Intersections

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Compiled by Laena Maunula

Promoting health during conflict

Working effectively for peace requires robust efforts to meet the health needs of people affected by conflict. At MCC, we respond to those health needs in several ways, including through primary care to address unmet and war-legacy healthcare needs; sexual and gender-based violence prevention and response; water, sanitation and hygiene (WASH) initiatives for internally displaced peoples (IDPs), refugees and their host communities; and mental health care and psychosocial support for those impacted by conflict. These various approaches illustrate the ways in which health and peace are deeply interdependent.

Peace through health: The interdependence between health and peace is theoretically complex. Some common phrases to describe this interrelationship include peace as a determinant of health; peace as a precondition for health; health as a precondition for peace; health as a bridge for peace; and health as an engine or vehicle for peace.

Peace through health is not a new idea. It has emerged as an academic subdiscipline within health fields, spawning journals, conferences and research centres over the past several decades. The World Health Organisation has championed a 'Health and Peace Approach' (formerly, the HPB, or 'health as a bridge for peace' framework) for over 20 years. A central precept of these perspectives is that armed conflict harms health in multiple ways, as summarized below.

Infectious disease: War creates conditions that facilitate the spread of infectious disease epidemics like the Spanish Flu, tuberculosis and HIV/AIDs. Rates of diseases like COVID-19, polio, dengue and Ebola are higher in conflict settings. Conflict enables the spread of infectious disease through a combination of social and environmental factors—widespread population movement, the breakdown of health care systems, large groups living in unsanitary, overcrowded conditions and bodies weakened by undernutrition. People on the move can be exposed to new pathogens and inadvertently expose others. People living in cramped and makeshift conditions can easily infect one another or come into contact with disease vectors like mosquitos. People with inadequate access to water, sanitation and hygiene are at increased risk of water-borne and diarrheal disease. In this issue, Gracia Felo discusses the challenge of providing primary care to IDPs in DR Congo.

Learn more

World Health Organization. *The Health and Peace Approach to Programming.* Website. 2025. Available at: https://www.who.int/initiatives/who-health-and-peace-initiative/an-innovative-approach---the-health-for-peace-approach-to-programming.

Injury and disability: Death, trauma and injuries are direct impacts of armed conflict on human health. Blast injuries from explosive weapons comprise the most common type of injury, followed by gunshot wounds, burns and blunt force and penetrating traumas. Civilians and children bear the brunt of combat-related death and injury. While soldiers might have access to ballistic protection or armoured vehicles, civilians are afforded little such protection and are much more likely to have severe or nonsurvivable injuries. Good management of these types of injuries requires timely access to intravenous fluids, blood transfusions, mechanical ventilation and operative procedures. However, in active conflict settings, health care systems are severely stressed. Those who survive their injuries can be left with long-term disabilities. In this issue, Sarah Funkhouser and Sandy Jarayseh discuss the rehabilitation program of the East Jerusalem YMCA, which provides care and supports for people throughout the West Bank who have sustained disabilities from the Israeli military occupation.

Child health: Children are especially vulnerable to health impacts of conflict. Conflict brings exposure to environmental hazards, substandard living conditions, disrupted supply chains for medication and food and interrupted access to routine vaccinations and checkups. As a result, children in conflict settings are at increased risk of conditions like malnutrition, malaria and measles. At the same time, adverse childhood experiences (ACEs), such as exposure to high levels of violence and instability, have a negative impact on developing brains and bodies. Both physical and mental health impacts tend to last well beyond the conflict itself and can persist throughout the life course. In this issue, David Driver reports on ways Ukrainian partners provide clinical mental health support to children, while Zeina Bazzi and Dana Dia examine 'child- friendly spaces' in Iraq and Syria.

Reproductive health: Conflict fuels people's reproductive insecurities which in turn endanger women's sexual and reproductive health and rights. The breakdown in health systems leads to limited access to maternal and reproductive health services, family planning and antenatal care. Poor maternal nutrition puts both mothers and babies at risk. Sexual violence against women and children increases during war, as do rates of sexually transmitted infections (STIs). In this issue, I interview Jason Sipulwa, Jean Valdès, Dalou Andressol and Rony Janvier about sexual- and gender-based violence (SGBV) prevention and response in Haiti and Zambia. A poem by Judith Siambe depicts the perils of childbirth in an IDP camp.

Mental health: People living amidst conflict often experience increased mental health challenges. Amid stressed health care systems, people face difficulties accessing clinical care and referrals for existing mental health concerns. At the same time, the impact of prolonged stress and exposure to violence can worsen mental health and lead to conditions like post-traumatic stress disorder (PTSD). Communities, children and youth, first responders, health care providers and relief workers each face unique risks. An enduring challenge is to prevent trauma and the progression into mental illness through mental health care, stress management, resilience building and positive coping skills. In this issue, Evan Strong and an anonymous co-author explore a community-based response to mental health in Afghanistan, while Petra Antoun describes an initiative to prevent burnout among NGO workers in Syria.

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"Children are especially vulnerable to health impacts of conflict."

When reflecting on the interconnectedness between health and peace, one must both acknowledge the impact of conflict on human health and consider how the health sector can be mobilised to act in ways that prevents violence and promotes peace. This issue of *Intersections* focuses on capturing learnings about the former, while also seeking to spark new ideas and conversations about the latter.

Laena Maunula is the MCC health program lead. She lives in Kitchener, Ontario.

“One must acknowledge the impact of conflict on human health and consider how the health sector can be mobilised to act in ways that prevent violence and promote peace.”

Sustaining health amid interrupted health care: primary care and hygiene for displaced persons

Armed conflicts always have harmful consequences for health. These harmful health consequences can come through the direct effects of weapons, which cause wounds, burns, asphyxiation and radiation exposure, or through diseases caused by disturbances to the environment in which populations live. In many cases, the second type of health consequence is deadlier than the first.

In situations of armed conflict, civil unrest and repression, attacks on health care personnel, health care facilities, transport, services and patients make it extremely difficult to provide care when it is most needed. International humanitarian law (IHL) sets the standard for effective protection for health services in times of armed conflict, yet armed actors do not always respect IHL. During armed conflicts or civil unrest, political demonstrations, riots and repressive state measures, healthcare facilities are often the target of attacks or acts aimed at preventing access to them or hindering their operation, as well as acts of looting. Health care staff may be arrested or intimidated for providing impartial, vital care. Throughout the conflict in the Democratic Republic of the Congo, many people have experienced exacerbated problems because of the destruction of health infrastructure, while attacks on health workers have limited people’s access to health care.

“Attacks on healthcare personnel, facilities, transport, patients and services make it extremely difficult to provide care when it is most needed.”

On August 8, 2016, armed conflict broke out in the Kasai region of the Democratic Republic of the Congo (DR Congo) in Tshimbulu in the Dibaya territory of the central Kasai province between a local militia called Kamuina Nsapu and the national security forces (FARDC). The conflict intensified, affecting the provinces of Kasai, Kasai Central, Sankuru and Lomami. As a result, nearly 1.4 million people have been displaced from the Kasai region, including 850,000 children. Armed actors attacked 170 health centers in the Kasai and Central Kasai regions (UNICEF, July 2017). Among the displaced people who have fled the fighting, around 460,000 people were displaced within Kasai province, including 72,000 in the town of Tshikapa (the capital of Kasai province), with more than 10,000 in the town of Kikwit in neighbouring Kwilu province. Another 33,000 people, meanwhile, have fled to Angola.

