial Support*, 6 May, Washington D.C.: World Bank Group.

Editors' Note

This article is one of the ten papers in a Special-Sponsored Issue of the Journal of Public Health Policy in 2016, ***Violence and Health: Merging Evidence and Implementation***