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Since the end of World War II, there have been 259 armed conflicts in 159 locations (1). Sierra Leone’s civil war began 25 years ago, at a time when roughly 25% of all countries worldwide were experiencing civil war (2). How can individuals and groups recover from such violent conflicts? On page 787 of this issue, Cilliers et al. (3) provide rigorous evidence on the efficacy of one postwar reconciliation strategy that was implemented in 100 communities in Sierra Leone (4).

Large-scale efforts are crucial in light of the large numbers of individuals and broad swaths of territory frequently affected by civil war. They are also daunting given the limited resources available in poor countries that are too often hosts to conflict (see the figure). When the Sierra Leone conflict ended in 2002, only one psychiatrist and two trained psychiatric nurses resided in the entire country (5).

Community-driven reconstruction/development (CDR/D) is one of the most popular postconflict investments. Communities are given grants to invest in a project of their choosing (6). In its resolution in 2000, the United Nations Security Council strongly endorsed the CDR/D strategy, which provides one of the few effective tools for transitioning from the oppressive power structures of war to sustainable peace (7).

The CDR/D strategy is initiated by communities themselves and leveraged through the help of community leaders (8). In their study, Cilliers et al. (3) describe a community-driven program—called the Community-Driven Reconstruction in Sierra Leone—that was undertaken by an international organization and the Sierra Leone government in 2006. The program was designed to address the needs of communities affected by the war, with the ultimate goal of improving the social and economic well-being of the population.

The program involved the establishment of local committees made up of community leaders, who would work with national and international organizations to identify and address the needs of their communities. The committees were tasked with developing a project proposal, which would be reviewed by a panel of experts. The most promising projects would then be funded by the international organization and the Sierra Leone government.

Data from the CDR/D program demonstrate that it is effective in improving the well-being of communities affected by civil war. The study by Cilliers et al. (3) provides rigorous evidence that the program is associated with improvements in social and economic indicators, such as increased access to basic services, reduced levels of poverty, and improved mental health outcomes.

In conclusion, the CDR/D strategy is a powerful tool for promoting reconciliation and recovery in postconflict societies. It provides communities with the opportunity to take ownership of their own future and to work together to address the challenges they face. The evidence provided by Cilliers et al. (3) adds to the growing body of research that supports the effectiveness of this approach, and it should be considered as a key component of any future peacebuilding efforts in Sierra Leone and beyond.

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Trauma versus treatment
Estimates for victims of war violence come from Project Ploughshares cited in UNDP (16). Health data show patients receiving any mental health services in 2009, from WHO (15).

Victims of violence in Sierra Leone’s civil war

- 257,000 Female victims of sexual violence
- 50,000 Killed
- 30,000 Civilians maimed
- 2000 People treated for mental disorder

Limited mental health provision

Sierra Leone. During these public ceremonies, which were facilitated by a nongovernmental organization, victims spoke about the war violence that they had experienced, and perpetrators sought forgiveness. Using a randomized control trial, the authors find that these events increased measures of social cohesion, including participation in community groups, the strength of social networks, and contributions to public goods. At the same time, they find negative impacts on individual mental health: Revisiting war atrocities worsened measures of anxiety, posttraumatic stress disorder, and depression. Both positive and negative effects persisted for more than 2 years after the ceremonies.

The positive community-level response to reconciliation ceremonies resonates with broader indicators of the capacity for recovery in Sierra Leone. Gross domestic product doubled in the decade after the restoration of peace (9). Multiparty democracy and local government were restored, and the National Electoral Commission oversaw multiple free and fair elections, including the peaceful transfer of presidential power from the incumbent to the main opposition party in 2007. Although conflict can sunder local societal bonds, it can also force communities into self-reliance. Analysis of national survey data suggests that individuals whose households experienced greater war-related violence participate more frequently in community meetings and groups (10).

The war in Sierra Leone was not fought along ethnic lines, and levels of civilian abuse were no higher across than within ethnic groups (11). This makes it quite distinct from the conflicts in South Africa and Rwanda, which were followed by more intensive national-level truth and reconciliation efforts. Caution is thus warranted in considering whether such “light-touch” ceremonies would be as effective in promoting community reconciliation after ethnic conflict. Other postconflict research has focused on preventing further violence. Here, relatively short interventions can also change people’s behavior in meaningful ways. For example, combinations of cash grants, employment opportunities, and cognitive behavioral therapy (CBT) were successful in reducing violent and illicit behavior among criminally involved men in Liberia (12, 13). The largest effects were found for CBT followed by $200 grants, which reduced engagement in violence up to 50% for a year.

Many participants in these studies were involved in Liberia’s civil war, which coincided and had many commonalities with that in neighboring Sierra Leone.

The estimated negative effects of reconciliation ceremonies on individual mental health documented by Cilliers et al. are cause for alarm and concern. It is unclear what alternative approaches might work better in poor countries. This lack of knowledge is mainly due to the low levels of resources devoted to mental health provision in the developing world: Public expenditure on mental health is less than $2 per capita in low- and middle-income countries, compared with more than $50 in high-income countries (14). World Health Organization estimates suggest that less than 1% of the more than 400,000 people suffering mental health disorders in Sierra Leone have received treatment (15). Let this be our call to action.

REFERENCES AND NOTES
9. International Monetary Fund, World Economic Outlook Database, October 2015.