Having travelled many kilometers, sometimes on foot, internally displaced persons (IDPs)” endured precarious health conditions, requiring emergency surgery for some. The most frequent health conditions included wounds, fractures, fevers, malaria, typhoid, tension problems and injuries, as well as

digestive problems due to the consumption of unsafe water. Several thousand women and girls were sexually assaulted during the Kamwina Nsapu conflict, while the crowded, unhygienic conditions that displaced people were forced to live in exposed them to respiratory and water-borne diseases. Violence destroyed health centers and displacement interrupted vaccination campaigns. Many children under the age of five were unable to receive their vaccinations, making them even more vulnerable to deadly childhood diseases.

An additional health care challenge in this context is a reluctance to seek care, especially among male IDPs, with a common misconception that "black men don't die of germs," even as direct experience contradicts such a claim.

Refusal or reluctance to seek medical care among many IDPs in this context results from a complex social phenomenon deeply rooted in history, inequality, culture and lived experiences.

- First, *limited access to health coverage*, combined with a lack of financial resources or time, makes it difficult to obtain care. For this reason, men prefer to pay for medicine for their wives and children rather than for themselves.
- Second, *masculinity norms* play a role as many men in DR Congo are raised with the idea that they must demonstrate strength and resilience without showing weakness. A Congolese proverb says, "Men do not cry." Seeing a doctor, especially for psychological issues, can be perceived as a sign of vulnerability. This encourages some men to ignore their pain or delay seeking care.
- Third, in some contexts, a *lack of health literacy and health education* prevents individuals from recognizing the warning signs of disease and understanding the benefits of prevention. Many people believe that the origin of their illness is spiritual rather than physical, which is why some men prefer to consult traditional healers (some of whom are charlatans) rather than medical practitioners.

At a hospital operated by the Communauté Mennonite au Congo (CMCo; Mennonite Community in Congo) in Tshikapa, Kasai province, nurse Rebecca Munakaya provides care in 2025 to two-year-old Mbombo Mbuyi, who is suffering from malnutrition and malaria, while she is held by her mother, Marie Zaire. (MCC photo/Gracia Felo).

Learn more

UNICEF. *Conflict in the Kasai, Democratic Republic of the Congo*. 2017. Available here: https://www.unicef.org/child-alert/democratic-republic-of-congo#:~:text=According%20to%20tallies%20by%20UNICEF%20and%20local%20partners%2C,services%20to%20hundreds%20of%20thousands%20of%20local%20households

- Fourth, a deep *distrust of medical institutions* is widespread. This mistrust can have several origins, including childhood trauma related to healthcare workers or a bad medical experience that they have had or heard about.

- Lastly, some people do not seek medical advice simply because they are *afraid of finding out about the severity of their condition* and/or the treatment involved. This reluctance to seek treatment results in an increase in sudden deaths, as diseases develop in the body and, when the case becomes very complicated, the patient is taken to the hospital for treatment and often dies.

To address the health and nutrition problems faced by displaced people fleeing the Kamwina Nsapu conflicts living in Kikwit and Kasai, MCC collaborated with Communauté des Églises de Frères Mennonites au Congo (CEFMC; Community of Mennonite Brethren Churches in Congo) based in Kikwit and Communauté Mennonite au Congo (CMCo; Mennonite Community in Congo) based in Tshikapa. These projects have improved access to free primary healthcare for 2,700 and 1,800 displaced people, respectively, through primary care, essential medicines and emergency malnutrition treatment for children. The most frequently diagnosed diseases treated through the program include malaria, typhoid, meningitis, rheumatic fever, hypertension, gastritis and sexually transmitted infections. In addition, the CEFMC project drilled three water wells in Kikwit to improve access to drinking water for nearly 3,000 displaced people, who have contended with water-borne diseases following their displacement. These projects with CEFMC and CMCo provide a direct response to urgent problems of health, nutrition and hygiene. They have helped to reduce the rates and severity of disease in the households of people affected by the Kamwina Nsapu conflict and improved the health of malnourished children in these families.

Gracia Felo is program assistant with MCC in the Democratic Republic of the Congo, accompanying partners in the western part of the country, including CEFMC and CMCo.

“A Congolese proverb says, ‘Men do not cry.’ Seeing a doctor, especially for psychological issues, can be perceived as a sign of vulnerability. This encourages some men to ignore their pain or delay seeking care.”

Supporting inclusion and equity for people with disabilities in West Bank

The East Jerusalem YMCA (EJ-YMCA) Rehabilitation Program was initiated in 1989 during the first *intifada* (“uprising” in Arabic) to address the needs of youth injured by political violence in the West Bank. During the first *intifada*, Israeli forces were instructed to “break the bones” of Palestinian protesters, in particular youth, as a means of permanently disabling them and inflicting lifelong challenges. In this context, the EJ-YMCA initiated its rehabilitation program, which became a leading organization in the West Bank in addressing the distinct needs of persons with disabilities (PwDs) who are survivors of political violence, providing mental health and psychosocial support (MHPSS) alongside empowerment as well vocational and rehabilitative services in a holistic manner that improves the lives of PwDs in Palestine.

Unfortunately, over the 35 years since the EJ-YMCA established this program, the needs of Palestinian youth disabled by the violence of Israel's military occupation have only increased. Since October 7, 2023, escalating military and political violence in the West Bank have resulted in high numbers of injuries (as well as fatalities). Without early intervention, these injuries can result in permanent disabilities.

Already facing structural barriers and widespread stigma, PwDs are among the most vulnerable groups affected by the violence of the Israeli military occupation. PwDs rely on a range of critical services such as physiotherapy, assistive devices, medicines, mental health and psychosocial support and routine medical care. Many have been displaced from their homes without access to their assistive devices, medications or daily living aids. Shelters and temporary housing are often not accessible, particularly bathrooms, and shelter support staff often lack the knowledge to meet the needs of PwDs. In addition, essential services such as rehabilitation, physiotherapy and psychosocial support have been severely disrupted due to damaged infrastructure, movement restrictions and overwhelmed healthcare providers. The violence has also deepened social exclusion, as public attention shifts away from disability inclusion toward immediate crisis response. This lack of awareness, reduced visibility and limited access to education, employment and public spaces further isolate PwDs and reinforce existing inequalities within their communities.

"People with Disabilities (PwDs) rely on a range of critical services. Many have been displaced from their homes without access to their assistive devices, medications or daily living aids."

In response to the escalating situation, the EJ-YMCA Rehabilitation Program project supported by MCC has quickly adapted its services to meet the urgent and evolving needs of PwDs. The EJ-YMCA aims to enhance the psychosocial well-being of PwDs and injured people throughout multiple marginalized communities in the West Bank. The program has adopted a community-based approach, including a flexible, hybrid counseling model providing psychosocial support in shelters and coordinating with local and international partners to deliver essential items such as assistive devices, medications and hygiene kits. The project works to improve PwDs' coping mechanisms, promote their social and political participation in society and empower them to attain their rights and access opportunities and services. In addition to these participants, the project also works with PwDs' caretakers, raising their awareness of the rights and needs of PwDs, educating them to respond to those needs and encouraging PwDs' social and economic participation. The most distinctive feature of this program lies not in the tangible support the EJ-YMCA provides to its participants, but rather, in the hope it offers.

