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From the editor: empowerment and its multiple faces

The common thread for this issue of *Intervention* is empowerment, on many different levels and in the broadest sense of the term. From the opening articles, investigating interventions to empower marginalised groups, such as former child soldiers in Sierra Leone and Afghan women, to looking at how focus group methodology can empower local voices and correct distortions due to lack of clarity and the cultural fit of research tools. Or, from the loss of efficiency in the aftermath of a complex emergency when NGOs have little idea of who is where, when and doing what interventions to the difficult choices made by one Eritrean woman in search of religious and personal freedom.

The issue opens with an article on photography as the tool utilised to promote empowerment. Myriam Denov, Denise Doucet & A. Kamara describe a pilot programme in Sierra Leone for former child soldiers, trained in photography, in order to document their lives. The aim of the method ‘Photovoice’ was not to provide vocational skills as such, although this occurred, but to give disempowered youth a voice. As a result of the project, participants became more integrated within their communities and engendered more respect. However, the project did not lead to tenable change in their life situation, which made the authors question whether Photovoice, in itself, is a viable tool for social change. As an isolated intervention, an activity such as Photovoice will probably not make a huge difference. However, as one tool within an integrated community development programme aimed at fostering self-help and autonomy, it may yet have an integral role.

The second article presents the framework of a broader programme for the empowerment of disadvantaged groups. Bibiane van Mierlo presents an approach to improve the wellbeing of Afghan women through extending the limits of formal health care and psychosocial services. Violent conflict in Afghanistan has increased the number of people with psychosocial problems, while simultaneously negatively impacting support systems within the country. Therefore, the starting point of the programme was not about the individual, in need of treatment by a professional helper, but the empowering and support of the community as a whole, to target gender based violence. Van Mierlo describes how the ‘community systems strengthening approach’ of the World Bank was tailored to the Afghan situation in order to increase the agency of Afghan women and, ultimately, to decrease the rates of gender based violence. It is too early to present results on the effectiveness of this approach, therefore the paper provides a narrative of ideal programming, rather than an assessment or formal evaluation of the impacts the programme. However, *Intervention’s* editors believe it is important to share conceptual papers and papers that describe the initial stages of a programme in order to share very practical information and innovative approaches. Furthermore, the approach of targeting dysfunctional communities rather than dysfunctional individuals, in order to empower a population, warrants more attention.

This issue of *Intervention* also contains another article on Afghanistan. Marc Vogel, Senap Tschakarjan, Olivier Maguet, Olivier Vandecasteele, Till Kinkel & Kenneth Dürsteler-MacFarland demonstrate that most of the patients in the treatment centre for drug...
addicts in Kabul, have other mental problems, such as depression and anxiety, but also high levels of severe mental disorders. While this finding may not be surprising in itself, it is the first time this has actually been documented in Afghanistan, and may serve as a potent reminder that substance use disorders need to be treated together with other mental health problems in an integrated way.

The Sri Lankan authors Eranda Jayawickreme, Nuwan Jayawickreme & Michelle A. Goonasekera, provides a detailed account of the use of a qualitative research technique, focus group discussions, to adapt research questionnaires to the Sri Lankan context. That this is no trivial matter is made clear by the authors: after the focus groups they decided not to use one of the tested questionnaires because of the lack of cultural fit. Focus group discussions can be applied as a step in quantitative research projects, as also Verduin and colleagues (2010) have described. Intervention is interested in publishing more of these practical and descriptive articles on how research methods can be better prepared for use with conflict affected populations, and adapting the tools to a better cultural fit.

Focus group methodology can be used for more than research, as is made clear by Kenneth Miller in his invited comment. Miller, who himself has pioneered the use of qualitative methods in areas of armed conflict (Miller et al., 2008; Miller, Fernando & Berger, 2009), advocates the use of focus group discussions, within programmed interventions of nongovernmental organisations, working with conflict affected populations. For example, during needs assessments and project evaluations. We hope that the article by Jayawickreme, Jayawickreme & Goonasekera will encourage readers to use this methodology, and share their experiences with others in Intervention.

This issue also contains three papers on a tool to document the initiatives for mental health and psychosocial support in the aftermath of an emergency. The massive influx of organisations with good intentions and motivated staff all too often leads to a somewhat chaotic situation where no one has a clear overview of who is where, when and doing what. These complex and challenging environments often lead to overlapping interventions, loss of efficiency in meeting needs of impacted populations, and lack of follow-up support after the emergency. Three papers, from authors who have worked with various UN agencies and nongovernmental organisations, document the growing attempts to reach inter-agency consensus and develop a common language; the 4Ws, or Who is Where, When and doing What. Ruth O’Connell, Bhava Poudyal, Emmanuel Streel, Fahmy Bahgat, Wietse Tol, & Peter Ventevogel describe the historical development of the 4Ws mapping tool, and how it was piloted in Jordan, Haiti, Nepal and Syria. Mary Jo Baca, Khawla Fayyad, Anita Marini & Inka Weissbecker provide an example of the use of the instrument in Jordan, a relatively stable country with good, basic services. In this case, the population themselves were not directly affected by a protracted conflict situation, but the influx of refugees have led to an added complexity in mental health and psychosocial support (MHPSS) service delivery. In Libya, Colleen Fitzgerald, Amera ElKaied & Inka Weissbecker describe how the tool was used in an acute and rapidly changing emergency situation that was overwhelming for the existing, and partially collapsed, national services. In both Libya and Jordan, the tool appeared to be a useful instrument to encourage collaboration between
MHPSS actors, identify gaps and overlap in service delivery, develop a common language of implementation and programming and contribute to a much needed common vocabulary, in order to empower MHPSS practitioners in the field.

Finally, an Eritrean woman, using the pseudonym of Lebona Yohannes, shares with us how becoming a refugee psychosocial worker has enriched her life, in her search for personal empowerment and religious freedom. Her personal reflection demonstrates how demanding psychosocial work can be, but it also shows how rewarding it is, and how involvement in psychosocial work can be a transformative experience. The editorial board of Intervention is very pleased that Yohannes choose to share her story in our pages, and would like to strongly encourages others to submit short reflective pieces on the personal changes that professional involvement in mental health and psychosocial work can bring.

Peter Ventevogel
Editor in chief, Intervention

References


Announcement:

Mental Health in Complex Emergencies
Sept 30 – Oct 6th 2012, Geneva, Switzerland

The Mental Health in Complex Emergencies course is a collaborative course organized by the Center for International Humanitarian Cooperation (CIHC), the Institute of International Humanitarian Affairs at Fordham University (New York) and HealthNet TPO. This certificate course in is a 7-day training course for mental health professionals and programme staff who wish to establish mental health or psychosocial programs in complex emergencies and humanitarian settings.

Curriculum
The curriculum will be based on earlier successful courses in Nairobi, New York, Geneva, Kampala and London. The course will aim to provide a practical orientation and training, to equip mental health professionals to establish and organize programmes in the mental health and psychosocial domains and strengthen adjunct applicable skills for use in complex humanitarian emergency and relief situations, including conflict, post conflict and disaster settings.

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