The story of Mohammed Mukhimer, a 19-year-old from the West Bank village of Sebastia, exemplifies the hope this project offers. Mohammed was shot at by and injured by Israeli soldiers while driving with a friend. The friend was killed and Mohammed was detained by the Israeli military for ten days following the incident. The immense grief of this loss, coupled with his own injuries and detention, led to a significant decline in Mohammed's psychological well-being. A counselor at EJ-YMCA recognized the need to address Mohammed's emotional and psychological needs and to incorporate practical vocational training. The comprehensive approach of attending to Mohammed's psychosocial needs while equipping him with the vocational skills needed to carve out a new future for himself guided Mohammed toward healing and renewed purpose. Mohammed reports: "Today, I have new hobbies, new ideas and new interests that I did not think about in the past. I now have a passion because I am improving

myself, and I rarely think about the things that happened to me in the past. Today I am more comfortable, and I feel that I am on the first path to create my future."

The most challenging part of the rehabilitation program's work is responding to high and rising need while simultaneously strengthening the resilience of the project's targeted groups. This includes supporting them in coping with the current difficult circumstances, inspiring hope and encouraging project participants to think about their futures. The most rewarding part of this work is seeing the positive impact on the lives of the people supported. Helping individuals and communities overcome challenges, regain their independence and build resilience gives a deep sense of fulfillment. Witnessing their progress, whether through improved living conditions, regained confidence or a renewed sense of hope for the future, makes all the effort worthwhile.

The EJ-YMCA equips and empowers young people to create futures for themselves, advocates within Palestinian society for respecting the rights of PwDs, educates against harmful misinformation about PwDs and presses for concrete steps towards the full inclusion of PwDs in Palestinian society. The EJ-YMCA envisions a future in which PwDs in Palestine thrive in a society that respects their rights, values their contributions and provides equal opportunities for their mental health and psychosocial well-being. By addressing the systemic barriers to full social inclusion and fostering an environment of empowerment, the rehabilitation program aims to create lasting positive change for PwDs in which they lead fulfilling lives and participate actively in all aspects of society.

Sarah Funkhouser is MCC representative for Jordan, Palestine and Israel. Sandy Jarayseh is rehabilitation projects coordinator for the East Jerusalem YMCA.

"The project envisions a future in which PwDs in Palestine thrive in a society that respects their rights, values their contributions and provides equal opportunities."

Confronting a silent, tenacious challenge: SGBV prevention and response in Zambia and Haiti

Note: *One way that Mennonite Central Committee (MCC) responds to conflict-related health needs is through sexual and gender-based violence (SGBV) prevention and response programming. Brave Heart Foundation in Zambia and Solidarite Fanm Ayisyèn (SOFA) in Haiti are two MCC partner organizations that engage in this important work. Jason Sipulwa accompanies Brave Heart while Valdès Jean, Dalou Andressol and Rony Janvier accompany SOFA. In early 2025, they answered questions about MCC-accompanied SGBV projects. Responses from Jason Sipulwa are marked MCC Zambia. Responses from Valdès Jean, Dalou Andressol and Rony Janvier are marked MCC Haiti.*

How are Brave Heart and SOFA preventing and responding to SGBV?

MCC Zambia: MCC has partnered with the Brave Heart Foundation to act against sexual and gender-based violence within the Meheba

refugee settlement camp in Zambia, home to individuals from various countries, including the Democratic Republic of the Congo, Rwanda, Burundi, Angola and Ethiopia. With support from MCC, Brave Heart fosters respectful and cooperative relationships between women and men, navigating the complexities of diverse cultural backgrounds and beliefs.

Brave Heart offers vital support services to survivors, encompassing medical care and psychosocial assistance. This organization instills hope in those who feel hopeless, aids traumatized individuals and conducts workshops focused on trauma awareness, conflict management and gender norms to empower survivors of SGBV to seek help. Brave Heart also implements community-based initiatives to engage local members in fostering prevention and response efforts, such as the establishment of safe spaces for women and girls and the promotion of gender equality. By raising awareness about SGBV, the entire community is encouraged to collaborate in creating a culture of peace, protection, respect and support.

MCC Haiti: SOFA's project is implemented in the Bomon and Jérémie communes of Grand'Anse in Haiti where the occurrence of SGBV, mostly against minors, is very high. The aim of this project is to strengthen the support offered to women and girls and to raise awareness among the population to reduce cases of violence. SOFA provides multiple services to SGBV survivors through its Daybreak Centers, including medical services, psychological assistance, self-help groups, legal services and support to pay survivors' school fees and rent.

SOFA also organizes community awareness-raising sessions focused on preventing SGBV. These sessions explore what SGBV is, how to recognize it and the legal penalties within the Haitian penal code. SOFA staff feel an urgency in the work to stem cases of SGBV in Haitian society.

How would you describe the relationship between SGBV and conflict?

MCC Haiti: Haiti has been suffering an era of political instability since the assassination of the President Jovenel Moise in 2021. Without an efficient police force, the country has remained prey to violence from armed gangs attempting to control more territory. These violent events put at risk women and girls, who are among the most vulnerable. According to the Organization of Citizens for a New Haiti, more than 300 cases of sexual violence were recorded in Haiti between June and November 2023. Since then, the rate of violence has increased considerably in Haiti, specifically in the metropolitan area of Port-au-Prince and the department of Artibonite. A good part of these two geographical departments is occupied by armed groups. SOFA is overwhelmed by the number of women who come to the Daybreak Center looking for accompaniment after having suffered acts of violence from armed gangs in Port-au-Prince. For the month of August in 2024, SOFA's Daybreak Center in Port-au-Prince received 120 new cases of sexual violence committed by bandits.

MCC Zambia: Gender-based violence and conflict are deeply intertwined, with one often exacerbating the other. SGBV, often hidden behind closed doors, is evidence that violence can burgeon even in the most intimate of relationships. It is a violation of human rights, a betrayal of trust and a threat to the very fabric of society that leaves scars that run deep.

Learn more

Raftery, Philomena, Natasha Howard, Jennifer Palmer, and Mazeda Hossain. "Gender-Based Violence (GBV) Coordination in Humanitarian and Public Health Emergencies: A Scoping Review." *Conflict and Health* 16/1 (2022). Available at https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-022-00471-z.

World Health Organization. *Respect Women: Preventing Violence against Women.* Geneva: WHO, 2019. Available at https://iris.who.int/bitstream/handle/10665/312261/WHO-RHR-18.19-eng.pdf?sequence=1.

The view in 2019 from outside the office of MCC partner SOFA (Solidarity with Haitian Women by its in initials in Haitian Kreyol) in Beaumont, Haiti. After Hurricane Matthew, Beaumont, a market town in the mountains of Haiti's Grand'Anse department, was identified as one of the communities most in need of psychosocial, medical and legal assistance for survivors of gender-based violence, as rates of violence shot up after the hurricane. (MCC photo/Annalee Giesbrecht)

The Tswana people have a saying: *Mosadi o tshwara thipa ka fa bogaleng* (a woman holds the knife by the blade). Women and girls, across all cultures and socioeconomic backgrounds, are disproportionately affected by GBV due to gender norms and unequal power relationships. The repercussions of GBV extend significantly beyond immediate harm to individuals. Survivors frequently endure not only physical injuries but also deep psychological scars and a sense of social alienation. In extreme instances, GBV has culminated in death. The ramifications of gender-based violence are not confined to the individual level; they also pose serious challenges to societal advancement, stifling economic growth, obstructing social development and perpetuating cycles of poverty and disparity.

SGVB results in significant health impacts for individual survivors and the larger community. What are some of the physical, mental and reproductive health impacts of SGBV that you have observed in the context of your work?

MCC Zambia: SGBV has severe and long-lasting physical, reproductive, social and mental health consequences for survivors. Physical and reproductive health effects include injuries, unwanted pregnancy, sexually transmitted infections (STIs). including HIV, urinary tract infections (UTI), fistula and chronic conditions such as muscle aches. Mental health challenges for survivors include post-traumatic stress disorder (PTSD), flashbacks, nightmares, hypervigilance, depression, anxiety, self-harm, sleep disorders and drug and substance abuse. Survivors may also face stigma and rejection from their community and family which will elicit more mental health issues. We must recognize the multifaceted nature of SGBV and work tirelessly to address its devastating consequences.

MCC Haiti: According to the World Health Organisation, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The survivors accompanied by SOFA face serious health repercussions, which can take several forms.

"The Tswana people have a saying: *Mosadi o tshwara thipa ka fa bogaleng* (a woman holds the knife by the blade)."

“Sexual and gender-based violence (SGBV) is a violation of human rights, a betrayal of trust and a threat to the very fabric of society that leaves scars that run deep.”

On the emotional level, the survivors feel sad and ashamed. Despite awareness raising campaigns on safeguarding in Haiti, SGBV survivors generally face social judgment and worry that they will be discriminated against and stigmatized throughout lives. Haitian society tends to victimize the survivor instead of the aggressor, with the result that survivors of sexual violence often internalize feelings of guilt, becoming double victims and keeping their experiences of SGBV secret.

At the behavioral level, some survivors develop avoidance behaviors. As a result, they avoid going to certain places, discussing certain topics and talking about certain memories. The barriers to SGBV survivors establishing a network on their own to share experiences with one another are high. As a third party, SOFA is able to convene self-help groups that connect survivors to offer support for each other. These SOFA support groups also serve as venues to address drug and alcohol addiction on the part of SGBV survivors who have turned to self-medication as a harmful way to cope with the trauma of SGBV.

What is a common misconception people have about this work?

MCC Haiti: In Haiti, many people think that sexual abuse and gender-based violence are minor problems. The extent of SGBV is largely underestimated. Survivors often do not want to report cases of violence for fear of retaliation and stigmatization. For example, SGBV survivors living in working-class neighborhoods of Port-au-Prince and in certain remote areas of the country where the phenomenon of insecurity is at its peak rarely file complaints with the police. This sad reality can be attributed in part to gang leaders controlling public spaces, with the Haitian state unable to protect lives and property. SOFA estimates that the number of reported SGBV cases is significantly lower than the true number of SGBV survivors.

MCC Zambia: Misunderstandings surrounding intimate partner violence often include the belief that if an individual provokes their partner into a reaction, they share equal responsibility for the incident, particularly in the case of women. Brave Heart asserts that there is no justification for violence. When faced with provocation, individuals have the option to disengage and remove themselves from the situation. While disagreements and conflicts may be inherent in intimate relationships, resorting to violence as a means of resolution is entirely unacceptable.

“SGBV flourishes in silence and secrecy.”

Additionally, the belief that substance abuse is the root cause of an abuser’s violent behaviour is misleading. While alcohol and drugs may inflame violent tendencies or increase vulnerability to violence, they should not be viewed as the underlying cause. It is essential to challenge this misconception to help dismantle the stigma surrounding GBV and to empower survivors to seek help without fear of judgment or discrimination.

What are some of the major challenges MCC’s partners face? What might some solutions look like?

MCC Haiti: The exposure to the risk of trauma of SOFA’s workers in the Daybreak Centers constitutes one of our greatest challenges. By listening to the tragic stories of survivors at the Daybreak Centers, SOFA workers are exposed to the risk of trauma.

MCC Zambia: One of the most formidable challenges in SGBV prevention and response is addressing the entrenched societal norms and beliefs that perpetuate SGBV. Cultural taboos and sensitivities hinder open dialogue about SGBV. Many survivors struggle to articulate their experiences. Stigma, the desire to maintain family honor and apprehensions regarding possible retaliation all function as barriers to survivors seeking timely medical care.

The pervasive disbelief of and lack of support for survivors also pose challenges. Disbelief of survivors aggravates trauma, further entrenching suffering. It serves as a deterrent for other survivors, discouraging them from coming forward. SGBV flourishes in silence and secrecy. This distrust compounds the injury already inflicted on victims.

To effectively tackle these challenges, a comprehensive strategy is needed that encompasses healthcare, legal protections, counselling services and the implementation of educational initiatives aimed at transforming gender norms and stereotypes. Innovative methods, such as drama and artistic expression, can serve as effective tools for engagement. Furthermore, SGBV efforts must engage men and boys in both prevention and response, as their involvement is crucial in fostering a culture rooted in respect and equality. Let us illuminate the shadows of gender-based violence with the light of empathy, understanding and action. By fostering a culture of respect and equality, we can hope to build a world where peace prevails.

Jason Sipulwa is MCC project coordinator in Zambia. Valdès Jean (planning, monitoring and evaluation officer), Dalou Andressol (planning, monitoring and evaluation coordinator) and Rony Javier (representative) all work with MCC in Haiti.

Learn more

Réseau Haïtien des Journalistes de la Santé (RHJS). *Crise sécuritaire : les violences sexuelles en nette augmentation en Haïti*. 2024. Available at https://rhjs.ht/2024/03/28/crise-securitaire-les-violences-sexuelles-en-nette-augmentation-en-haiti/.

Through the tide, I find my pride

The night is heavy, with distant thunder's stride.
My hands tremble as I clutch my swollen belly tight,
Whispers of fear swirl, hidden in the night.
I remember the nurse's words as I peeked through the glass,
Breathe, rest, hold on to hope, let the dark moments pass.
In this crowded tent, I whisper prayers only I can hear,
Hang in there my baby, I need you to come into this world, my dear.

The air is thick with worry, and longing fills the room,
Each face around me wears the same mask, knowing doom.
But I focus on the steady rhythm deep inside,
Your tiny kicks, a promise of life, my heart's pride.
I count the seconds, the minutes, the hours,
As the world outside erupts in chaos, trembling powers.
Hang in there my baby, I need you to come into this world, I plead,

Water seeps beneath me, a silent alarm, a pressing need.
No midwife's hands, no sterile sheets around,
Only the warmth of my own resolve, steadfast and sound.
I clutch a tattered cloth, bite back the pain's sting,
A neighbour's voice murmurs comfort, the strength they bring.
"We are strong," she says, "we are mothers brave and true,"
Hang in there my baby, I need you to come into this world too.

The ache grows sharper, the night grows cold and still,
I remember stories of women who birthed against their will.
How they birthed hope in the hardest of places,
I close my eyes and picture your face, sweet embraces.
A beacon in the darkness, a reason to stand bold,
My heart pounds louder than the distant gunfire told.
Hang in there my baby, I need you to come into this world, my light,

I hear the shuffle of feet, a hurried whisper in the night.
A lamp flickers, casting shadows on trembling walls,
Someone places a warm hand in mine—comfort calls.
We are together, you and I, through this fragile hour,

In this moment of fear, I find my inner power.
Every breath is a promise, a vow I refuse to break,
Hang in there my baby, I need you to come into this world, for hope's sake.

The world softens as dawn breaks through the cracks with grace,
A cry pierces the silence, raw and full of embrace.
Tears blur my vision as I hold you near,
The camp fades away, replaced by your heartbeat, so dear.
We have survived the night, my love, a battle won,
In this embrace, hope is born anew with the sun.
With joy in my heart, I welcome you into this world. I find my Pride
Safe at last, my baby and I are safe.

Judith Siambe is MCC health and education program officer in Kenya.

Learn more

Aldabbour, Belal, et al. "Exploring Maternal and Neonatal Health in a Conflict-Affected Setting: Cross-Sectional Findings from Gaza." *Conflict and Health* 19/45 (2025). Available here: https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-025-00687-9.

Marlow, H. M., et al. "The Sexual and Reproductive Health Context of an Internally Displaced Persons' Camp in Northeastern Nigeria: Narratives of Girls and Young Women." *Frontiers in Reproductive Health* 3 (2022): 1-7. Available here: https://www.frontiersin.org/journals/reproductive-health/articles/10.3389/frph.2021.779059/full.

Providing a lifeline through child-friendly spaces in Syria and Iraq

In conflict zones, children are among the most vulnerable, facing significant threats to their emotional well-being. The wars in Syria and Iraq have displaced millions, leaving children exposed to trauma, violence and the loss of stability. In response, humanitarian organizations have established child-friendly spaces (CFS) to serve as sanctuaries, providing psychosocial support, structured activities and protection from harm.

From the camps in Duhok, Iraq, to the war-ravaged cities of Syria, these spaces offer displaced children a crucial sense of normalcy and a place to play, learn and heal. Two of MCC's partners—the Forum for Development, Culture, and Dialogue (FDCD) working in Damascus city, rural Damascus, Saddad, Deir Attieh and Humeira, Syria, and Zakho Small Villages Projects (ZSVP) in the Darkar and Bersive 2 camps in Iraq—have developed well-structured interventions with demonstrated positive impact. Through targeted activities, education and mental health support, CFS programs help children rebuild resilience in the face of overwhelming adversity.

CFS programs combine psychosocial support, recreational activities and educational reinforcement to address interrelated child development needs. Psychosocial support activities help children to process trauma and regain

A competitive morning football match between two groups of boys, held at Babbila Stadium in rural Damascus, Syria, in 2024. (MCC photo/MCC partner in Syria)

emotional stability, ensuring they have the tools to cope with the hardships of displacement. Recreational activities, like making art, provide structured opportunities for play and creativity, allowing children to experience moments of joy and normalcy, while educational reinforcement plays a crucial role in bridging learning gaps caused by conflict, helping children continue their development despite disrupted schooling. Additionally, these spaces focus on protection and awareness, educating both children and caregivers about safety, mental health and child rights, equipping them with the knowledge necessary to navigate challenging circumstances. CFS programs provide stability in uncertain environments, serving as safe havens where children can regain confidence, express emotions and interact with peers in a protected setting.

In Syria, the importance of these CFS programs became even more apparent after the deadly Türkiye-Syria earthquake of February 6, 2023. With the earthquake exacerbating an already dire humanitarian crisis within Syria, CFS centers in Damascus, rural Damascus, Saddad, Deir Attieh and Humeira adapted their activities to support children dealing with additional trauma. Activities such as emotional regulation sessions in Jaramana and play-based interventions like clown shows in Saddad became vital tools in helping children cope with fear and instability.

Play is a fundamental part of child-friendly spaces. Play helps displaced children process difficult and traumatic experiences and provides an outlet for self-expression and socialization. In Iraq, 176 children (70 boys, 106 girls) participated in 62 recreational sessions, engaging in storytelling, music, drawing and crafting with materials such as clay and rope. These activities were designed not just to entertain but to serve as therapeutic tools, allowing children to express emotions and connect with others.

Special events hosted in CFS centers offer rare chances for displaced families to experience joy amid hardship. The annual celebration of International Children's Day in the Darkar and Bersive 2 camps in Iraq, for example, provided an opportunity for children and caregivers to come together, reinforcing the importance of play in healing. Programs such as Deir Attieh Got Talent encouraged self-expression and confidence-building, while the

"Child-friendly spaces are more than just places for play—they are essential pillars of resilience for children in conflict-affected regions."

Learn more

Hermosilla, S., Metzler, J., Savage, K., Musa, M., & Ager, A. (2019). "Child Friendly Spaces Impact across Five Humanitarian Settings: A Meta-Analysis." *BMC Public Health* 19/576 (2019): 1-11.

UNICEF. *A Practical Guide for Developing Child Friendly Spaces*. 2009. Available for download here: https://reliefweb.int/report/world/practical-guide-developing-child-friendly-spaces.

Babbila football club helped children develop teamwork and resilience. These seemingly simple activities play a profound role in restoring childhood experiences lost to war and displacement.

Child-friendly spaces serve as critical platforms for psychological recovery. Displacement, loss and exposure to violence leave deep emotional scars, requiring structured support to help children cope. In Iraq, girls and boys received direct psychosocial support through ZSVP's targeted interventions. Parents reported significant improvements in their children's ability to express emotions, manage stress and sleep better. The sessions helped reduce aggressive behaviors and improved social interactions, demonstrating the effectiveness of structured emotional support.

Similarly, in Syria, emotional well-being is at the core of CFS programming carried out by FDCD. Following the earthquake, centers expanded psychosocial interventions to address heightened anxiety. Artistic therapy and group discussions were integrated into existing programs, helping children navigate the trauma of both conflict and natural disasters.

Child-friendly spaces also serve as hubs for educating children and families about critical issues affecting their well-being. Awareness sessions covering child protection, gender-based violence (GBV) and mental health have empowered communities to recognize and prevent harm. For example, in Duhok, 145 children (93 girls, 52 boys) and 44 parents participated in discussions organized by ZSVP on topics such as child labor, early marriage and school dropout prevention. Recognizing the importance of digital safety, ZSVP also introduced sessions on online behavior and domestic violence. These initiatives go beyond immediate relief, equipping children and caregivers with knowledge to navigate their environments safely.

Syria's CFS programs have similarly emphasized protection. With economic hardships increasing the risk of exploitation, programs have adapted to address food insecurity and parental stress. Partnerships with women-led catering initiatives have helped sustain meal distribution, providing a vital source of nutrition in a country where food prices continue to rise.

Despite their successes, child-friendly spaces face significant challenges that threaten their sustainability and impact. Displacement and instability remain major obstacles, as families frequently relocate due to security concerns, disrupting attendance and program continuity. Limited resources further constrain these initiatives, with funding gaps restricting the availability of literacy courses, vocational training and consistent meal support. In Iraq's camps, environmental risks such as the presence of scorpions and snakes have underscored the need for improved safety measures to protect children. Meanwhile, in Syria, the cessation of the World Food Program's general assistance has exacerbated food insecurity, placing additional strain on CFS resources and limiting their capacity to provide essential services. Addressing these challenges requires sustained investment, adaptive strategies and stronger collaboration between humanitarian organizations and local communities. Humanitarian organizations have responded by strengthening referral systems, collaborating with NGOs and seeking community input to refine program strategies. Sustained funding and governmental support, however, remain essential for long-term impact.

To enhance the effectiveness of child-friendly spaces, several key strategies must be implemented. Expanding their reach is essential to accommodate the growing number of displaced children, ensuring that more vulnerable populations have access to safe and supportive environments. Integrating education within these spaces is equally important, as literacy courses and structured learning activities can help bridge the educational gaps caused by disrupted schooling. Fostering community ownership by engaging parents and local volunteers will not only enhance sustainability but also strengthen social cohesion within affected communities. Improving monitoring and evaluation by gathering qualitative feedback from children and caregivers will provide deeper insights into program impact and areas for improvement. Lastly, ensuring inclusivity by adapting programs to support children with disabilities and implementing gender-sensitive interventions will create a more equitable and accessible support system for all children in need.

“Fostering community ownership by engaging parents and local volunteers will not only enhance sustainability but also strengthen social cohesion within affected communities.”

Child-friendly spaces are more than just places for play—they are essential pillars of resilience for children in conflict-affected regions. In Syria, they provide stability for those growing up amid war and economic collapse. In Iraq, they offer displaced children a chance to heal, learn and feel safe again.

The success of these MCC-supported CFS programs in Syria and Iraq illustrates the vital role of child friendly spaces in humanitarian response. Investing in CFS programs is not just an act of relief—it is a long-term commitment to rebuilding lives and restoring childhoods so that the next generation will thrive despite the hardships they face. As displacement continues to rise, ensuring access to these safe spaces must remain a priority for humanitarian organizations and policymakers alike. The future of these children depends not only on immediate aid but on sustained efforts to provide security, education and psychosocial support.

Zeina Bazzi and Dana Dia are MCC program coordinator and gender protection specialist for Lebanon, Syria, and Iraq, respectively.

Improving children’s mental health through arts-based approaches: dispatches from Ukraine

Kata* sat on a couch in a clean, carpeted living room at a modern retreat center in Lastivka in the Carpathian Mountains of western Ukraine as leaves began to turn September 2024. A staff member with New Hope Center, one of 12 MCC partner organizations in Ukraine, the young woman had joined about 25 of her colleagues for a much-needed week-long time of rest and recovery.

“What kids need is contact with one another and motion. We have also been using elements of music theory. It works.” —Kata, New Hope Center

The organization held their retreat about 600 miles away from eastern Ukraine where New Hope operates. Since the 2022 Russian military invasion, the contact line has inched closer and closer to where New Hope operates. In that context, Kata and her co-workers strive to meet the physical and mental needs of at-risk communities during a full-fledged war.

**Last names omitted due to security concerns.*

Learn more

Golden, T.L., et al. "Supporting Youth Mental Health with Arts-Based Strategies: A Global Perspective." *BMC Med* 22/7 (2024): 1-6. Available at https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-023-03226-6.

Williams, E., et al. "Practitioner Review: Effectiveness and Mechanisms of Change in Participatory Arts–Based Programmes for Promoting Youth Mental Health and Well–Being—A Systematic Review." *Journal of Child Psychology and Psychiatry* 64/12 (2023): 1735-1764. Available at https://acamh.onlinelibrary.wiley.com/doi/10.1111/jcpp.13900.

Yoder, Carolyn. *The Little Book of Trauma Healing: When Violence Strikes and Community is Threatened.* Intercourse, PA: Good Books, 2005.

"We realized during the project that art is a great instrument to therapy," Kata said through a translator, as members of New Hope Center shared their stories with MCC staff. "What kids need is contact with one another and motion. We have also been using elements of music theory. It works."

With the fourth anniversary of the full-scale invasion on the horizon, MCC partners in Ukraine have been challenged to find new ways to meet the needs of at-risk children and families. Olga, who also works at New Hope Center, does massage therapy with children. "First they come to the psychologist, then they come to me," she said, through a translator. "When they first come to me, they are very tense. Then, they sleep well and relax their muscles. Sometimes they talk while we work with them."

Another colleague, Sasha, is involved in music therapy. "We help kids regulate their emotions," she shared, through a translator. "Kids love dancing and being very active. And being safe." Lina works with children in a "sensory room" at New Hope Center in groups from ages six to nine and nine to 13. "We help to regulate their aggression," she notes, through a translator "Most of the kids come from the occupied territories and are internally displaced persons (IDPs). We help them make new friends." Sasha told a story about one boy, Andriy, who was about six or seven. "This boy came from an occupied territory," Lina said. "He was very closed (emotionally). We saw a big difference with this child. Now he talks with children, he dances with them. We try to make sure it is a safe place."

Adjusting to need: New Hope Center is not the only MCC partner in Ukraine using art therapy. During a recent 12-month cycle, MCC partner NEVO held 144 group classes for clay and art therapy at their center. In the same time frame, NEVO conducted 720 individual classes at their pottery circle and hosted 300 individual consultations with a psychologist.

But the numbers tell just part of the story in Ukraine, which has endured occupation or conflicts in some regions, mostly in the south and east, for more than ten years. A January 2025 report from the United Nations High Commissioner for Refugees recorded 6,346,300 Ukrainian refugees across Europe, with the vast majority of them registered for asylum, temporary protection or similar national protection schemes. At the same time, UNHCR counted an additional 3.7 million people displaced internally within Ukraine at the end of 2024.

The needs, both physical and mental, are great for nearly every segment of society in a country about the size of Texas that had a population of about 41 million before the invasion. "A backpack of stress," is how Zina, project coordinator with partner All Ukrainian Platform for the Improvement of Society (KECB) in northeast Ukraine, describes the burden carried around by staff and volunteers. Several MCC partner organizations in Ukraine are addressing the mental health needs of children and families and attempting to lighten the emotional load people carry. The clay and art therapy program run by NEVO is just one of those programs. "This is a community that helps each other," says NEVO leader Olexander, through a translator.

One might expect young boys to be more interested in soccer—called football in Europe—than using their hands with clay. But that is not the case, says Olexander, who says boys in the NEVO program are very engaged in the art therapy program.

Another MCC partner is KECB, which reaches out to about 80 children and will take them out for walks in nature to relieve anxiety or provide entertainment for them indoors, staff member Nina says.

Children in KECB programs also turn to their faith to cope. "I think the best way to deal with stress is prayer," Nina observes. "When kids hear noises like explosions or planes flying overhead, they just go to their knees and pray."

Trauma take a toll: Dealing with trauma, sadly, is something that Ukraine will have to deal with for years and years to come. Fortunately, there are resources available to help meet those needs, despite the challenges. "Politicians, negotiators, peacebuilders and the general public alike tend to think of trauma healing as soft, a warm fuzzy that has little or nothing to with realpolitik and no role in reducing violence," writes Carolyn Yoder in *The Little Book of Trauma Healing*. "Yet trauma and violence are integrally linked: violence often leads to trauma, and unhealed trauma, in turn, can lead to violence and further loss of security. Trauma affects our very physiology, including our ability to do integrated, whole brain thinking."

The story of Maksim, a seven-year-old refugee from the Zaporizhzhia region in eastern Ukraine near the contact line, is typical of the children who come through the doors at NEVO. Maksim missed the first grade due to the outbreak of hostilities in Ukraine and subsequent family moves. According to NEVO, Maksim "was crying all the time, and parents and teachers asked for help from a psychologist. As a result of the consultations and joint classes, Maxim began to hold a pen in his hands and learned to draw first and then write. Before that, his hands were very weak and his parents thought that he had some kind of illness. But through creativity and clay modeling, Maxim realized that everything could work out for him, and through confidence and daily activities with his mother, recommended by a psychologist, he made great strides."

"This story with Maxim reflects the overall situation that we have now with children and adults," NEVO staff explain. "As a result of the loss of a familiar life, housing, friends and relatives, people have lost the motivation to press for even small achievements that previously seemed like an ordinary life. Under stress, small actions take a lot of effort and people need help and support."

People in nearly all demographic groups in Ukraine have been adversely impacted since the February 2022 invasion. According to a report developed by MCC partner Blaho Charitable Fund (Blaho) and the Renaissance Foundation, nearly 47 percent of the Roma population in Ukraine have changed their place of residence since the Russian military invasion. "The Roma community in Ukraine often faces difficulties in accessing education, health, housing and other basic services and discrimination and stigma due to their ethnic origin," Blaho observes. "Social vulnerability affects the psychological state of children, causing stress, anxiety low self-esteem and a feeling of alienation, which affects the emotional state of children and their sense of safety in the world around them." Blaho proposed working to improve the pre-school preparation of Roma children through group classes with a psychologist.

"Under stress, small actions take a lot of effort and people need help and support." —NEVO staff

Family members participate in a family art therapy session held in the art room of the New Hope Center in Zaporizhzhia, Ukraine, in February 2025. (New Hope Center)]

Participants in a family art therapy session held in the art room of the New Hope Center in Zaporizhzhia, Ukraine, in February 2025. The session was dedicated to the theme "family tree" and aimed at strengthening family ties through joint creativity. (New Hope Center).

In May 2023, a missile landed at the central office of MCC partner Step with Hope in northeast Ukraine. The missile fortunately did not explode but the event was still traumatic for staff and volunteers. "We were able to work continuously, but such a rhythm is very exhausting," shares Isabella, a Step with Hope staff member. "Employees and volunteers needed to restore their physical, psychological and emotional state. Outings were organized for several days, where we could share experiences, pray for each other, support each other and simply be in silence and peace." according to Isabella, who works for Step with Hope.

"This whole situation with the war and its consequences really united us," Isabella continues. "We, like many people, have reevaluated our views on life and this gives us the strength to work and be strong. If even one person was saved with our help, it is worth living for. It is not easy for the team to work in these conditions. We listen to very sad and terrible stories from the lives of IDPs, but regardless of this, we move on."

"If even one person was saved with our help, it is worth living for."
—Isabella, Step with Hope

David Driver is MCC Ukraine rep. He is based in Poland.

Making space for community-based mental health in Afghanistan

The people of Afghanistan are in a dire humanitarian situation. While the decrease in foreign aid and the rise in returning Afghans from Iran and Pakistan have exacerbated vulnerabilities, other factors such as climate change, natural disasters and internal displacement have worsened living conditions for many. The political, economic and environmental challenges in Afghanistan combine with the school ban and other violations of women's rights, culminating in widespread discrimination against women. Decades of conflict and instability in the area have raised concerns about the mental health of the Afghan people. In this article, we explore the

connections between the conflicted environment and mental health and a holistic approach to treatment and healing.

Afghanistan's ongoing conflict has led to millions of deaths, widespread displacement and a high prevalence of mental health issues like depression and post-traumatic stress disorder (PTSD). The prolonged exposure to violence, limited access to care and inadequate infrastructure contribute to these challenges. Vulnerable groups, especially women, children, refugees and internally displaced people (IDPs) are disproportionately affected. Despite efforts by international organizations to address these challenges, mental health remains a significant issue in the country.

The national government of Afghanistan has historically provided very little funding for mental health programming. Recent political changes in the country have led to further reductions in financial support, resulting in a sharp decline in mental health services and insufficient human resources. However, as part of larger health sector reforms, Afghanistan's Ministry of Public Health has created a national mental health strategy. In addition, the Afghan government has partnered with several organizations, including UNICEF and the World Health Organization (WHO), to offer mental health and psychosocial support (MHPSS) to the populace, including people with psychosocial disabilities (PPSD). These reforms and partnerships struggle to fill the immense gaps in care. There are few mental health professionals to address the ballooning mental health crises facing the country, especially in rural and remote areas. This in turn means that hospitals and local care centers are underprepared to care for PPSD and communities are unable to access mental health care.

The impact of the lack of mental health care is disturbing. Untreated mental illness is directly responsible for most female suicides in Afghanistan. According to a 2018 European Union survey by Human Rights Watch, 85% of Afghans had either witnessed or experienced at least one traumatic event in their lives, with an average of four events.

A mental health survey of Afghans in 2023 reported that a majority (58%) displayed symptoms of anxiety, stress and depression, with 38% reporting severe or extremely severe depression and 50% reporting severe or extremely severe anxiety (Neyazi et al, 2024). Family-level violence is also a significant contributor to mental health issues, including anxiety and depression in children and youth, more so than war-related violence. Within this familial and communal context, mental health is heavily stigmatized, primarily due to a lack of awareness and shame around the topic, making it harder for people to seek help.

In response to these multidimensional crises, MCC partners with a local organization in Afghanistan that uses a multi-level care approach in its work with PPSD and the broader community. Situated in the western province of Herat, this MCC partner operates out of self-established community mental health centers as well as in mobile team units for quick response. The first step of care is providing access to psychosocial counseling and medication for PPSD in a non-judgmental space with trained professionals.

In an environment of harsh stigma and violence, however, the MCC partner has found that a biomedical approach alone is not sufficient. Biomedical models treat PPSD without addressing the broader political and social factors at play in those people's lives and communities. To go beyond the biomedical model, local mental health workers not only provide mental health

Learn more

Human Rights Watch. Afghanistan: Little Help for Conflict-Linked Trauma. 2019. Available here: https://www.hrw.org/news/2019/10/07/afghanistan-little-help-conflict-linked-trauma.

Neyazi, Ahmad et al. "Depression, Anxiety and Quality of Life of Afghan Women Living in Urban Areas under the Taliban Government: A Cross-Sectional Study." *BMJ Open* 13/8 (2023). Available here: https://bmjopen.bmj.com/content/13/8/e071939.

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“The bedrock of the intervention lies in having spaces where all community members know they can go, to seek support and learn more about mental health.”

care but also raise community awareness about mental health and trauma, seeking to reduce stigma against PPSD by engaging family members, local religious and political leaders and community volunteers in mental health and people’s rights. This comprehensive approach draws from a social-ecological model of mental health.

By way of applying a socio-ecological model, the project further supports people with PPSD and their family members to learn more about mental illness conditions and to recognize the many contributing factors to their well-being. Other key supporting actors like teachers, male *mullah* religious leaders and other community leaders participate in mental health education. Finally, livelihood training engages PPSD in income generating activities such as tailoring, motorbike repair, embroidery and wool spinning. These job skills training courses are taught by local business owners to build local connections for PPSD.

The project prevents psychosocial disabilities by promoting good mental health at a community level. Youth learn life skills and strategies for handling conflict in the face of many challenges. This learning builds up their emotional resilience, which is an important contributor in prevention. Parents in the community are also involved, especially fathers, through building positive parenting and family relationship skills. At a policy level, the partner engages with local and provincial bodies to promote the inclusion of PPSD in public policies, development programs and support delivery mechanisms.

The bedrock of this MCC-supported intervention lies in having spaces where all community members know they can seek support and learn more about mental health. Many community members and volunteers recognize the importance of the mental health centers and how transformative they have been for PPSD. In the context of a multi-level conflict, the center provides much-needed comfort. But these spaces are not only physical. Having a community centre designated for mental healthcare makes social ‘space’ too. Not only do people have private and communal space to heal, but they also have space to open up to peers emotionally and socially, a highly valued service in a limited social environment as Afghanistan. Fostering such social space reduces the stigma placed upon people seeking treatment and contributes to the prevention of mental illness for others. If people see others accessing services without feeling ashamed, then in the future they might also feel more open to seek out those services. The visibility of physical and social space for mental health has cascading benefits.

Such spaces are especially important for Afghan women, who are socially excluded from many daily interactions and services. Women with a psychosocial disability meet with female health care providers. Providing not only a physical space, but also a social space with other women, allows for a transformative experience of healing.

In a conflict-ridden context with an increasing mental health crisis like Afghanistan, community-based health approaches that incorporate widespread awareness raising, engagement of local leaders, psychosocial counseling and the creation of space for people with psychosocial disabilities have proven successful in trauma healing and destigmatizing mental health.

Evan Strong is planning, monitoring, evaluation and reporting coordinator with MCC in India. AA a staff member with an MCC partner in Afghanistan (name withheld for security reasons).

Transforming trauma: preventing burnout among frontline workers in Syria

The Syrian civil war stands as one of the most heartbreaking and complex humanitarian crises of our time. The ongoing conflict has led to the deaths of thousands of people and the displacement of millions more. One of the most profound legacies of this conflict, is the widespread trauma experienced by the Syrian people, including MCC's Syrian partners. [This article was written before the fall of the al-Assad regime. Trauma remains widely prevalent as people navigate ongoing uncertainties.]

Due to this widespread trauma, MCC and its partners face the challenge of pervasive burnout among NGO workers. Burnout is a state of chronic physical and emotional exhaustion that emerges in response to prolonged exposure to highly stressful environments. In the context of humanitarian work, this stress is amplified by ongoing proximity to natural disasters, armed conflicts and extreme poverty and injustice. Humanitarian workers witness destruction, violence and human suffering, which frequently lead to emotional and physical strain and can, at times, result in burnout.

Burnout is often misunderstood as simple fatigue. However, it is far more complex and debilitating and encompasses the following:

- Emotional exhaustion: A deep sense of depletion and the inability to contribute effectively.
- Depersonalization: A feeling of detachment from one's work, colleagues or project participants.
- Reduced self-image: A persistent belief in one's own incompetence or lack of effectiveness.

"Humanitarian workers witness destruction, violence and human suffering, which frequently lead to emotional and physical strain, and can, at times, result in burnout. Burnout is often misunderstood as simple fatigue. However, it is far more complex and debilitating."

MHPSS practitioners lead a circle activity during a trauma support workshop for MCC partners in Syria. (MCC/Petra Atoun

“If partner staff have personal histories of trauma, then listening to and observing trauma in project participants may trigger past emotional wounds.”

These symptoms of burnout can profoundly impact the ability of NGO workers to function and serve. Burnout can cause difficulty concentrating, impaired task efficiency and declining performance. In the long term, burnout not only compromises the individual’s well-being but also affects the organizational mission through high staff turnover, reduced morale and lowered service quality. Left unaddressed, burnout can increase the risk of developing other, more severe, issues such as post-traumatic stress disorder (PTSD) and chronic physical health challenges. Recognizing and mitigating burnout is essential for sustaining the effectiveness and resilience of NGO workers in their mission to address global crises.

MCC currently provides funding to five partners conducting psychosocial support projects operating in multiple Syrian cities. Burdened by many responsibilities, partners may have little time or energy to care for themselves, making it harder to manage their mental and emotional well-being. These partners are also at risk of secondary trauma. Continual or repeated exposure to distressing stories, images or events over time (such as the Aleppo Earthquake of 2023) can lead to cumulative stress, even if the individual does not directly experience the trauma. Witnessing and hearing about the trauma of project participants and others facing traumatic situations can itself be traumatizing. Additionally, if partner staff have personal histories of trauma, then listening to and observing trauma in project participants may trigger past emotional wounds. Recognizing the need to support the mental and emotional well-being of partners at risk of burnout, MCC embarked on a mission to address trauma and strengthen psychosocial support for its partner staff in Syria.

Building a trauma support network: MCC’s journey in preventing burnout of its partners began with Strategies for Trauma Awareness and Resilience (STAR) training, a training program developed by Eastern Mennonite University. These trainings were conducted with Syrian partners over several years and received widespread appreciation. However, as the Syrian conflict evolved, so did the need for a more structured and sustainable approach.

In 2019, MCC organized a series of meetings with its Syrian partners to develop a comprehensive trauma strategy. These meetings underscored a pressing need for ongoing trauma care and psychosocial support, particularly for those working directly with children, youth and adults affected by the war. Partners highlighted a significant challenge: the limited effectiveness of one-off trainings. This challenge was exacerbated by many Syrians skilled in mental health and psychosocial support (MHPSS) having left the country.

“As Syria transitions from the intensity of conflict to a post-conflict reality, the need for burnout prevention for NGO workers remains critical.”

The need for sustained engagement in psychosocial service issues emerged as a recurring theme during the meetings. Partners emphasized the importance of creating a core group of trained individuals who could serve as resources within their organizations and beyond. These individuals would not only deepen their own understanding of trauma but also share their expertise with others, creating a ripple effect of knowledge and support.

MCC responded to this call with a vision to develop a trauma support network by selecting 20 individuals from partner organizations to participate in a three-year program. These participants would already possess a foundational understanding of trauma awareness and support, allowing the program to build on their existing knowledge. This strategic cohort would

receive specialized training to become trauma support focal points within their organizations. They would help identify knowledge gaps, strengthen capacity and contribute to the design of trauma-informed organizational development plans. Importantly, the program would focus on equipping participants to provide trauma support at a lay level, while also establishing a referral network of psychosocial professionals for cases requiring specialized intervention.

The trauma support network, guided by experts like Dr. Souleiman Kassouha and facilitated by MCC staff, has significantly impacted participants' personal and professional lives. Participants have highlighted the trainings' family-like atmosphere, in which mutual understanding and collaboration thrived. Participation in the network has led to:

- Personal growth: Training sessions have fostered emotional resilience, helping participants cope with events like the Aleppo earthquake.
- Skill development: Nonviolent communication training has improved empathy, conflict resolution and emotional intelligence.
- Enhanced expertise: Specialized sessions have helped participants develop tools to evaluate trauma and create trauma-informed policies.

A staff member with the Franciscan Care Center reported that the training program "restored hope in us and gave us time to think about ourselves and our humanity, something that the circumstances we have lived and are living through had made us forget." A staff member for the Forum for Development, Culture and Dialogue highlighted that in the training sessions participants "exchanged our stories and pain, cried and laughed together and learned a lot." A staff member with the Fellowship of Middle East Evangelical Churches, an ecumenical organization to which some MCC church partners belong, reported: "I've learned how to deal with the traumas I've gone through. If I encounter a trauma in the future, I know what I can do to help myself and those around me."

As Syria transitions from the intensity of conflict to a post-conflict reality, the need for burnout prevention for NGO workers remains critical. MCC recognizes that the aftermath of war often triggers delayed trauma responses. Frontline workers, meanwhile, face immense stress in their ongoing roles.

By focusing on strengthening partner staff capacity, MCC aims to sustain the resilience of those frontline NGO workers who provide care and support, ensuring they are equipped to handle the challenges ahead. The trauma support network not only represents a continuation of MCC's commitment to humanitarian relief and recovery but also marks a deeper investment in healing the invisible wounds of war. Through this initiative, MCC seeks to foster a community of trauma-informed organizations, empowering them to serve as beacons of hope and resilience in a country striving to rebuild.

Petra Atoun is partnership advisor for MCC's Lebanon, Syria and Iraq program.

Learn more

Abed Alah, Muna. "Echoes of Conflict: The Enduring Mental Health Struggle of Gaza's Healthcare Workers." *Conflict and Health* 18/21 (2024): 1-6. Available here: https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-024-00577-6.

Women in Bersive camp for internally displaced people (IDP) in Zakho, Iraq, attend a session on child protection and children's rights conducted by MCC partner Zakho Small Villages Project (ZSVP) in 2024. (MCC/Sunny Neelam)

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